RN and APN Reinstatement Information

Note: This information is only applicable to RN, APN and APN Controlled Substances licenses that expired on May 31, 2018. This reference document is provided as a guide and does not override any provision of the Nurse Practice Act or Rules. If you have additional questions, please contact 1-800-560-6420.

To apply for reinstatement please provide the following:

(1) A signed and dated **statement** indicating that you wish to reinstate your Illinois license(s) to active status. The statement must include all of the following:
   - Full name (first, middle last);
   - License numbers;
   - Current address of record;
   - Daytime telephone number;
   - Current email address;

(2) A completed **personal history questionnaire** (see attached). Please be sure to sign and date the document.

(3) Documentation of continuing education (**CE**) in accordance with Section 1300.130 of the Nurse Rules (see chart for number of hours).

(4) **Fee** – See chart. Please make payable to the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION (IDFPR). Illinois license number must be written on the front of the check or money order.

(5) **Controlled Substance Registration** - Include the CS license number, address (hospital or facility address, or where drugs are stored/dispensed) and a **$10 renewal fee**.

**Mail all required documentation and fee payment to:**

Department of Financial and Professional Regulation
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786
Reference Chart  
2018 RN & APN Renewal

Fees below include late fees, if applicable

<table>
<thead>
<tr>
<th></th>
<th>Fee</th>
<th>CE Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>$130</td>
<td>20 hours *</td>
</tr>
<tr>
<td>APN</td>
<td>$130</td>
<td>50 hours</td>
</tr>
<tr>
<td>Controlled Substance License</td>
<td>$10</td>
<td></td>
</tr>
</tbody>
</table>

*If reinstating both an RN and APN, a total of 50 of CE is required.*
Personal History Questions
2018 Nurse Reinstatement

Name: ____________________________________________

License Number(s): ________________________________

RN and APN LICENSE RENEWAL QUESTIONS: You must respond to ALL of the following questions in order to reinstate your license. Failure to answer ALL of these questions will result in the form(s) being returned to you for proper completion.

___Yes ___No   Are you Currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act?

___Yes ___No   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?

___Yes ___No   Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act?

___Yes ___No   Are you currently charged with or have been convicted of a forcible felony?

Child Support Question: Response Required

___Yes ___No   Are you more than 30 days delinquent in complying with a child support order? (Note: If you have no children or are not subject to a child support order, answer “No”)

APN Certification Question: Response Required for APN Reinstatement

___Yes ___No   I hold an active, valid, national certification in an APN specialty (ANCC, NCC, CNM, CRNA, etc)?

Signature: ________________________________________

Date: ______________________________________________