## INSTRUCTIONS

**REGISTERED OCCUPATIONAL THERAPIST**

**CERTIFIED OCCUPATIONAL THERAPY ASSISTANT**

Acceptance of Examination

Endorsement of License

Restoration

---

**BEFORE COMPLETING THE APPLICATION PACKET,** read each of the 10 steps below in the order that they are listed, then follow the specific directions as they apply to your method of application. This will aid you in accurately completing your application and eliminate any delay in processing. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT. If you are issued a license as an Occupational Therapist or as an Occupational Therapy Assistant, please be advised that your license will expire on December 31 of each odd-numbered year.

### STEPS

1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **Part I** (page one) of the **Application for Licensure and/or Examination.**

2. Proceed with **Part II** (page one) and complete all applicable information requested. Social Security Number is mandatory.

3. Proceed with **Part III** (page two) and complete all applicable information requested. Indicate Occupational Therapy Education at **Part III**, Number 6.

4. If you have ever been licensed to practice the profession for which you are now making application, or held a related license, proceed with **Part IV** (page three) and complete all applicable information.

5. If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, proceed with **Part V** (page three) and complete all applicable information.

6. Proceed with **Part VI** personal history information. This part must be completed by all applicants.

7. **Part VII** child support and tax information must be completed by all applicants.

8. **Part VIII** must be signed and dated by the applicant.

---

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).
9. General Information Regarding Examination Requirements for Licensure:
   
a. If you are a recent graduate, have met all requirements for examination, and
   are scheduled for the NBCOT Occupational Therapist/Occupational Therapy
   Assistant certification examination, you must request the NBCOT to submit
   proof of passage of examination with a score of 450 or above directly to this
   Division.
   
b. If you previously took the certification examination for Occupational Therapist/
   Occupational Therapy Assistant on or after January 1, 1985, you must contact
   NBCOT and request NBCOT forward your test scores directly to this Division.
   Notify the NBCOT contact person that a Verification of Certification from
   NBCOT is not acceptable in Illinois for those certified on or after January 1,
   1985 and that the examination grade is required.
   
c. If you were certified prior to 1985, Illinois will accept a Verification of
   Certification from NBCOT. This Verification of Certification must be
   forwarded directly from NBCOT to this Department.
   
      NBCOT, Inc.
      ATTN: Verification Letter
      P.O. Box 64971
      Baltimore, MD 21264-4971
      Telephone: 301-990-7979

10. All documents in a foreign language that are required to be submitted with an
    application or for any other purpose in connection with licensure must be accompanied
    by an original, notarized translation that has been performed by a person, other than
    the applicant, who is fluent in both English and the language of the document(s).
    The translator shall certify to the above requirements as well as to the accuracy of
    the translation.

---

**ACCEPTANCE OF EXAMINATION**

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 ED must be completed in its entirety by the Dean or Registrar
   of the occupational therapy program and it must have school seal affixed.

3. If you have ever been licensed, Supporting Document CT must be completed by
   the jurisdiction of original licensure and the jurisdiction of current licensure where
   you have most recently been practicing. You are authorized to photocopy the form if
   necessary. You must direct the licensing agency/board to return completed form CT
   directly to you.
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.

ACCEPTANCE OF EXAMINATION (cont’d)

4. Proof of passage of examination must be submitted to this Division directly from the NBCOT.

5. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. See Reference Sheet (Chart I) for fee payment.

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, Springfield, Illinois 62791.

IMPORTANT INFORMATION REGARDING APPROVAL TO WORK: If the applicant has been determined eligible for licensure except for passing the examination, the applicant shall be issued a Letter of Authorization to work (LOA) which allows him/her to practice under supervision in accordance with Section 3(6) of the Act. Supervision means the presence of the licensed occupational therapist on site at least 75 percent of the employee's work hours. The applicant shall not begin practice as an occupational therapist or occupational therapy assistant, license pending, until the LOA is received from the Department or until the employer verifies the application is on file with the Department. The applicant must cease work immediately if he/she fails the examination. Only one LOA per person will be issued.

If applicant requires a letter of authorization to be issued, verification of acceptance to sit for the NBCOT examination must accompany this application per Section 1315.110 (a)(4) and (b)(4) of the Rules for the Administration of the Occupational Therapy Act.

ENDORSEMENT OF LICENSE

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 ED must be completed in its entirety by the Dean or Registrar of the occupational therapy program and it must have school seal affixed.

3. Supporting document CT must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form CT directly to you.

An applicant who has practiced for 10 consecutive years in another state or U.S. jurisdiction without discipline may submit Certification(s) of Licensure (CT forms) showing at least 10n consecutive years of active licensure in lieu of the education documents specified in Step 2 and the examination documents specified in Step 4.

4. Proof of passage of examination must be submitted to this Division directly from the NBCOT.

5. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. See Reference Sheet (Chart I) for fee payment.

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, Springfield, Illinois 62791.
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 registered occupational therapists and or certified occupational therapy assistants 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 Call Center 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 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 Call Center at 1-800-560-6420.

3. Proof of completion of 60 hours of approved continuing education, at least 24 of these hours must have been completed within the last 24 months.

4. SUBMIT ONE OF THE FOLLOWING:
   a. CT (Certification of Licensure)--This form must be completed to provide documentation of active practice in another jurisdiction;
   OR
   b. An affidavit attesting to military service or a copy of your DD214 if restoring after active military service;
   OR
   c. Verification of successful completion of the Certification Examination of the NBCOT for licensure as a registered occupational therapist or certified occupational therapy assistant within the last 5 years prior to applying for restoration; or a letter requesting Department approval to sit for the exam.
   OR
   d. Evidence of successful completion of an OT/OTA re-entry program through a college or university with an ACOTE accredited OT or OTA program.

5. 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 made payable to the Illinois Department of Financial and Professional Regulation.

6. Forward four-page application, supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, P.O. Box 7007, Springfield, IL 62791.
# LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

<table>
<thead>
<tr>
<th>Licensure Methods</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.</td>
</tr>
<tr>
<td>Endorsement of License</td>
<td>Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.</td>
</tr>
<tr>
<td>Acceptance of Examination</td>
<td>Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.</td>
</tr>
<tr>
<td>Restoration</td>
<td>Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.</td>
</tr>
<tr>
<td>Grandfather/Waiver</td>
<td>Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).</td>
</tr>
<tr>
<td>Non-examination</td>
<td>Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.</td>
</tr>
</tbody>
</table>
IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to DEPARTMENT ON AGING AT 1-800-252-8966."

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse."
REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<table>
<thead>
<tr>
<th>PROFESSION NAME</th>
<th>PROFESSION CODE</th>
<th>LICENSURE METHOD</th>
<th>APPLICATION FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Occupational Therapist</td>
<td>056</td>
<td>Acceptance of Examination</td>
<td>$ 25.00</td>
</tr>
<tr>
<td>Certified Occupational Therapy Assistant</td>
<td>057</td>
<td>Acceptance of Examination</td>
<td>$ 25.00</td>
</tr>
<tr>
<td>Registered Occupational Therapist</td>
<td>056</td>
<td>Endorsement of License</td>
<td>$ 25.00</td>
</tr>
<tr>
<td>Certified Occupational Therapy Assistant</td>
<td>057</td>
<td>Endorsement of License</td>
<td>$ 25.00</td>
</tr>
<tr>
<td>Registered Occupational Therapist</td>
<td>056</td>
<td>Restoration</td>
<td>See Supporting Document RS</td>
</tr>
<tr>
<td>Certified Occupational Therapy Assistant</td>
<td>057</td>
<td>Restoration</td>
<td>See Supporting Document RS</td>
</tr>
</tbody>
</table>

* * * * * REQUEST FOR ASSISTANCE * * * * *

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

DPR Call Center - 1-800-560-6420
TTY - 1-866-325-4949

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.
Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Application Checklist for Occupational Therapists or Occupational Therapy Assistants

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!

<table>
<thead>
<tr>
<th>FOUR-PAGE APPLICATION REVIEW</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I. Application Category Information</td>
<td></td>
</tr>
<tr>
<td>Part II. Applicant Identifying Information</td>
<td></td>
</tr>
<tr>
<td>Part III. Education Information</td>
<td></td>
</tr>
<tr>
<td>Part IV. Record of Licensure Information</td>
<td></td>
</tr>
<tr>
<td>Part V. Record of Examination</td>
<td></td>
</tr>
<tr>
<td>Part VI. Personal History Information</td>
<td></td>
</tr>
<tr>
<td>Part VII. Child Support and/or Tax Information</td>
<td></td>
</tr>
<tr>
<td>Part VIII. Certifying Statement--Signed and Dated</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORTING DOCUMENTS</th>
<th>SUBMITTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee</td>
<td></td>
</tr>
<tr>
<td><strong>CCA</strong> Supporting Document -- CCA <strong>must</strong> be completed and submitted with each application. Your application will not be processed without completion of this form.</td>
<td></td>
</tr>
<tr>
<td><strong>CT</strong> (Certification of Licensure) Form -- completed by original jurisdiction and current jurisdiction (if applicable)</td>
<td></td>
</tr>
<tr>
<td><strong>ED</strong> Form -- Verifying graduation from an approved Occupational Therapy program</td>
<td></td>
</tr>
<tr>
<td><strong>NBCOT Examination</strong> -- Proof of passage of the examination as administered by the NBCOT with a score of 450 or above (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESTORATION SUPPORTING DOCUMENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RS</strong> Form is required if restoring an expired or inactive license (complete in all applicable areas)</td>
<td></td>
</tr>
<tr>
<td>Copy of <strong>DD214</strong> if restoring license from active military service</td>
<td></td>
</tr>
<tr>
<td>Certificates of Attendance or other proof of meeting CE requirements</td>
<td></td>
</tr>
</tbody>
</table>

All supporting documents **may not be required**. Please refer to application instructions for your specific method of licensure.

IL486-1971 (OT-OTA)  5/19
This is the first time I have made application for this profession in Illinois.

I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

OTHER:

4. PERMANENT MAILING ADDRESS
   STREET
   CITY
   STATE/COUNTRY
   ZIP CODE
   COUNTY

5. BUSINESS ADDRESS
   STREET
   CITY
   STATE/COUNTRY
   ZIP CODE
   COUNTY

PART I: Application Category Information

A. Check the box if you are a military service member and/or spouse. "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
   $

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ This is the first time I have made application for this profession in Illinois.

☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

☐ Other: ________________________________

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
    ☐ Female
    ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED
    Work: (_____ _____) _____-______-
    (Area Code)
    Home: (_____ _____) _____-______-
    (Area Code)
    Fax: (_____ _____) _____-______-
    (Area Code)
    Fax: (_____ _____) _____-______-
    (Area Code)

12. REQUIRED E-MAIL ADDRESS

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.
### PART III: Education Information

1. **PRELIMINARY EDUCATION** (Elementary and High School or G.E.D. Circle number of years completed)
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated High School?</td>
<td>☐ Yes ☐ No</td>
<td>Received OR G.E.D.?</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated?</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **COLLEGE OR UNIVERSITY NAME** (Undergraduate and Graduate)

<table>
<thead>
<tr>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>TYPE OF DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM Month/Year</td>
<td>TO Month/Year</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>Did You Complete Training?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM Month/Year</td>
<td>TO Month/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS (Active, Lapsed, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Original Licensure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Current Licensure where you most recently have been practicing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other States of Licensure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS (Passed, Failed, Absent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(If additional space is needed, attach a separate sheet.)
**PART VI: Personal History Information (This part must be completed by all applicants)**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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? If yes, attach a detailed explanation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART VII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer &quot;no.&quot;)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In accordance with 20 ILCS 2105-15(g), &quot;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.&quot; Are you delinquent in the filing of state taxes?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART VIII: 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.

______________________________  ________________________  
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.
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.**

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

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:

1. Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *

2. Are you currently charged with or have 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?

3. Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *

4. Are you currently charged with or have you been convicted of a forcible felony? *

*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**
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),
- 11-26 (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.
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);
c) Causing a Catastrophe (Section 29D-15.1);
dd) Possession of a Deadly Substance (Section 29D-15.2);
e) 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.
This page intentionally left blank 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**

**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.

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>2. DATE OF BIRTH</th>
<th>3. SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>______ / ______ / ______</td>
<td>______ - ______ - ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. ADDRESS</th>
<th>STREET, CITY, STATE, ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession Name</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. MAIDEN OR GIVEN SURNAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. APPLICANT TELEPHONE NUMBER (Daytime)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Name of Examination</th>
<th>Date of Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

- ☐ Examination (Administered in Your State)
  - National (Name)
  - State Constructed
  - Other (Name)
  - Endorsement of License (State)
  - Acceptance of Examination Results (Administered in Another State)

- ☐ Reciprocity with (State) ______
- ☐ Waiver/Grandfather
- ☐ Credentials
- ☐ Other (Describe) ______

**F. CURRENT LICENSURE STATUS**

- ☐ Active
- ☐ Inactive
- ☐ Lapsed
- ☐ Other (Explain) ______

**G. IF LICENSED BY EXAMINATION, RECORD SCORES**

<table>
<thead>
<tr>
<th>Type of Examination</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written</td>
<td>______</td>
</tr>
<tr>
<td>Practical</td>
<td>______</td>
</tr>
<tr>
<td>Other (Describe)</td>
<td>______</td>
</tr>
</tbody>
</table>

Received no Grade Below

Examination Period ______ days ______ hours
PART III - CERTIFICATION OF EXAMINATION SCORES

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

<table>
<thead>
<tr>
<th>Scaled Score</th>
<th>Raw Score</th>
<th>Standard Deviation</th>
<th>Corrected Score</th>
<th>National Mean</th>
<th>Percent Score</th>
</tr>
</thead>
</table>

A2. 

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
</tr>
</thead>
</table>

B. State Constructed Examination

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
</tr>
</thead>
</table>

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.

__________________________________________  
Print Name

__________________________  
Title

__________________________  
Agency/Board Street Address

__________________________  
City, State, ZIP Code

__________________________  
Date

__________________________  
Area Code (  )

__________________________  
Telephone Number
**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 OF EDUCATION**

**APPLICANT:** Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. DATE OF BIRTH</th>
<th>3. SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ / __ / ___</td>
<td>__ __ __ __ __ __ __ __ __</td>
</tr>
<tr>
<td>Month Day Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. ADDRESS</th>
<th>STREET, CITY, STATE, ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. MAIDEN OR GIVEN SURNAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. NAME OF INSTITUTION ATTENDED</th>
<th>8. DATE OF GRADUATION / COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__ / __ / ___</td>
</tr>
<tr>
<td></td>
<td>Month Day Year</td>
</tr>
</tbody>
</table>

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCHOOL OFFICIAL:** Complete the bottom portion of this page and the reverse side. RETURN THE COMPLETED FORM TO THE APPLICANT.

<table>
<thead>
<tr>
<th>A. NAME OF INSTITUTION</th>
<th>B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. DEPARTMENT OF INSTITUTION</th>
<th>D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. MAJOR AREA OF STUDY OF THE APPLICANT</th>
<th>F. APPLICANT WAS (CHECK ONE):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Full-time ☐ Part-time ☐ Co-op</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE)</th>
<th>H. DATES OF ATTENDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ _________ Semester Hours</td>
<td>From __ / __ / ___</td>
</tr>
<tr>
<td>☐ _________ Quarter Hours</td>
<td>To __ / __ / ___</td>
</tr>
<tr>
<td>☐ _________ Course Hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Month Day Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. Total academic years attended OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total calendar years attended</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET</th>
<th>L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ / __ / ___ Month Day Year</td>
<td>__ / __ / ___ Month Day Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Applicant has graduated on __ / __ / ___</td>
</tr>
<tr>
<td>Month Day Year</td>
</tr>
<tr>
<td>☐ Applicant will graduate on __ / __ / ___</td>
</tr>
<tr>
<td>Month Day Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
I certify that the information recorded herein is true and correct according to the official records of this institution.

_____________________________________________
Print Name of School Official

_____________________________________________
Signature of School Official

Title

Date

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _______________ , 20____.

_____________________________________________
Date of Expiration

_____________________________________________
Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.