OUT-OF-STATE DENTAL AND DENTAL HYGIENIST CONTINUING EDUCATION APPROVAL

INSTRUCTIONS

Submit the following with this application:

1. A $20.00 fee.
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 $20.00 fee.
7. Number of clock hours requested
8. Is this program open to all dentists or dental hygienists?
9. Site(s) of program
10. Date(s) attended
11. How does this program relate to the profession of dentistry and/or dental hygiene?

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

RETURN APPLICATION TO:
STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL PROFESSIONAL REGULATION
ATTN: Division of Professional Regulation
320 WEST WASHINGTON STREET, 3RD FLOOR
SPRINGFIELD, ILLINOIS 62786

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☐ Approved  ☐ Denied  ☐ Deferred  No. of Approved Hours □

COMMENTS:

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.

Signature of Person Submitting Application  Illinois License Number

Type or Print Name of Person Submitting Application  Date

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

IL486-1660 03/16 (DN)