

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. This form has been approved by the Forms Management Center.

RETURN APPLICATION TO:
 STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL PROFESSIONAL REGULATION
ATTN: Division of Professional Regulation
 320 WEST WASHINGTON STREET, 3RD FLOOR
 SPRINGFIELD, ILLINOIS 62786

FOR OFFICIAL USE ONLY
 _____ Approved
 _____ No. of Hours
 _____ Denied
 _____ Date

**OUT-OF-STATE DENTAL AND DENTAL HYGIENE
 CONTINUING EDUCATION APPROVAL**

INSTRUCTIONS

Submit the following with this application:

- 1. A \$20.00 fee.
- 2. An outline of the content of the program.
- 3. A schedule of the program
- 4. A brief biography or vitae of the instructor(s).
- 5. A copy of the certificate of attendance (if applicable).

NOTE: *A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated.*

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)	
3. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, and ZIP Code)	4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM	
	5. TITLE	
6. TITLE OF PROGRAM	7. NUMBER OF CLOCK HOURS REQUESTED	8. IS THIS PROGRAM OPEN TO ALL DENTISTS OR DENTAL HYGIENISTS?
9. SITE(S) OF PROGRAM	10. DATE(S) ATTENDED	

11. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF DENTISTRY AND/OR DENTAL HYGIENE?

_____ Signature of Person Submitting Application	_____ Illinois License Number
_____ Type or Print Name of Person Submitting Application	_____ Date

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.

OFFICIAL USE ONLY

Approved
 Denied
 Deferred
 No. of Approved Hours _____

COMMENTS: _____
