

INSTRUCTION SHEET

LICENSED PRACTICAL NURSE

● Examination Endorsement Restoration

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

In accordance with the Illinois Nurse Practice Act, "For the protection of life and the promotion of health, and the prevention of illness and communicable diseases, any person practicing or offering to practice professional and practical nursing in Illinois shall submit evidence that he or she is qualified to practice, and shall be licensed as hereinafter provided." A copy of the Illinois Nurse Practice Act and the Rules can be downloaded from the IDFPR Web site at www.idfpr.com. If you are issued a licensed practical nurse license, please be advised that your license will expire on January 31st of every odd-numbered year.

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Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

APPLYING FOR LICENSURE

General Instructions

1. **Apply Directly On-Line.** Register for the examination by referring to the Continental Testing Web site (www.continentaltesting.net) for information on how to apply for the examination on-line and pay the test fee by credit card.

If you are licensed in another U.S. jurisdiction based on passage of the national licensing examination, you are not an "examination" applicant.
2. Read these instructions; then read the Filing Instructions related to the method of application under which you qualify to determine the documentation and forms you must submit. The methods under which you may file to obtain a license as a licensed practical nurse are:
 - a. Examination
 - b. Endorsement
 - c. Restoration
3. All individuals applying for initial licensure and/or restoration as a licensed practical nurse in Illinois **must** submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. See attached "**Important Notice--Criminal Background Check Requirement**" for more information concerning this requirement.
4. All documents in a foreign language must be accompanied by an original, notarized translation that has been transcribed by a person other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
5. For information concerning the completion of any of the enclosed forms, refer to the Forms Completion Guide on pages 7 and 8. You may photocopy any of the enclosed forms if additional forms are needed.
6. If needed, a telephone number for assistance in completing the Application Package is indicated on the **REFERENCE SHEET**.

EXAMINATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

General Examination Instructions

1. Read the above General Instructions before proceeding. All documents and forms required for licensure by examination must be submitted to:

Continental Testing Services Inc.
P.O. Box 100
LaGrange, Illinois 60525-0100
2. Application fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc. A separate examination registration fee will be paid at the actual time of registration as noted in Chart II on the Reference Sheet. To determine the fees, see the Reference Sheet, Chart I and II.

EXAMINATION (cont'd)

General Examination Instructions (cont'd)

3. **Conditions of Application** - Applicants have three years from the date of the Department's receipt of the application to complete the application process including passage of examination. If the process has not been completed in three years, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of application.

An applicant who has taken and failed to pass the examination within 3 years after filing the application must submit proof of successful completion of a Department-authorized nursing education program or recompletion of an approved licensed practical nursing program prior to recompletion.

Practice Under Supervision-- Practical Nurse

Pursuant to **Public Act 95-0639** which became effective October 5, 2007, you are prohibited from practicing until such time as you have completed and passed the Department approved licensure examination and are in receipt of official IDFPR/CTS notification.

Pursuant to **Section 55-10(d)(e)** of the Illinois Nurse Practice Act, an applicant may practice as a license-pending practical nurse under direct supervision for a period of three months from the official date of passing the licensure exam as inscribed within his/her official formal pass letter. No applicant for licensure practice under the provisions of this paragraph shall practice license-pending except under the direction of an Illinois licensed registered professional nurse, advanced practice nurse, or physician. In no instance shall any such applicant practice or be employed in any management capacity.

Application Requirements

In order to be considered for licensure by examination, you must submit the following documentation. (Read the General Instructions and the General Examination Instructions on page 2 **now**, if you have not already done so.)

- a. Application for Licensure and/or Examination (four-page)
- b. **CT-NUR** Form (Verification of Licensing Agency/Board)--Submit verification of licensure from the state of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years. You must direct the licensing agency/board to return the completed form to you to be submitted with your application.
- c. Submit one of the following to substantiate your nursing education:
 1. If you received your education in the United States or one of its territories, Supporting Document **ED-NUR** must be completed by the Dean or Director of Nursing, with school seal affixed.
 2. If you received your education in a country other than the United States or one of its territories, submit the following:

A credentials evaluation report of your foreign nursing education from a Department approved credentialing service. One such service is the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES). The required report is the **Healthcare Profession & Science Course-by-Course Report**. The Division will download the credentials evaluation report from CGFNS' Web site when it becomes available.

- IMPORTANT NOTICE -

CERTIFICATION OF LICENSURE

The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who licensure participate in Nursys®. Please visit Nursys.com (www.nursys.com) or <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx> to view a complete list.

If the state(s) where you have been licensed as a nurse licensure participates in Nursys®, you must request verification of your licensure through Nursys® (www.nursys.com), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of licensure participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

EXAMINATION (cont'd)

Exam Application Requirements (cont'd)

- IMPORTANT NOTICE -

Graduation from an approved Practical Nursing Education Program is a requirement for licensure.

- NOTE -

Proof of licensure in your country of education shall be required as a part of the credentialing process.

You may contact CGFNS Credentials Evaluation Service as follows:

Credentials Evaluation Service
CGFNS/ICHP
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Telephone # 215/349-8767
Web site: <http://www.cgfns.org>

Additionally, the Educational Records Evaluation Service (ERES) has been approved by the Division as a nursing educational credentialing agency. The required report to request is the Nursing Evaluation and Course-by-Course Report. The report will be downloaded from ERES when available.

You may contact ERES as follows:

Educational Records Evaluation Service, Inc.
601 University Avenue, Suite 127
Sacramento, CA 95825
Telephone # 916/921-0790
Email: edu@eres.com
Web site: <http://www.eres.com>

Further, if your first language is not English, you shall be required to submit certification of passage of the Test of English as a Foreign Language (TOEFL). The minimum passing score on the paper-based test is 560. The minimum passing score on the computer-based test is 220. The minimum passing score on the internet-based test is 83.

3. If a graduate of a military nursing education program, submit official transcripts of your theory and clinical preparation completed by an official of the military.
- d. Fee - See page 2, General Examination Instructions, paragraph 2.

ENDORSEMENT

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

General Endorsement Instructions

1. Read the "General Instructions" on page 2 before proceeding. All documents and forms required for licensure by endorsement must be submitted complete as a packet to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791
2. **Fee payment** must be in the form of a check or money order made payable to Department of Financial and Professional Regulation. (See Reference Sheet, Chart I.)

ENDORSEMENT (cont'd)

Temporary Permit

In accordance with Section 55-10(i) of the Illinois Nurse Practice Act, you may be eligible to receive a temporary permit. The permit is valid for six months from the date of issuance, or issuance of an Illinois Practical Nurse License, or notification that the Department intends to deny licensure, whichever comes first. It will be your responsibility to complete the endorsement licensure process **prior** to the expiration of the temporary endorsement permit. In order to receive the permit, submit the following forms and documentation. (Read the General Instructions on Page 2 and the General Endorsement Instructions above **now**, if you have not yet done so.)

- a. Application for Licensure and/or Examination (four page);
- b. **TP-NUR** Form (Temporary Permit);
- c. Photostatic copies of all current active Registered/Licensed Practical Nurse licenses and/or temporary permits/licenses held by you in any other jurisdiction(s) of the United States. **Current licensure** in at least one other jurisdiction of the United States is required by the Illinois Nurse Practice Act;
- d. Fee--Combine the endorsement fee and the temporary permit fee into one check or money order (see General Endorsement Instructions above for additional fee information);
- e. Proof of fingerprint submission in the form of a copy of the fingerprint receipt (for Illinois residents or Illinois graduates), **or** a completed **FP-NUR** form for out-of-state and/or foreign educated applicants.

Application Requirements

In order to be considered for licensure, applicants who were educated in the United States or one of its territories must submit the following: (Read the General Instructions on Page 2 and the General Endorsement Instructions above **now**, if you have not yet done so.)

- IMPORTANT NOTICE -

CERTIFICATION OF LICENSURE

The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who licensure participate in Nursys®. Please visit Nursys.com (www.nursys.com) or <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx> to view a complete list.

If the state(s) where you have been licensed as a nurse licensure participates in Nursys®, you must request verification of your licensure through Nursys® (www.nursys.com), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of licensure participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

- a. Application for Licensure and/or Examination (four page). You need not submit this form if you previously applied for a temporary endorsement permit.
- b. **CT-NUR** Form (Verification of Licensing Agency/Board) - This form must be completed by your state of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years. **Current** registration in another state is required by the Illinois Nurse Practice Act. You must direct the licensing agency/board to return the completed form to you to submit with your application packet.
- c. Submit one of the following to substantiate your nursing education:
 1. If you received your education in the United States or one of its territories, Supporting Document **ED-NUR** must be completed by the Dean or Director of Nursing, with school seal affixed.
 2. If you received your education in a country other than the United States or one of its territories, a credentials evaluation report of your foreign nursing education from a Department approved credentialing service.

ENDORSEMENT *(cont'd)*

Application Requirements *(cont'd)*

- IMPORTANT NOTICE -

Your Credentials Evaluation Report must indicate your nursing education is comparable to an approved practical nursing program in the U.S.

- NOTE -

Proof of licensure in your country of education shall be required as a part of the credentialing process.

One such service is the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES). The required report is the **Healthcare Profession & Science Course-by-Course Report**. The Division will download the credentials evaluation report from CGFNS' Web site when it becomes available.

You may contact CGFNS Credentials Evaluation Service as follows:

Credentials Evaluation Service
CGFNS/ICHP
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Telephone # 215/349-8767
Web site: <http://www.cgfns.org>

Additionally, the Educational Records Evaluation Service (ERES) has been approved by the Division as a nursing educational credentialing agency. The required report to request is the Nursing Evaluation and Course-by-Course Report. The report will be downloaded from ERES when available.

You may contact ERES as follows:

Educational Records Evaluation Service, Inc.
601 University Avenue, Suite 127
Sacramento, CA 95825
Telephone # 916/921-0790
Email: edu@eres.com
Web site: <http://www.eres.com>

3. If a graduate of a military nursing education program, submit official transcripts of your theory and clinical preparation completed by an official of the military.
- d. Fee--See General Endorsement Instructions, page 4, paragraph 2. (Do not submit if you previously applied for a temporary endorsement permit.

RESTORATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

General Restoration Instructions

- IMPORTANT NOTICE -

These Restoration Instructions apply only to those licensed practical nurses whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217/782-0458 for detailed instructions on how to restore it to active status.

Do the following if you wish to apply for the restoration of your license because it has expired or been placed on inactive status for more than five years. Read the General Instructions on Page 2 before proceeding. All documents and forms required for licensure by restoration must be submitted to the following address:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. (See the Official Use Only Box on supporting document **RS** (Restoration), for the fee amount you must submit.)

Temporary Permit

In accordance with Section 55-20(e) of the Illinois Nurse Practice Act, you may be eligible to receive a temporary permit. The permit is valid for six (6) months from the date of issuance, or re-issuance of a permanent license by restoration or notification that the Department intends to deny licensure, whichever comes first. It will be your responsibility to complete the restoration process **prior to the expiration** of the temporary permit. If eligible, the permit will be issued within fourteen days of receipt of a complete application.

In order to receive the permit, submit the following forms and documentation:

- a. Application for License and/or Examination (four pages).
- b. **TP-NUR** form (Temporary Permit).
- c. Photostatic copies of all current active Licensed Practical Nurse licenses and/or temporary permits/licenses held by you in any other U.S. jurisdiction(s). **Current** licensure in at least one other jurisdiction of the United States is required by the Illinois Nurse Practice Act; or verification of employment in nursing practice within the last five years in a United States jurisdiction.
- d. Fee--combine the restoration fee and the temporary permit fee into one check or money order.

Application Requirements

Submit the following documents and/or forms:

- a. Application for Licensure and/or Examination (four page)
- b. **RS** Form (Restoration) If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.

RESTORATION (cont'd)

Application Requirements (cont'd)

- IMPORTANT NOTICE - CERTIFICATION OF LICENSURE

The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who licensure participate in Nursys®. Please visit Nursys.com (www.nursys.com) or <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx> to view a complete list.

If the state(s) where you have been licensed as a nurse licensure participates in Nursys®, you must request verification of your licensure through Nursys® (www.nursys.com), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of licensure participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

- c. **CT-NUR** Form (Verification of Licensing Agency/Board)--This form must be completed by your state of original licensure (other than Illinois), current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years. (Direct the licensing agency/board to return the completed form to you to submit with your application.)
- d. **VE** Form (Verification of Employment/Experience)--This form must be completed by the Personnel Representative for Nursing Services of your place of employment and returned to the Department of Financial and Professional Regulation, Division of Professional Regulation in a sealed envelope. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.
- e. **DD214**--If restoring after active military service, submit a copy of this form.

NOTE: If unable to provide proof of fitness to practice nursing via submission of a **VE** form substantiating active engagement in nursing practice in another U.S. jurisdiction within the last five (5) years, persons making application for restoration of license may be required to successfully complete the Department-approved licensure examination (NCLEX-PN) prior to the restoration of their license.

FORMS COMPLETION GUIDE

This guide will help you complete the forms needed to apply for licensure. For specific information regarding the forms which you will be required to submit, refer to the filing instructions relative to the method of licensure under which you are applying.

Application for Licensure and/or Examination

Provide all applicable information requested on all four pages of the application. The following will assist you in this endeavor.

1. Part I--Use the Reference Sheet (Chart I) to record the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee.
2. Part II--Enter all applicable information requested. On Number 3, Social Security Number is mandatory.
3. Part III, number 6--Itemize all university/college coursework, including nursing education since graduation from high school. Please indicate beginning and ending dates by year.
4. Part IV--Record of Licensure Information. Individuals licensed in a U.S. jurisdiction or a foreign country or province must state whether or not they have ever held licensure (either permanent or temporary) to practice as a registered nurse or license practical nurse.
5. Part V--You must indicate type, dates, and results for any and all nurse examinations taken (i.e., NCLEX-PN).
6. Part VI--This part must be completed by all applicants.
7. Part VII--Do not complete items "a", "b" and "d". Graduates of Illinois Nursing Education Programs must indicate school code in item "c." (See Reference Sheet, Chart IV.) All other applicants indicate "See **ED-NUR**" in the space provided for school code. Please complete item "e."

FORMS COMPLETION GUIDE *(cont'd)*

Application for Licensure and/or Examination *(cont'd)*

8. Part VIII--This part must be completed by all applicants.
9. Part IX--Read the certifying statement and then sign and date your application.

CT-NUR Verification of Licensure

*Copies of licenses are not
acceptable in lieu of an official
verification of licensure.*

This document must be completed by the licensing jurisdiction of original licensure, current state of licensure, and any jurisdiction in which you have actively practiced within the last 5 years. Complete applicant section of form; then send form to the appropriate jurisdiction. Direct the licensing agency/board to submit the completed form to you to submit with your application for licensure and/or examination.

Important: The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who licensure participate in Nursys®. Please visit Nursys.com (www.nursys.com) or <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx> to view a complete list.

If the state(s) where you have been licensed as a nurse licensure participates in Nursys®, you must request verification of your licensure through Nursys® (www.nursys.com), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of licensure participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

ED-NUR Certification of Education

If you received your nurse education in the United States or one of its territories and are applying for licensure under examination or endorsement, you must submit this form. Complete the applicant section of this form, then send the form to the educational institution at which you completed your practical nurse education program. The form must be signed by the dean or director of your nursing education program and with school seal affixed. Direct the program to return the form to you and submit it with your application for licensure and/or examination.

TP-NUR Temporary Permit

This form provides a means of applying for licensure pending the processing of an endorsement/restoration application. The entire form is to be completed by the applicant. Failure to properly complete, sign and date this form will result in a delay in the processing of your temporary endorsement or restoration permit.

VE Verification of Employment/Experience

Fill in the top portion of this form. Then submit it to your employer to be completed by the Personnel Representative for Nursing Services. Instruct that person to fill out the remainder of the form and return it to you in a sealed envelope for enclosure with the rest of your application. The purpose of this form is to provide proof of your active engagement in nursing in another jurisdiction.

RS Restoration

This is one of the forms you must complete to restore your Illinois Practical Nurse license. The applicant is to complete the entire form and submit it with the other documentation as requested on page 6.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

<u>Licensure Methods</u>	<u>Definition</u>
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Grandfather/Waiver	Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates and fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

Profession Name	Profession Code	Licensure Method	Application Fee	Application Fee after 07/01/10
Licensed Practical Nurse	043	Examination (CTS)	\$88.00	\$91.00
		Examination (NCSBN)	\$200.00	\$200.00
Licensed Practical Nurse	043	Endorsement of License	\$50.00	\$50.00
		Temporary Permit	\$25.00	\$25.00
Licensed Practical Nurse	043	Restoration	See Supporting Document RS	
		Temporary Permit	\$25.00	\$25.00

CHART II - EXAMINATION CODES AND FEES

Since the application for examination is a dual process, you must:

- Complete the Department's licensure/examination application by applying online at www.continentaltesting.net and pay the required administration fee as noted above; **and**
- Register for the examination through the Web, mail, or telephone as described in the attached NCLEX Examination Candidate Bulletin.

Once you have completed both processes and are determined eligible you will receive:

- An approval letter from CTS; and
- An Authorization to Test (ATT) that will contain the necessary information to schedule yourself for this examination. The ATT eligibility lasts for 90 days only. You must take the examination within those 90 days or reapply with a new fee.

CHART III - EXAMINATION DATES - Information will be available once you are approved for the exam.

* * * * * REQUEST FOR ASSISTANCE * * * * *

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods Except Examination 217/782-8556 Telecommunicative Device for the Deaf (TDD) 217/524-6735 Please allow 3 weeks from mailing your application before making an inquiry concerning its status.	Examination Licensure Method Only 708/354-9911
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SEE REVERSE SIDE FOR CHART IV - SCHOOL CODES

CHART IV - SCHOOL CODES**ILLINOIS NURSING EDUCATION PROGRAMS
PROGRAMS PREPARING PRACTICAL NURSES**BLOOMINGTON

49-110 Heartland Community College

CANTON

49-160 Spoon River College

CARTERVILLE

49-162 John A Logan Community College

CENTRALIA

49-100 Kaskaskia College

CHAMPAIGN

49-105 Parkland College

CHICAGO

49-176 CCC Health Occupation Careers

49-199 Chicago Public Schools

49-129 Northwestern Institute of
Health & Technology

49-113 Wilbur Wright College

CICERO

49-103 Morton College

CRYSTAL LAKE

49-204 J. Renee Career Facilitation, Inc.

DANVILLE

49-115 Danville Area Community College

DECATUR

49-205 Richland Community College

DES PLAINES

49-163 Oakton Community College

DIXON

49-184 Sauk Valley College

EAST PEORIA

49-102 Illinois Central College

ELGIN

49-101 Elgin Community College

EVANSTON

49-140 Omega Health Care Technical School

FREEMPORT

49-161 Highland Community College

GALESBURG

49-181 Carl Sandburg College

HANOVER PARK

49-135 Americare

HARRISBURG

49-198 Southeastern Illinois College

INA

49-187 Rend Lake College

JOLIET

49-114 Joliet Junior College

KANKAKEE

49-177 Kankakee Community College

MALTA

49-168 Kishwaukee College

MATTESON49-125 CAAN (Coalition of African American
Nurses)MATTOON

49-194 Lake Land College

MOLINE

49-182 Black Hawk College

OAK BROOK

49-122 PCCTI PC Center Training Institute

OGLESBY

49-109 Illinois Valley Community College

OLNEY

49-107 Illinois Eastern Community College

PALATINE

49-169 Wm. Rainey Harper College

QUINCY

49-188 John Wood Community College

REDBUD

49-104 Beck Area Vocational Center

RIVER GROVE

49-171 Triton College Ladder Program

ROCKFORD

49-116 Rock Valley College

SOUTH HOLLAND

49-164 South Suburban College

SPRINGFIELD

49-108 Capital Area Vocational Center

49-112 Lincoln Land Community College

ULLIN

49-167 Shawnee Community College

WESTMONT

49-120 College of DuPage

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Practical Nurse

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee--\$50 application fee; \$25 temporary permit fee; \$75 total	
PROOF OF EDUCATION FOR DOMESTIC GRADUATES: ED-NUR Form--completed by the nursing education program attended; or Official Nursing Education Transcripts with the school seal affixed.	
CT-NUR (Certification of Licensure) Form completed by state of original licensure, state of current licensure, and any state in which you have practiced in the last five (5) years.	
TP-NUR (Temporary Permit Form) if making application for permanent licensure and a temporary permit.	
VE (Verification of Employment) Form (if applicable).	
RS (Restoration) Form (if applicable). If this form was not included in the application packet, you must obtain one by contacting the Department at 217/782-0458.	
Copy of DD214 if restoring from active military service.	

**All supporting documents *may not be required*. Please refer to application instructions
for your specific method of licensure.**

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____ _	3. LICENSURE METHOD	4. FEE \$
--------------------	------------------------------	---------------------	--------------

B. CHECKBOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY ____ - ____ - ____
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY ____ - ____ - ____
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) ____ - ____ Home: (____) ____ - ____ (Area Code) (Area Code) Fax: (____) ____ - ____ Fax: (____) ____ - ____ (Area Code) (Area Code)		12. PREFERRED e-MAIL ADDRESS(ES) [If available]

NAME (Last, First, MI):

SS#:

Profession:

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12

Graduated
High School? Yes No

Received
OR G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION
____ / ____
Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8

Graduated? Yes No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>		YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>			
2. Have you been convicted of a felony?			
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>			
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>			
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>			
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>			

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes.

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

d) Record the number of times you have taken this exam in Illinois or any other state:

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No
(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes No

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

NAME (Last, First, MI):

S#:

Profession:

PART II. - VERIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD

<input type="checkbox"/> Examination - Date _____	<input type="checkbox"/> Endorsement of License (State) _____
<input type="checkbox"/> National Council Licensure Examination _____	<input type="checkbox"/> Acceptance of Examination Results Administered in Another State _____
<input type="checkbox"/> State Constructed _____	<input type="checkbox"/> Waiver/Grandfather _____
<input type="checkbox"/> Other (Name) _____	<input type="checkbox"/> Other (Describe) _____

F. CURRENT LICENSURE STATUS

<input type="checkbox"/> Active	<input type="checkbox"/> Lapsed
<input type="checkbox"/> Inactive	<input type="checkbox"/> Other (explain) _____

PART III. - VERIFICATION OF EXAMINATION SCORES

A. National

N.S.B.T.P.E. RESULTS	REGISTERED NURSE						LPN
	MEDICAL NURSING	PSYCHIATRIC NURSING	OBSTETRIC NURSING	SURGICAL NURSING	NURSING OF CHILDREN	NCLEX/COMP. EXAM	NCLEX/COMP. EXAM
Standard Scores							
Series/Form No.							

B. State Constructed Examination Registered Nurse Licensed Practical Nurse

SUBJECT	SCORE	SUBJECT	SCORE

PART IV. - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant? Yes No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V. - ADDITIONAL INFORMATION

I certify that the information contained herein is true and correct according to the official records of the State.

_____ Print Name	_____ Signature
_____ Title	_____ Date
_____ Agency/Board Street Address	_____ Area Code ()
_____ City, State, ZIP Code	_____ Telephone Number

**RETURN TO: Continental Testing Service, Inc.
P.O. Box 100
LaGrange, Illinois 60525-0100**

K. NURSING SCHOOL PROGRAM CODE

NCSBN Number _ _ - _ _ _

SUBMISSION OF THIS FORM PRIOR TO PROGRAM COMPLETION WILL RESULT IN ITS RETURN TO THE PROGRAM FOR CORRECTION.

I certify that the educational information recorded herein is true and correct according to the official records of this institution.

Print Name of Dean or Director of Nursing

License Number

Signature of Dean or Director of Nursing

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _____, 20_____.

Date of Expiration

Signature of Notary Public

RETURN THIS FORM TO APPLICANT

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE

CRIMINAL BACKGROUND CHECK REQUIREMENT

All individuals applying for initial licensure as a registered nurse or licensed practical nurse in Illinois must submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. Applicant must contact one of the livescan fingerprint vendors approved by the Illinois State Police and the Department of Financial and Professional Regulation, Division of Professional Regulation, to schedule an appointment--see attached list. (Fingerprinting processing fees are established by the respective vendor and the Illinois State Police.) You must complete and take the enclosed vendor fingerprint form to your vendor.

A receipt substantiating proof of fingerprinting or the Department's Certifying Statement Fingerprint Submission form (**FP-NUR**) must be submitted to the Department or the Department's testing vendor along with the application for endorsement/examination or restoration.

Refer to application instructions for details regarding application submission.

- ◆ **Graduates from Illinois nursing education programs** and/or applicants residing in Illinois may contact a livescan-fingerprinting vendor, approved by the Illinois State Police and the Department of Financial and Professional Regulation, Division of Professional Regulation, to schedule an appointment for fingerprinting. Each applicant will be provided a written receipt once they have been fingerprinted. This receipt **must** be submitted to the Department's testing vendor along with the examination application and fee in order for the applicant to be scheduled for the examination. Applicants unable to schedule an appointment at a livescan facility may submit a fingerprint card in lieu of livescan. (See "Out-of-State applicants" below.) **Fingerprints must be taken within 60 days prior to submission of the application for licensure.**
- ◆ **Out-of-State applicants** who are unable to schedule an appointment at a livescan facility are required to submit a fingerprint card for the State Police and FBI. To facilitate this process we have enclosed one fingerprint and the Certifying Statement Fingerprint Submission Form (**FP-NUR**).
- ◆ **Fingerprint Card Process--For Out-of-State Applicants:**
 - Utilize a fingerprint card obtained from this Department/Division;
 - Take it to a local police authority in any state to obtain classifiable prints;
 - Contact an approved livescan vendor and make arrangements for them to process your fingerprint card. Not all approved livescan vendors process the fingerprint card. Two such vendors that do process the fingerprint card are **Accurate Biometrics/Art's Investigations** or **Identix**. *Send the fingerprint card directly to the approved livescan vendor.*
 - The fingerprint vendor will advise you of the processing fee.
 - **DO NOT send the card directly to the Illinois State Police or Federal Bureau of Investigation (regardless of what is indicated on the card itself).**

If you follow these instructions, the results of your criminal background check will be electronically forwarded to this Department/Division when available. ***Failure to follow these instructions may result in a delay in the processing of your application for licensure.***

NOTE: If you are downloading an application from our Web site, you must contact the Department at the following address to obtain a fingerprint card.

**Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786
Telephone: 217/782-8556**

Practice Under Supervision

Examination Applicants

First-time examination applicants must submit their original receipt from an Illinois State Police approved livescan fingerprinting vendor. Provided all other requirements for examination have been met, this receipt will allow them to practice in a license pending status pursuant to Section 5-15(g, i) of the Nurse Practice Act. A permanent license will not be issued until the applicant meets all requirements and the Department has received the security clearance.

Registered Nurse

Pursuant to Section 60-10(d)(e) of the Illinois Nurse Practice Act, an applicant may practice as a license-pending registered nurse under direct supervision for a period of three months from the official date of passing the licensure exam as inscribed within his/her official formal pass letter. No applicant for licensure practice under the provisions of this paragraph shall practice license-pending except under the direction of a registered professional nurse or an advanced practice nurse licensed under this Act. In no instance shall any such applicant practice or be employed in any management capacity.

Practical Nurse

Pursuant to Section 55-10(d)(e) of the Illinois Nurse Practice Act, an applicant may practice as a license-pending practical nurse under direct supervision for a period of three months from the official date of passing the licensure exam as inscribed within his/her official formal pass letter. No applicant for licensure practice under the provisions of this paragraph shall practice license-pending except under the direction of an Illinois licensed registered professional nurse, advanced practice nurse, or physician. In no instance shall any such applicant practice or be employed in any management capacity.

Practice Pending Licensure

Endorsement Applicants

Prior to the issuance of a temporary permit, the applicant must meet all applicable requirements and the Department must be in receipt of proof of fingerprinting. A Certifying Statement of Fingerprint Submission form (**FP-NUR**) is enclosed with your application. The temporary permit is valid for a period of six (6) months. A permanent license will not be issued until the applicant meets all requirements and the security clearance has been received by the Department.

Restoration Applicants

In addition to meeting the requirements necessary to restore a license, restoration applicants must submit receipt of proof of fingerprinting to the Department along with their application, fee and other supporting documents. A Certifying Statement of Fingerprint Submission form (**FP-NUR**) is enclosed with your application.

If you have questions regarding the criminal background check requirement, you may call 217/782-8556.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

SUPPORTING DOCUMENT

FP-NUR

APPLICANT: *This form must be completed by out-of-state residents unable to utilize the livescan process for fingerprinting in the State of Illinois. Attach this certifying statement with the four-page Application for Licensure and/or Examination as proof of having submitted the required fingerprint cards to the proper authorities.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER - - - - -
--	--	--

4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <input type="checkbox"/> Registered Nurse 0 4 1 <input type="checkbox"/> Licensed Practical Nurse 0 4 3
6. MAIDEN OR GIVEN SURNAME	

CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, _____, have submitted the required fingerprints pursuant to Section 5-30 of the Nursing and Advanced Practice Nursing Act (225 ILCS 65) and the Rules for the Administration of the Act (68 Ill. Adm. Code 1305) to the designated agent of the Illinois State Police for processing.

Date: _____

Signature: _____

Livescan Fingerprint Vendors
Certified by the Illinois State Police
Approved by the Department of Financial and Professional Regulation
Information regarding fees may be obtained from the respective vendor.

A Fingerprinting U S Photo	312/782-8144
Chicago, IL	www.fingerprintingchicago.com
Accurate Biometrics	866/361-9944
Chicago, IL	www.accuratebiometrics.com
AGB Investigative Services, Inc.	773/476-8310
Chicago, IL	www.agbinvestigative.com
American Heritage Protective Services	708/388-7900
Alsip, IL	www.apservices.com
Andy Frain Services, Inc.	630/820-3820, Ext. 13
Aurora, IL	www.andyfrain.com
Anthony's Mobile Fingerprinting, Inc.	312/474-6394
Chicago, IL	www.thefingerprintman.com
AP Private Detective & Security Agency, Ltd.	708/335-3500
Hazel Crest, IL	apprivatedetective@yahoo.com
Argus Services, Inc.	312/377-9441
Chicago, IL	rkurz@argus_services.com
Background Resources, Inc.	630/873-2270
Warrenville, IL	www.backgroundresources.com
Big River Investigations, Inc.	217/228-9114
Quincy, IL	www.bigriversinvestigations.com
Biometric Impressions	630/715-2760
Elmhurst, IL	www.biometricimpressions.com
Browder's Maximum Security Services, Inc.	312/225-7900
Chicago, IL	maxsec@sbcglobal.net
Bushue Human Resources, Inc.	217/342-3042
Effingham, IL	www.bushuehr.com
CLS Background Investigations	815/836-0236
Lockport, IL	www.cls-ent.com
DeKalb Police Department	815/748-8400
DeKalb, IL	www.cityofdekalb.com
Digby's Detective and Security Agency, Inc.	312/326-1100, Ext. 1045
Chicago, IL	www.digbysecurity.com
Fact Finders Group, Inc.	708/283-4200
Matteson, IL	www.factfindersgroup.com

Livescan Fingerprint Vendors (cont'd)
Certified by the Illinois State Police
Approved by the Department of Financial and Professional Regulation
Information regarding fees may be obtained from the respective vendor.

Futures in Rehab Management, Inc. (FIRM)	217/753-1190
Springfield, IL	www.verifyinc.com
InfoTrack	847/444-1177
Deerfield, IL	www.infotrackinc.com
Kevin W. McClain Inv., LTD	618/532-1152
Central City, IL	www.mcclaininvestigations.com
Kellerman Investigations	618/288-6662
Glen Carbon, IL	www.kellermaninvestigations.com
L-1 Enrollment Services	800/377-2080
Springfield, IL	www.l1enrollment.com
Meador Investigations	217/732-1585
Lincoln, IL	www.pi-pro.com
Merchants Police On-Line Security Systems	815/964-9900
Rockford, IL	www.merchantspolice.com
Official Fingerprint Provider	312/942-1200
Chicago, IL	www.official1.us
Per Mar Security	563/468-6744
Davenport, IA	www.permarsecurity.com
Rich Wooten & Associates	773/651-3826
Chicago, IL	rawooten@msn.com
Rockford Detective Agency, Inc.	815/282-2822
Loves Park, IL	rockforddetective.com
Security Training Solutions	618/257-9106
O'Fallon, IL	www.hamiltonsecurity.com
Sigma Security Services	773/779-5541
Chicago, IL	
The Security Professionals, Inc.	773/581-8181
Chicago, IL	www.secprosin.com
Trace Identity Services, Inc.	708/754-2900
Chicago Heights, IL	www.traceidentitysi.com
United Security Services, Inc.	312/922-8558
Chicago, IL	www.usesecurity.com