

# INSTRUCTION SHEET

## Licensed Acupuncturist

- Acceptance of Examination  
Endorsement  
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 these instructions and then follow the directions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **All Illinois Acupuncturist licenses will expire on June 30 of odd numbered years.**

No person licensed under this Act may treat human ailments otherwise than by the practice of acupuncture as defined in the Act. A physician or dentist licensed in Illinois may practice acupuncture.

You may apply for licensure under one of the following application methods: Acceptance of Examination, Endorsement of License or Restoration. All applicants must complete the 4-page Application for Licensure and/or Examination and submit it with the supporting documents required by the appropriate method of application. AN APPLICANT HAS THREE YEARS FROM THE DATE OF APPLICATION TO COMPLETE THE APPLICATION PROCESS. IF THE PROCESS HAS NOT BEEN COMPLETED IN THREE YEARS, THE APPLICATION SHALL BE DENIED, THE FEE SHALL BE FORFEITED, AND THE APPLICANT MUST REAPPLY AND MEET THE REQUIREMENTS IN EFFECT AT THE TIME OF REAPPLICATION.

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## General Instructions

*~For Assistance~*

*Call the **Department of Financial and Professional Regulation** at one of the following numbers and state that you are applying to become licensed as a Licensed Acupuncturist and need help with your application:*

**1-800-560-6420**

**TTY - 1-866-325-4949**

*You may obtain copies of the Act and Rules by calling:*

**1-800-560-6420**

**OR**

*by accessing the Department Web site:*

**[www.idfpr.com](http://www.idfpr.com)**

1. All applicants must complete the 4-page Application for Licensure and/or Examination and submit the supporting documents required for your method of licensure. Following, you will find instructions detailing completion of the application and the required supporting documentation. The methods of licensure under which you may apply include: ACCEPTANCE OF EXAMINATION, ENDORSEMENT, AND RESTORATION. See page 3 to choose the appropriate method under which you must apply.
2. All areas of the application that require a signature must contain an original signature. A stamped signature is not acceptable.
3. The application must be completed by typing or printing in black ink.
4. Fees which must accompany your application are **NOT REFUNDABLE**.
5. If the name shown on your application is different than that shown on any documentation, you must submit a photocopy of a legal name change such as a marriage license, divorce decree or court order.
6. Documents submitted in a foreign language must be accompanied by an original official, 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 must certify to the above requirements as well as to the accuracy of the translation.
7. When the accuracy of any submitted documentation or experience is questioned by the Department or the Board because of lack of information; discrepancies; conflicts in information given; or, a need for clarification arises, you shall be requested to:
  - a. Provide such information as may be necessary; and/or
  - b. Appear for an interview before the Board.

## 4-Page Application for Licensure

*~For Assistance~*

Call the **Department of Financial and Professional Regulation** at one of the following numbers and state that you are applying to become licensed as a Licensed Acupuncturist and need help with your application:

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

You may obtain copies of the Act and Rules by calling:

**1-800-560-6420**

**OR**

by accessing the  
Department Web site:

**[www.idfpr.com](http://www.idfpr.com)**

*Send Application and Supporting Documents to:*

**Illinois Department of Financial and Professional Regulation**  
**Attn: Division of Professional Regulation**  
**P.O. Box 7007**  
**Springfield, Illinois 62791**

***Fee--Payment must be in the form of a check or money order made payable to:***

***Department of Financial and Professional Regulation***

*Please allow 45 days from mailing your application before making an inquiry concerning its status.*

Complete the four-page Application for Licensure and/or Examination as follows:

1. Part IA - Application Category Information--Select method of application and complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Licensed Acupuncturist	198	Acceptance of Examination	\$500
Licensed Acupuncturist	198	Endorsement of Licensure	\$500
Licensed Acupuncturist	198	Restoration	*

\*See Supporting Document RS for fee amount.

2. Part IB - Check the box indicating the appropriate information regarding your application.
3. Part II - Applicant Identifying Information--Enter all applicable information requested. On number 3, Social Security Number is mandatory.
4. Part III - Education Information
  - a. Numbers 1 through 5--Enter all applicable information requested.
  - b. Number 6--Itemize all university/college coursework since graduation from high school. Please indicate beginning and ending dates by month and year.
5. Part IV - Record of Licensure Information--Individuals licensed in a U.S. jurisdiction, foreign country or province must state whether or not they have ever held licensure to practice as an acupuncturist.
6. Part V - Record of Examination--Must be completed by all applicants.
7. Part VI - Personal History Instructions--Must be completed by all applicants.
8. Part VII - Examination Coding Information--Not applicable.
9. Part VIII - Child Support Information--Must be completed by all applicants.
10. Part IX - Certifying Statement--Read the certifying statement and then sign and date your application.

## Acceptance of Examination

*Send Application and  
Supporting Documents to:*

**Illinois Department of Financial  
and Professional Regulation  
Attn: Division of Professional  
Regulation  
P.O. Box 7007  
Springfield, Illinois 62791**

*Fee--Payment must be in the form  
of a check or money order made  
payable to:*

***Department of Financial and  
Professional Regulation***

*Please allow **45 days** from mailing  
your application before making an  
inquiry concerning its status.*

To apply for licensure as an Acupuncturist on the basis of acceptance of examination, submit all of the following:

1. Properly completed 4-page Application for Licensure and/or Examination. (See page 3)
2. Supporting Document CCA which is required pursuant to ILCS 2105-165(a).
3. Proof of graduation from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), or completion of a comprehensive educational program approved by the Department.
4. Proof of passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or a substantially equivalent examination approved by the Department.
5. Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine.
6. **Supporting Document CT** - Certification of original and current licensure which verifies the time you were licensed in that jurisdiction, whether there has been disciplinary action taken or pending, and the license number. Form may be photocopied.
7. Application fee of \$500. Fee must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **The fee is NON-REFUNDABLE.**

When the accuracy of any submitted documentation or experience is questioned by the Department or the Board because of lack of information; discrepancies; conflicts in information given; or, a need for clarification arises, you shall be requested to:

- a. Provide such information as may be necessary; and/or
- b. Appear for an interview before the Board.

## Endorsement of Licensure

To apply for licensure as an Acupuncturist on the basis of endorsement, submit all of the following:

*Send Application and Supporting Documents to:*

**Illinois Department of Financial and Professional Regulation**  
**Attn: Division of Professional Regulation**  
**P.O. Box 7007**  
**Springfield, Illinois 62791**

*Fee--Payment must be in the form of a check or money order made payable to:*

**Department of Financial and Professional Regulation**

*Please allow 45 days from mailing your application before making an inquiry concerning its status.*

1. Properly completed 4-page Application for Licensure and/or Examination. (See page 3).
2. Supporting Document CCA which is required pursuant to ILCS 2105-165(a).
3. **Supporting Document CT** - Certification of original/current licensure that verifies the time you were licensed in that jurisdiction, whether there has been disciplinary action taken or pending, and the license number. Form may be photocopied as needed.
4. Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine.

ADDITIONALLY, applicants must meet the requirements of 5, 6 or 7 below.

5. **Applicants licensed prior to January 1, 2000 must submit one (1) of the following:**
  - a. Proof of passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or another examination that has been approved by the Department;

**OR**

- b. Current certification from the National Commission for the Certification of Acupuncture and Oriental Medicine;

**OR**

- c. Proof of graduation from a formal full-time acupuncture program consisting of a minimum of 1,350 hours of entry level acupuncture education (including at least 500 hours of clinic). Acceptable proof shall be an official original transcript of grades directly from the college.

**OR**

- d. **Supporting Document VE-APP** - This form shall verify completion of an apprenticeship, signed by the preceptor, of at least 4,000 contact hours in acupuncture techniques in a 3 to 6-year period. The preceptor must have had at least 5 years experience prior to the beginning of the apprenticeship and his or her practice must include the use of acupuncture as a primary means of treatment with a minimum of 100 different patients and 500 patient visits per year during the apprenticeship. A copy of the preceptor's curriculum vitae shall accompany the application.

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**Endorsement  
(cont'd)**

OR

- e. **Supporting Document VE-AC** - This form shall verify the practice of acupuncture as a primary means of treatment for at least 5 additional years (a total of a minimum of 8 years) that includes the use of acupuncture in general practice with a minimum of 100 different patients and 500 patients visits per year. In addition, five affidavits (**Supporting Document VCE**) attesting to 5 years of practice from peers or colleagues shall accompany the application. The **VCE** form may be photocopied.
6. **Applicants licensed after January 1, 2000, but before January 1, 2002, must submit one (1) of the following:**
- a. Proof of passage of the National Commission for the Certification of Acupuncturists (NCCA) or National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or another examination that has been approved by the Department;
- OR**
- b. Current certification from the National Commission for the Certification of Acupuncture and Oriental Medicine.
7. **Applicants licensed after January 1, 2002, must submit both of the following:**
- b. Proof of graduation from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM); or completion of a comprehensive educational program approved by the Department;
- AND**
- b. Proof of passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or a substantially equivalent examination approved by the Department.
8. Fee of \$500. Fee must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **The fee is NOT REFUNDABLE.**

When the accuracy of any submitted documentation or experience is questioned by the Department or the Board because of lack of information given; or, a need for clarification arises, you shall be requested to:

- a. Provide such information as may be necessary; and/or
- b. Appear for an interview before the Board.

## RESTORATION

**IMPORTANT NOTICE:** These Restoration Instructions apply only to those acupuncturists 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 at 1-800-560-6420 for detailed instructions on how to restore it to active status.**

*Send Application and Supporting Documents to:*

**Illinois Department of Financial and Professional Regulation  
Attn: Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791**

*Fee--Payment must be in the form of a check or money order made payable to:*

**Department of Financial and Professional Regulation**

*Please allow 45 days from mailing your application before making an inquiry concerning its status.*

If you wish to restore your license, the following supporting documents must be submitted **with the 4-page application and required fee.**

1. **RS (Restoration of Licensure)**--This form must be completed in its entirety. 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.
2. Proof of completion of 30 continuing education hours (CE) during the 2 years prior to restoration application.
3. Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine within the last 5 years.

4. And either:

- a. **DD214**--If restoring after active military service, submit a copy of this form;

OR

- b. **CT (Certification of Active Practice in Another Jurisdiction)**--This document must be completed by the jurisdiction where you have most recently been practicing;

OR

- c. Proof of passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or another examination that has been approved by the Department *within 2 years of the restoration application; or*
- d. Submit evidence of recent attendance at educational programs in acupuncture, including attendance at college level courses, professionally oriented continuing education classes, or any other similar program. The Department will accept, *but not be limited to:*
  - i. applicant whose license has lapsed 5 to 10 years, 90 hours of continuing education relating to the clinical aspects of acupuncture within 2 years of restoration application.
  - ii. applicant whose license has lapsed for 10 years or more, 120 hours of continuing education relating to the clinical aspects of acupuncture within 2 years of restoration application.

## 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.*

### Licensure Methods

### Definition

Examination

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.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

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.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.



# 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.**"

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"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.**"

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Acupuncturists

*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!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
Supporting Document <b>CCA</b>	
<b>CT</b> Form (Certificate of Licensure) from the jurisdictions of original and current licensure	
<b>Official acupuncture program transcript</b> verifying graduation	
Copy of Clean Needle Technique certificate ( <b>CNT</b> )	
NCCAOM exam scores and valid NCCAOM certification	
<b>If licensed prior to 01/01/2000:</b> In lieu of exam and transcript, you may submit: <b>VE-APP</b> Form or <b>VE-AC</b> Form	
<b>RS</b> Form (restoration only)	
<b>CE</b> requirement--copies of certificates verifying a minimum of 30 hours of CE credits (restoration only)	
<b>CT</b> Form; or <b>DD214</b> ; or proof of completion of NCCAOM exam or educational program (restoration only)	

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

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

**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.

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. 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  \$ _____
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |   |  |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.<br><br><input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.<br><br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.<br><br><input type="checkbox"/> 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.  ____-____-____
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4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY  _____	ZIP CODE  ____-____	COUNTY  _____
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5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY  _____	ZIP CODE  ____-____	COUNTY  _____
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME  _____
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8. PLACE OF BIRTH CITY STATE/COUNTRY  _____	9. DATE OF BIRTH ____/____/____ Month Day Year	10. AGE  <input type="checkbox"/> Female <input type="checkbox"/> Male
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____ Home: (____) _____ - _____ (Area Code) (Area Code) Fax: (____) _____ - _____ Fax: (____) _____ - _____ (Area Code) (Area Code)	12. <b>REQUIRED</b> E-MAIL ADDRESS  _____
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**NAME (Last, First, MI):**

**SS#:**

**Profession:**

<b>PART III: Education Information</b>				
1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)				
<b>1 2 3 4 5 6 7 8 9 10 11 12</b>	Graduated High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received OR G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION _____ / _____ Year		
5. COLLEGE OR UNIVERSITY (Circle number of years completed)				
<b>1 2 3 4 5 6 7 8</b>	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI):

SS#:

Profession:

**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.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

*(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.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*

PART VI: Personal History Information (This part must be completed by all applicants)	YES	NO
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. <i>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.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
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? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
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? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)
<p>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. <b>Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</b></p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>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."</p> <p>Are you delinquent in the filing of state taxes? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PART VIII: Certifying Statement
<p>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.</p> <p>_____</p> <p style="text-align: center;">Signature of Applicant</p> <p>_____</p> <p style="text-align: center;">Date</p> <p><b>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b> 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.</p>

**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

SUPPORTING DOCUMENT

# CCA

1. NAME      LAST                  FIRST                  MIDDLE

3. PROFESSIONAL LICENSE NUMBER (if any)  
\_\_\_\_\_ - \_\_\_\_\_

2. ADDRESS      STREET, CITY, STATE, ZIP CODE

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.**

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

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? = = | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? *  | <input type="checkbox"/> | <input type="checkbox"/> |

*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).

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.



## \* 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

SUPPORTING DOCUMENT

# CT

**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.**

1. NAME LAST                      FIRST                      MIDDLE _____ / _____ / _____ Month                      Day                      Year	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.  <div style="display: flex; justify-content: space-between;"> <span>_____ Profession Name</span> <span>_____ Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME _____	7. APPLICANT TELEPHONE NUMBER (Daytime)  Area Code ( _____ ) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable) _____	8b. LICENSE NUMBER (If applicable) _____	8c. ISSUANCE DATE OF LICENSE (If applicable) _____

I hereby authorize \_\_\_\_\_ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.  
Name of Licensing Agency or Board

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**

<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) Acceptance of Examination Results _____ (Administered in Another State)	<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____
---	---

<b>F. CURRENT LICENSURE STATUS</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	<b>G. IF LICENSED BY EXAMINATION, RECORD SCORES</b> <table style="width: 100%;"> <tr> <td>Type of Examination</td> <td style="text-align: right;">Score</td> </tr> <tr> <td>Written</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Practical</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2">Received no Grade Below _____</td> </tr> <tr> <td>Examination Period _____ days _____ hours</td> <td></td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____	_____	Received no Grade Below _____		Examination Period _____ days _____ hours	
Type of Examination	Score												
Written	_____												
Practical	_____												
Other (Describe) _____	_____												
Received no Grade Below _____													
Examination Period _____ days _____ hours													

**PART III - CERTIFICATION OF EXAMINATION SCORES**

A1. National or other Profession Specific Examination  
*(Record all available information)*

Date of Examination \_\_\_\_\_

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

**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.

<b>SEAL</b>		Print Name		Signature
		Title		Date
		Agency/Board Street Address		Area Code (     )
		City, State, ZIP Code		Telephone Number

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

**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**

**NAME (Last, First, MI):**

**SS#:**

**Profession:**