

INSTRUCTION SHEET

Licensed Sex Offender Treatment Provider

Non-Examination Restoration

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

BEFORE COMPLETING THE APPLICATION PACKAGE, read 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 Sex Offender Treatment Provider licenses will expire on July 31 of every odd-numbered year.

All applicants must complete the 4-page Application for Licensure and submit it with the supporting documents required in the 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 www.idfpr.illinois.gov.

Application

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 Sex Offender Treatment Provider	272	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 Sex Offender Treatment Provider, 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.

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 sex offender treatment provider and need help with your application:

1-800-560-6420

Please allow 4 weeks from mailing your application before making an inquiry concerning its status.

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 Non-Exam

*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.*

Experience Qualifications

An applicant for licensure as a sex offender treatment provider shall file an application on forms provided by the Division. The applicant will be required to meet the licensure and experience requirements set forth in Section 35 of the Act.

The applicant must provide proof that he or she holds an active license as one of the following:

- 1) physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 or an equivalent license under the laws of another state;
- 2) an advanced practice nurse with psychiatric specialty licensed under the Nurse Practice Act or an equivalent license under the laws of another state;
- 3) a clinical psychologist licensed under the Clinical Psychologist Licensing Act or an equivalent license under the laws of another state;
- 4) a licensed clinical social worker licensed under the Clinical Social Work Practice Act or an equivalent license under the laws of another state;
- 5) a licensed clinical professional counselor licensed under the Professional Counselor and Clinical Professional Counselor Licensing Act or an equivalent license under the laws of another state;
- 6) a licensed marriage and family therapist licensed under the Marriage and Family Therapist Licensing Act or an equivalent license under the laws of another state.

The applicant must demonstrate completion of 40 clock hours of documented training in the specialty of sex offender evaluations, treatment or management. The clock hours required under this section must comply with Section 1280.120 of the Rules.

The applicant must also complete 400 Hours of supervised experience in the treatment or evaluation of sex offenders in the last 4 years. At least 200 of these 400 supervised hours must be face-to-face therapy or evaluation with sex offenders.

Supporting Documentation To Be Sent with Application

To apply for licensure on the basis of non-exam the following supporting documents must be submitted with the 4-page Application for Licensure:

- 1) Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- 2) **VE-SOTP (Verification of Employment/Experience)**--The applicant must demonstrate completion of 40 clock hours of documented training in the specialty of sex offender evaluations, treatment or management. The clock hours required under this section must comply with Section 1280.120 of the Rules.

400 Hours of supervised experience in the treatment or evaluation of sex offenders in the last 4 years. At least 200 of these 400 supervised hours must be face-to-face therapy or evaluation with sex offenders. Experience shall have been supervised by an individual(s) who, at the time the supervision took place:
 - a) was included in the Illinois Sex Offender Management Board Approved Provider List and completed a minimum of 25 evaluations;
 - b) held an active license as a sex offender treatment provider with 5 years clinical experience providing sexoffender treatment; or
 - c) if the experience was gained out of state, the supervisor meets the qualifications required to receive a license as a sex offender treatment provider under this Act.
- 3) **CT (Certification of Licensure)**--This document must be completed by the jurisdiction where you have most recently been practicing. You are authorized to photocopy the form if necessary. Complete the four pages of the Application for Licensure and/or Examination.

Application for Restoration

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

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those sex offender treatment providers 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 Sex Offender Treatment Provider license in Illinois must submit proof of having met the 20 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-SOTP** 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. 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.

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

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Licensed Sex Offender Treatment Provider	272	Non-Exam	\$150.00

CHART II - EXAMINATION CODES AND FEES

CHART III - EXAMINATION DATES

CHART IV - SCHOOL CODES

REQUEST FOR ASSISTANCE

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

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**

708/354-9911

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Licensed Sex Offender Treatment Providers

*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.	
CT Form from the original state of licensure and the current state of licensure	
VE-SOTP verifying supervised experience	
RS Form (if applicable) (NOTE: if restoring)	
Proof of 40 hours of Approved Continuing Education	
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.

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for double-sided printing.**

APPLICATION FOR LICENSURE AND/OR EXAMINATION

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. Check the box indicating the appropriate information regarding your application. Military Military Spouse Not Military Decline to Answer
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. 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 \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

<input type="checkbox"/> 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 ____ / ____ / ____ Month Day Year		10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male	
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ -- _____ Home: (____) _____ -- _____ (Area Code) (Area Code) Fax: (____) _____ -- _____ Fax: (____) _____ -- _____ (Area Code) (Area Code)				12. REQUIRED E-MAIL ADDRESS	

NAME (Last, First, MI):

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 Received
 High School? Yes No 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		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

SS#:

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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. <i>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.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. 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? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Examination Coding Information (This part is for examination applicants only)																								
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:																								
a) CHART II - Select examination(s) you desire and enter Test Codes																								
<table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; margin: 2px;"> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; margin: 2px;"> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; margin: 2px;"> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; margin: 2px;"> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; margin: 2px;"> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; margin: 2px;"> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> <tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr> </table>																								
b) CHART III - Select the examination site you desire and enter Test Center Code:																								
<table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td><td style="width: 25px; height: 15px;"></td></tr> </table>																								
c) CHART IV - Find your School of Graduation and enter school code:																								
<table border="1" style="border-collapse: collapse; width: 200px; height: 20px;"> <tr><td style="width: 100%; height: 15px;"></td></tr> </table>																								
d) Record the number of times you have taken this exam in Illinois or any other state:																								
<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table>																								

PART VIII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)
<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."</p> <p>Are you delinquent in the filing of state taxes? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PART IX: Certifying Statement		
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px solid black; text-align: center; padding-top: 5px;">Signature of Applicant</td> <td style="width: 50%; border-top: 1px solid black; text-align: center; padding-top: 5px;">Date</td> </tr> </table>	Signature of Applicant	Date
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.		

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

3. PROFESSIONAL LICENSE NUMBER (if any)
_____ - _____

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.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Acupuncturists | <input type="checkbox"/> Naprapaths | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Advanced Practice Registered Nurses | <input type="checkbox"/> Nursing Home Administrators | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Advanced Practice Registered Nurse - Full Practice Authority | <input type="checkbox"/> Occupational Therapists | <input type="checkbox"/> Professional Counselors |
| <input type="checkbox"/> Athletic Trainers | <input type="checkbox"/> Occupational Therapy Assistants | <input type="checkbox"/> Prosthetists |
| <input type="checkbox"/> Audiologists | <input type="checkbox"/> Optometrists | <input type="checkbox"/> Registered Nurses |
| <input type="checkbox"/> Clinical Psychologists | <input type="checkbox"/> Orthotists | <input type="checkbox"/> Registered Surgical Assistants |
| <input type="checkbox"/> Clinical Social Workers | <input type="checkbox"/> Pedorthists | <input type="checkbox"/> Registered Surgical Technologists |
| <input type="checkbox"/> Dental Hygienists | <input type="checkbox"/> Perfusionists | <input type="checkbox"/> Respiratory Care Practitioners |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Pharmacists | <input type="checkbox"/> Speech Pathologists |
| <input type="checkbox"/> Genetic Counselors | <input type="checkbox"/> Physical Therapists | |
| <input type="checkbox"/> Licensed Clinical Professional Counselors | <input type="checkbox"/> Physical Therapy Assistants | |
| <input type="checkbox"/> Licensed Practical Nurses | <input type="checkbox"/> Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.) | |
| <input type="checkbox"/> Licensed Social Workers | | |
| <input type="checkbox"/> Marriage and Family Therapists | | |
| <input type="checkbox"/> Medication Aide | | |

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? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? * | <input type="checkbox"/> | <input type="checkbox"/> |

*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

Email

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.

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for double-sided printing.**

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 Financial and Professional Regulation or its designated testing service, the information requested below.
Name of Licensing Agency or Board

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

<input type="checkbox"/> Examination (Administered in Your State)	<input type="checkbox"/> Reciprocity with (State) _____
<input type="checkbox"/> National (Name) _____	<input type="checkbox"/> Waiver/Grandfather
<input type="checkbox"/> State Constructed _____	<input type="checkbox"/> Credentials
<input type="checkbox"/> Other (Name) _____	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Endorsement of License (State) _____	
Acceptance of Examination Results _____	
(Administered in Another State)	

<p>F. CURRENT LICENSURE STATUS</p> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	<p>G. IF LICENSED BY EXAMINATION, RECORD SCORES</p> <table border="0"> <tr> <td>Type of Examination</td> <td>Score</td> </tr> <tr> <td>Written</td> <td>_____</td> </tr> <tr> <td>Practical</td> <td>_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td></td> </tr> <tr> <td>Received no Grade Below</td> <td>_____</td> </tr> <tr> <td>Examination Period _____ days _____ hours</td> <td></td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____		Received no Grade Below	_____	Examination Period _____ days _____ hours	
Type of Examination	Score												
Written	_____												
Practical	_____												
Other (Describe) _____													
Received no Grade Below	_____												
Examination Period _____ days _____ hours													

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

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.

S E A L		Print Name		Signature
		Title		Date
		Agency/Board Street Address		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.

NAME (Last, First, MI):

SS#:

Profession:

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-SOTP

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.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER/ FEIN 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	_____ Profession Name	_____ Profession Code

7. PLEASE CHECK ONE OF THE FOLLOWING LICENSES THAT YOU CURRENTLY HOLD:

- | | |
|--|---|
| <input type="checkbox"/> Licensed Physician | <input type="checkbox"/> Licensed Clinical Professional Counselor |
| <input type="checkbox"/> Licensed Advanced Practical Nurse | <input type="checkbox"/> Licensed Marriage & Family Therapist |
| <input type="checkbox"/> Licensed Clinical Psychologist | <input type="checkbox"/> Licensed Clinical Social Worker |

8. LISENSURE STATE	9. LICENSE NUMBER
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PART I Please submit proof of completion of 40 clock hours of documented training in the specialty of sex offender evaluations, treatment or management. The proof should be in the form of Certifications of Attendance or other acceptable documentation. Failure to submit these documents will result in a delay of your application processing until such time as they are received and reviewed for approval.

PART II. - SUPERVISOR INFORMATION

A. IMMEDIATE/DIRECT SUPERVISOR'S NAME		B. SUPERVISOR'S QUALIFICATION: <input type="checkbox"/> Included in the Illinois Sex Offender Management Board Approved Provider List. <input type="checkbox"/> Has held an active license as a sex offender treatment provider with 5 years of clinical experience providing sex offender treatment. <input type="checkbox"/> The experience was gained out of state and the supervisor meets the qualifications required to receive a license as a sex offender treatment provider in Illinois.
C. LICENSE NUMBER	D. LICENSURE STATE	
<input type="checkbox"/> Applicant has completed 400 hours of supervised experience in the treatment or evaluation of sex offenders in the last 4 years. At least 200 of these 400 supervised hours were face to face therapy or evaluation with sex offenders.		

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