



Illinois Department of Financial and Professional Regulation

Office of the Secretary

BRUCE RAUNER
Governor

BRYAN A. SCHNEIDER
Secretary

Thank you for your interest in serving on a board under the jurisdiction of the Illinois Department of Financial and Professional Regulation. You are invited to use these forms to nominate yourself for membership on a Department board. The information we collect will be used by the Department in considering your interest in an appointment and to complete a routine internal check to determine eligibility. If you have any problems completing the forms, please contact Jill Kreoger at 217-557-8786 or Jill.Kreoger@illinois.gov.

Boards and Committees

Professional Regulation Boards

Public Accountant Registration and Licensure Committee
Board of Acupuncture
Architecture Licensing Board
State of Illinois Athletic Board
Board of Athletic Trainers
Barber, Cosmetology, Esthetics, Hair Braiding, and Nail Technology Board
Cemetery Oversight Board
Collection Agency Licensing and Disciplinary Board
Board of Dentistry
Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Board
Dietitian Nutritionist Practice Board
Board of Environmental Health Practitioners
Funeral Directors and Embalmers Licensing and Disciplinary Board
Home Medical Equipment and Services Board
Board of Registered Interior Design Professionals
Land Surveyors Licensing Board
Landscape Architect Registration Board
Marriage and Family Therapy Licensing and Disciplinary Board
Massage Licensing Board
State Medical Disciplinary Board
State Medical Licensing Board
Board of Nursing
Center for Nursing Advisory Board
Nursing Home Administrators Licensing and Disciplinary Board
Occupational Therapy Licensure Board
Optometric Licensing and Disciplinary Board
Board of Orthotics, Prosthetics, and Pedorthics
Board of Licensing for Perfusionists
State Board of Pharmacy
Physical Therapy Licensing and Disciplinary Board

Physician Assistant Advisory Committee
Podiatric Medical Licensing Board
Professional Counselor Licensing and Disciplinary Board
State Board of Professional Engineers
Board of Licensing for Professional Geologists
Clinical Psychologists Licensing and Disciplinary Board
Respiratory Care Board
Roofing Advisory Board
Sex Offender Evaluation and Treatment Provider Licensing and Disciplinary Board
Certified Shorthand Reporters Board
Social Work Examining and Disciplinary Board
Board of Speech-Language Pathology and Audiology
Structural Engineering Board
Tax Return Preparation Task Force
Veterinarian Licensing and Disciplinary Board

Real Estate Boards

Auction Advisory Board
Community Association Manager Licensing and Disciplinary Board
Real Estate Administration and Disciplinary Board
Real Estate Appraisal Administration and Disciplinary Board
Real Estate Education Advisory Council

Banking and Financial Boards

Board of Credit Union Advisors
State Banking Board
Residential Mortgage Board
Board of Savings Banks

RESUME FOR BOARD/COMMITTEE CANDIDATES				1. DATESUBMITTED																											
2. PRINT NAME				3. NAME OF BOARD/COMMITTEE FOR WHICH YOU ARE APPLYING																											
4. LIST OTHER LEGAL NAMES YOU HAVE USED OR BEEN KNOWN BY				5. <table style="width:100%; border: none;"> <tr> <td style="width: 15%;">Female</td> <td style="width: 15%;">Male</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Native Indian. A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>African American not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>White not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middle East.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No Response</td> </tr> </table>				Female	Male		<input type="checkbox"/>	<input type="checkbox"/>	Native Indian. A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community.	<input type="checkbox"/>	<input type="checkbox"/>	Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.	<input type="checkbox"/>	<input type="checkbox"/>	African American not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.	<input type="checkbox"/>	<input type="checkbox"/>	White not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middle East.	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	No Response
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6. RESIDENCE ADDRESS (Street, City, State, ZIP Code)																															
7. E-MAIL ADDRESS(ES) Home: _____ Business: _____																															
8. TELEPHONE NUMBERS HOME: BUSINESS: CELL:		9. FACSIMILE NUMBERS HOME: BUSINESS: OTHER:																													
10. PLACE OF BIRTH		11. COUNTY OF RESIDENCE																													
12. ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		13. ILLINOIS RESIDENT SINCE (Year)																													
14. EDUCATION																															
A. SECONDARY - Name and Location of Institution			GRADUATED?																												
			<input type="checkbox"/> Yes <input type="checkbox"/> No																												
B. COLLEGE - UNDERGRADUATE/BACCALAUREATE - Name and Location of Institution			GRADUATED?																												
			<input type="checkbox"/> Yes <input type="checkbox"/> No																												
NUMBER OF YEARS ATTENDED	CURRICULUM _____ Major _____ Minor	TYPE OF DEGREE GRANTED	DATE DEGREE ISSUED																												
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TYPE OF CURRICULUM		TYPE OF DEGREE GRANTED	DATE DEGREE ISSUED																												

15. LICENSE QUALIFICATIONS

Type of Licensure	License Number	Date of Licensure	State of Licensure	License Ever Disciplined?	Current?
				<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. PROFESSIONAL EXPERIENCE - Time must be accounted for from graduation to present.

DATE		EMPLOYER NAME AND ADDRESS	DESCRIPTION OF EXPERIENCE
From	To		

17. PROFESSIONAL ASSOCIATIONS/ACTIVITIES

18. HONORS/PUBLICATIONS/OTHER

NOTE: If you would also like to submit a resume, please email to: Jill.Kreoger@illinois.gov.

19. Please explain why you wish to serve in state government.

20. What unique characteristics, qualifications and experiences would you bring to a board or committee?

Please use the remainder of this page to supply additional information; identify by section number, i.e., 14. Education.

CONFLICT OF INTEREST QUESTIONNAIRE

If answer is "YES" to any of the following, please explain below or on the following page.	YES	NO
1. Have you or your company entered into any business or consulting contracts with the State in the last three years? If so, list your partners (if any), and identify all state agencies and departments with which you or your company have had a contract in the last three years.		
2. If you answered "Yes" to question number 1, did you receive more than 7 1/2% of the total distributable income under a State contract other than an employment contract or did you, together with your spouse or immediate family member living with you, receive more than 15% in the aggregate of the total distributable income under a State contract other than an employment contract?		
3. Have you ever been named a party to any lawsuit or administrative proceeding? If so, please list county and year filed, disposition, and brief description of the case.		
4. Have you ever been arrested for or convicted of a felony, or convicted of any criminal offense in Illinois, or in another state, or in federal court (other than minor traffic violations)? If yes, please provide date and place of arrest/conviction and the nature of the offense(s).		
5. Are you aware of any investigation of your conduct by any federal, state or local law enforcement agency?		
6. Have you ever filed for protection under the bankruptcy laws?		
7. Have you ever defaulted on a bank, personal or government-guaranteed loan?		
8. Are you, your spouse/domestic partner or any member of your immediate family a public official, government employee or a lobbyist registered with the State of Illinois?		
9. Is there anything in your background, including any investments or real estate holdings, which might create or appear to create any conflict of interest with your appointment?		
10. Is there anything in your background which, if it were disclosed, might prove to be embarrassing to you or to the Governor?		

Name: _____

Date: _____

Conflict of Interest Questionnaire (page 2)

Please use this page to add additional explanatory information; identify by question number.

Notice and Certification - #1

The Illinois Lobbyist Registration Act (25 ILCS 170) provides, in pertinent part, as follows:

Sec. 3.1. Prohibition on serving on boards and commissions.

Notwithstanding any other law of this State, on and after February 1, 2004, but not before that date, a person required to be registered under this Act (Lobbyist Registration Act), his or her spouse, and his or her immediate family members living with that person may not serve on a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor; except that this restriction does not apply to any of the following:

- (1) a registered lobbyist, his or her spouse, or any immediate family member living with the registered lobbyist, who is serving in an elective public office, whether elected or appointed to fill a vacancy; and
- (2) a registered lobbyist, his or her spouse, or any immediate family member living with the registered lobbyist, who is serving on a State advisory body that makes nonbinding recommendations to an agency of State government but does not make binding recommendations or determinations or take any other substantive action.

The Illinois Lobbyist Registration Act provides in part that "the following persons shall register with the Secretary of State as provided herein:

- (1) Any person who, for compensation or otherwise, either individually or as an employee or contractual employee of another person, undertakes to influence executive, legislative or administrative action.
- (2) Any person who employs another person for the purpose of influencing executive, legislative or administrative action."

I certify that I read and have no conflict with Section 3.1 of the Lobbyist Registration Act (25 ILCS 170). I further certify that should I be appointed as a member of an Advisory Board under the jurisdiction of the Illinois Department of Financial and Professional Regulation, I will remain in compliance with this Act (25 ILCS 170).

Name

Date

Notice and Certification - #2

The Illinois State Officials and Employees Ethics Act (5 ILCS 430) provides, in pertinent part, as follows:

Sec. 5-55. Prohibition on serving on boards and commissions.

Notwithstanding any other law of this State, on and after February 1, 2004, a person, his or her spouse, and any immediate family member living with that person is ineligible to serve on a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor if (i) that person is entitled to receive more than 7 1/2% of the total distributable income under a State contract other than an employment contract or (ii) that person together with his or her spouse and immediate family member living with that person are entitled to receive more than 15% in the aggregate of the total distributable income under a State contract other than an employment contract; except that this restriction does not apply to any of the following:

- (1) a person, his or her spouse, or his or her immediate family member living with that person, who is serving in an elective public office, whether elected or appointed to fill a vacancy; and
- (2) a person, his or her spouse, or his or her immediate family member living with that person, who is serving on a State advisory body that makes nonbinding recommendations to an agency or State government but does not make binding recommendations or determinations or take any other substantive action.

I certify that I read and have no conflict with Section 5-55 of the State Officials and Employees Ethics Act (5 ILCS 430). I further certify that should I be appointed as a member of an Advisory Board under the jurisdiction of the Illinois Department of Financial and Professional Regulation, I will remain in compliance with Section 5-55 of this Act (5 ILCS 430).

Name

Date

Certification

By clicking on the "Submit" button below, I hereby certify that the foregoing responses are true, accurate and complete. I agree that any misstatement, misrepresentation or omission of fact may result in my immediate disqualification for appointment. I authorize the State of Illinois to review my credit and criminal history, and/or to request more information about my background.

Name

Date