**Out-of-State Massage Therapy Continuing Education (C.E.) Approval**

**INSTRUCTIONS**

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

This application must be submitted no later than 90 days after completion of the C.E. program or within 90 days of the expiration of your license. You may seek individual program approval prior to participation in the program.

If the out-of-state C.E. approval form is NOT submitted within the required time frame, late approval may be obtained by submitting the approval request form with the $25 processing fee plus a $50 per hour late fee not to exceed $300.

Submit the following with this application:

1. A $25 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).

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 PROGRAM OPEN TO ALL MASSAGE THERAPISTS?
9. SITE(S) OF PROGRAM
10. DATE(S) ATTENDED
11. HOW DOES THIS PROGRAM CONTRIBUTE TO THE PROFESSIONAL SKILLS AND KNOWLEDGE IN THE PRACTICE OF MASSAGE THERAPY?

__________________________
Signature of Person Submitting Application

__________________________
Type or Print Name of Person Submitting Application

__________________________
Illinois License Number

__________
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.

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

COMMENTS:

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