

INSTRUCTION SHEET

Physician Assistant

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.***

To apply for licensure as a physician assistant in Illinois, read 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. **The application which you submit is valid for 3 years from date of receipt.** All Illinois Physician Assistant licenses expire March 1 of each even-numbered year.

All applicants must complete the 4-page application and submit it with the supporting documents required by the method under which application is being made. You may apply for acceptance of examination, endorsement, or restoration.

4-page Application

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

1. Part I-A, 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
Physician Assistant	085	Acceptance of Examination	\$50.00
Physician Assistant	085	Endorsement	\$50.00
Physician Assistant	085	Restoration	**

*Fee will cover both the temporary certificate and permanent license.

**See Supporting Document RS for fee amount.

2. Part I-B, Check the box indicating the appropriate information regarding your application.
3. Part II, Applicant Identifying Information--Enter all applicable information requested. You must include your social security number in box 3.
4. Part III, Education Information
 - a. Numbers 1 through 5--Enter all applicable information requested.
 - b. Number 6--Indicate all post secondary education which you have attended since graduation from high school. Please indicate beginning and ending dates by month and year.

*Send Application and
Supporting Documents to:*

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

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

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

***FEE IS NOT
REFUNDABLE.***

For Assistance Call:

***Department of Financial and
Professional Regulation at:
217-782-8556***

***Telecommunicative Device for
the Deaf at: 217-524-6735.
Please allow 45 days from
mailing your application before
making an inquiry concerning its
status.***

4-Page Application (cont'd)

5. Part IV, Record of Licensure Information--Indicate in this area whether or not you have ever held a license as a Physician Assistant or a related license. Supporting document CT must also be completed by all states in which you are/were licensed.
6. Part V, Record of Examination--Enter all applicable information requested.
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 and Student Loan Information--Must be completed by all applicants.
10. Part IX, Certifying Statement--Read the certifying statement and then sign and date your application.

	<h2>Acceptance of Examination</h2>	
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***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.***

No Reference Sheet is included with this packet. When supporting documents request you refer to the Reference Sheet, enter the information recorded in Part I-A of the four-page Application for Licensure/Examination onto the supporting document.

If you wish to apply for licensure on the basis of Acceptance of Examination, the following supporting documents must be submitted with the 4-page application and required fee.

1. Submit verification of successful completion from a physician assistant program approved by the Committee on Allied Health Education and Accreditation of the American Medical Association; or verification from the National Commission on Certification of Physician Assistants, that you completed an educational program that met the criteria specified by the National Commission on Certification of Physician Assistants for eligibility to the Certifying Examination. Acceptable verification must be either a photocopy of your diploma issued by the school; or official transcript with signature and school seal affixed.
2. You must direct the National Commission on Certification of Physician Assistants to forward **directly** to the Department of Financial and Professional Regulation to the address indicated on page 1 of these instructions:
 - a. evidence of successful completion of the National Commission on Certification of Physician Assistants Examination; and
 - b. evidence that you hold a valid certificate issued by that commission.
3. **CT (Certification of Licensure)**--Supporting Document **CT** must be completed by all jurisdictions in which you were licensed as a physician assistant and from the jurisdiction of **current** licensure. You must direct the licensing agency/board to return completed form **CT** directly to you. You may copy this form if necessary.

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.***

No Reference Sheet is included with this packet. When supporting documents request you refer to the Reference Sheet, enter the information recorded in Part I-A of the four-page Application for Licensure/Examination onto the supporting document.

If you wish to apply for licensure on the basis of Endorsement, the following supporting documents must be submitted with the 4-page application and required fee.

1. **CT (Certification of Licensure)**--Supporting document **CT** must be completed by all jurisdictions in which you were licensed as a physician assistant and from the jurisdiction of **current** licensure. You must direct the licensing agency/board to return completed form **CT** directly to you.
2. Direct the National Commission on Certification of Physician Assistants to forward directly to the Department of Financial and Professional Regulation at the address indicated on page 1 of these instructions, verification of successful completion of the Physician Assistants National Certifying Examination and evidence that you hold a valid certificate issued by that commission.
3. Submit verification of successful completion from a physician assistant program approved by the Committee on Allied Health Education and Accreditation of the American Medical Association; or verification from the National Commission on Certification of Physician Assistants, indicating the educational program you completed met the criteria specified by the National Commission on Certification of Physician Assistants for eligibility to the Certifying Examination. Acceptable verification must be either a photocopy of your diploma issued by the school; or official transcript with signature and school seal affixed.

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 physician assistants whose licenses have been on inactive status, or in non-renewed status, for three or more years.

If your license has been inactive, or in non-renewed status, for less than three 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.

No Reference Sheet is included with this packet. When supporting documents request you refer to the Reference Sheet, enter the information recorded in Part I-A of the four-page Application for Licensure/Examination onto the supporting document.

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. And either:

a. **DD214**--If restoring after active military service, submit a copy of this form;

OR

b. **CT (Certification of Licensure)**--This document must be completed by the jurisdiction where you have most recently been practicing. You must direct the licensing agency/board to return completed form **CT** directly to you; **and**

VE (Verification of Employment/Experience)--This form must be completed by your employer to verify current active practice in another jurisdiction;

OR

c. Successful completion of the examination administered by and proof of current certification submitted directly from the National Commission on the Certification of Physician Assistants or its successor agency.

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.

Licensure Methods

Definition

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 Physician Assistants

*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	
CT (Certification of Licensure) Form from all jurisdictions of licensure	
Official transcript of copy of diploma from approved physician assistant program	
Valid NCCPA Certificate and proof of passage of NCCPA examination (submitted electronically from NCCPA)	
RS Form (restoration method only)	
VE Form (restoration method only)	

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

NAME (Last, First, MI):

SS#:

Profession:

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 (This part must be completed by all applicants)

YES NO

- | | 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:

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

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

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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?
(NOTE: If you are not subject to a child support order, answer "no.")Yes 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.

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
	_____	_____
_____	Area Code ()	
Agency/Board Street Address	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):

SS#:

Profession:

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

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE

APPLICANT: *Complete the application section of this form, then forward it to your employer. Upon receipt of the completed form from the employer, include it with your Application for Licensure/Examination. 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. <div style="text-align: right;"> _____ Profession Name _____ Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME	7. JOB TITLE OR POSITION APPLICANT HELD	
8. DATES OF EMPLOYMENT From ___ / ___ / ___ To ___ / ___ / ___ Month Day Year Month Day Year	9. SUPERVISOR NAME	

EMPLOYER: *Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.*

PART I - EMPLOYMENT INFORMATION

A. EMPLOYER NAME		B. BUSINESS / INSTITUTION NAME	
C. EMPLOYER REGISTRATION/ LICENSE NUMBER	D. STATE OF EMPLOYER REGISTRATION/LICENSE	E. BUSINESS ADDRESS STREET CITY STATE ZIP CODE	
F. BUSINESS REGISTRATION/ LICENSE NUMBER (If Applicable)	G. STATE OF BUSINESS REGISTRATION/LICENSE	H. BUSINESS TELEPHONE NUMBER Area Code (____) _____ - _____	

PART II - APPLICANT EMPLOYMENT INFORMATION

A. NUMBER OF HOURS WORKED PER WEEK	B. TYPE OF EMPLOYMENT [] Full-time [] Part-time	C. DATES OF EMPLOYMENT From ___ / ___ / ___ To ___ / ___ / ___ Month Day Year Month Day Year
D. RECORD APPLICANT'S POSITION TITLE(S)		
E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT.		

I do hereby declare that this information is true and correct.

Signature

Title

Date