



PROFESSIONAL ENGINEERING

APPLICATION INSTRUCTIONS

General Information:

Professional or Structural: Do NOT use this application to apply for examination or licensure under the Structural Engineering Practice Act. Illinois licenses *Professional Engineers* and *Structural Engineers (SE)* separately. Download an SE application here: www.idfpr.com/profs/se.asp

Education:

- The educational requirements are based upon the Baccalaureate degree not a post-graduate degree.
- Applicants who **do not** have an approved Domestic ABET-EAC accredited Baccalaureate degree must submit an application to the Department for Board review and approval prior to being allowed to sit for examinations.
- Courses leading to a degree in **Engineering Technology** do not meet the Illinois requirements for licensure, pursuant to Section 1380.220 e) of the Administrative Rules.

Application:

- An original application must be submitted and it must contain an original signature.
- Applications are active for three years.
- All supporting documents, forms, etc. must be submitted at the same time as your fully completed application.
- Fees must be a check or money order in US currency made payable to IDFPR. **FEES ARE NON-REFUNDABLE.**
- Please review our FAQ's here: www.idfpr.com/about/FAQ.asp for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** for assistance.
- You may review the Professional Engineering Practice Act and Administrative Rules here: www.idfpr.com

Abbreviations used in this document:

- National Council of Examiners for Engineering and Surveying (**NCEES**)
- American Association of Collegiate Registrars & Admissions Officers (**AACRAO**)
- Accreditation Board for Engineering Technology (**ABET**)
- Engineering Accreditation Committee (**EAC**)

PROFESSIONAL DESIGN FIRM REGISTRATION REQUIREMENT. All firms offering professional services (Architecture, Professional Engineering, Structural Engineering and/or Land Surveying) in Illinois must be registered by this Department as a Professional Design Firm and must also be authorized by the Illinois Secretary of State to transact business in Illinois. *Offering or performing work in Illinois without proper license and authorization is a violation of each Design Profession Act.*

STEPS TO COMPLETE THE APPLICATION

1. **APPLICATION CATEGORY INFORMATION AND FEES.**

Use the chart below to complete PART 1 of the application based upon what you are applying for.

Profession Name: Professional Engineer OR Engineer Intern	Profession Code	Licensure Method	Fee
Fundamentals of Engineering	061	Examination	\$20
Enrolled Engineer Intern	061	Acceptance of Examination	\$20
Principles and Practice of Engineering	062	Examination	\$100
Fundamentals of Engineering AND Principles and Practice of Engineering Examinations (FULL)	062	Examination	\$100
Professional Engineer	062	Acceptance of Examination	\$100
Professional Engineer	062	Endorsement of License	\$100

2. **APPLICANT IDENTIFICATION INFORMATION.** All applicants must fully complete this section in order to be approved to sit for examinations or be licensed by the Department. 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. **A valid email address is required to receive all department notifications, license download link and renewal notices.** *If you do not have a US Social Security Number, contact the Department for the appropriate affidavit form.*

3. **EDUCATION.** Illinois specific educational requirements must be met. Refer to Section 1380.210 for requirements of a Domestic ABET-EAC approved program or Section 1380.220 for requirements of non-approved program, related science curriculum or foreign graduates. All applicants must submit an official transcript from each college listed on your application. Any educational deficiencies must be corrected prior to approval to sit for any exam or licensure. Note: COURSES LEADING TO A DEGREE IN ENGINEERING TECHNOLOGY DO NOT MEET ILLINOIS REQUIREMENTS FOR LICENSURE, refer to Section 1380.220 e) of the Administrative Rules.

A. **All foreign-educated applicants must provide a course-by-course evaluation of the BS degree.** The Board has only approved the NCEES Credentials Evaluation for evaluation of foreign engineering Baccalaureate degrees. Contact NCEES at www.ncees.org to start the process with your credential evaluation.

B. **All foreign-educated applicants must submit proof of passing the TOEFL-iBT, pursuant to Section 1380.240 c) 4) of the Administrative Rules.** However, any such applicant who subsequently earned a post-graduate degree in engineering from an accredited educational institution in the United States or its territories shall not be subject to this requirement. Contact the Test of English as a Foreign Language internet Based Test (TOEFL-iBT) Services at www.ets.org to start the process to take that exam.

4. **LICENSE INFORMATION.** Applicants who have or who currently hold a Professional Engineer license/registration in another US jurisdiction must complete this section. List ONLY the active license(s) you hold. If you have never been licensed as a Professional Engineer, simply write N/A in the *State of Original Licensure* field.

Professional Engineer License - Acceptance of Examination: All applicants applying for the PE license must submit verification on the CT-ENG form for the Fundamentals of Engineering (FE) examination and the Principles and Practice of engineering (PE) examinations. Any exam not passed under the Illinois Jurisdiction requires a CT-ENG form. A score report from NCEES is not acceptable. *The Department will accept electronic certification from NCEES if it originates from the original licensing jurisdiction where you passed the exam.*

Endorsement of License: Illinois does NOT offer Comity or Reciprocity.

Applicants applying for ENDORSEMENT of licensure from another US jurisdiction must verify that they meet Illinois specific requirements for education, examinations/licensure and experience, pursuant to Section 1380.280 of the Administrative Rules.

Illinois requires the following for licensure:

A. Domestic ABET-EAC program graduate or a graduate of a program specified in Section 1380.220 of the Administrative Rules. If your Baccalaureate degree was earned outside the United States, you must submit a credential evaluation from either ECEI (If done prior to October 30, 2006), AACRAO or NCEES (depending on your degree). *All educational deficiencies determined by the Illinois Professional Engineering Board must be corrected prior to licensure.*

B. Passage of the FE and PE examinations and proof of active PE license in another US jurisdiction.

C. Minimum four years of acceptable engineering experience after conferral of Baccalaureate degree, for approved programs. Eight years total for all non-approved program applicants.

NCEES Record Holder: If you are submitting an NCEES Record for inclusion with your ENDORSEMENT application, you are NOT required to submit the CT-ENG for the FE & PE exam passage and license verification, VE-PNG for your engineering experience or any Domestic University transcripts as long as they are included in your record. However; the Board may still require any of the above documents if clarification is needed for any reason.

5. **EXAMINATION INFORMATION.** Approval to sit for examinations is based solely on education. Illinois allows applicants to sit for examinations prior to gaining the necessary experience for enrollment as an EI or licensure as a PE. Applicants must verify that they have taken and passed each appropriate examination. Illinois requires passage of the Fundamentals of Engineering (FE) exam and Principles and Practice of engineering (PE) exam for licensure as a Professional Engineer. List **ONLY** the examination(s) you have **passed**.

EXAMINATION DEADLINE:

All non-approved program graduates must submit an application for Board approval to sit for the required exams. For approval to sit for the PE exam, the application **must** be received by the Department by the date below:

- **November 15th for the APRIL Examination**
- **May 15th for the OCTOBER Examination**

Fundamentals of Engineering Exam: Applicants in their senior year of or whose Baccalaureate degree is from a Domestic ABET-EAC program may register directly with both NCEES and Continental Testing Services (CTS) for the FE exam. All other applicants (graduates from non-approved programs, related science or foreign programs) must submit an application to the Department for Board authorization to sit for the FE exam. Note: ALL foreign-educated applicants must submit the appropriate course-by-course evaluation of their degree pursuant to Section 1380.240 of the Administrative Rules.

Engineer Intern Enrollment: All applicants, to be enrolled as an Engineer Intern, must submit verification on the CT-ENG form for the Fundamentals of Engineering examination. If you passed the FE exam in Illinois, this requirement does not apply to you. You must submit an official transcript showing conferral date with your application. *The Department will accept electronic certification from NCEES if it originates from the original licensing jurisdiction where you passed the exam. Note: the Engineer Intern Certificate is NOT a license to practice.*

Professional Engineer Exam: All applicants, for the Principles and Practice of Engineering Examination (PE) must submit verification on the CT-ENG form for the Fundamentals of Engineering examination. If you passed the FE exam in Illinois, this requirement does not apply to you. *The Department will accept electronic certification from NCEES if it originates from the original licensing jurisdiction where you passed the exam.*

6. **PERSONAL HISTORY.** All applicants must complete this section. *If you answer YES to any question, you must submit the required documentation set forth by that question and include a personal statement.*
7. **EXAMINATION CODING INFORMATION.** THIS SECTION IS NOT APPLICABLE FOR THIS PROFESSION. **Leave this section blank and move on to the next section.**
8. **CHILD SUPPORT/STUDENT LOAN INFORMATION.** All applicants must answer this section by law.
9. **CERTIFYING STATEMENT.** All applicants must sign and date the application for it to be accepted.

EXPERIENCE REQUIREMENT. Experience is required for all non-approved program graduates for enrollment as an Engineer Intern and required for all applicants seeking licensure as a Professional Engineer. All experience must be documented on the Department form VE-PNG and must be supervised by a licensed engineer or one who is legally practicing engineering. Each VE-PNG form must remain in the sealed and signed envelope when submitted to the Department. Review Section 1380.230 of the Administrative Rules for acceptable experience requirements.

Experience is required for:

Engineer Intern:

- A. Domestic ABET-EAC graduates are not required to submit experience to be enrolled as an Engineer Intern.
- B. Non-approved program and foreign graduates are required to submit four years of acceptable engineering experience on a VE-PNG to be enrolled as an Engineer Intern.

Professional Engineer License:

- A. Domestic ABET-EAC graduates must submit four years of acceptable verified engineering experience to be licensed.
- B. Non-approved program and foreign graduates are required to submit a total of eight years of acceptable engineering experience; or (if enrolled as an Illinois EI), an additional four years of acceptable engineering experience, to be licensed.

APPLICATION CHECKLIST FOR PROFESSIONAL ENGINEERS

ALL APPLICANTS MUST SUBMIT:

	Completed Original Application.
	Application Fee, check or money order (payable to IDFPR) in US currency.

ADDITIONAL SUPPORTING DOCUMENTS: (Not all documents will be applicable to you)

	NCEES Council Record
	or (education, employment and examination/licensure as noted below)
	<ul style="list-style-type: none"> ● Proof of Education (official transcripts)
	<ul style="list-style-type: none"> ● Verification of Employment (VE-PNG) Form from:
	<ul style="list-style-type: none"> ● Certification of Licensure/Examination (CT-ENG) from jurisdiction where the FE Exam was passed
	<ul style="list-style-type: none"> ● Certification of Licensure/Examination (CT-ENG) from jurisdiction where the PE Exam was passed
	<ul style="list-style-type: none"> ● Certification of Licensure/Examination (CT-ENG) from original state of licensure
	<ul style="list-style-type: none"> ● Certification of Licensure/Examination (CT-ENG) from current state of active practice
	TOEFL and TSE or TOEFL-iBT examination results
	NCEES Credentials Evaluation of foreign educational credentials

STUDY MATERIALS AND REFRESHER COURSES.

Examination study materials can be found here: www.ncees.org

Refresher courses and other information can be found here: www.illinoisengineer.com

Mail your completed application, fee and support documents to:

Illinois Department of Financial and Professional Regulation,
 Attn: Division of Professional Regulation, Design/PSS4
 P.O. Box 7007
 Springfield, Illinois 62791

Questions:

Phone (800) 560-6420
 Email: FPR.PRFGROUP02@illinois.gov

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. CHECK BOX 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"/> 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, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
| <input type="checkbox"/> Other: _____ | |

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. REQUIRED E-MAIL ADDRESS
---	---------------------------------------

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 ____ / ____ 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

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 <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
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. Do you now have any disease or condition that presently limits 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? <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 ILCS 340/1 et. seq. (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-ENG

APPLICANT: Complete the applicant section of this form then forward this form to the state or territory in which you are requesting certification of your examination status, license or examination scores. Contact the certifying jurisdiction for appropriate fee. Photocopying this form is permissible.

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; margin-right: 50px;"> _____ Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER Area Code (____) - - - -	

8. COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR REQUEST, INDICATE ALL PROFESSIONS FOR WHICH A CERTIFICATION IS BEING REQUESTED.

✓	PROFESSION	LICENSE NUMBER	ISSUANCE DATE
✓	Engineer Intern		
	Professional Engineer		
	Structural Engineer		

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 _____

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. Return the completed form to the applicant in a sealed envelope to be submitted with the application.

PART I. - CERTIFICATION OF LICENSURE

A. Record the following License Information.

PROFESSION	LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE
Engineer Intern			
Professional Engineer			
Structural Engineer			

B. LICENSURE METHOD

- | | |
|---|---|
| <input type="checkbox"/> Examination (Administered in Your State)
<input type="checkbox"/> National (Name) _____
<input type="checkbox"/> State Constructed _____
<input type="checkbox"/> Other (Name) _____
<input type="checkbox"/> Endorsement of License (State) _____
<input type="checkbox"/> Acceptance of Examination Results (Administered in Another State) _____ | <input type="checkbox"/> Reciprocity with (State) _____
<input type="checkbox"/> Education and Experience (If less than 8 years experience including graduation from ABET engineering curriculum, detail facts in Part VI on reverse side.)
<input type="checkbox"/> Other (Detail facts in Part VI on reverse side.) |
|---|---|

C. CURRENT LICENSE STATUS

- Active
- Inactive
- Lapsed
- Other (Explain) _____

D. IF LICENSED BY EXAMINATION, INDICATE EXAMINATION METHOD

- Written
- Practical
- Oral
- Essay

PART II. - CERTIFICATION OF EXAMINATION SCORES

SUBJECT	HOURS OF EXAMINATION	DATE OF EXAMINATION	SCORE
Engineer Intern: NCEES Fundamentals of Engineering Other: _____			
Professional Engineering: NCEES Principles and Practice <u>Discipline</u> _____ Other: _____			
Structural Engineering: NCEES Structural I <input type="checkbox"/> NCEES Structural II <input type="checkbox"/> State Constructed Structural Examination <input type="checkbox"/> NCEES 16 Hour Structural <input type="checkbox"/> 8 Hour Vertical Forces Component <input type="checkbox"/> 8 Hour Lateral Forces Component <input type="checkbox"/> Other <input type="checkbox"/> _____			

PART III. - FORMAL ACTIONS

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 IV. - DETAILED FACTS OF PART III OF THIS FORM

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

SEAL

Print Name

Title

Agency/Board Street Address

City, State, ZIP Code

Signature

Date

Area Code ()

Telephone Number

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 325/1 et. seq. (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-PNG

APPLICANT: *Complete the application section of this form. Forward the form to the professional supervisor from whom you obtained your experience. Your supervisor must return the completed form to the applicant in a sealed envelope to be submitted with the application. If additional forms are needed, you are authorized to photocopy this form.*

1. NAME LAST FIRST MIDDLE 4. ADDRESS STREET, CITY, STATE, ZIP CODE	2. DATE OF BIRTH ___ / ___ / _____ Month Day Year	3. SOCIAL SECURITY NUMBER _____ - _____ - _____ 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="text-align: center;"> _____ Profession Name Profession Code </div>
6. MAIDEN OR GIVEN SURNAME	7. SUPERVISOR NAME	
8. DATES OF EMPLOYMENT From ___ / ___ / _____ To ___ / ___ / _____ Month Day Year Month Day Year	9. EMPLOYER'S NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE)	

SUPERVISOR: *Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope to be submitted with his/her application.*

NOTE: *The supervisor must be licensed as a Professional Engineer or one who is legally practicing professional engineering, pursuant to Section 3 of the PE Act; who is in direct control and supervision of the applicant, in the jurisdiction where the engineering activities are performed.*

PART I - SUPERVISOR INFORMATION (* While applicant was under your direct supervision)

A. SUPERVISOR NAME	B. EMPLOYER'S NAME *
C. SUPERVISOR'S PROFESSION AND REGISTRATION NUMBER (if applicable)	D. EMPLOYER'S ADDRESS STREET, CITY, STATE, ZIP CODE *
E. STATE OF REGISTRATION	F. EMPLOYER'S TELEPHONE NUMBER * Area Code (_____) _____ - _____

PART II - APPLICANT EMPLOYMENT INFORMATION *

A. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	B. TOTAL TIME EMPLOYED ___ Years ___ Months	C. DATES OF EMPLOYMENT (Use exact dates, not "present") From ___ / ___ / _____ To ___ / ___ / _____ Month Day Year Month Day Year
D. DESCRIBE ENGINEERING WORK/PROJECTS IN WHICH THE APPLICANT WAS ENGAGED. (Attach additional sheet if more space is required.)		

E. **PRIMARY RESPONSIBILITY.** TWO YEARS OF EXPERIENCE MUST BE IN PRIMARY RESPONSIBILITY FOR ENGINEERING ACTIVITIES. THIS EXPERIENCE SHALL BE WITHIN THE DEFINITION OF THE PRACTICE AS SET FORTH IN SECTION 4 (o) OF THE ACT AND SHALL REQUIRE THE APPLICATION OF TECHNICAL KNOWLEDGE AND PROFESSIONAL ENGINEERING PRINCIPLES.

SUPERVISOR: YOU ARE BEING ASKED TO DETERMINE IF THE APPLICANT, WAS ENGAGED IN PROGRESSIVE PRIMARY RESPONSIBILITY FOR SUCCESSFUL ACCOMPLISHMENT OF THE WORK. THIS EXPERIENCE SHOULD INCLUDE DECISIONS ON QUESTIONS OR METHODS OF EXECUTION AND SUITABILITY OF MATERIALS, **SUBJECT TO YOUR DIRECT SUPERVISION AND CONTROL.**

Number of Months in Primary Responsibility: _____ (If no time, indicate with a zero)

Projects:

F. RECORD ANY ADDITIONAL COMMENTS THAT MAY BE BENEFICIAL IN DETERMINING LICENSURE FOR THIS APPLICANT.

G. IN YOUR PROFESSIONAL OPINION IS THERE ANY REASON WHY THE APPLICANT **SHOULD NOT** BE LICENSED TO PRACTICE PROFESSIONAL ENGINEERING? YES NO (If yes, explain.)

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period(s) listed and that the information I have reported herein is true and correct to the best of my knowledge. I understand that giving false information is a violation of Section 24 of the Professional Engineering Practice Act of 1989.

_____ Date

_____ Signature

_____ Seal

The definition of Professional Engineering as revised by the 225 Illinois Compiled Statutes 2009, 325/4. Definitions.

In this Act:

(n) "Professional Engineering" means the application of science to the design of engineering systems and facilities using the knowledge, skills, ability and professional judgment developed through professional engineering education, training and experience.

(o) "Professional Engineering practice" means the consultation on, conception, investigation, evaluation, planning, and design of, and selection of materials and methods to be used in, administration of construction contracts for, or site observation of an engineering system or facility, where such consultation, conception, investigation, evaluation, planning, design, selection, administration, or observation requires extensive knowledge of engineering laws, formulae, materials, practice, and construction methods. A person shall be construed to practice or offer to practice professional engineering, within the meaning and intent of this Act, who practices, or who, by verbal claim, sign advertisement letterhead, card, or any other way, is represented to be a professional engineer, or through the use of the initials "P.E." or the title "engineer" or any of its derivations or some other title implies licensure as a professional engineer, or holds himself out as able to perform any service which is recognized as professional engineering practice.

NAME (Last, First, MI):

SS#:

Profession: