INSTRUCTION SHEET

DENTAL HYGIENIST

- Acceptance of Examination
- Endorsement of License
- 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 each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. 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 THE DATE OF RECEIPT. If you are issued a license, please be advised that your license will expire on September 30 every three (3) years.

NOTE: Please reference the Illinois Dental Practice Act and Rules for the Administration of the Dental Practice Act for licensure specific requirements. If the Act and Rules were not provided with the application, please download this information from the Department's website address at www.idfpr.com, or call the Department's Licensure Maintenance Unit at 1-800-560-6420.

Illinois accepts the following Regional Exams: the Southern Regional Testing Agency, Inc. (SRTA), the Western Regional Examination Boards (WREB), the North East Regional Board (NERB), the Central Regional Dental Testing Service (CRDTS) and the Council of Interstate Testing Agencies, Inc. (CITA).

Step 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.

Step 2. Proceed with PART II (page one) and complete all applicable information requested on all 4 pages of the Application for Licensure and/or Examination.

NOTE: a) Indicate Dental Hygiene Education in PART III, number 7 on the Application for Licensure and/or Examination.

   b) In PART V, on the Application for Licensure and/or Examination, indicate examination dates and examination results for NATIONAL BOARD or one of four regional exams. (Refer to appropriate licensure category for information regarding other examinations.)

Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded on PART I (page one) of the Application for Licensure and/or Examination and follow those instructions only.

NOTE: 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.

Step 4. If needed, a telephone number for assistance in completing the Application Package is provided on the REFERENCE SHEET.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
1. Complete and return the application for Licensure and all supporting documents as indicated below:

Illinois shall accept the following examination for licensure if administered and passed in their entirety:

- The North East Regional Board (NERB). The passing score accepted by the Department shall be the passing score established by the testing entity.
- The Central Regional Dental Testing Service (CRDTS). The passing score accepted by the Department shall be the passing score established by the testing entity.
- The Southern Regional Testing Agency, Inc. (SRTA). The passing score accepted by the Department shall be the passing score established by the testing entity.
- The Western Regional Examination Boards (WREB) The passing score accepted by the Department shall be the passing score established by the testing entity.
- The Council of Interstate Testing Agencies, Inc. (CITA). The passing score accepted by the Department shall be the passing score established by the testing entity.

1. Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. The Department will only accept examinations that have been completed in the 5 years prior to submission of application, if never licensed in another jurisdiction.

3. Supporting Document ED-DEN must be completed in its entirety by an official of the school of dental hygiene from which you have graduated and must have school seal affixed.

Successful completion of 2 academic years of credit from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association (ADA) and accepted by the Illinois Department of Financial and Professional Regulation (IDFPR).

4. If you have ever been issued a license, 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 this form if necessary. You must direct the licensing agency/board to return completed form CT directly to you for inclusion with your application.

5. Proof of successful completion of the Theoretical examination given by the Joint Commission on National Dental Examinations is required. IF, PRIOR TO THE NATIONAL BOARDS, YOU DID NOT REQUEST THAT A REPORT OF YOUR SCORES BE SENT TO ILLINOIS, DIRECT THE SECRETARY OF THE COUNCIL OF THE NATIONAL BOARD OF DENTAL EXAMINERS, AMERICAN DENTAL ASSOCIATION, TO FORWARD YOUR NATIONAL BOARD GRADE CARD DIRECTLY TO THIS DEPARTMENT.

6. Instruct the reporting entity to provide proof of having successfully completed the Regional Exam by forwarding your examination score directly to the address indicated in #7 below. The Department will accept for licensure one of the following examinations if taken and passed in its entirety: CRDTS, SRTA, WREB, NERB, or CITA.

7. Forward a currently valid certification stating you are qualified to perform cardiopulmonary resuscitation.

8. 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.
ENDORSEMENT OF LICENSE

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.

Any person who is so licensed to practice dental hygiene in another state or territory, and who has been lawfully engaged in the practice of dental hygiene for at least 3 of the 5 years immediately preceding the filing of his or her application to practice in this State, may be granted a license to practice dental hygiene in this State upon proof that the requirements for licensure in the other jurisdiction are at least equal to the requirements in Illinois.

**NOTE:** If you have not actively practiced in 3 of the last 5 years, you may be required to complete additional testing, training, or remedial education as may be deemed necessary to establish your present capacity to practice dentistry in Illinois.

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-DEN must be completed in its entirety by an official of the school of dental hygiene from which you have graduated and must have school seal affixed.

3. Supporting Document CT must be completed by each jurisdiction in which you have ever been issued a license. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form CT directly to you for inclusion with your application.

4. Supporting Document VE-DEN must be completed by a dentist(s) who can verify that you have been lawfully engaged in the practice of dental hygiene for at least three (3) of the five (5) years immediately preceding the filing of the application to practice in Illinois. Two forms are provided for this purpose. If necessary, you are authorized to photocopy this form. Direct the referent to return the form to you in a sealed envelope.

5. Request the Secretary of the Council of the National Board of Dental Examiners, American Dental Association to forward your National Board Grade Card directly to the address indicated in number 7 below.

6. Instruct the reporting entity to provide proof of having successfully completed the Regional examination by forwarding your examination score directly to the address indicated in #7 below. The Department will accept for licensure one of the following examinations if taken and passed in its entirety: Central Regional Dental Testing Service, Southern Regional Testing Agency, Western Regional Examination Boards, the North East Regional Board, or the Council of Interstate Testing Agencies, Inc.

7. Forward a currently valid certification stating you are qualified to perform cardiopulmonary resuscitation.

8. 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.
NOTE: If you have not maintained an active practice in another U.S. jurisdiction, you will be required to take and pass one of the regional examinations; i.e., Central Regional Dental Testing Service (CRDTS), Southern Regional Testing Agency, Inc. (SRTA), Western Regional Examination Boards (WREB), the North East Regional Boards (NERB), or the Council of Interstate Testing Testing Agencies, Inc (CITA).

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 CT verifying current licensure in another U.S. jurisdiction must be submitted. You are authorized to photocopy this form if necessary. The licensing agency/board must return Supporting Document CT directly to you for inclusion with your application.

3. 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.

4. Supporting Document VE-DEN must be completed to provide documentation of active practice in another jurisdiction for at least 3 of the last 5 years. Direct the referent to return the form to you in a sealed envelope.

5. Submit proof of successful completion of 36 hours of continuing education relevant to the treatment and care of patients completed within 3 years prior to the application for restoration.

6. Submit copy of DD214 if restoring after active military service.

7. Forward a currently valid certification stating you are qualified to perform cardiopulmonary resuscitation.

8. 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.

9. 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.
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.

<table>
<thead>
<tr>
<th>PROFESSION NAME</th>
<th>PROFESSION CODE</th>
<th>LICENSURE METHOD</th>
<th>APPLICATION FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Hygienist</td>
<td>020</td>
<td>Acceptance of Examination</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>020</td>
<td>Endorsement of License</td>
<td>$ 300.00</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>020</td>
<td>Restoration</td>
<td>See Supporting Document RS</td>
</tr>
</tbody>
</table>

NOT APPLICABLE FOR DENTAL HYGIENIST
ENTER N/A IN PART VII a) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

NOT APPLICABLE FOR DENTAL HYGIENIST
ENTER N/A IN PART VII b) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

NOT APPLICABLE FOR DENTAL HYGIENIST
ENTER N/A IN PART VII c) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

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

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

1-800-560-6420
TTY - 1-866-325-4949

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.
# Application Checklist for Registered Dental Hygienist

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>Part</th>
<th>Information</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Application Category Information</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>II.</td>
<td>Applicant Identifying Information</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Education Information</td>
<td></td>
</tr>
<tr>
<td>IV.</td>
<td>Record of Licensure Information</td>
<td></td>
</tr>
<tr>
<td>V.</td>
<td>Record of Examination</td>
<td></td>
</tr>
<tr>
<td>VI.</td>
<td>Personal History Information</td>
<td></td>
</tr>
<tr>
<td>VII.</td>
<td>Examination Coding Information (if applicable)</td>
<td></td>
</tr>
<tr>
<td>VIII.</td>
<td>Child Support and/or Student Loan Information</td>
<td></td>
</tr>
<tr>
<td>IX.</td>
<td>Certifying Statement--Signed and Dated</td>
<td>SUBMITTED</td>
</tr>
</tbody>
</table>

### Application Fee

Before you mail your application, check the following items to make sure your application is complete!

<table>
<thead>
<tr>
<th>Supporting Document CCA</th>
<th>must be completed and submitted with each application. Your application will not be processed without completion of this form.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ED-DEN</strong> Form with seal and signature affixed; or official transcripts with seal affixed</td>
<td></td>
</tr>
<tr>
<td>Proof of National Board Grade Card requested (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Requested proof of passing one of the following examinations: (mark appropriate box(es):)</td>
<td></td>
</tr>
<tr>
<td>□ CRDTS □ NERB □ SRTA □ WREB □ CITA</td>
<td></td>
</tr>
<tr>
<td><strong>CT</strong> (Certification of Licensure) Form (original and current state)</td>
<td></td>
</tr>
<tr>
<td><strong>VE-DEN</strong> (Verification of Employment) Form (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Theoretical Examination (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Certification in Cardiopulmonary Resuscitation</td>
<td></td>
</tr>
<tr>
<td><strong>RS</strong> (Restoration) Form (restoration method only)</td>
<td></td>
</tr>
<tr>
<td>Certificate of Attendance (restoration only)</td>
<td></td>
</tr>
<tr>
<td>DD214 (restoration only)</td>
<td></td>
</tr>
</tbody>
</table>

All supporting documents must not be required. Please refer to application instructions for your specific method of licensure.
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 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: ____________________________________________________________

B. LICENSURE METHOD

☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
☐ 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 ☐ 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

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
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?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Received?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>OR G.E.D.?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td></td>
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</tbody>
</table>

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION
   __________/________/_______

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</td>
<td>No</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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 |

   | INSTITUTION NAME |
   | LOCATION (City and State or Country) |
   | DATES OF ATTENDANCE | Did You Complete Training? |
   | FROM | TO |
   | Month/Year | Month/Year |
   | Yes | No |

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 |
   | Yes | No |

   | Yes | No |

   | Yes | No |

   | Yes | No |

   | Yes | No |

   | Yes | No |

   | Yes | No |
### 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tbody>
</table>

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

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.  

2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.  

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.  

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.  

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.  

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.  

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

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? Yes ☐ No ☐  

   (NOTE: If you are not subject to a child support order, answer "no.")  

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."  

   Are you delinquent in the filing of state taxes? Yes ☐ No ☐  

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.
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

1. NAME LAST FIRST MIDDLE

2. ADDRESS STREET, CITY, STATE, ZIP CODE

3. PROFESSIONAL LICENSE NUMBER (if any)

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.

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

1) 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

2) 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

3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *
☐ Yes ☐ No

4) Are you currently charged with or have you been convicted of a forcible felony? *
☐ Yes ☐ No

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).

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, 1996.

(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.
**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 LAST FIRST MIDDLE</th>
<th>2. DATE OF BIRTH ___ / ___ / ___ / ___ / ___</th>
<th>3. SOCIAL SECURITY NUMBER ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___</th>
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<td>4. ADDRESS STREET, CITY, STATE, ZIP CODE</td>
<td>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</td>
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<td>6. MAIDEN OR GIVEN SURNAME</td>
<td>7. APPLICANT TELEPHONE NUMBER (Daytime)</td>
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<td>8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)</td>
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<td>8b. LICENSE NUMBER (If applicable)</td>
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<td>8c. ISSUANCE DATE OF LICENSE (If applicable)</td>
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I hereby authorize ________________________________ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

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

☐ 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

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

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<tr>
<th>Scaled Score</th>
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<th>Standard Deviation</th>
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<tr>
<th>National Mean</th>
<th>Percent Score</th>
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**A2.**

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<th>SCORE</th>
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**B. State Constructed Examination**

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<th>SCORE</th>
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<th>SUBJECT</th>
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<th>SCORE</th>
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### 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?  
- [ ] Yes  
- [ ] No

(If yes, attach a certified copy of disciplinary action.)

### 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**

**Signature**

**Agency/Board Street Address**

**City, State, ZIP Code**

**Area Code ( )**

**Date**

**Telephone Number**

---

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.
IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 25/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

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

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.

6. MAIDEN OR GIVEN SURNAME

7. NAME OF INSTITUTION ATTENDED

8. DATE OF GRADUATION / COMPLETION
Month Day Year

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.

Date

Signature of Applicant

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side. Return completed form to applicant. Pre-dated forms will not be accepted.

A. NAME OF INSTITUTION

B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE

C. DEPARTMENT OF INSTITUTION

D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT

E. MAJOR AREA OF STUDY OF THE APPLICANT

F. APPLICANT WAS (CHECK ONE):

☐ Full-time ☐ Part-time

G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE)

☐ ______ Semester Hours ☐ ______ Quarter Hours

☐ ______ Course Hours

H. DATES OF ATTENDANCE
From __ __ /__ __ /__ __ __ __ To __ __ /__ __ /__ __ __ __
Month Day Year

I. Total academic years attended

☐ OR

Total calendar years attended

J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., Ph.D.)

K. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE

☐ Applicant graduated on __ __ /__ __ /__ __ __ __
Month Day Year

L. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:
I certify that the information recorded herein is true and correct according to the official records of this institution. I also certify that the applicant has achieved the same level of scientific knowledge and clinical competence as required of all graduates 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

RETURN THIS FORM TO APPLICANT