INSTRUCTION SHEET

DENTIST
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 DATE OF RECEIPT. If you are issued a license, please be advised that your license will expire on September 30 every three (3) years.

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 BOTH Pre-Dental and Dental Education in PART III, number 6, 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 and one of the following examinations: i.e., CRDTs, SRTA, WREB, NERB, and CITA.

c) DO NOT COMPLETE PART VII (page four) of the Application for Licensure and/or Examination.

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

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, telephone numbers for assistance in completing the Application Package are provided on the REFERENCE SHEET.

NOTICE

The Illinois Controlled Substances Act requires a separate registration for each place of business or professional practice where controlled substances are located or stored. A separate registration is not required for every location at which a controlled substance may be prescribed. Enclosed is an application for controlled substance licensure.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
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.

Complete and return this application and all supporting documents when you have been notified that you have successfully completed both the National Board and one of the following:

a. The North East Regional Board (NERB). The passing score accepted by the Department shall be the passing score established by the testing entity.
b. The Central Regional Dental Testing Service (CRDTS). The passing score accepted by the Department shall be the passing score established by the testing entity.
c. The Southern Regional Testing Agency, Inc. (SRTA). The passing score accepted by the Department shall be the passing score established by the testing entity.
d. The Western Regional Examination Boards (WREB). The passing score accepted by the Department shall be the passing score established by the testing entity.
e. 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.

Proof of passage of the restorative, periodontal, prosthodontic and endodontic portions of the examination is required.

NOTE: Illinois requires that examination scores be submitted to this office directly from the reporting entity. Be advised that scores submitted by the applicant will not be accepted and may cause a delay in processing your application for licensure.

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 Certification of Education (ED-DEN) must be completed by the dean or registrar of the dental school from which you graduated and must have school seal affixed.
3. If you are a foreign educated dentist, you are required to present satisfactory evidence of graduation of dental education from the dental college or school located outside the United States or Canada.
You are also required to submit satisfactory evidence of completing a minimum of 2 academic years of general dental clinical training at a dental college or school in the United States or Canada approved by the Department; however, an accredited advanced dental education program approved by the Department of no less than 2 years may be substituted for the 2 academic years of general dental clinical training and an applicant who was enrolled for not less than one year in an approved clinical program prior to January 1, 1993 at an Illinois dental college or school shall be required to complete only that program.
The applicant must have received certification from the dean of an approved dental college or school in the United States or Canada or the program director of an approved advanced dental education program stating that the applicant has achieved the same level of scientific knowledge and clinical competence as required of all graduates of the college, school, or advanced dental education program.
4. If you have ever held a license in this profession, the Certification by Licensing Agency/Board (CT) form must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing.
You must direct the licensing agency/board to return the completed form to you for inclusion with your application.
5. 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 the address indicated in Number 8 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 No. 8 below.
7. Fee payment amount is indicated on the REFERENCE SHEET, CHART I. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
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.
Any person who is so licensed to practice dentistry in another state or territory, and who has been lawfully engaged in the practice of dentistry 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 dentistry 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. The Certification of Education (ED-DEN) must be completed by the dean or registrar of the dental school from which you graduated and must have school seal affixed.

3. If you are a foreign educated dentist, you are required to present satisfactory evidence of graduation of dental education from the dental college or school located outside the United States or Canada.

You are also required to submit satisfactory evidence of completing a minimum of 2 academic years of general dental clinical training at a dental college or school in the United States or Canada approved by the Department; however, an accredited advanced dental education program approved by the Department of no less than 2 years may be substituted for the 2 academic years of general dental clinical training and an applicant who was enrolled for not less than one year in an approved clinical program prior to January 1, 1993 at an Illinois dental college or school shall be required to complete only that program.

The applicant must have received certification from the dean of an approved dental college or school in the United States or Canada or the program director of an approved advanced dental education program stating that the applicant has achieved the same level of scientific knowledge and clinical competence as required of all graduates of the college, school, or advanced dental education program.

4. The Certification by Licensing Agency/Board (CT) must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You may photocopy this form if necessary. You must direct the licensing agency/board to return completed form CT to you for inclusion with your application.

5. The Verification of Employment/Experience (VE-DEN) must be completed by a licensed dentist(s) to provide documentation that you have been lawfully engaged in the practice of dentistry for at least three of the five years immediately preceding the filing of the application to practice. Direct your employer to forward the completed form to you in a sealed envelope.

6. 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 the address indicated in number 10 below.

7. Instruct the reporting entity to forward directly to the address indicated in number 10 below, proof of having completed their examination: Central Regional Dental Testing Service, Southern Regional Testing Agency, Inc., Western Regional Examination Boards, North East Regional Board, or the Council of Interstate Testing Agencies, Inc.


9. Fee payment amount is indicated on the REFERENCE SHEET, CHART I. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.

10. 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.
These Restoration Instructions apply only to those dentists 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.

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 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.)

3. Supporting Document CT must be completed by the U.S. jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return completed form CT to you for inclusion with your application.

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

5. Submit proof of successful completion of 48 hours of continuing education relevant to the treatment and care of patients completed within 3 years prior to the restoration application.

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


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 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>Dentist</td>
<td>019</td>
<td>Acceptance of Examination</td>
<td>$250.00</td>
</tr>
<tr>
<td>Dentist</td>
<td>019</td>
<td>Endorsement of License</td>
<td>$750.00</td>
</tr>
<tr>
<td>Dentist</td>
<td>019</td>
<td>Restoration</td>
<td>See Page 1 of application</td>
</tr>
</tbody>
</table>

CHART II - EXAMINATION CODES AND FEES

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

CHART III - EXAMINATION DATES AND LOCATION

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

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR DENTIST
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 Licensed Dentist

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

### Supporting Documents

- Application / Fee
  
- **Supporting Document CCA** must be completed and submitted with each application. Your application will not be processed without completion of this form.
  
- **ED-DEN** Form with seal and signature affixed; and official transcripts with seal affixed
  
- **CT** (Certification of Licensure) Form (*original* and *current* state)
  
- Proof of current BLS (Basic Life Support) Certificate
  
- Proof of National Board grade card requested (if applicable)
  
- Proof of Regional Dental Examination requested (if applicable)
  
- **CRDTS**  **NERB**  **SRTA**  **WREB**  **CITA**
  
- **VE-DEN** (Verification of Employment) Form (Endorsement / Restoration only)
  
- Proof of Name Change (if applicable)
  
- **RS** (Restoration) Form (restoration method only)
  
- **DD214** (restoration method only) if applicable
  
- Certificate of Attendance(s) for Continuing Education (restoration method only)

All supporting documents *may 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. 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

B. 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: __________________________

☐ 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 #6 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: (___ ___) ___ ___ ___ ___ ___ ___
    Home: (___ ___) ___ ___ ___ ___ ___ ___
    Fax: (___ ___) ___ ___ ___ ___ ___ ___
    Fax: (___ ___) ___ ___ ___ ___ ___ ___

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 High School?</td>
<td>☐ Yes ☐ No</td>
<td>Received OR G.E.D.?</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **NAME OF LAST PRELIMINARY SCHOOL ATTENDED**

3. **LAST PRELIMINARY SCHOOL LOCATION** (City and State)

4. **DATE OF GRADUATION**
   
   - Month / __ Year

5. **COLLEGE OR UNIVERSITY** (Circle number of years completed)
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated?</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **COLLEGE OR UNIVERSITY NAME**
   
   **INSTITUTION NAME**
   
   **LOCATION** (City and State or Country)
   
   **DATES OF ATTENDANCE**
   
   **FROM** | **TO**
   
   | Month/Year | Month/Year |

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

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

---

IL486-1019

APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 2 of 4
### PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

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

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

### PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS (Passed, Failed, Absent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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. Are you more than 30 days delinquent in complying with a child support order? Yes No

2. 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
- Advanced Practice Nurses
- Athletic Trainers
- Audiologists
- Clinical Psychologists
- Clinical Social Workers
- Dental Hygienists
- Dentists
- Genetic Counselors
- Licensed Clinical Professional Counselors
- Licensed Practical Nurses
- Licensed Social Workers
- Marriage and Family Therapists
- Medication Aide
- Naprapaths
- Nursing Home Administrators
- Occupational Therapists
- Occupational Therapy Assistants
- Optometrists
- Orthotists
- Pedorthists
- Perfusionists
- Pharmacists
- Physical Therapists
- Physical Therapy Assistants
- Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.)
- Physician Assistants
- Podiatrists
- Professional Counselors
- Prosthetists
- Registered Nurses
- Registered Surgical Assistants
- Registered Surgical Technologists
- Respiratory Care Practitioners
- Speech Pathologists

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

In order for your application to be evaluated, you must respond to each of the following questions:

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

An attempt to commit any of these offenses.

(1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:

10-1 (kidnapping),
10-2 (aggravated kidnapping),
10-3 (unlawful restraint),
10-3.1 (aggravated unlawful restraint).

(1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.7) (Blank).

(1.8) A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

(1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:

10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
11-6.5 (indecent solicitation of an adult),
11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
11-16 (pandering, if the victim is under 18 years of age),
11-18 (patronizing a prostitute, if the victim is under 18 years of age),
11-19 (pimping, if the victim is under 18 years of age).

(1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:

11-9 (public indecency for a third or subsequent conviction).

(1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

(2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.
A “forcible felony”, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

a) First Degree Murder (Section 9-1);
b) Intentional Homicide of an Unborn Child (Section 9-1.2);
c) Second Degree Murder (Section 9-2);
d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
e) Drug-induced Homicide (Section 9-3.3);
f) Kidnapping (Section 10-1);
g) Aggravated Kidnapping (Section 10-2);
h) Unlawful Restraint (Section 10-3);
i) Aggravated Unlawful Restraint (Section 10-3.1);
j) Forcible Detention (Section 10-4);
k) Involuntary Servitude (Section 10-9(b));
l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
m) Trafficking in Persons (Section 10-9(d));

n) Criminal Sexual Assault (Section 11-1.20);
o) Aggravated Criminal Sexual Assault (Section 11-1.30);
p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);

q) Criminal Sexual Abuse (Section 11-1.50);
r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
s) Aggravated Battery (Section 12-3.05);
t) Compelling Organization Membership of Persons (Section 12-6.5);
u) Compelling Confession or Information by Force or Threat (Section 12-7);
v) Home Invasion (Section 12-11);
w) Robbery (Section 18-1);
x) Armed Robbery (Section 18-2);
y) Vehicular Hijacking (Section 18-3);
z) Aggravated Vehicular Hijacking (Section 18-4);

aa) Aggravated Robbery (Section 18-5);
bb) Terrorism (Section 29D-14.9);
cc) Causing a Catastrophe (Section 29D-15.1);

dd) Possession of a Deadly Substance (Section 29D-15.2);
eee) 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.
**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</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>2. DATE OF BIRTH</th>
<th>3. SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Month / Day / Year</td>
<td>_____________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>_____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. ADDRESS STREET, CITY, STATE, ZIP CODE</th>
<th>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Profession Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. MAIDEN OR GIVEN SURNAME</th>
<th>7. APPLICANT TELEPHONE NUMBER (Daytime)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Area Code (___ ___ ___) ___ ___ ___ ___</td>
</tr>
</tbody>
</table>

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.

Signature ____________________________ Date ____________________________

**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.

**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

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

Received no Grade Below ____________________________

Examination Period _____ days _____ hours
### PART III - CERTIFICATION OF EXAMINATION SCORES

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

- **Scaled Score**: 
- **Raw Score**: 
- **Standard Deviation**: 
- **Corrected Score**: 
- **National Mean**: 
- **Percent Score**: 

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

B. State Constructed Examination

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

### PART IV - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant?  
   - [ ] Yes  
   - [ ] No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation?  
   - [ ] Yes  
   - [ ] No

### PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

__________________________
Print Name

__________________________
Title

__________________________
Agency/Board Street Address

__________________________
City, State, ZIP Code

__________________________
Signature

__________________________
Area Code ( )

__________________________
Date

__________________________
Telephone Number

**SEAL**

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**  

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.**

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Profession Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **MAIDEN OR GIVEN SURNAME**

7. **NAME OF INSTITUTION ATTENDED**

8. **DATE OF GRADUATION / COMPLETION**

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 ___ / ___ / ___ ___

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
**VERIFICATION OF EMPLOYMENT / EXPERIENCE**

**APPLICANT:** Complete the applicant section of this form. Per Instruction Sheet, forward the form to the Dentist(s) who can verify that you have been lawfully engaged in the practice of dentistry or dental hygiene for at least 3 of the 5 years immediately preceding the filing of the application.

1. **NAME** LAST FIRST MIDDLE
2. **DATE OF BIRTH** __ __ / __ __ / __ __ __ __
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.
   
   Profession Name: __ __ __
   Profession Code: __ __ __

6. **MAIDEN OR GIVEN SURNAME**
7. **CURRENT LICENSE NUMBER AND REGISTRATION STATE** (If Applicable)

**REFERENT:** Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.

**PART I - DENTIST / DENTAL HYGIENIST INFORMATION**

A. **NAME**
B. **BUSINESS / INSTITUTION ADDRESS OF APPLICANT’S EMPLOYMENT/EXPERIENCE**

C. **EMPLOYER OR CO-WORKER LICENSE NUMBER** (If Applicable)
D. **BUSINESS ADDRESS** STREET CITY STATE ZIP CODE

E. **YOUR RELATIONSHIP TO APPLICANT**
   - [ ] Employer
   - [ ] Co-Worker
   - [ ] Personal Acquaintance

**PART II - APPLICANT EMPLOYMENT INFORMATION**

A. **PROFESSIONAL PRACTICE IN WHICH APPLICANT WAS ENGAGED.**
   - [ ] Dentist
   - [ ] Dental Hygienist

B. **TIME DURING WHICH YOU KNEW APPLICANT TO BE PRACTICING THE PROFESSION**
   
   From __ __ / __ __ / __ __ __ __ To __ __ / __ __ / __ __ __ __
   Month Day Year Month Day Year

C. **RECORD ANY ADDITIONAL COMMENTS YOU WISH TO MAKE REGARDING THE APPLICANT’S EMPLOYMENT / EXPERIENCE.**

---

I do hereby declare that the information I have recorded is true and correct.

________________________
Referent Residential Street Address

________________________
City, State, Zip Code

________________________
Signature

________________________
Date
If you hold a non-renewed controlled substances registration, you must reinstate that registration. Do not apply for a new registration.

To expedite the processing of your controlled substances application, **SUBMIT THE APPLICATION AND FEE WITH YOUR PROFESSIONAL APPLICATION.**

Every person who prescribes and/or stores and dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.

A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or dispensed.

1. If you do not properly complete Parts I through VII (front and back) of the application, the application will be returned to you and licensure will be delayed.

2. It is **mandatory** that the permanent mailing address and/or business address be a street address. **P.O. boxes are not acceptable.** Your Controlled Substances registration must be issued to a street address.

3. If your professional application is pending, write "pending" in Part IV. A controlled substances registration **will not** be issued until your professional license has been issued. A controlled substances registration **will not** be issued to individuals holding a temporary license.

4. You **must** circle the drug schedules for which you are applying in Part III.

5. You **must** complete and submit the CCA Form. Your application will not be processed without completion of this form.

6. Submit the $5 application fee. Make check or money order payable to the Department of Financial and Professional Regulation (IDFPR). The fee is **non-refundable.** Mail the completed application and fee to:

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

A State controlled substances registration is a **prerequisite** for Federal controlled substances registration. The address on your Illinois controlled substances registration must be exactly the same address as your Federal registration. For information concerning Federal registration, you must contact:

   Drug Enforcement Administration  
   230 South Dearborn, Suite 1200  
   Chicago, Illinois 60604  
   Telephone: 312/353-7875  
   Web site: [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).
PART I: Application Category Information

1. PROFESSION NAME

   Controlled Substances

2. PROFESSION CODE - Check applicable box

   ☐ 319 Dentist
   ☐ 316 Podiatrist
   ☐ 336 Physician
   ☐ 346 Optometrist
   ☐ 390 Veterinarian

3. LICENSURE METHOD

   Registration

4. FEE

   $5

PART II: Applicant Identifying Information

1. NAME LAST FIRST MIDDLE

2. TITLE (e.g., M.D., O.D., etc.)

3. UNITED STATES SOCIAL SECURITY NO.

   __ __ __ __ __ __ __

4. PERMANENT MAILING ADDRESS

   CITY

   STATE/COUNTRY

   ZIP CODE

   COUNTY

5. NAME OF BUSINESS AND LOCATION (STREET / CITY / STATE / ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED

6. If you will not be storing or dispensing controlled substances, check the box below. Your license will be issued to your permanent mailing address.

   ☐ I will not be storing or dispensing controlled substances, including samples.

7. MAIDEN OR GIVEN Surname, or any name(s)

8. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY

   Work ( ) ____________ FAX ( ) ____________

   Area Code

   Area Code

   Home ( ) ____________ FAX ( ) ____________

   Area Code

   Area Code

PART III: Drug Schedule

Circle the schedules for which you are applying:

II III IV V

PART IV: Professional Activity

Practitioner—Check and complete one of the following:

Professional License Number

☐ Dentist 019 - ___________________

☐ Optometrist 046 - ___________________

☐ Physician 036 - ___________________

☐ Podiatrist 016 - ___________________

☐ Veterinarian 090 - ___________________
### PART V: Personal History Information

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Has your authority to prescribe or dispense controlled substances granted by either the U.S. Drug Enforcement Administration (DEA) or any state/territory of the U.S. (including Illinois) ever been voluntarily or involuntarily reduced, limited, placed on probation, relinquished, denied, revoked or suspended or otherwise disciplined? You must answer yes if any of the above actions are currently pending or if you have withdrawn or failed to proceed with an application for any controlled substances license. If yes, attach a separate sheet with complete and accurate explanation and certified documentation from the appropriate entity regarding the action.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART VI: Child Support and/or Student Loan Information

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

   Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.")

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

   Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### PART VII: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

_______ Date of Application ________ Signature of Applicant __________

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.

Application must be completed in its entirety. If not completed, it will be returned to the address noted on front of application.