

**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: