

**Initial Mobility Trainer for the Blind License Checklist**

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| Licensee’s Name:        | File Number:       |
| Application Date:       | Issue/Review Date:       |
| Consultant’s Name:  | License Type: 908 |

**Documents Required:**

[ ]  Social Security number provided, (Copy of card needs to be provided, if social not placed on application)

[ ]  Official sealed transcripts from all Universities/Colleges attended with degree(s) posted

[ ]  Valid certification issued by the Association for Education and Rehabilitation of the Blind and visually impaired **OR**

[ ]  Valid certification from the Academy for Certification of Vision Rehabilitation and Education Professionals

**For office use only:**

[ ]  Email sent requesting:

[ ]  Level 1: 3 year license issued

Comments: