

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.

FOR OFFICIAL USE ONLY

RETURN APPLICATION TO:

Illinois Department of Financial and Professional Regulation
 Attn: Division of Professional Regulation
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786

OUT-OF-STATE OCCUPATIONAL THERAPY CONTINUING EDUCATION APPROVAL

INSTRUCTIONS

This application **MUST** be submitted for Board review prior to participation in the program or within 90 days prior to expiration of the license.

If not submitted within the required time frame, late approval may be obtained by submitting a \$10 per hour late fee, not to exceed \$150.

A separate application must be submitted for **each** program for which you are seeking approval. This form may be duplicated. *Please print or type in **BLACK** ink only.*

Submit the following with this form:

1. A \$20 fee made payable to the Illinois Department of Financial and Professional Regulation
2. An outline of the content of the program.
3. A schedule of the program.
4. A brief biography or vitae of the instructor(s).
5. A copy of the certificate of attendance (if applicable).
6. A copy of post-course evaluation (if applicable).

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)	
3. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, and ZIP Code)	4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM	
	5. TITLE	
6. TITLE OF PROGRAM	7. NUMBER OF CLOCK HOURS REQUESTED	8. IS THIS PROGRAM OPEN TO ALL OCCUPATIONAL THERAPISTS AND ASSISTANTS?
9. SITE(S) OF PROGRAM	10. DATE(S) ATTENDED	

11. HOW DOES THIS PROGRAM RELATE TO THE PRACTICE OF OCCUPATIONAL THERAPY?

_____	_____
Signature of Person Submitting Application	Email Address (Required)
_____	_____
Type or Print Name of Person Submitting Application	Illinois License Number
_____	_____
	Date

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.

OFFICIAL USE ONLY			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Deferred	No. of Approved Hours _____
COMMENTS: _____			
