IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ilcs 65/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

LICENSURE AND/OR EXAMINATION APPLICATION FOR GRADUATES OF ILLINOIS NURSING PROGRAMS

The following materials are required for graduates of Illinois nurse programs to make application for examination in Illinois:

- Two page LICENSURE AND/OR EXAMINATION APPLICATION FOR GRADUATES OF ILLINOIS NURSING PROGRAMS.
- INSTRUCTION SHEET, which gives step by step application instructions for your profession.
- REFERENCE SHEET, which gives detailed coding information for your profession.
- 4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
- 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. 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.

PART I: Application Category Info	ormation				
1. PROFESSION NAME	2. PROFESSIO	2. PROFESSION CODE		SURE METHOD MINATION	4. FEE \$
PART II: Applicant Identifying Info	ormation				
1. NAME LAST FIRST	MIDDLE			2. UNITED STATES	SOCIAL SECURITY NO.
3. PERMANENT MAILING ADDRESS	CITY	STATE/COUI	NTRY	ZIP CODE	COUNTY
				+	
4. MAIDEN, GIVEN, OR OTHER USED NAME		BIRTH 'E/COUNTRY)	6. DATE 0	OF BIRTH /	7.
8. TELEPHONE NUMBER WHERE YOU M.	AY BE REACHED	9. PREFERRED	e-MAIL ADDF	RESS(ES) [If available]
Work ()					
Home ()		10. MOTHER'S M	AIDEN NAMI	=	
PART III: Nurse Education Informa	ation and Employme	nt Information			
COLLEGE OR UNIVERSITY NAME (Ladespreducts and Creducts)	LOCATION	-	DATES	OF ATTENDANCE	TYPE OF
(Undergraduate and Graduate)	(City and State or	Country)	FROM		DEGREE EARNED
			Month/Y	ear Month/Year	
Enter your nursing program code form to confirm my graduation.	Th	iis Illinois nursing į	program will	submit a Roste	r □ED-NUR

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PART IV: Record of Licensure Inform	nation							
If you have ever been licensed to practice the prequested below. In addition, you are instructed (contact other state(s) regarding possible fee).	to have Certification(s) of Licen	sure in other state(s) prepar	ed and submitted in s	upport of your	applica	ation		
STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSI (Active, La				
State of Original Licensure								
Other States of Licensure and/or Related Licenses								
	n - Record any nurse ex st be recorded. <i>(U</i> se s				her			
NAME OF EXAMINATION			MONTH/YEAR	EXAM RI (Passed, Fai				
PART VI:Personal History Information	on (This part must be o	completed by all appl	licants)	,	YES	NO		
Have you been convicted of any criminal offer certified copy of the court records regarding y 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 R								
fession, including any disease or condition ger or condition; (2) alcohol or other substance ab	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? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.							
Have you been denied a professional license disciplined in any way by any licensing author		_		e or permit				
Have you ever been discharged other than hor a detailed explanation.	norably from the armed service	or from a city, county, state o	or federal position? If	yes, attach				
PART VII: Child Support and/or St following questions)	udent Loan Information	n (Every applicant is	required by law	to respon	d to t	he		
In accordance with 5 Illinois Compiled the applicant's Social Security number, days delinquent in complying with a chifalse statement may subject the lice.	and the licensee shall certill support order. Failure to	fy, under penalty of perju certify shall result in o	ry, that he or she is	s not more t	nan 30			
Are you more than 30 days delinqu (NOTE: If you are not subject to a			Yes	s	lo [
2. In accordance with 20 Illinois Compiled by the Civil Administrative Code of Illino guaranteed by the Illinois Student Assis may issue a license or renewal if the af by the Illinois Student Assistance Comrepayment record must be submitted.)	ois to any person who has o stance Commission or any o orementioned persons have	defaulted on an education governmental agency of e established a satisfacto	nal loan or scholars this State; howeve ory repayment reco	ship provide r, the Depart ord as deterr	d by or tment nined	r		
Are you in default on an educationa Student Assistance Commission or			he Illinois Yes	s 🔲 N	lo [
PART VIII: Certifying Statement								
Under penalties of perjury, I declare that I had therewith, and to the best of my knowledge,			uments submitted	by me in co	nnecti	on		
Signature o I UNDERSTAND THAT FEES ARE NOT RI Regulation to reduce the amount of this che submitted is greater than the required fee h	EFUNDABLE. My signatur eck if the amount submitted	is not correct. I understa	and this will be don	ncial and Pro e only if the	amou			

INSTRUCTION SHEET FOR GRADUATES OF ILLINOIS NURSING PROGRAMS APPLYING TO TAKE THE EXAMINATION

In order for your application to be processed, <u>ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED</u> with the application and required fee unless otherwise directed in the instructions.

Information about the Application Process - The application, supporting documents and fee payment must be mailed to Continental Testing Service, Inc. (CTS). The testing service will determine your eligibility to take the examination. Application fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc. A separate examination registration fee will be paid at the actual time of registration as noted in Chart II on the Reference Sheet. To determine the fees, see the Reference Sheet, Chart I and II.

Completing the Application Packet - (All information, except your signature, must be PRINTED using a black ink pen or typewriter.)

TWO PAGE APPLICATION FOR EXAMINATION

PART I: Application Category Information

• Use the *Reference Sheet* to assist you in completing the information.

PART II: Application Identifying Information

Record all personal information requested. Those categories that do not apply to you should be marked N/A.

PART III: Nurse Education and Employment Information

- Record the information regarding your Nursing Program. Your Nurse Program code can be found on Chart IV School Codes.
- You must answer question #3 regarding the release of your examination scores to your school.
- You must answer question #4.
- Because you are a graduate of an Illinois Nursing Program, the school may submit either a roster of all graduates OR the ED-NUR form. The roster must be sent to Continental Testing Services, Inc. (address below). The **ED-NUR** form must be submitted with your application.

PART IV: Record of Licensure Information

- If you have ever held a license as a nurse (LPN, RN or Advanced Practice Nurse) in any jurisdiction, including Illinois, you must complete this part of the application. If you have never held a nurse license mark the area N/A.
- If you have held a license as a nurse you must contact the other jurisdiction(s) and have them submit a Certification of License (CT-NUR) form to you to be submitted with your application for licensure. The states of original licensure and most recent active practice, as well as any state in which you practiced nursing within the past five (5) years must submit certifications.

PART V: Record of Examination

• If you have ever taken the examination for which you are making application in Illinois, you must record the examination information in this section.

PART VI: Personal History Information

• All applicants must complete Part VI and comply with each question's instruction if there is a "YES" response.

PART VII: Child Support and/or Student Loan Information

All applicants must answer both questions.

PART VIII: Certifying Statement

You must sign and date the application in the areas provided.

<u>CRIMINAL BACKGROUND CHECK:</u> All applicants for initial licensure as a registered nurse or licensed practical nurse in Illinois must submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. Graduates of Illinois Nursing Programs should contact one of the livescan fingerprint vendors approved by the Illinois State Police to schedule an appointment--see attached list. (Fingerprinting processing fees are established by the respective vendor and the Illinois State Police.)

You will receive a written receipt from the fingerprint vendor at the time of fingerprinting and the receipt MUST BE SUBMITTED with your application for examination. You must be fingerprinted within 60 days prior to submitting the application for examination. You will not be scheduled for the examination if you fail to submit the receipt. Your Illinois Nurse License will not be issued until such time as the Department of Financial and Professional Regulation has received and evaluated the results of your Criminal Background Check.

MAIL the application, supporting documents, fingerprinting receipt and application fee payment to **Continental Testing Services, Inc. P.O. Box 100, LaGrange IL 60525-0100**. The required fee is on the Reference Sheet in your packet and fee must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.

GENERAL INFORMATION ON REVERSE SIDE OF THIS PAGE.

GENERAL INFORMATION

Pursuant to **Public Act 95-0639** which became effective October 5, 2007, you are prohibited from practicing until such time as you have completed and passed the Department approved licensure examination and are in receipt of official IDFPR/CTS notification.

Practice Under Supervision--Practical Nurse: Pursuant to Section 55-10(d)(e) of the Illinois Nurse Practice Act, an applicant may practice as a license-pending practical nurse under direct supervision for a period of three months from the official date of passing the licensure exam as inscribed within his/her official formal pass letter. No applicant for licensure practice under the provisions of this paragraph shall practice license-pending except under the direction of an Illinois licensed registered professional nurse, advanced practice nurse, or physician. In no instance shall any such applicant practice or be employed in any management capacity.

<u>Practice Under Supervision--Registered Nurse</u>: Pursuant to Section 60-10(d)(e) of the Illinois Nurse Practice Act, an applicant may practice as a license-pending registered nurse under direct supervision for a period of three months from the official date of passing the licensure exam as inscribed within his/her official formal pass letter. No applicant for licensure practice under the provisions of this paragraph shall practice license-pending except under the direction of a registered professional nurse or an advanced practice nurse licensed under this Act. In no instance shall any such applicant practice or be employed in any management capacity.

<u>Three Year Life of Application</u>: You have three years from the date your examination application is received by the Testing Service to complete the application process - including passing the examination. If the process has not been completed in three years, your application will be denied, the fee forfeited and you will be required to reapply. In addition, you must submit proof of successful completion of a Department authorized remedial nursing education program or recompletion of an approved registered nursing program.

Application for Licensure: After you have passed the licensure examination, you will receive instructions that tell you how to apply for your Illinois License.

<u>Professional Responsibility</u>: The Illinois Nurse Practice Act and the Rules for the administration of the Act are available on the Department of Financial and Professional Regulation Web site. It is incumbent upon you to read the Act and the Rules and understand the laws that regulate your profession.

Mailing Address: You must notify the Department of Financial and Professional Regulation of all address changes. You may change your address on the Department's Web site.

<u>License Renewal</u>: The Department will send you a renewal notification approximately 3 months prior to the expiration date of your license.

All **Illinois Registered Professional Nurse** licenses expire on May 31 of every even-numbered year, regardless of date of issuance. All **Illinois Practical Nurse** licenses expire on January 31 of every odd-numbered year, regardless of date of issuance.

IMPORTANT NOTICE

Elder 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 the DEPARTMENT ON AGING AT 1-800-252-8966.

Child Abuse Reporting

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.

Department of Financial and Professional Regulation WEB SITE

www.idfpr.com

Many services are available to you on the Department's WEB SITE. Examples of some of the services are:

License Lookup
Change Your Address
File a Complaint
Licensure Applications/Forms
E-mail Profession Specific Questions
Acts & Rules
News/Publications
Disciplinary Reports

Record the Department's WEB SITE address for future reference: www.idfpr.com.

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

Profession Name	Profession Code	Licensure Method	Application Fee
Registered Nurse	041	Examination (CTS) Examination (NCSBN)	*
Registered Nurse	041	Endorsement of License Temporary Permit	\$50.00 \$25.00
Registered Nurse	041	Restoration Temporary Permit	See Supporting Document RS \$25.00

^{*} Contact Continental Testing Services, Inc. at www.continentaltesting.net for current fees.

CHART II - EXAMINATION CODES AND FEES

Since the application for examination is a dual process, you must:

- ☐ Complete the Department's licensure/examination application by applying online at www.continentaltesting.net and pay the required administration fee as noted above; and
- ☐ Register for the examination through the NCLEX Examination website at www.ncsbn.org/nclex.htm.

Once you have completed both processes and are determined eligible you will receive:

□ An Authorization to Test (ATT) that will contain the necessary information to schedule yourself for this examination. The ATT eligibility lasts for 90 days only. You must take the examination within those 90 days or reapply with new fees to CTS and Pearson Vue.

CHART III - EXAMINATION DATES - Information will be available once you are approved for the exam.

CHART IV - SCHOOL CODES - Refer to www.ncsbn.org for school code listing.

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

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods **Except** Examination (US ONLY)

1-800-560-6420

TTY

1-866-325-4949

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

Examination Licensure Method Only

Continental Testing Services, Inc.

1-708-354-9911

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

Profession Name	Profession Code	Licensure Method	Application Fee
Licensed Practical Nur	rse 043	Examination (CTS) Examination (NCSBN)	*
Licensed Practical Nur	se 043	Endorsement of License Temporary Permit	\$50.00 \$25.00
Licensed Practical Nur	rse 043	Restoration Temporary Permit	See Supporting Document RS \$25.00

^{*} Contact Continental Testing Services, Inc. at www.continentaltesting.net for current fees.

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1-866-325-4949

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

Examination Licensure Method Only

Continental Testing Services, Inc.

1-708-354-9911

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.

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."**

Illinois Department of Financial and Professional Regulation Division of Professional Regulation

Application Checklist for LPN/RN Illinois Nursing Graduates

In order for your application to be processed,

<u>ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED</u>

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!

1		
TWO-PAG	E APPLICATION REVIEW	COMPLETED
Part I.	Application Category Information	
Part II.	Applicant Identifying Information	
Part III.	Education Information & Employment 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 StatementSigned and Dated	
SUPPORT	ING DOCUMENTS	SUBMITTED
2-page Ar	plication for Licensure and/or Examination	
Application	on Feesee Reference Sheet	
	Formcompleted by the nursing education program attended, or may submit a roster of graduates	
CT-NUR (Certification of Licensure) Form (if applicable)	

All supporting documents <u>may not be required</u>. Please refer to application instructions for your specific method of licensure.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

ED-NUR

APPLICANT: Complete the applicant section of this for remainder of the form.	m, then forward it to the school for completion of the
1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH / / Month Day Year 3. SOCIAL SECURITY NUMBER
4. ADDRESS STREET CITY STATE ZIP CODE	REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.
6. MAIDEN OR GIVEN SURNAME	Profession Name Profession Code
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION/COMPLETION / / Month Day Year
I hereby authorize a school official of the institution named Professional Regulation or its designated testing service the	above to furnish to the Illinois Department of Financial and ne information requested below.
Date	Signature of Applicant
SCHOOL OFFICIAL: Complete the bottom portion of applicant.	this page and the reverse side, then return to the
A. NAME OF INSTITUTION C. DEPARTMENT OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE
D. MAJOR AREA OF STUDY OF THE APPLICANT	E. DATES OF ATTENDANCE From / / To To / / / Month Day Year Month Day Year
F. Total academic years attended OR Years Months Days Total calendar years attended Years Months Days	G.TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., BA., MA., Ph.D.)
H.DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET / / Month Day Year	I. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED / / Month Day Year
J. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE	NORMALLY REQUIRED TIME, PLEASE EXPLAIN:

K. NURSING SCHOOL PROGRAM CODE				
NCSBN Number				
SUBMISSION OF THIS FORM PRIPROGRAM FOR CORRECTION.	OR TO PROGRAM COM	IPLETION WILL RES	SULT IN ITS RETU	RN TO THE
I certify that the educational informa institution.	ation recorded herein is to	rue and correct accord	ding to the official r	ecords of this
Print Name of Dean or Director of Nursing	License Number	Signature	of Dean or Director of I	Nursing
Title			Date	
SCHOOL SEAL OR NOTARY SEAL	NOTE: If the institution		·	
	Subscribed and swo	rn before me this	day of	
I	RETURN THIS FOR	RM TO APPLICANT		

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION BY LICENSING AGENCY/BOARD

SUPPORTING DOCUMENT

CT-NUR

FOR EXAM USE ONLY

APPLICANT: Complete the applicant section of you are requesting verification of certifying jurisdiction for appropriate the applicant section of your area of the properties o	f your examir	nation status	, license or	examinatio	n scores.	Contact
1. NAME LAST FIRST MID	I	2. DATE OF E			AL SECURIT	Y NUMBER
		Month Day	/ Year	-		
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5	5. REFER TO I digit professi	REFERENCE SI on code for whice			
			Profession 1	Name	Pr	ofession Code
6. MAIDEN OR GIVEN SURNAME		7. APPLICAN	TELEPHONE	NUMBER (D	aytime)	
		Area Cod	e (_)	- – –	
7a. RECORD PROFESSION NAME AS IT APPEARS ON YOU FROM THE JURISDICTION TO WHICH THIS FORM IS BE WARDED. (If applicable)		7b. LICENSE N (If applicable			ANCE DATE (blicable)	OF LICENSE
I hereby authorize	sing Agency or Bo		to furr	nish to the III	inois Depa	rtment of
Financial and Professional Regulation or its desig	nated testing	service, the i		•		
Signature		Date				
LICENSING AGENCY: Complete the remaind additional information which has not been processed by the processed by the complete the remaind additional information which has not been processed by the complete by	ler of this for relating to t rovided on th	rm. Use Part the examina his form (i.e	V on the re tion status wrote the I	everse side of the above National Sta	ve-named ate Board	applicant
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LICENSING AGENCY: Complete the remaind additional information which has not been proposed by the examination, etc.) Ples PART I VERIFICATION OF EXAMINATION STATUS A. The applicant has written the following is scheduled for the following in the examination is scheduled for the following information which has not been proposed in the examination in the examination which has not been proposed in the examination in the examination which has not been proposed in the examination in the examination which has not been proposed in the examination	ler of this form relating to the rovided on the ease record Notes ang examination	rm. Use Part the examina his form (i.e N/A in areas on	t V on the rection status wrote the lawhich are not times.	everse side of the above National State of applicable	ve-named ate Board e.	applicant Test Pool
LICENSING AGENCY: Complete the remaind additional information which has not been possible to be a possible t	ler of this for n relating to the rovided on the ease record N	rm. Use Part the examina his form (i.e N/A in areas on nination on RESULT	t V on the restion status wrote the lawhich are not times.	everse side of the above National State of applicable	ve-named ate Board e.	applicant Test Pool
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LICENSING AGENCY: Complete the remaind additional information which has not been possible to be a possible t	ler of this form relating to the rovided on the record North Rease rec	rm. Use Part the examina his form (i.e N/A in areas on nination on RESULT	t V on the restion status wrote the lawhich are not times.	everse side of the abov National Sta ot applicabl / Year	ve-named ate Board e.	applicant Test Pool
LICENSING AGENCY: Complete the remaind additional information which has not been possible to be a possible t	ler of this form relating to the rovided on the record North Rease rec	rm. Use Part the examina his form (i.e N/A in areas on nination on RESULT	t V on the restion status wrote the lawhich are not times.	everse side of the abov National Sta ot applicabl / Year	ve-named ate Board e.	applicant Test Pool
LICENSING AGENCY: Complete the remaind additional information which has not been provided by the Examination, etc.) Ples PART I VERIFICATION OF EXAMINATION STATUS A. The applicant has written the following is scheduled for the following is scheduled for the following provided by the Examination for Registered Nurses (NCLEX-RN) National Council Licensure Examination for Practical Nurses (NCLEX-PN)	ler of this form relating to the rovided on the record North Rease rec	rm. Use Part the examina his form (i.e N/A in areas on nination on RESULT	tion status wrote the lawhich are not times. times /onth Day TS IF-ailed EX	everse side of the abov National Sta ot applicabl / Year	ve-named ate Board e.	applicant Test Pool SULTS Failed
LICENSING AGENCY: Complete the remaind additional information which has not been proposed by the Examination, etc.) Please Part I Verification of Examination Status A. The applicant has written the following is scheduled for the following is scheduled for the following proposed by the Examination for Registered Nurses (NCLEX-RN) National Council Licensure Examination for Practical Nurses (NCLEX-PN) B. Nursing Education Program Completed.	ler of this form relating to the rovided on the record North Rease rec	rm. Use Part the examina his form (i.e N/A in areas on	tion status wrote the lawhich are not times. times /onth Day TS IF-ailed EX	everse side of the abov National Sta ot applicabl / Year DATE OF	ve-named ate Board e. RES Passed	applicant Test Pool SULTS Failed

PART II VERIFICA A. NAME OF PROI			N LICENSE		B. LICE	NSE NUMBER			
C. ISSUANCE DATI	ANCE DATE OF LICENSE				D. EXPIRATION DATE OF LICENSE				
☐ National Council Licensure Examination ☐ State Constructed					☐ Endorsement of License (State) ☐ Acceptance of Examination Results Administered in Another State ☐ Waiver/Grandfather ☐ Other (Describe)				
☐ Active ☐ Inactive					☐ La _l	osed ner (explain)			
PART III VERIFICA	TION OF EXA	AMINATION SCC	RES						
A. National	<u> </u>		DE0	IOTEDE	D MUDO			LPN	
N.S.B.T.P.E. RESULTS	MEDICAL NURSING	PSYCHIATRIC NURSING	OBSTETRIC NURSING	SUR	D NURS GICAL SING	NURSING OF CHILDREN	NCLEX/COMP. EXAM	NCLEX/COMP.	
Standard Scores	NONCINO	NONOMO	HOROMO	1401	.0	OFFICER	E70 W	E70 (W)	
Series/Form No.									
B. State Constr	ucted Exami	ination	Registere	ed Nurs	se	Licensed F	Practical Nurse		
SUBJECT			SCORE		SUBJE	СТ		SCORE	
A. Is there now of the second including the se	PART IV FORMAL ACTIONS A. Is there now or has there ever been any formal action commenced against the applicant? 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 \[\begin{array}{c} \text{No} \end{array}								
PART V ADDITION	IAL INFORMAT	TION							
I certify that the	information	contained here	ein is true and	d corre	ct accor	ding to the office	cial records of th	e State.	
	Prin	t Name			-				
SEAL	Т	itle					Signature		
	Agency/Bo	oard Street Addre	SS				Date	_	
	City, Sta	ate, ZIP Code			Are	ea Code (Tel) ephone Number		
RETURN TO: Continental Testing Service, Inc. P.O. Box 100 LaGrange, Illinois 60525-0100									

IMPORTANT NOTICE

CRIMINAL BACKGROUND CHECK INFORMATION

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. Fingerprints must be taken within 60 days from the date that the application is submitted to the Department's testing vendor.

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to https://www.idfpr.com/FPVendor.asp. The Illinois State Police will transmit electronic results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint vendor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint vendor at the time the fingerprints are obtained.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:
 - Obtain one (1) Illinois State Police (ISP) Fee Applicant Card for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at www.idfpr.com. The ISP will transmit electronic results of the fingerprint processing to the Department.
 - Complete Section 1 of the **Identity Verification Certifying Statement** form.
 - The Fee Applicant Card shall be taken to a police department in **another state** to obtain classifiable prints.
 - Section 2 of the **Identity Verification Certifying Statement** shall be completed and signed by the police department.
 - Go to www.idfpr.com to select a licensed fingerprint vendor that has "Card Scan" capability. Contact the vendor to determine the fee for a "Card Scan".
 - Mail the <u>original</u> Identity Verification Certifying Statement (with Sections 1 and 2 completed), Fee Applicant card and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.
 - Mail the completed application, licensing fee and a <u>copy</u> of the **Identity Verification Certifying Statement** (with Sections 1 and 2 completed) to the Division of Professional Regulation.

PRIVACY STATEMENT

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

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

CCA

SUPPORTING DOCUMENT

being processed. 3. PROFESSIONAL LICENSE NUMBER (if any) 1. NAME LAST MIDDLE **FIRST** 2. ADDRESS STREET, CITY, STATE, ZIP CODE 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. ☐ Physician Assistants □ Acupuncturists □ Naprapaths ☐ Podiatrists ☐ Advanced Practice Nurses ☐ Nursing Home Administrators Professional Counselors ☐ Athletic Trainers Occupational Therapists ☐ Prosthetists ☐ Audiologists Occupational Therapy Assistants ☐ Registered Nurses Clinical Psychologists ☐ Optometrists ☐ Registered Surgical Assistants ☐ Clinical Social Workers ☐ Orthotists ☐ Registered Surgical Technologists Dental Hygienists ☐ Pedorthists Respiratory Care Practitioners Dentists ☐ Perfusionists □ Speech Pathologists ☐ Genetic Counselors ☐ Pharmacists ☐ Licensed Clinical Professional Physical Therapists Counselors Physical Therapy Assistants □ Licensed Practical Nurses Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physi-☐ Licensed Social Workers cians (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: Yes No 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? * П П 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

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* 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) À 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 January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.
- (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.

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* DEFINITIONS

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));
- I) 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.

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