INSTRUCTION SHEET

Surgical Technologist
Acceptance of Examination
Endorsement

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 for licensure as a surgical technologist in Illinois, read 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. The application which you submit is valid for 3 years from date of receipt. Applicants must be at least 18 years of age. All Illinois Surgical Technologist licenses expire April 30 of each even-numbered year.

All applicants must complete the 4-page application and submit it with the supporting documents required by the method under which application is being made. You may apply for licensure by acceptance of examination or endorsement.

4-page Application 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 as indicated below:

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Technologist</td>
<td>237</td>
<td>Acceptance of Examination</td>
<td>$100.00</td>
</tr>
<tr>
<td>Surgical Technologist</td>
<td>237</td>
<td>Endorsement</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

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. You must include your social security number in box 3.

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 month and year.

5. Part IV, Record of Licensure Information--Indicate in this area whether or not you have ever held a license as a Surgical Technologist or a related license. Supporting document CT must also be completed by all states in which you are/were licensed.

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 and 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.

**Acceptance of 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.*

If you wish to apply for licensure on the basis of Acceptance of Examination, the following supporting documents must be submitted with the 4-page application and required fee.

1. Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. AFF-ST (Affidavit)---You must show proof of current certification by the Liaison Council on Certification for the Surgical Technologist (LCC-ST). Request the LCC-ST to complete and forward Supporting Document AFF-ST directly to you in a sealed envelope. Include the form with your application.

3. CT (Certification of Licensure)--Supporting Document CT must be completed by the jurisdiction in which you were originally licensed as a surgical technologist and from the jurisdiction of current licensure. You must direct the licensing agency/board to return completed form CT directly to you.

**Endorsement**

*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.*

If you wish to apply for licensure on the basis of Endorsement, the following supporting documents must be submitted with the 4-page application and required fee.

1. Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. AFF-ST (Affidavit)---You must show proof of current certification by the Liaison Council on Certification for the Surgical Technologist (LCC-ST). Request the LCC-ST to complete and forward Supporting Document AFF-ST directly to you in a sealed envelope. Include the form with your application.

3. CT (Certification of Licensure)--Supporting document CT must be completed by the jurisdiction in which you were originally licensed as a surgical technologist and from the jurisdiction of current licensure. You must direct the licensing agency/board to return completed form CT directly to you.
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.

<table>
<thead>
<tr>
<th>Licensure Methods</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>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.</td>
</tr>
<tr>
<td>Endorsement of License</td>
<td>Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.</td>
</tr>
<tr>
<td>Acceptance of Examination</td>
<td>Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.</td>
</tr>
<tr>
<td>Restoration</td>
<td>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.</td>
</tr>
<tr>
<td>Grandfather/Waiver</td>
<td>Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).</td>
</tr>
<tr>
<td>Non-examination</td>
<td>Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.</td>
</tr>
</tbody>
</table>
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."
Application Checklist for Surgical Technologist

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!

<table>
<thead>
<tr>
<th>FOUR-PAGE APPLICATION REVIEW</th>
<th>COMPLETED</th>
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<tbody>
<tr>
<td>Part I. Application Category Information</td>
<td></td>
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<tr>
<td>Part II. Applicant Identifying Information</td>
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<tr>
<td>Part III. Education Information</td>
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<tr>
<td>Part IV. Record of Licensure Information</td>
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<tr>
<td>Part V. Record of Examination</td>
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<tr>
<td>Part VI. Personal History Information</td>
<td></td>
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<tr>
<td>Part VII. Examination Coding Information (if applicable)</td>
<td></td>
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<tr>
<td>Part VIII. Child Support and/or Student Loan Information</td>
<td></td>
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<tr>
<td>Part IX. Certifying Statement--Signed and Dated</td>
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<tr>
<th>SUPPORTING DOCUMENTS</th>
<th>SUBMITTED</th>
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<tr>
<td>Application Fee</td>
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<tr>
<td>Supporting Document CCA <strong>must</strong> be completed and submitted with each application. Your application will not be processed without completion of this form.</td>
<td></td>
</tr>
<tr>
<td><strong>CT</strong> (Certification of Licensure) Form from the jurisdiction of original and current licensure</td>
<td></td>
</tr>
<tr>
<td><strong>AFF-ST</strong> Form</td>
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</table>

All supporting documents **may not be required**. Please refer to application instructions for your specific method of licensure.
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, 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
B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- This is the first time I have made application for this profession in Illinois.
- I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- Other: ____________________________

C. My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

D. I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

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 _____ / _____ / ______
10. AGE ____ Male ____ Female
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (___ ___) ___-____-______ Home: (___ ___) ___-____-______
    (Area Code) (Area Code)
Fax: (___ ___) ___-____-______ Fax: (___ ___) ___-____-______
    (Area Code) (Area Code)
12. PREFERRED e-MAIL ADDRESS(ES) [If available]
## PART III: Education Information

### 1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

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<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>Graduated High School?</td>
<td>Yes</td>
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<td>Received OR G.E.D.?</td>
<td>Yes</td>
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</tbody>
</table>

### 2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

### 3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

### 4. DATE OF GRADUATION

<table>
<thead>
<tr>
<th>Month</th>
<th>/</th>
<th>Year</th>
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### 5. COLLEGE OR UNIVERSITY (Circle number of years completed)

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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
<td>Graduated?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE FROM</th>
<th>TO</th>
<th>TYPE OF DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month/Year</td>
<td>Month/Year</td>
<td></td>
</tr>
</tbody>
</table>

### 7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE FROM</th>
<th>TO</th>
<th>Did You Complete Training?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month/Year</td>
<td>Month/Year</td>
<td>Yes</td>
</tr>
</tbody>
</table>

|                 |                                     |                         |           | Yes | No |
|                 |                                     |                         |           | Yes | No |
|                 |                                     |                         |           | Yes | No |
|                 |                                     |                         |           | Yes | No |
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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Original Licensure</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>State of Current Licensure where you most recently have been practicing.</td>
<td></td>
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<tr>
<td>Other States of Licensure</td>
<td></td>
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</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Passed, Failed, Absent)</td>
</tr>
</tbody>
</table>

(If additional space is needed, attach a separate sheet.)
PART VI: Personal History Information  (This part must be completed by all applicants)

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. 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.

2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.

3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.

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? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.

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? If yes, attach a detailed explanation.

6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.

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 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.

**HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS**

1. **NAME LAST FIRST MIDDLE**
   - [ ]

2. **ADDRESS STREET, CITY, STATE, ZIP CODE**
   - [ ]

3. **PROFESSIONAL LICENSE NUMBER (if any)**
   - [ ]

4. **SOCIAL SECURITY NUMBER**
   - [ ]

Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. **Please check applicable profession.**

- [ ] Acupuncturists
- [ ] Advanced Practice Nurses
- [ ] Athletic Trainers
- [ ] Audiologists
- [ ] Clinical Psychologists
- [ ] Clinical Social Workers
- [ ] Dental Hygienists
- [ ] Dentists
- [ ] Genetic Counselors
- [ ] Licensed Clinical Professional Counselors
- [ ] Licensed Practical Nurses
- [ ] Licensed Social Workers
- [ ] Marriage and Family Therapists
- [ ] Naprapaths
- [ ] Nursing Home Administrators
- [ ] Occupational Therapists
- [ ] Occupational Therapy Assistants
- [ ] Optometrists
- [ ] Orthotists
- [ ] Pedorthists
- [ ] Perfusionists
- [ ] Pharmacists
- [ ] Physical Therapists
- [ ] Physical Therapy Assistants
- [ ] Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.)
- [ ] Physician Assistants
- [ ] Podiatrists
- [ ] Professional Counselors
- [ ] Prosthetists
- [ ] Registered Nurses
- [ ] Registered Surgical Assistants
- [ ] Registered Surgical Technologists
- [ ] Respiratory Care Practitioners
- [ ] Speech Pathologists
- [ ] Athletic Trainers
- [ ] Acupuncturists
- [ ] Advanced Practice Nurses
- [ ] Audiology
- [ ] Clinical Psychologists
- [ ] Clinical Social Workers
- [ ] Dental Hygienists
- [ ] Dentists
- [ ] Genetic Counselors
- [ ] Licensed Clinical Professional Counselors
- [ ] Licensed Practical Nurses
- [ ] Licensed Social Workers
- [ ] Marriage and Family Therapists
- [ ] Naprapaths
- [ ] Nursing Home Administrators
- [ ] Occupational Therapists
- [ ] Occupational Therapy Assistants
- [ ] Optometrists
- [ ] Orthotists
- [ ] Pedorthists
- [ ] Perfusionists
- [ ] Pharmacists
- [ ] Physical Therapists
- [ ] Physical Therapy Assistants
- [ ] Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.)

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

**In order for your application to be evaluated, you must respond to each of the following questions:**

1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *
   - [ ] Yes
   - [ ] No

2) Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?
   - [ ]

3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *
   - [ ]

4) Are you currently charged with or have you been convicted of a forcible felony? *
   - [ ]

If YES to any of the above, 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.

**Certification Statement**

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant __________________________ Date __________________________
* DEFINITIONS

730 ILCS 150 et. seq.—Acts that require Sex Offender Registration:

(B) As used in this Article, "sex offense" means:

(1) A violation of any of the following Sections of the Criminal Code of 1961:

- 11-20.1 (child pornography),
- 11-20.3 (aggravated child pornography),
- 11-6 (indecent solicitation of a child),
- 11-9.1 (sexual exploitation of a child),
- 11-9.2 (custodial sexual misconduct),
- 11-9.5 (sexual misconduct with a person with a disability),
- 11-15.1 (soliciting for a juvenile prostitute),
- 11-18.1 (patronizing a juvenile prostitute),
- 11-17.1 (keeping a place of juvenile prostitution),
- 11-19.1 (juvenile pimping),
- 11-19.2 (exploitation of a child),
- 11-25 (grooming),
- 11-26 (traveling to meet a minor),
- 12-13 (criminal sexual assault),
- 12-14 (aggravated criminal sexual assault),
- 12-14.1 (predatory criminal sexual assault of a child),
- 12-15 (criminal sexual abuse),
- 12-16 (aggravated criminal sexual abuse),
- 12-33 (ritualized abuse of a child).

An attempt to commit any of these offenses.

(1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:

- 10-1 (kidnapping),
- 10-2 (aggravated kidnapping),
- 10-3 (unlawful restraint),
- 10-3.1 (aggravated unlawful restraint).

(1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.7) (Blank).

(1.8) A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

(1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after June 1, 1997.

(1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:

- 10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
- 11-6.5 (indecent solicitation of an adult),
- 11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
- 11-16 (pandering, if the victim is under 18 years of age),
- 11-18 (patronizing a prostitute, if the victim is under 18 years of age),
- 11-19 (pimping, if the victim is under 18 years of age).

(1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:

- 11-9 (public indecency for a third or subsequent conviction).

(1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

(2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.
A “forcible felony”, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

a) First Degree Murder (Section 9-1);
b) Intentional Homicide of an Unborn Child (Section 9-1.2);
c) Second Degree Murder (Section 9-2);
d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
e) Drug-induced Homicide (Section 9-3.3);
f) Kidnapping (Section 10-1);
g) Aggravated Kidnapping (Section 10-2);
h) Unlawful Restraint (Section 10-3);
i) Aggravated Unlawful Restraint (Section 10-3.1);
j) Forcible Detention (Section 10-4);
k) Involuntary Servitude (Section 10-9(b));
l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
m) Trafficking in Persons (Section 10-9(d));
n) Criminal Sexual Assault (Section 11-1.20);
o) Aggravated Criminal Sexual Assault (Section 11-1.30);
p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
q) Criminal Sexual Abuse (Section 11-1.50);
r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
s) Aggravated Battery (Section 12-3.05);
t) Compelling Organization Membership of Persons (Section 12-6.5);
u) Compelling Confession or Information by Force or Threat (Section 12-7);
v) Home Invasion (Section 12-11);
w) Robbery (Section 18-1);
x) Armed Robbery (Section 18-2);
y) Vehicular Hijacking (Section 18-3);
z) Aggravated Vehicular Hijacking (Section 18-4);
aa) Aggravated Robbery (Section 18-5);
bb) Terrorism (Section 29D-14.9);
cc) Causing a Catastrophe (Section 29D-15.1);
dd) Possession of a Deadly Substance (Section 29D-15.2);
ee) Making a Terrorist Threat (Section 29D-20);
ff) Falsely Making a Terrorist Threat (Section 29D-25);
gg) Material Support for Terrorism (Section 29D-29.9);
hh) Hindering Prosecution of Terrorism (Section 29D-35);
ii) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
jj) Armed Violence (Section 33A-2); and
kk) Attempt (Section 8-4) of any of the above specified offenses.
**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.

**CERTIFICATION BY LICENSING AGENCY / BOARD**

**APPLICANT:** Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. **NAME**
   - LAST NAME
   - FIRST NAME
   - MIDDLE NAME

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.**
   - Profession Name
   - Profession Code

6. **MAIDEN OR GIVEN SURNAME**

7. **APPLICANT TELEPHONE NUMBER (Daytime)**
   - Area Code
   - __-__-______

8a. **RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)**

8b. **LICENSE NUMBER (If applicable)**

8c. **ISSUANCE DATE OF LICENSE (If applicable)**

I hereby authorize ________________________________ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

Signature ______________________________________ Date ______________________________________

**RETURN COMPLETED FORM TO APPLICANT**

**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.

**PART I - CERTIFICATION OF EXAMINATION STATUS**

A. The applicant ☐ has written ☐ is scheduled to write the following examination:

   - Name of Examination
   - Date of Examination

B. The applicant has or will have written the above-named examination _______ number of times.

**PART II - CERTIFICATION OF LICENSURE**

A. **NAME OF PROFESSION AS IT APPEARS ON LICENSE**

B. **LICENSE NUMBER**

C. **ISSUANCE DATE OF LICENSE**

D. **EXPIRATION DATE OF LICENSE**

E. **LICENSURE METHOD**
   - ☐ Examination (Administered in Your State)
   - ☐ National (Name)
   - ☐ State Constructed
   - ☐ Other (Name)
   - ☐ Endorsement of License (State)
   - Acceptance of Examination Results (Administered in Another State)
   - ☐ Reciprocity with (State) ______________
   - ☐ Waiver/Grandfather
   - ☐ Credentials
   - ☐ Other (Describe) ______________

F. **CURRENT LICENSURE STATUS**
   - ☐ Active
   - ☐ Inactive
   - ☐ Lapsed
   - ☐ Other (Explain) ________________________________

G. **IF LICENSED BY EXAMINATION, RECORD SCORES**
   - Type of Examination
   - Score
   - Written
   - Practical
   - Other (Describe) ________________________________

   Received no Grade Below ________
   Examination Period ________ days ________ hours

IL486-0850 04/06 (LT)
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 ___________________

A2

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B. State Constructed Examination

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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?  Yes ☐ No ☐ (If yes, attach a certified copy of disciplinary action.)

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.

__________________________
Print Name

__________________________
Signature

__________________________
Agency/Board Street Address

__________________________
City, State, ZIP Code

__________________________
Date

__________________________
Area Code (               )

__________________________
Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.
**AFFIDAVIT**

**Current Certification by the Liaison Council for the Surgical Technologist**

**APPLICANT:** Complete the application section of this form. Forward the form to the Liaison Council on Certification for the Surgical Technologist who will attest to your current certification. The completed form must be returned to the Department of Financial and Professional Regulation, Attn: Division of Professional Regulation.

1. **NAME LAST FIRST MIDDLE**

2. **DATE OF BIRTH**

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.**

   __ __ __ - __ __ - __ __ __ __

   Profession Name  Profession Code

6. **MAIDEN OR GIVEN SURNAME**

**LCC–ST:** Complete the remainder of this form and return directly to the applicant at the above address in a sealed envelope.

<table>
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<tr>
<th>A. NAME OF SURGICAL TECHNOLOGIST ORGANIZATION</th>
<th>B. BUSINESS TELEPHONE</th>
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<th>C. ADDRESS STREET, CITY, STATE, ZIP CODE</th>
<th>D. DATE OF SUCCESSFUL COMPLETION OF THE SURGICAL TECHNOLOGIST NATIONAL CERTIFICATION EXAMINATION:</th>
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<th>E. APPROVED SURGICAL TECHNOLOGIST PROGRAM</th>
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**I hereby attest that the information provided herein is true and correct to the best of my knowledge.**

______________________________
Signature

______________________________
Print Name Affiant

______________________________
Date