

INSTRUCTION SHEET

CERTIFIED AND RESTRICTED SHORTHAND REPORTER

● Examination

Acceptance of Examination

Endorsement of License

Non-Examination - Restricted Shorthand Reporter Certificate

Restoration

*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 each of the 4 steps below in the order that they are listed, then follow the instructions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** All Illinois Certified Shorthand Reporter licenses expire on May 31 of every odd-numbered year.

- Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.
- Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.
- Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded on **PART I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.

Note: All documents in a foreign language that are required to be submitted with an application or for other purpose in connection with licensure must be accompanied by an original, 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.

- Step 4. If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

NOTICE

Upon receipt of license, the shorthand reporter shall print his or her name and license or restricted license number on each transcript reported.

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

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.***

1. Submit certification of graduation from high school or its equivalent.
2. Submit supporting Document **ED-SHR** signed by an official of a shorthand reporter school, if applicable.
3. Supporting document **CT-SHR** must be completed by the jurisdiction of original and current licensure where you have most recently been practicing, if applicable.
4. Fee payment is indicated on the **REFERENCE SHEET, CHART II**. 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.

5. Forward four-page application, supporting documentation, and fee payment to: Continental Testing Services, Inc., P.O. Box 100, LaGrange, Illinois 60525-0100; ***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.

Note: You **MUST** apply for licensure within one year of notification of passing the examination. If application is not made within one year, the examination grade will be voided and a new examination application, fee and successful completion of the examination will be required.

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.***

1. Submit certification of graduation from high school or its equivalent.
2. Submit an official copy of a Registered Merit Reporter Certificate or a Registered Professional Reporter Certificate issued by the National Court Reporter Association, if applicable.
3. Supporting Document **CT-SHR** must be completed by the jurisdiction of original licensure and the jurisdiction where you have most recently been practicing. You are authorized to photocopy the form, if necessary. You must direct the licensing agency/board to return completed document **CT-SHR** directly to you. ***"The Practice of Shorthand Reporting" means reporting by the use of any system of manual or mechanical shorthand writing.*** Examinations or licensure based on voicewriting, including but not limited to stenomasks, closed microphones or similar equipment, or audio or video recording, will not be accepted.
4. Fee payment is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.
5. 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 62791.

ENDORSEMENT OF LICENSE

*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.*

NOTE: Endorsement applications may require review by and submission of supplemental information to the Certified Shorthand Reporters Board.

1. Submit certification of graduation from high school or its equivalent.
2. Supporting Document **CT-SHR** must be completed by the jurisdiction of original licensure and the jurisdiction where you have most recently been practicing. You are authorized to photocopy the form, if necessary. You must direct the licensing agency/board to return completed document **CT-SHR** directly to you. *"The Practice of Shorthand Reporting" means reporting by the use of any system of manual or mechanical shorthand writing.* Examinations or licensure based on voicewriting, including but not limited to stenomasks, closed microphones or similar equipment, or audio or video recording, will not be accepted.
3. Submit a copy of the licensing act and rules for registration in the state of original licensure at the time when you were licensed in that state.
4. Fee payment is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.
5. 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 62791.

NON-EXAMINATION - RESTRICTED SHORTHAND REPORTER CERTIFICATE

*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.*

1. Submit certification of graduation from high school or its equivalent.
2. Must submit proof of achieving an "A" proficiency rating from the examination issued under the Court Reporters Act.
3. Fee payment is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.
4. The Chief Circuit Judge must submit a written request for a restricted certificate to the Court Reporting Services, 325 West Adams Street, Room 140, Springfield, IL 62704. Enclose the four-page application, supporting documentation, and fee payment.
5. The application, documents and fee will be forwarded to the Illinois Department of Financial and Professional Regulation upon verification of qualifications by Court Reporting Services.

RESTORATION

*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.*

IMPORTANT NOTICE

These Restoration Instructions apply only to those certified shorthand reporters whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

1. Supporting Document **CT-SHR** must be completed by the jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return completed document **CT-SHR** directly to you;

OR

Submit affidavits from two members of the bench or bar attesting to your active practice of shorthand reporting for at least one year immediately prior to the date of application, if you have been practicing in a state that does not require licensure.

2. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.
3. Persons restoring their license must also submit proof of 10 hours of continuing education. The C.E. must have been obtained within the 24 months immediately preceding submission of the restoration application. C.E. must be obtained from a C.E. sponsor approved by the Department.
4. Submit copy of DD214 if restoring after active military service.
5. Persons restoring a license after 5 years who do not hold an active license in another jurisdiction may be required to retake and pass the Illinois CSR examination or take and pass the Registered Professional Reporter examination administered by the National Court Reporter Association.
6. Fee payment is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.
7. 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 62791.

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.
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.

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates, filing deadlines and 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>Application Fee</u>
Certified Shorthand Reporter	084	Acceptance of Examination	\$ 25.00
Certified Shorthand Reporter	084	Examination	\$220.00
Certified Shorthand Reporter	084	Endorsement of License	\$ 25.00
Certified Shorthand Reporter	084	Restoration	See Supporting Document RS
Restricted Shorthand Reporter	083	Nonexamination	\$ 35.00

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.

* IMPORTANT NOTICE: EFFECTIVE APRIL 2010 *

The CSR examination has been changed to allow candidates to use paperless transcription machines and/or Computer Assisted Transcription (CAT) software during this test, but only if you indicate that you plan to use your own portable computer for transcription when you complete the CTS online application to schedule this test. Candidates who do not indicate in the CTS online application that they plan to use their own portable computers for transcription **will** be required to use an onsite computer for transcription and **will not be allowed to** use a paperless transcription machine. CAT software and support for paperless transcription is not available in onsite computers provided by the test center.

All candidates must bring and surrender a USB drive from which their transcript can be printed by a CTS proctor. The USB drive must then be submitted with the printed transcript.

SEE PAGE 2 FOR CHART III - EXAMINATION DATES AND LOCATIONS

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>
April 21, 2012	February 19, 2012	Chicago Area Southern Illinois Area	8409 8401
August 18, 2012	June 28, 2012	Chicago Area Southern Illinois Area	8406 8403
December 15, 2012	October 5, 2012	Chicago Southern Illinois Area	8404 8405
April 15, 2013	February 13, 2013	Chicago Southern Illinois Area	8408 8400

***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 (based upon your licensure method) to:

Licensure Methods <u>Except</u> Examination 217-782-8556 Telecommunication Device for the Deaf (TDD) 217-524-6735 Please allow 3 weeks from mailing your application before making an inquiry concerning its status.	Examination Licensure Method <u>Only</u> 708-354-9911
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Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Certified Shorthand Reporter

*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	
Four-page Application for Licensure and/or Examination	
CT-SHR Form (<i>original and current</i> state) if applicable	
Submit proof of High School graduation or its equivalent	
ED-SHR Form (if applicable)	
Document proof of name change (if applicable)	
If you are applying on the basis of Acceptance of Examination, you must submit proof of passing the Registered Merit Reporter Certificate or the Registered Professional Reporter exam	
If you are applying for the Restricted Shorthand Reporter Certificate, you must submit a written request for issuance of the certificate from the Chief Judge of your district	
If you are applying for the Restricted Shorthand Reporter Certificate, you must submit proof of passing the "A" proficiency examination	
RS Form (restoration method only)	
Certificates of CE Attendance (restoration method only) if applicable	
Copy of DD214 (restoration method only)	

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 (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. <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> 																								
b) CHART III - Select the examination site you desire and enter Test Center Code: <table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> 																								
c) CHART IV - Find your School of Graduation and enter school code: <input style="width: 150px; height: 20px;" type="text"/> 																								
d) Record the number of times you have taken this exam in Illinois or any other state: <table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> 																								

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)
<p>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.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>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.)</p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p>

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.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <p style="margin: 0;">Signature of Applicant</p> </div> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <p style="margin: 0;">Date</p> </div> </div> <p style="margin-top: 10px;">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.</p>

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 415 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 <h1 style="margin: 0;">CT - SHR</h1>
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APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction from which you are requesting certification by a licensing agency/board. You are authorized to photocopy this form as necessary. Contact certifying jurisdiction for appropriate fee.

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 (Chart 1). Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between;"> _____ Profession Name _____ Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____	
7a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH YOU ARE FORWARDING THIS FORM (if applicable).	7b. LICENSE NUMBER (if applicable)	7c. 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.

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.

PART I. - CERTIFICATION OF EXAMINATION STATUS

The applicant has written and passed the following examination:

 Name of Examination

 Date of Examination

PART II. - CERTIFICATION OF LICENSURE (Part II continued on Page 2)

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

<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"/> Acceptance of Examination Results (Administered in Another State) _____ <input type="checkbox"/> Endorsement of License (State) _____	<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____
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F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	G. IF LICENSURED BY EXAMINATION, RECORD SCORES <table style="width:100%;"> <tr> <td>Type of Examination</td> <td style="text-align: right;">Score</td> </tr> <tr> <td>Written</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Practical</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Received no Grade Below</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Examination Period ____ days ____ hours</td> <td style="text-align: right;">_____</td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____	_____	Received no Grade Below	_____	Examination Period ____ days ____ hours	_____
Type of Examination	Score												
Written	_____												
Practical	_____												
Other (Describe) _____	_____												
Received no Grade Below	_____												
Examination Period ____ days ____ hours	_____												

NAME (Last, First, MI):

SS#:

Profession:

PART II. - CERTIFICATION OF LICENSURE (cont'd)

H. THE TYPE OF EQUIPMENT USED FOR CERTIFICATION OR LICENSURE EXAMINATION:

Steno Machine (paper notes) <input type="checkbox"/> Yes <input type="checkbox"/> No	Steno Machine (computer-aided) <input type="checkbox"/> Yes <input type="checkbox"/> No	Stenomask (traditional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Stenomask (voice recognition) <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Type <input type="checkbox"/> Yes <input type="checkbox"/> No Specify _____
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PART III. - CERTIFICATION OF EXAMINATION SCORES

SUBJECT	WORDS PER MINUTE SPEED REQUIRED FOR PASSAGE	ACCURACY REQUIRED	TWO VOICE	ALLOWANCE OF ERRORS	SCORE RECEIVED
			<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		

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

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

Print Name

Title

Signature

SEAL

Agency/Board Street Address

Date

City, State, ZIP Code

Area Code ()

Telephone Number

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

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.