



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

**INSTRUCTIONS FOR FILING A PETITION FOR REVIEW
OF YOUR PERMANENT DENIAL/REVOCAION**

In response to your request for review of your permanent denial/revocation, attached is a Petition for Review form that must be completed in accordance with 20 ILCS 2105/2105-165. You must meet **ALL** of the following requirements in order for the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation (“Department”) to consider your petition:

1. Be a health care worker as defined in 68 IAC1130.110;
2. Have a prior forcible felony conviction, that does not include:
 - a. felonies requiring registration under the Sex Offender Registration Act,
 - b. involuntary sexual servitude of a minor, or
 - c. criminal battery against any patient in the course of patient care or treatment; **AND**
3. Meet the **later** of these two timeframes:
 - a. Your date of conviction must be more than five (5) years ago, **OR**
 - b. Your date of release from confinement must be more than three (3) years ago.

If you meet the above requirements, you must:

- ✓ Include all information requested in the form
- ✓ Attach a **certified** copy of conviction (*this must be obtained from the courthouse where you were convicted*)
- ✓ Attach documentation of your release from confinement date
- ✓ Attach any other documentation that may be relevant
- ✓ Sign the form
- ✓ Forward the completed form to:

Illinois Department of Financial & Professional Regulation
Clerk of the Court
James R. Thompson Center
100 West Randolph Street, Suite 9-300
Chicago, Illinois 60601

As the Petitioner, you have the burden to prove that you have been rehabilitated and your license should be issued or restored. Each Petitioner has the right to retain an attorney to represent him/her in this matter and the Department strongly encourages you to seek counsel from an attorney.

Please see the **Frequently Asked Questions** (FAQs) available on the Department’s website idfpr.com for more information regarding the Petition for Review process.

Other Required Information

List any prior adverse licensure action(s) taken against you, including date imposed, by **any** government agency of **any** state or jurisdiction or **any** of the armed forces of the United States:

List any prior adverse action(s) taken against you, including dates imposed, by hospitals, health care facilities, residency programs, employers, or insurance providers:

List any prior Petition(s) for Review of licensure denial or revocation you have filed, including dates and whether the Petition(s) was granted or denied:

List any corrective action(s) you have taken, treatment sought, or evidence of other rehabilitation since your conviction(s) which would bear upon your request for review of licensure:

Other Required Information

Please provide all dates and types of employment you have held for the past 5 years:

Please provide a statement about your future plans if your license is granted or restored:

CERTIFICATION

Under penalty of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I certify that this Petition for Review and the information herein are true and accurate.

Signature:

Date: