INSTRUCTION SHEET

Licensed Clinical Professional Counselor

Examination
Acceptance of Examination
Endorsement
Non-Examination
Restoration

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 COMPLETING THE APPLICATION PACKAGE, read these instructions and then follow the directions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. All Permanent Clinical Professional Counselor licenses will expire on March 31 of every odd-numbered year.

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

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

Application

Send Application and Supporting Documents to:

Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007, HSS-4,
Springfield, Illinois 62791

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

Department of Financial and Professional Regulation

***For assistance**--Call one of the following numbers and state that you are applying to become licensed as a clinical professional counselor and need help with your application:*

1-800-560-6420
TTY - 1-866-325-4949

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

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:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Licensed Clinical Professional Counselor	180	Examination *(must take examination)*	**
Licensed Clinical Professional Counselor	180	Acceptance of Examination *(have already taken exam)*	**
Licensed Clinical Professional Counselor	180	Endorsement of Licensure	**
Licensed Clinical Professional Counselor	180	Non-Examination	**

**See attached Reference Sheet for fee amount.

2. Part I-B, Check the box indicating the appropriate information regarding your application.

3. Part II, Applicant Identifying Information--Enter all applicable information requested.

4. Part III, Education Information

   a. Numbers 1 through 5--Enter all applicable information requested.
   b. Number 6--Indicate undergraduate, graduate and post-graduate education when completing this part of the application.

5. Part IV, Record of Licensure Information--Indicate in this area whether or not you have ever held a license as a Licensed Clinical Professional Counselor, or a related license. Supporting document CT must also be completed by the jurisdiction of original licensure and the jurisdiction where you have most recently been practicing.

6. Part V, Record of Examination--Must be completed by all applicants.

7. Part VI, Personal History Instructions--Must be completed by all applicants.

8. Part VII, Examination Coding Information--Do not complete this portion of the application.

9. Part VIII, Child Support and/or Student Loan Information--Must be completed by all applicants.

10. Part IX, Certifying Statement--Read the certifying statement and then sign and date your application.

The remainder of this booklet details the experience and education requirements for each method of licensure, and lists the type of documentation needed to support your claim that you have met those requirements.

Application for 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.

Education/Experience Qualification

All documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

If you submit original or official documents that you want returned to you, you must also provide a photocopy of the document(s) and a self-addressed stamped envelope.

If applying on the basis of a Masters degree, the program must be at least 2 academic years in length and require an individual to graduate from a program with a minimum of 48 semester hours or 72 quarter hours.

Each individual seeking original licensure under Section 35 of the Act shall file an application with the Department on forms provided by the Department. The education and experience qualifications shall include the following:

1. A certification of education from a master's degree in counseling, rehabilitation counseling, or psychology from a regionally accredited institution, or certification of education and an official transcript from a similar master's degree program and the equivalent of 2 units of acceptable experience (2 years full-time satisfactory supervised employment working as a clinical professional counselor under the direction of a qualified supervisor;
2. A certification of education from a master's degree or doctoral degree program in professional counseling that has been accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or the Council on Rehabilitation Education (CORE). All doctoral programs in psychology accredited by the American Psychological Association or the Council for the National Register of Health Service Providers in Psychology are also approved. If your program is not accredited through one of the above agencies you are required to submit official transcripts, course descriptions and the Academic Criteria form. You must also submit verification of 2 years of full-time satisfactory supervised experience working as a clinical professional counselor under the direction of a qualified supervisor.
3. Individuals may also qualify by submitting a certification of education and an official transcript from a doctoral degree in counseling, rehabilitation counseling, psychology or similar degree program and the equivalent of 2 units of acceptable experience (2 years of full-time satisfactory supervised experience working as a clinical professional counselor under the direction of a qualified supervisor.
4. Experience shall be documented as follows:

    a. Certification of experience signed by applicant's supervisor.

A qualified supervisor means any person who is a licensed clinical professional counselor, licensed clinical social worker, licensed clinical psychologist, or psychiatrist as defined in Section 1-121 of the Mental Health and Developmental Disabilities Code. If supervision took place outside Illinois, the supervisor shall be a master's level or doctoral level counselor engaged in clinical professional counseling. The supervisor shall hold a license if the jurisdiction in which the supervisor practices requires licensure.

Supporting Documentation To be Sent With Application

To apply to take the examination for licensure as a Clinical Professional Counselor, the following Supporting Documents must be submitted with the 4-page Application for Licensure and/or Examination (see page 1):

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
2. **CT (Certification of Licensure)**--If you have ever held a license, this document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary.
3. **ED (Certification of Education)**--This document must be completed in its entirety by an official of the college or university from which your degree was received and must have school seal affixed.
4. **Clinical Professional Counselor Academic Criteria**--This document must be completed if you are applying on the basis of similar degree program and it is not accredited by CACREP or CORE. Include copies of course descriptions for each course.
5. **Transcript--**If applying on the basis of similar degree program and it is not accredited by CACREP or CORE, submit an official transcript with school seal affixed.
6. **VE-LPC (Verification of Employment/Experience)**--This document must be completed to document the equivalent of two (2) units of acceptable experience (two (2) years full-time satisfactory supervised employment working as a clinical professional counselor under the direction of a qualified supervisor .

Acceptance of 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.

Approved Examinations/ Certifications

The Department, upon recommendation of the Board, has determined that individuals who hold the certification of Certified Clinical Mental Health Counselor (CCMHC) based on examination meet the education, experience, and examination requirements for licensure as a Clinical Professional Counselor.

The Department, upon recommendation of the Board, has determined that individuals who hold certification from Certified Rehabilitation Counselor (CRC) meet the examination requirements for licensure. Proof of experience and education would need to be submitted. Individuals who received their CRC certification after January 1992 have been determined to meet the education and examination requirements. Proof experience would need to be submitted.

Supporting Documentation To Be Sent with Application

To apply for licensure on the basis of Acceptance of Examination, the following supporting documents must be submitted with the 4-page Application for Licensure and/or Examination:

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
2. **Certification--**Submit certification of a Certified Clinical Mental Health Counselor (CCMHC) based on examination.

   Submit certification of the Certified Rehabilitation Counselor Examination from the Commission on Rehabilitation Counselor Certification (CRCC).
3. **CT (Certification of Licensure)--**If you have ever held a license this document 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.
4. If you do not hold certification of Certified Mental Health Counselor, but have successfully completed the National Clinical Mental Health Counseling Examination (NCMHCE) instruct the testing service to forward proof of having successfully completed their examination *directly* to the Division.
5. **ED (Certification of Education)**--This document must be completed in its entirety by an official of the college or university from which your degree was received and <u>must have school seal affixed.</u> This document must be completed if you received your CRC certificate before 1992 and you are applying on the basis of certification of the CRC examination.
6. **Clinical Professional Counselor Academic Criteria--**This document must be completed if you are applying on the basis of similar degree program and it is not accredited by CACREP or CORE. Include copies of course descriptions for each course.
7. **Transcript--**If applying on the basis of similar degree program and it is accredited by CACREP or CORE, submit an official transcript <u>with school seal affixed.</u>

Supporting Documentation To Be Sent with Application *(cont'd)*

8. **VE-LPC (Verification of Employment/Experience)**--This document must be completed to document the equivalent of two (2) units of acceptable experience (two (2) years full-time satisfactory supervised employment working as a clinical professional counselor under the direction of a qualified supervisor. This document must be completed if you are applying on the basis of certification of the Certified Rehabilitation Counselor Examination.

Application for Endorsement

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.

Education and Experience Qualifications

Each applicant seeking licensure as a clinical professional counselor under Section 70 of the Act shall file an application with the Department on forms provided by the Department. The applicant shall include:

1. A certification of education from a master's degree in counseling, rehabilitation counseling, or psychology from a regionally accredited institution, or certification of education and an official transcript from a similar master's degree program and the equivalent of 2 units of acceptable experience (2 years full-time satisfactory supervised employment working as a clinical professional counselor under the direction of a qualified supervisor;

If applying on the basis of a Masters degree, the program must be at least 2 academic years in length and require an individual to graduate from a program with a minimum of 48 semester hours or 72 quarter hours.

2. A certification of education from a master's degree or doctoral degree program in professional counseling that has been accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or the Council on Rehabilitation Education (CORE). All doctoral programs in psychology accredited by the American Psychological Association or the Council for the National Register of Health Service Providers in Psychology are also approved. If your program is not accredited through one of the above agencies you are required to submit official transcripts, course descriptions and the Academic Criteria form. You must also submit verification of 2 years of full-time satisfactory supervised experience working as a clinical professional counselor under the direction of a qualified supervisor.

3. Individuals may also qualify by submitting a certification of education and an official transcript from a doctoral degree in counseling, rehabilitation counseling, psychology or similar degree program and the equivalent of 2 units of acceptable experience (2 years of full-time satisfactory supervised experience working as a clinical professional counselor under the direction of a qualified supervisor.

Supporting Documentation To Be Sent with Application

To apply for licensure on the basis of Endorsement of License in another state, the following supporting documents must be submitted with the 4-page Application for Licensure and/or Examination:

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

2. **ED (Certification of Education)**--This document must be completed in its entirety by an official of the college or university from which your degree was received and must have school seal affixed.

3. **Clinical Professional Counselor Academic Criteria**--This document must be completed if you are applying on the basis of similar degree program and it is not accredited by CACREP or CORE. Include copies of course descriptions for each course.

4. **Transcript--**If applying on the basis of similar master's degree program and it is not accredited by CACREP or CORE, submit an official transcript with school seal affixed.

5. **VE-LPC (Verification of Employment/Experience)**--If applying on the basis of a master's degree in counseling, rehabilitation counseling, psychology or similar degree, this document must be completed by a qualified supervisor, verifying the equivalent of 2 units of acceptable experience (2 years full-time satisfactory supervised employment working as a clinical professional counselor under the direction of a qualified supervisor.

   If applying on the basis of a doctoral degree in counseling, rehabilitation counseling, psychology or similar degree program, Supporting Document VE-LPC must be completed by a qualified supervisor verifying the equivalent of 2 units of acceptable experience (2 years of full-time satisfactory supervised experience working as a clinical professional counselor under the direction of a qualified supervisor.

6. **CT (Certification of Licensure)**--This document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary.

7. Proof of successful completion of the National Counselor Examination and the National Clinical Mental Health Counselors Examination directly from the NBCC.

NON-EXAMINATION FOR CLINICAL PSYCHOLOGISTS AND CLINICAL SOCIAL WORKERS LICENSED IN THIS STATE

Application

1. Complete the four pages of the Application for Licensure and/or Examination.
2. Include your active Illinois Clinical Psychologist or Clinical Social Worker license number in Part IV (page three) of the application.

Application for Restoration

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.

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those clinical professional counselors 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 1-800-560-6420 for detailed instructions on how to restore it to active status.

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
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 1-800-560-6420.
3. Fee Payment amount 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 and made payable to the Illinois Department of Financial and Professional Regulation.
4. All applicants for Restoration of Clinical Professional Counselor license in Illinois must submit proof of having met the 30 hour requirement of approved continuing education obtained within the 24 months immediately preceding application for Restoration.
5. You are also required to submit one of the following:
   a. Submit Supporting Document **CT** verifying current licensure in another U.S. jurisdiction. The licensing agency/board must return Supporting Document **CT** directly to the address in number 5 below; ***and***

      Verification of active practice in that jurisdiction. Supporting Document **VE-LPC** must be completed by the person who supervised you, or if self-employed by a peer or colleague or consultant who is familiar with your work; ***or***

   b. Submit proof of passage of the examination as set forth in the Rules for the Administration of the Professional Counselor and Clinical Professional Counselor Licensing Act during the time the license was lapsed or on inactive status; ***or***

   c. An affidavit attesting to military service (form DD214).
6. 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, HSS-4, 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.

Licensure Methods	Definition
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Grandfather/Waiver	Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966."**

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse."**

REFERENCE SHEET - A

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 Clinical Professional Counselor	180	Exam	$150.00
Licensed Clinical Professional Counselor	180	Acceptance of Exam	$150.00
Licensed Clinical Professional Counselor	180	Endorsement	$150.00
Licensed Clinical Professional Counselor	180	Non-exam	$150.00

CHART II - EXAMINATION CODES AND FEES

NOTE: ***Since the application for examination is a dual application process, this information will only be provided upon approval of your application for examination. An examination fee and registration fee will be required when registering for an examination.***

CHART III - EXAMINATION DATES

The National Counselor Examination (NCE) and the National Clinical Mental Health Counseling Examination (NCMHCE) are computer administered. Generally there are no application deadlines and a candidate must complete and submit a Department Licensure/Examination Application for Department approval.

CHART IV - SCHOOL CODES

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

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request to one of the following telephone numbers:

Licensure Methods **Except** Examination **(US ONLY)**	Examination Licensure Method **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.	708/354-9911

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Licensed Clinical Professional Counselors

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**
Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.	
NCE/NCMHCE Scores	
ED Form	
Official Transcripts (if applicable)	
Course Descriptions (if applicable)	
Academic Criteria Form (if applicable)	
CT Form from the ***original*** state of licensure **and** the ***current*** state of licensure	
VE-LPC verifying supervised experience (if applicable)	
VSE-LPC verifying self-employment (if applicable)	
RS Form (if applicable) (**NOTE:** if restoring)	
Proof of 30 hours of Approved Continuing Education (if applicable)	
Copy of **DD214** if restoring from active military service	

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

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.

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, and/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

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
	___ ___ ___		$

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: _____
- ☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
- ☐ 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
	__ __ / __ __ / __ __ __ __ (Month / Day / Year)	____ ☐ Female ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

Home: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ – __ __ __ __ (Area Code)

12. **REQUIRED** E-MAIL ADDRESS

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

NAME (Last, First, MI):

SS#:

Profession:

PART III: Education Information

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

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? ☐ Yes ☐ No Received OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ___ ___ / ___ ___ ___ ___ Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8 Graduated? ☐ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	TYPE OF DEGREE EARNED
		Month/Year	Month/Year	

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	Did You Complete Training?
		Month/Year	Month/Year	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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 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.

NAME (Last, First, MI):

SS#:

Profession:

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

SUPPORTING DOCUMENT

CCA

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

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? *	☐	☐
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 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.

* 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));
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

SUPPORTING DOCUMENT

CT

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 FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ ___ ___ ___ 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
Name of Licensing Agency or Board
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	G. IF LICENSED BY EXAMINATION, RECORD SCORES
☐ Active ☐ Inactive ☐ Lapsed ☐ Other (Explain) _____ _____ _____	Type of Examination Score Written _____ Practical _____ Other (Describe) _____ _____ Received no Grade Below _____ Examination Period _____ days _____ hours

NAME (Last, First, MI):

SS#:

Profession:

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination — Date of Examination _____

(Record all available information)

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant? ☐ Yes ☐ No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** ☐ Yes ☐ No

PART V - RECIPROCAL REGISTRATION

This state ☐ does ☐ does not grant the same privilege of reciprocal registration to Illinois registrants.

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

SEAL

Print Name

Title

Signature

Agency/Board Street Address

Date

Area Code ( )

City, State, ZIP Code

Telephone Number

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

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

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 OF EDUCATION

SUPPORTING DOCUMENT

ED

APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ (Month Day Year)

3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

Profession Name _____ Profession Code ___ ___ ___

6. MAIDEN OR GIVEN SURNAME

7. NAME OF INSTITUTION ATTENDED

8. DATE OF GRADUATION / COMPLETION __ __ / __ __ / __ __ __ __ (Month Day Year)

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

Date _____ Signature of Applicant _____

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side. RETURN THE COMPLETED FORM TO THE APPLICANT.

A. NAME OF INSTITUTION

B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE

C. DEPARTMENT OF INSTITUTION

D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT

E. MAJOR AREA OF STUDY OF THE APPLICANT

F. APPLICANT WAS (CHECK ONE): ☐ Full-time ☐ Part-time ☐ Co-op

G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE)
☐ _____ Semester Hours
☐ _____ Quarter Hours
☐ _____ Course Hours

H. DATES OF ATTENDANCE
From __ __ / __ __ / __ __ __ __ (Month Day Year) To __ __ / __ __ / __ __ __ __ (Month Day Year)

I. Total academic years attended _____ Years _____ Months _____ Days
OR
Total calendar years attended _____ Years _____ Months _____ Days

J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)

K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET __ __ / __ __ / __ __ __ __ (Month Day Year)

L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED __ __ / __ __ / __ __ __ __ (Month Day Year)

M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE

☐ Applicant has graduated on __ __ / __ __ / __ __ __ __ (Month Day Year)

☐ Applicant has completed program on __ __ / __ __ / __ __ __ __ (Month Day Year)

☐ Applicant will graduate on __ __ / __ __ / __ __ __ __ (Month Day Year)

☐ Applicant will complete program on __ __ / __ __ / __ __ __ __ (Month Day Year)

N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:

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

NAME (Last, First, MI):

SS#:

Profession:

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

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

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

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

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 107/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

VE-LCPC

APPLICANT: **Complete the applicant section of this form, then forward it to your employer. You are authorized to photocopy this form as necessary if you had multiple sites and/or multiple supervisors.**

One year of full-time experience equals 1680 clock hours obtained in not less than 52 weeks.

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ (Month / Day / Year)

3. SOCIAL SECURITY NUMBER ___ - ___ - ____

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. MAIDEN OR GIVEN SURNAME

180 Licensed Professional Counselor

FOLLOWING SHOULD REFLECT INFORMATION AT TIME OF EMPLOYMENT/EXPERIENCE

6. INDICATE WHETHER EXPERIENCE WAS:

- ☐ Supervised Experience
- ☐ Independent Experience
- ☐ Combination Supervised and Independent Experience

7. BUSINESS/INSTITUTION NAME / AND ADDRESS (Include Street, City, State, and ZIP Code)

8. SUPERVISOR NAME

9. SUPERVISOR TITLE

SUPERVISOR: **Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.**

PART I. - SUPERVISION INFORMATION

A. IMMEDIATE/DIRECT SUPERVISOR'S NAME

C. REGISTRATION NUMBER

D. REGISTRATION STATE

E. BUSINESS/INSTITUTION NAME

F. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE

G. BUSINESS TELEPHONE NUMBER

Area Code (__ __ __) __ __ __ — __ __ __ __

B. PROFESSIONAL DESIGNATION (Date Awarded)

- ☐ Counselor (Master's or Doctorate Level) _____
- ☐ Licensed Clinical Professional Counselor _____
- ☐ Certified Social Worker _____
- ☐ Licensed Clinical Social Worker _____
- ☐ Licensed/Registered Clinical Psychologist _____
- ☐ Psychiatrist _____
- ☐ Certified Rehabilitation Counselor _____

PART II. - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT'S JOB TITLE AT TIME OF EMPLOYMENT/ EXPERIENCE

B. DATES OF APPLICANT'S EMPLOYMENT/EXPERIENCE

From __ __ / __ __ / __ __ __ __ (Month / Day / Year) To __ __ / __ __ / __ __ __ __ (Month / Day / Year)

C. NUMBER OF HOURS APPLICANT WORKED PER WEEK

D. NUMBER OF HOURS YOU MET WITH THE APPLICANT PER WEEK

PART II. - APPLICANT EMPLOYMENT INFORMATION (Continued)

NAME (Last, First, MI):

SS#:

Profession:

E. INDICATE YOUR OVERALL EVALUATION OF THE APPLICANT'S PERFORMANCE UNDER YOUR DIRECT SUPERVISION

Circle One	Excellent		Satisfactory		Poor
	5	**4**	**3**	**2**	**1**

F. CLOCK HOURS:

TOTAL CLOCK HOURS IN EXPERIENCE: _____

TOTAL CLOCK HOURS OF DIRECT FACE TO FACE IN PERSON SERVICE TO CLIENTS: _____

G. COMMENTS ABOUT APPLICANT'S JOB PERFORMANCE:

The above indicated experience has been performed by the applicant pursuant to my order, control, and full professional and legal responsibility as a supervisor. I do hereby declare that the information contained herein is true and correct.

_____
Signature

_____
Date

_____
Title

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 107/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CLINICAL PROFESSIONAL COUNSELOR ACADEMIC CRITERIA

APPLICANT: **Complete a separate form for each institution in which you have completed graduate coursework. You may copy this form as needed.**

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ – __ __ – __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.	
6. MAIDEN OR GIVEN SURNAME	**Clinical Professional Counselor** (Profession Name)	**1 8 0** (Profession Code)
7. NAME OF COLLEGE/INSTITUTION	8. DEPARTMENT	
9. ADDRESS OF COLLEGE/INSTITUTION	10. PROGRAM (AREA OF SPECIALIZATION AS IT APPEARS ON TRANSCRIPT.)	

ACADEMIC CRITERIA: **All applicants shall complete a 48 semester hour or equivalent quarter hour program with one 3 semester hour or equivalent quarter hour course in each of the following core areas. Please submit a copy of the course description for each course.**

AREA	COURSE TITLE	COURSE NO.	YEAR	COURSE CREDIT	COMMENTS
Human Growth and Development					
Counseling Theory					
Counseling Techniques					
Group Dynamics, Processing and Counseling					
Appraisals of Individuals					
Research and Evaluation					
Professional, Legal and Ethical - Responsibilities relating to professional counseling, especially as related to Illinois law					
Social and Cultural Foundations					
Life-styles and Career Development					
Practicum / Internship					
Substance Abuse					
Maladaptive Behavior and Pschopathology					
Family Dynamics					