

INSTRUCTION SHEET

Licensed Acupuncturist

Acceptance of 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.***

BEFORE COMPLETING THE APPLICATION PACKAGE, read these instructions and then follow the directions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **All Illinois Acupuncturist licenses will expire on June 30 of odd numbered years.**

No person licensed under this Act may treat human ailments otherwise than by the practice of acupuncture as defined in the Act. A physician or dentist licensed in Illinois may practice acupuncture.

You may apply for licensure under one of the following application methods: Acceptance of Examination, Endorsement of License or Restoration. All applicants must complete the 4-page Application for Licensure and/or Examination and submit it with the supporting documents required by the appropriate method of application. AN APPLICANT HAS THREE YEARS FROM THE DATE OF APPLICATION TO COMPLETE THE APPLICATION PROCESS. IF THE PROCESS HAS NOT BEEN COMPLETED IN THREE YEARS, THE APPLICATION SHALL BE DENIED, THE FEE SHALL BE FORFEITED, AND THE APPLICANT MUST REAPPLY AND MEET THE REQUIREMENTS IN EFFECT AT THE TIME OF REAPPLICATION.

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General Instructions

~For Assistance~

*Call the **Department of Financial and Professional Regulation** at one of the following numbers and state that you are applying to become licensed as a Licensed Acupuncturist and need help with your application:*

217/782-8556
TDD - 217/524-6735

You may obtain copies of the Act and Rules by calling:

217/782-0458

OR

by accessing the Department Web site:

www.idfpr.com

1. All applicants must complete the 4-page Application for Licensure and/or Examination and submit the supporting documents required for your method of licensure. Following, you will find instructions detailing completion of the application and the required supporting documentation. The methods of licensure under which you may apply include: ACCEPTANCE OF EXAMINATION, ENDORSEMENT, AND RESTORATION. See page 3 to choose the appropriate method under which you must apply.
2. All areas of the application that require a signature must contain an original signature. A stamped signature is not acceptable.
3. The application must be completed by typing or printing in black ink.
4. Fees which must accompany your application are **NOT REFUNDABLE**.
5. If the name shown on your application is different than that shown on any documentation, you must submit a photocopy of a legal name change such as a marriage license, divorce decree or court order.
6. Documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator must certify to the above requirements as well as to the accuracy of the translation.
7. When the accuracy of any submitted documentation or experience is questioned by the Department or the Board because of lack of information; discrepancies; conflicts in information given; or, a need for clarification arises, you shall be requested to:
 - a. Provide such information as may be necessary; and/or
 - b. Appear for an interview before the Board.

4-Page Application for Licensure

Complete the four-page Application for Licensure and/or Examination as follows:

1. Part IA - Application Category Information--Select method of application and complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Licensed Acupuncturist	198	Acceptance of Examination	\$500
Licensed Acupuncturist	198	Endorsement of Licensure	\$500
Licensed Acupuncturist	198	Restoration	*

*See Supporting Document RS for fee amount.

2. Part IB - Check the box indicating the appropriate information regarding your application.
3. Part II - Applicant Identifying Information--Enter all applicable information requested. On number 3, Social Security Number is mandatory.
4. Part III - Education Information
 - a. Numbers 1 through 5--Enter all applicable information requested.
 - b. Number 6--Itemize all university/college coursework since graduation from high school. Please indicate beginning and ending dates by month and year.
5. Part IV - Record of Licensure Information--Individuals licensed in a U.S. jurisdiction, foreign country or province must state whether or not they have ever held licensure to practice as an acupuncturist.
6. Part V - Record of Examination--Must be completed by all applicants.
7. Part VI - Personal History Instructions--Must be completed by all applicants.
8. Part VII - Examination Coding Information--Not applicable.
9. Part VIII - Child Support Information--Must be completed by all applicants.
10. Part IX - Certifying Statement--Read the certifying statement and then sign and date your application.

~For Assistance~

Call the **Department of Financial and Professional Regulation** at one of the following numbers and state that you are applying to become licensed as a Licensed Acupuncturist and need help with your application:

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TDD - 217/524-6735

You may obtain copies of the Act and Rules by calling:

217/782-0458

OR

by accessing the
Department Web site:

www.idfpr.com

*Send Application and
Supporting Documents to:*

**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:*

**Department of Financial and
Professional Regulation**

*Please allow **45 days** from
mailing your application before
making an inquiry concerning
its status.*

Acceptance of 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.***

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***Department of Financial and
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*Please allow 45 days from
mailing your application before
making an inquiry concerning
its status.*

Effective on or after January 1, 2002, the Department shall issue a license to an applicant who submits:

1. Properly completed 4-page Application for Licensure and/or Examination. (See page 3)
2. Proof of graduation from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), or a similar accrediting body approved by the Department; or completion of a comprehensive educational program approved by the Department.
3. Proof of passage of the National Commission for the Certification of Acupuncturists (NCCA), or National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination, or a substantially equivalent examination approved by the Department.
4. Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine.
5. **Supporting Document CT** - Certification of original and current licensure which verifies the time you were licensed in that jurisdiction, whether there has been disciplinary action taken or pending, and the license number. Form may be photocopied.
6. Application fee of \$500. Fee must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **The fee is NON-REFUNDABLE.**

When the accuracy of any submitted documentation or experience is questioned by the Department or the Board because of lack of information; discrepancies; conflicts in information given; or, a need for clarification arises, you shall be requested to:

- a. Provide such information as may be necessary; and/or
- b. Appear for an interview before the Board.

Endorsement of Licensure

***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.***

To become licensed on the basis of endorsement, applicants must submit the following:

1. Properly completed 4-page Application for Licensure and/or Examination. (See page 3).
2. **Supporting Document CT** - Certification of original/current licensure that verifies the time you were licensed in that jurisdiction, whether there has been disciplinary action taken or pending, and the license number. Form may be photocopied as needed.
3. Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine.

ADDITIONALLY, applicants must meet the requirements of 5, 6 or 7 below.

4. **Applicants licensed prior to January 1, 2000 must submit one (1) of the following:**
 - a. Proof of passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or another examination that has been approved by the Department;

OR

 - b. Current certification from the National Commission for the Certification of Acupuncture and Oriental Medicine;
- OR**
- c. Proof of graduation from a formal full-time acupuncture program consisting of a minimum of 1,350 hours of entry level acupuncture education (including at least 500 hours of clinic). Acceptable proof shall be an official original transcript of grades directly from the college.

OR

- d. **Supporting Document VE-APP** - This form shall verify completion of an apprenticeship, signed by the preceptor, of at least 4,000 contact hours in acupuncture techniques in a 3 to 6-year period. The preceptor must have had at least 5 years experience prior to the beginning of the apprenticeship and his or her practice must include the use of acupuncture as a primary means of treatment with a minimum of 100 different

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Attn: Division of Professional
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P.O. Box 7007
Springfield, Illinois 62791**

*Fee--Payment must be in the
form of a check or money order
made payable to:*

*Department of Financial and
Professional Regulation*

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**Endorsement
(cont'd)**

patients and 500 patient visits per year during the apprenticeship. A copy of the preceptor's curriculum vitae shall accompany the application.

OR

- e. **Supporting Document VE-AC** - This form shall verify the practice of acupuncture as a primary means of treatment for at least 5 additional years (a total of a minimum of 8 years) that includes the use of acupuncture in general practice with a minimum of 100 different patients and 500 patients visits per year. In addition, five affidavits (**Supporting Document VCE**) attesting to 5 years of practice from peers or colleagues shall accompany the application. The **VCE** form may be photocopied.

5. **Applicants licensed after January 1, 2000, but before January 1, 2002, must submit one (1) of the following:**

- a. Proof of passage of the National Commission for the Certification of Acupuncturists (NCCA) or National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or another examination that has been approved by the Department;

OR

- b. Current certification from the National Commission for the Certification of Acupuncture and Oriental Medicine.

6. **Applicants licensed after January 1, 2002, must submit both of the following:**

- b. Proof of graduation from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or a similar accrediting body approved by the Department; or completion of a comprehensive educational program approved by the Department;

AND

- b. Proof of passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or a substantially equivalent examination approved by the Department.

8. Fee of \$500. Fee must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **The fee is NOT REFUNDABLE.**

When the accuracy of any submitted documentation or experience is questioned by the Department or the Board because of lack of information given; or, a need for clarification arises, you shall be requested to:

- a. Provide such information as may be necessary; and/or
b. Appear for an interview before the Board.

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.***

IMPORTANT NOTICE: These Restoration Instructions apply only to those acupuncturists 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.

If you wish to restore your license, the following supporting documents must be submitted **with the 4-page application and required fee.**

*Send Application and
Supporting Documents to:*

**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:*

***Department of Financial and
Professional Regulation***

*Please allow 45 days from
mailing your application before
making an inquiry concerning
its status.*

1. **RS (Restoration of Licensure)**--This form must be completed in its entirety. 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.
2. Proof of completion of 30 continuing education hours (CE) during the 2 years prior to restoration application.
3. Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine within the last 5 years.
4. And either:
 - a. **DD214**--If restoring after active military service, submit a copy of this form;

OR
 - b. **CT (Certification of Active Practice in Another Jurisdiction)**--This document must be completed by the jurisdiction where you have most recently been practicing;

OR
 - c. Proof of passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or another examination that has been approved by the Department *within 2 years of the restoration application*; or
 - d. Submit evidence of recent attendance at educational programs in acupuncture, including attendance at college level courses, professionally oriented continuing education classes, or any other similar program. The Department will accept, *but not be limited to:*

**Restoration
(cont'd)**

- i. applicant whose license has lapsed 5 to 10 years, 160 contact hours of clinical training under the supervision of a licensed acupuncturist or 90 hours of continuing education relating to the clinical aspects of acupuncture within 2 years of restoration application. Clinical training and combinations of clinical training and continuing education shall be approved by the Board prior to an applicant starting the training.
- ii. applicant whose license has lapsed for 10 years or more, 320 contact hours of clinical training under the supervision of a licensed acupuncturist or 120 hours of continuing education relating to the clinical aspects of acupuncture within 2 years of restoration application. Clinical training and combinations of clinical training and continuing education shall be approved by the Board prior to an applicant starting the training.

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.**"

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Acupuncturists

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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	
CT Form (Certificate of Licensure) from the jurisdictions of original and current licensure	
Official acupuncture program transcript verifying graduation	
Copy of Clean Needle Technique certificate (CNT)	
NCCAOM exam scores and valid NCCAOM certification	
If licensed prior to 01/01/2000: In lieu of exam and transcript, you may submit: VE-APP Form or VE-AC Form	
RS Form (restoration only)	
CE requirement--copies of certificates verifying a minimum of 30 hours of CE credits (restoration only)	
CT Form; or DD214 ; or proof of completion of NCCAOM exam or educational program (restoration only)	

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

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.

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.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

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. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.
Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:
 _____ Name of Examination _____ Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION 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 (Administered in Your State)	<input type="checkbox"/> Reciprocity with (State) _____
<input type="checkbox"/> National (Name) _____	<input type="checkbox"/> Waiver/Grandfather
<input type="checkbox"/> State Constructed _____	<input type="checkbox"/> Credentials
<input type="checkbox"/> Other (Name) _____	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Endorsement of License (State) _____	
Acceptance of Examination Results _____	
(Administered in Another State)	

F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES
<input type="checkbox"/> Active	Type of Examination Score
<input type="checkbox"/> Inactive	Written _____
<input type="checkbox"/> Lapsed	Practical _____
<input type="checkbox"/> Other (Explain) _____	Other (Describe) _____
_____	Received no Grade Below _____
_____	Examination Period ____ days ____ hours

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	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 - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

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

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

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

S#:

Profession: