



7750 Montpelier Road  
Laurel, Maryland 20723  
[www.muih.edu](http://www.muih.edu)  
410-888-9048

### **Licensure and Certification Attestation Form**

In accordance with 34 CFR 668.14(b)(32), Maryland University for Integrative Health's ("MUIH") Master of Science in Nutrition and Integrative Health program does not meet the requirements for licensure or certification in certain states, including AL, IA, KS MT, NV, OH, RI, SD, TN, WV, WI, WY, and as such may not enroll students from those states. Please visit <https://muih.edu/admissions/financial-aid/policies/student-consumer-information/> for additional information on state licensure and certification.

Individuals who reside in one of the above-listed states may not be admitted into the program unless, upon finishing the program, they intend to move to and seek employment in another state not on the above list. If you reside in one of the above-listed states, but intend to move to a qualifying state, please complete the attestation statement below.

For questions, please contact Dr. James Snow, Department Chair for Nutrition and Herbal Medicine ([jsnow@muih.ndm.edu](mailto:jsnow@muih.ndm.edu)).

Upon completion, email the attestation form to [muih-admissions@muih.ndm.edu](mailto:muih-admissions@muih.ndm.edu) prior to completing your application.

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#### **Attestation Statement**

I seek to enroll in the MUIH Master of Science in Nutrition and Integrative Health program. I currently reside in \_\_\_\_\_ (disallowed state abbreviation from list above) but intend to move to and seek employment in \_\_\_\_\_ (allowed state abbreviation) upon completion of the program.

I attest that the above information is true and accurate to the best of my knowledge.

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Signature

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Date

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Name

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Phone

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Email