

INSTRUCTION SHEET

LICENSED NAPRAPATH

- Examination
- 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.***

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 Naprapathic licenses will expire on December 31 of even numbered years, regardless of when they were issued.**

You may apply for licensure under one of the following application methods: Examination or Endorsement of License. All applicants must complete the 4-page Application for Licensure and/or Examination and submit it with the supporting documents required by the method of application. The application which you submit is valid for 3 years from date of receipt. FEE IS NON-REFUNDABLE.

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Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

Education/Experience

The curriculum in naprapathy shall be a 4 year academic program in a minimum of 3 calendar years in a program approved by the Department and provide for the equivalent of 2 calendar years of academic work and one calendar year of clinical experience.

Academic Work

Academic work shall be a minimum of 130 credit hours, including:

1. 66 credit hours in basic sciences (e.g., anatomy, physiology, pathology, kinesiology, neurology, biochemistry) specialized for the study of connective tissue; and
2. 64 credit hours in clinical sciences, to include but not be limited to the major areas of:
 - a. Naprapathic Sciences
 - b. Naprapathic theory and application: Oakely Smith method of chartology, chardosis, directoplanning, naprapathic technique, connective tissue manipulation; therapeutic and rehabilitative exercise; postural counseling; nutritional counseling; evaluation procedures; physical agents and related modalities; electrotherapy; connective tissue massage; accessory techniques/adjunctives; assistive devices; practice management psychology; and professional issues.

Clinical Experience

Clinical experience shall be a minimum of 60 credit hours, including:

1. 1000 contact hours served in the clinic; and
2. 350 full-credit evaluations.

General Instructions

1. All applicants must complete the 4-page Application for Licensure and/or Examination and submit those supporting documents as required for the method of licensure under which application is being made. Instructions detailing the completion of the application and the supporting documents follows. The methods of application for licensure are Examination or Endorsement of Licensure. See page 3 to determine what method of application applies to you.
2. All areas of the application that require a signature must contain an original signature; copies are not acceptable.
3. The application form(s) must be completed by typewriter or with black ink (print).

**General Instructions
(cont'd)**

4. If the name shown on your application is different than that shown on any documentation, you must submit proof of a legal name change such as a marriage license, divorce decree, or court order.
5. All 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 shall certify to the above requirements as well as to the accuracy of the translation.

4-Page Application for Licensure and/or 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.***

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-A as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Licensed Naprapath	181	Examination <i>(must take examination)</i>	**
Licensed Naprapath	181	Endorsement of Licensure <i>(has license in another state)</i>	\$250

**See attached Reference Sheet 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. 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 or a foreign country or province must state whether or not they have ever held licensure to practice as a naprapath.
6. Part V--Record of Examination--Must be completed by all applicants.

~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 Naprapath 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

**4-Page Application for
Licensure and/or Examination
(cont'd)**

7. Part VI--Personal History Instructions--Must be completed by all applicants.
8. Part VII - Examination Coding Information--Complete this portion ONLY if you are applying to take the examination.
9. Part VIII - Child Support and/or 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.

Application for 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.***

To apply to take the Illinois Written Clinical Competency Examination for licensure as a naprapath, the following supporting documents must be submitted with the 4-page Application for Licensure and/or Examination:

1. **CT (Certification of Licensure)**--If you have ever held a license as a naprapath in another jurisdiction, this document must be completed by all jurisdictions in which you have ever been licensed. You are authorized to photocopy the form if necessary.
2. An official transcript indicating applicant has completed a 2-year degree or its equivalent at an accredited college or university with school seal affixed.
3. **ED (Certification of Education) and/or Transcript**--Certification and/or transcript of successful completion of a naprapathic program signed by the director of the approved naprapathic program or other authorized college official with school seal affixed.
4. Fee - See enclosed reference sheet for fee amount.

*Send Application and
Supporting Documents to:*

**Continental Testing
Services, Inc.**

P.O. Box 100

LaGrange, IL 60525-0100

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

**Continental Testing Services,
Inc.,**

or

Apply Directly On-Line.

*Register for the examination
by referring to the Continental
Testing Web site*

(www.continentaltesting.net)

*for information on how to
apply for the examination on-
line and pay the test fee by
credit card.*

*Please allow 3 weeks from
mailing your application
before making an inquiry
concerning its status.*

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.***

*Send Application and
Supporting Documents to:*

**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.*

The Department shall examine each endorsement application to determine whether the requirements and examination in the jurisdiction at the date of licensing were substantially equivalent to the requirements and examination then in force in this State and whether the applicant has otherwise complied with the Act and Rules and Regulations. To apply for licensure on the basis of Endorsement of License in another state, the following supporting documents must be submitted with the 4-page Application for Licensure and/or Examination:

1. **CT (Certification of Licensure)**--If you have ever held a license as a naprapath in another jurisdiction, this document must be completed by all jurisdictions in which you have ever been licensed. You are authorized to photocopy the form if necessary.
2. **ED (Certification of Education) and/or Transcript**--Certification and/or transcript verifying successful completion of a naprapathic program signed by the director of the approved naprapathic program or other authorized college official with school seal affixed.
3. A report of the applicant's examination record forwarded directly from the test reporting service.
4. Required fee of \$250 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. This fee is not refundable.

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.**"

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>Profession Name</u>	<u>Profession Code</u>	<u>Licensure Method</u>	<u>Test Fee</u>	<u>Test Fee after July 1, 2010</u>
Naprapath	181	Examination	\$394.40	\$397.40

CHART II - EXAMINATION CODES AND FEES

Complete the examination/licensure application and submit it, along with the examination test fee, to Continental Testing Service (CTS) where it will be screened for eligibility.

◆ Access and complete the examination application:

- 1) via the internet at www.continentaltesting.net and pay the examination fee with a credit card (VISA or MasterCard); **or**
- 2) in paper form by downloading the application:
--from the Division of Professional Regulation's web site www.idfpr.com; **or**
--from the CTS web site www.continentaltesting.net; **or**
--call the Division at 217/782-8556 and request an application.

All paper applications must be accompanied by an examination fee in the form of a certified check or money order payable to Continental Testing Service.

***NOTE:** The Test Fee is for the cost of the examination only and is not transferrable from one exam date to another. After successful completion of examination, you will be notified of the licensure fee.

- ◆ Candidate Handbooks in electronic form are accessible on the CTS or the IDFPR web sites.

CHART III - EXAMINATION DATES AND LOCATION

<u>TEST DATES</u>	<u>APPLICATION FILING DEADLINES</u>	<u>AVAILABLE TEST CENTER</u>	<u>TEST CENTER CODE</u>
January 15, 2010	November 16, 2009	Chicago Area	1811
July 16, 2010	May 14, 2010	Chicago Area	1817
January 21, 2011	November 10, 2010	Chicago Area	1813

***NOTE:** Approximately two weeks prior to the examination, you will be mailed an admission notice, along with other necessary instructions. If you have not received an admission notice ten days prior to the examination, make inquiry to Continental Testing Services at 708/354-9911.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

If the examination final filing dates provided have expired, you may call the Department of Financial and Professional Regulation at 217-782-8556 for updated examination/administration dates and applicable final filing dates.

CHART IV - SCHOOL CODES

NOT APPLICABLE
ENTER N/A IN PART VII c) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

***** REQUEST FOR ASSISTANCE *****

If assistance is needed, direct your request to:
708-354-9911

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Naprapaths

*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 verifying 2-year degree or its equivalent with school seal affixed	
ED Form and/or transcript verifying successful completion of a naprapathic program	
Examination Scores (if applicable)	
Restoration method only: RS Form	
CT Form; or DD214 ; or proof of examination or education program	

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 <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.

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 ()
		City, State, ZIP Code		Telephone Number

ATTENTION APPLICANT--RETURN EXAM CT TO: Continental Testing Services, Inc.
P.O. Box 100
LaGrange, Illinois 60525-0100

NAME (Last, First, MI):

SS#:

Profession:

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

NAME (Last, First, MI):

I certify that the information recorded herein is true and correct according to the official records of this institution.

SS#:

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ____ day of _____, 20____.

Profession:

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT