

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. This form has been approved by the Forms Management Center.

RETURN APPLICATION TO:  
 STATE OF ILLINOIS  
**DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**  
**ATTN: DIVISION OF PROFESSIONAL REGULATION**  
 320 West Washington Street, 3rd Floor  
 Springfield, Illinois 62786

FOR OFFICIAL USE ONLY  
 \_\_\_\_\_ Approved  
 \_\_\_\_\_ No. of Hours  
 \_\_\_\_\_ Denied  
 \_\_\_\_\_ Date

## Approval for Out-of-State Continuing Education for Naprpaths

### INSTRUCTIONS

Submit the following with this application prior to participation in the program or within 90 days of the expiration of the license.

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

*NOTE: A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated.*

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. SITE(S) OF PROGRAM	9. DATE(S) ATTENDED

10. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF NAPRAPATHY?  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Person Submitting Application	Illinois License Number
Type or Print Name of Person Submitting Application	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**

Approved     
  Denied     
  Deferred     
 No. of Approved Hours \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_