

# INSTRUCTION SHEET

## Podiatrist - Visiting Professor Permit

Only one Visiting Professor Permit shall be issued to an applicant. It shall be valid for one (1) year and may be renewed only once for one (1) year. However, if a visiting professor permit holder terminates or is discharged from his/her faculty appointment, the visiting professor permit shall be null and void as of the date of such discharge or termination. Such program of podiatric medicine shall immediately deliver or mail by registered mail to the Department the Visiting Professor Permit and written notice of the reason for the return of the permit.

If at the conclusion of the term of the faculty appointment for which the permit was issued, the holder of such permit desires to remain in the State and practice or teach his/her profession, he/she must apply for and receive a permanent podiatric physician license.

If the permit holder applies for a permanent podiatric physician license while holding a Visiting Professor Permit, no permanent license shall be issued until the Visiting Professor Permit is returned to the Department.

### Applying For Licensure

To apply for a Visiting Professor Permit, follow each of the steps in the order that they are listed on both sides of the Instruction Sheet. This will aid in accurately completing your application and thus, eliminate any delay in processing. The application which you submit is valid for three (3) years from the date of receipt.

#### Step 1 Application

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

1. Check the box indicating the appropriate information regarding your application.
2. Part I, Application Category Information Complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Visiting Professor Permit	134	Nonexamination	\$250.00

3. Part II, Applicant Identifying Information Enter all applicable information requested.
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 year.
5. Part IV, Record of Licensure Information Indicate whether or not you have ever held a license as a Podiatric Physician or a related license.
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 Information Must be completed by all applicants.
10. Part IX, Certifying Statement Read the certifying statement and then sign and date your application.

**Step I** Documentation

*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.*

The following documentation must be submitted with the four-page application. All documents submitted in a foreign language must be accompanied by an 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.

1. **WH (Work History)**--This form must be completed indicating all employment since graduation from Podiatric Medicine college/university to present.
2. **ED (Certification of Education)**--This form must be completed by a school official of the Podiatric Medicine college/university indicating graduation. Completed document must have school seal affixed.
3. **CD-POD (Certification from Dean)**--This form must be completed by the Dean of the podiatric medicine indicating that you have received a faculty appointment to teach in the program and the term of the contract.
4. Supporting Document **CT** must be completed by the jurisdiction of original licensure. You must direct the licensing agency/board to return completed form **CT** directly to the address indicated in Step III below.
5. Submit a curriculum vitae.

**Step II** Documentation

Application fee for Visiting Professor - \$250

Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation.

**Step III** Mail Application

Forward four-page application, supporting documentation, and fee payment to:

Illinois Department of Financial and Professional Regulation  
Attn: Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 61701

**Step IV** Need Assistance

If assistance is needed, direct your request to the following telephone number:

217-782-8556

Telecommunicative Device for the Deaf (TDD) - 217-524-6735

When an operator answers, state the profession for which you are applying and that you need assistance with your application. Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

**Visiting Professor Renewal****Conditions for Renewal**

A Visiting Professor Permit shall be valid for one (1) year and may be renewed only once for one (1) year and must be applied for within (60) days prior to expiration of the permit.

## 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.*

<u>Licensure Methods</u>	<u>Definition</u>
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.
Reciprocity	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued and that state also reciprocates this privilege.
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 qualifications 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.**"





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
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.

**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.

## WORK HISTORY

SUPPORTING DOCUMENT

# WH

**APPLICANT: Complete Work History. If you have never been employed you may stop at box 8. You are authorized to photocopy this form if additional space is required.**

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="display: flex; justify-content: space-around;"> <span>_____ Profession Name</span> <span>_____ Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME  	7. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED. <input type="checkbox"/>	8. DATE FORM COMPLETED  

9. RECORD WORK HISTORY CHRONOLOGICALLY - Complete Work History beginning with present employment and concluding with graduation. You must account for the entire time period including periods of unemployment and volunteer work, etc.

A. NAME OF BUSINESS / INSTITUTION  	JOB TITLE  				
ADDRESS    STREET, CITY, STATE, ZIP CODE  	DESCRIPTION OF DUTIES PERFORMED    				
SUPERVISOR NAME  					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">           DATE OF EMPLOYMENT/ATTENDANCE            From ___ / ___ / ___                      Month    Day        Year            To     ___ / ___ / ___                      Month    Day        Year         </td> <td style="width: 50%; padding: 5px;">           HOURS WORKED PER WEEK    </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           TYPE OF EMPLOYMENT  <input type="checkbox"/> Full-time    <input type="checkbox"/> Part-time         </td> </tr> </table>		DATE OF EMPLOYMENT/ATTENDANCE From ___ / ___ / ___ Month    Day        Year To     ___ / ___ / ___ Month    Day        Year	HOURS WORKED PER WEEK  	TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
DATE OF EMPLOYMENT/ATTENDANCE From ___ / ___ / ___ Month    Day        Year To     ___ / ___ / ___ Month    Day        Year		HOURS WORKED PER WEEK  			
TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
TOTAL TIME WORKED (Year/Month)  					

B. NAME OF BUSINESS / INSTITUTION  	JOB TITLE  				
ADDRESS    STREET, CITY, STATE, ZIP CODE  	DESCRIPTION OF DUTIES PERFORMED    				
SUPERVISOR NAME  					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">           DATE OF EMPLOYMENT/ATTENDANCE            From ___ / ___ / ___                      Month    Day        Year            To     ___ / ___ / ___                      Month    Day        Year         </td> <td style="width: 50%; padding: 5px;">           HOURS WORKED PER WEEK    </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           TYPE OF EMPLOYMENT  <input type="checkbox"/> Full-time    <input type="checkbox"/> Part-time         </td> </tr> </table>		DATE OF EMPLOYMENT/ATTENDANCE From ___ / ___ / ___ Month    Day        Year To     ___ / ___ / ___ Month    Day        Year	HOURS WORKED PER WEEK  	TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
DATE OF EMPLOYMENT/ATTENDANCE From ___ / ___ / ___ Month    Day        Year To     ___ / ___ / ___ Month    Day        Year		HOURS WORKED PER WEEK  			
TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
TOTAL TIME WORKED (Year/Month)  					

C. NAME OF BUSINESS / INSTITUTION		JOB TITLE	
ADDRESS      STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK		
From ____ / ____ / ____ Month    Day    Year	TYPE OF EMPLOYMENT		
To ____ / ____ / ____ Month    Day    Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
TOTAL TIME WORKED (Year/Month)			
D. NAME OF BUSINESS / INSTITUTION		JOB TITLE	
ADDRESS      STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK		
From ____ / ____ / ____ Month    Day    Year	TYPE OF EMPLOYMENT		
To ____ / ____ / ____ Month    Day    Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
TOTAL TIME WORKED (Year/Month)			
E. NAME OF BUSINESS / INSTITUTION		JOB TITLE	
ADDRESS      STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK		
From ____ / ____ / ____ Month    Day    Year	TYPE OF EMPLOYMENT		
To ____ / ____ / ____ Month    Day    Year	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
TOTAL TIME WORKED (Year/Month)			

**NAME (Last, First, MI):**
**SS#:**
**Profession:**



**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.

SEAL

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Agency/Board Street Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Area Code (      )

\_\_\_\_\_

Telephone Number

**RETURN NONEXAM CT TO: Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
320 West Washington, L & T-1  
Springfield, Illinois 62786**

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**

ATTENTION APPLICANT - RETURN THIS FORM TO:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
ATTN: DIVISION OF PROFESSIONAL REGULATION  
320 WEST WASHINGTON STREET, L&T1  
SPRINGFIELD, ILLINOIS 62786

