

Certificate of Eligibility for Professional Licensing

Certificate Number:	<input type="text"/>
Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Profession Applying For:	<input type="text"/>
Institution/University:	<input type="text"/>
Degree/Certification:	<input type="text"/>
Date of Graduation:	<input type="text"/>
Issued By:	<input type="text"/>
Date of Issue:	<input type="text"/>

This is to certify that the above-named individual has met the eligibility requirements and is qualified to apply for professional licensing in the stated field.

Signature of Issuing Officer

Official Seal/Stamp