INSTRUCTION SHEET

FOR MAKING APPLICATION UNDER PROVISIONS OF THE
ILLINOIS FUNERAL DIRECTORS AND EMBALMERS LICENSING CODE
FUNERAL DIRECTOR AND EMBALMER INTERNS

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, 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. All Illinois Funeral Director and Embalmer Intern licenses expire on
May 31 of every odd-numbered year.

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

NOTE: a) Effective June 1, 1991, all new licenses issued under the Illinois Funeral Director and
Embalmer Act shall be combined licenses. Licensed Funeral Director and Embalmer In-
terns MUST accomplish their internship under the supervision of a person who holds a
combined Illinois Funeral Director and Embalmer license.
b) An internship shall not commence prior to official notification from the Division which
will provide the issuance date of the Intern License. Only training accomplished on
or after the issuance date of the Intern License will be credited toward fulfillment of
requirements for permanent licensure.
c) If your Intern License cannot be renewed and you have not received one year of licensed
internship, you must make new application and qualify under the current Act and Rules.
No credit is allowed for examinations previously passed or for training previously
earned. Follow all instructions for Licensure Method - Non-Examination and indicate
your previous trainee license number(s) in PART IV on 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 all college/university level coursework in PART III, number 6 on the Appli-
cation for Licensure and/or Examination.
b) Indicate Mortuary Science Program in PART III, number 7 on the Application for
Licensure and/or Examination.
c) Do not complete PART VII on the Application for Licensure and/or Examination.

Step 3. The remainder of this form contains specific instructions for Licensure Method Non-Examination.

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

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

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
FUNERAL DIRECTOR AND EMBALMER INTERN
NON-EXAMINATION

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.

1. Supporting Document ED must be submitted certifying your Associate’s degree or Bachelor's degree in mortuary science from an approved mortuary science program. An authorized school official must complete ED in its entirety and affix school seal;

   or

   a) Official transcripts must be submitted showing proof of successful completion of at least 30 semester (40 quarter) hours of college credit which shall include at least 20 semester (30 quarter) hours of courses in liberal arts, physical, biological, or applied sciences;

   and

b) Supporting Document ED must be submitted certifying your graduation from a 12-month course of study in an approved program of mortuary science.

2. Supporting Document HL must be completed by a licensed physician attesting that you have been immunized against diphtheria, Hepatitis B and tetanus.

3. Supporting Document CA must be completed by the licensed funeral director and embalmer under whose supervision your internship will be performed. (SPECIAL NOTE: Should your sponsor change during your internship, you must notify the Division within 30 days of such change. You must cause a Certificate of Acceptance to be completed by the licensed Funeral Director and Embalmer under whose supervision you will complete the internship. The properly completed form must be returned to you in a sealed envelope. Failure to comply with this requirement will result in an extended period of internship.)

4. Fee payment 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.

5. Forward four-page application, supporting documents 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>
REFERENCE SHEET
ALL FEES ARE NONREFUNDABLE
Department reserves the right to change fees if prevailing circumstances necessitate such action.

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

<table>
<thead>
<tr>
<th>PROFESSION NAME</th>
<th>PROFESSION CODE</th>
<th>LICENSURE METHOD</th>
<th>APPLICATION FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funeral Director and Embalmer Intern</td>
<td>033</td>
<td>Nonexamination</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

NOTICE

Successful completion of an examination is not required for issuance of the Funeral Director and Embalmer Intern License. However, the National Conference Examination must be successfully completed prior to the issuance of the Funeral Director and Embalmer license.

For further information regarding the National Conference Examination contact: the International Conference of Funeral Service Examining Boards, Inc., 1885 Shelby Lane, Fayetteville, Arkansas 72704, 479-442-7076, Fax: 479-442-7090, or email: info@theconferenceonline.org.

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR
FUNERAL DIRECTOR AND EMBALMER INTERNS
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 Funeral Director and Embalmer Interns

*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

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

## SUPPORTING DOCUMENTS

<table>
<thead>
<tr>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee</td>
</tr>
</tbody>
</table>

**ED** Form for Associate or Baccalaureate Degree with seal and signature affixed; or Official Transcripts with seal affixed

**ED** Form completed by mortuary science college with seal and signature affixed

Certificate of Health

**CA** Form

Proof of name change (if applicable)

*All supporting documents _may not be required_. Please refer to application instructions for your specific method of licensure.*
This page intentionally left blank for double-sided printing.
APPLICATION FOR LICENSURE AND/OR EXAMINATION

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 100/1-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. [ ] Military [ ] Military Spouse [ ] Not Military [ ] Decline to Answer

Military service member is defined as: “Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any State, Commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application.” The following will be considered proof of your or your spouse’s active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember’s electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your military license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME
2. PROFESSION CODE
3. LICENSURE METHOD
4. FEE

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ This is the first time I have made application for this profession in Illinois.
☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
☐ Other:

PART II: Applicant Identifying Information—You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Conventional Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME
   LAST
   FIRST
   MIDDLE
2. TITLE (e.g., M.D., D.D.S., etc.)
3. UNITED STATES SOCIAL SECURITY NO.

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

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

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)

7. MOTHER’S MAIDEN NAME

8. PLACE OF BIRTH
   CITY
   STATE/COUNTRY
9. DATE OF BIRTH
   ___ / ___ / ___
   Month
   Day
   Year
10. AGE
    ☐ Female
    ☐ Male

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

12. REQUIRED
    E-MAIL ADDRESS

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
### PART III: Education Information

1. **PRELIMINARY EDUCATION** (Elementary and High School or G.E.D. Circle number of years completed)
   
   1 2 3 4 5 6 7 8 9 10 11 12
   
   Graduated?  Yes  No  Received
   High School?  Yes  No
   OR G.E.D.?  Yes  No

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

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

4. **DATE OF GRADUATION**
   Month / Day / Year

5. **COLLEGE OR UNIVERSITY** (Circle number of years completed)
   1 2 3 4 5 6 7 8
   Graduated?  Yes  No

6. **COLLEGE OR UNIVERSITY NAME**
   (Undergraduate and Graduate)
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATES OF ATTENDANCE</th>
<th>TYPE OF DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City and State or Country)</td>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
<td></td>
</tr>
</tbody>
</table>

7. **SPECIALIZED TRAINING** (Residency, Professional Training, Vocational Training, Practical or Clinical Training)
<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION</th>
<th>DATES OF ATTENDANCE</th>
<th>Did You Complete Training?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City and State or Country)</td>
<td>FROM</td>
<td>TO</td>
<td></td>
</tr>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
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<tr>
<td>Yes  No</td>
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<td>Yes  No</td>
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<td>Yes  No</td>
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</table>
**PART IV: Record of Licensure Information**

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

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS (Active, Lapsed, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Original Licensure</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>State of Current Licensure where you most recently have been practicing.</td>
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<tr>
<td>Other States of Licensure</td>
<td></td>
<td></td>
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</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>
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</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 no contest 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: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

d) Record the number of times you have taken this exam in Illinois or any other state:

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

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

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

   Yes ☐ No ☐

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

   Are you delinquent in the filing of state taxes?

   Yes ☐ No ☐

PART IX: 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.
**CERTIFICATION OF EDUCATION**

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

1. **NAME**
   - LAST
   - FIRST
   - MIDDLE

2. **DATE OF BIRTH**
   - Month / Day / Year

3. **SOCIAL SECURITY NUMBER**
   - ____________________________

4. **ADDRESS**
   - STREET, CITY, STATE, ZIP CODE

5. **REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.**
   - Profession Name
   - Profession Code

6. **MAIDEN OR GIVEN SURNAME**

7. **NAME OF INSTITUTION ATTENDED**

8. **DATE OF GRADUATION / COMPLETION**
   - Month / Day / Year

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

   ________________________________
   Date

   ________________________________
   Signature of Applicant

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

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
   - □ Co-op

G. **CREDIT HOURS EARNED**
   - (CHECK ONE AND COMPLETE)
   - □ ___________ Semester Hours
   - □ ___________ Quarter Hours
   - □ ___________ Course Hours

H. **DATES OF ATTENDANCE**
   - From __ / __ / __ / __ / __ / __
   - To __ / __ / __ / __ / __ / __

I. **Total academic years attended**
   - ____________________________
   - Years
   - Months
   - Days

   OR

   **Total calendar years attended**
   - ____________________________
   - Years
   - Months
   - Days

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

K. **DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET**
   - __ / __ / __ / __ / __ / __

L. **DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED**
   - __ / __ / __ / __ / __ / __

M. **CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE**
   - □ Applicant has graduated on __ / __ / __ / __ / __ / __
   - □ Applicant has completed program on __ / __ / __ / __ / __ / __
   - □ Applicant will graduate on __ / __ / __ / __ / __ / __
   - □ Applicant will complete program on __ / __ / __ / __ / __ / __

N. **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.

________________________________________________________________________
Print Name of School Official                                           Signature of School Official

________________________________________________________________________
Title                                                                                      Date

SCHOOL SEAL OR NOTARY SEAL

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

Subscribed and sworn before me this _____ day of ____________, 20__.

________________________________________________________________________
Date of Expiration                                                                 Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.
**CERTIFICATE OF HEALTH**

**APPLICANT:** Complete the applicant section of this form. The physician who examines you MUST hold an active license in the jurisdiction in which he/she practices. Direct the physician to complete the Examining Physician Section of this form and return the completed form to you for inclusion with your Application for Licensure and/or Examination.

1. **NAME LAST**
   - **FIRST**
   - **MIDDLE**
2. **DATE OF BIRTH**
   - **Month**
   - **Day**
   - **Year**
3. **SOCIAL SECURITY NUMBER**
4. **ADDRESS**
   - **STREET, CITY, STATE, ZIP CODE**
5. **REFER TO REFERENCE SHEET. Record profession name and three-digit profession code for which you are making Illinois application.**
   - **Profession Name**
   - **Profession Code**
6. **MAIDEN OR GIVEN SURNAME**

**EXAMINING PHYSICIAN:** Complete the remainder of this form. Reference the above profession name to determine the appropriate statement to check-off. RETURN THE COMPLETED FORM TO THE APPLICANT. Physical examination must have occurred within the preceding 12 months.

A. **PHYSICIAN NAME**
   - **FIRST**
   - **MIDDLE**
   - **LAST**
B. **PHYSICIAN LICENSE NUMBER**
C. **STREET ADDRESS**
D. **STATE OR TERRITORY OF LICENSURE**
E. **CITY, STATE, ZIP CODE**
F. **DATES OF APPLICANT'S PHYSICAL EXAMINATION OR IMMUNIZATION**

**STATEMENT I:** COMPLETE THIS STATEMENT FOR THE PROFESSION OF:

**NURSING HOME ADMINISTRATOR**

The above-named applicant is of sound physical and mental health. ☐ Yes ☐ No

**STATEMENT II:** COMPLETE THIS STATEMENT FOR THE PROFESSION OF:

**FUNERAL DIRECTOR AND EMBALMER**

The above-named applicant received the following:
1. *Diphtheria-Tetanus (adult type) immunizations* ☐ Series ☐ Booster
2. *Hepatitis B* ☐ Series

I hereby declare that the above information is true and correct.

____________________  ______________________
Signature           Date

IL486-0343 04/06 (LT)
| IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. |

| CERTIFICATION OF ACCEPTANCE | SUPPORTING DOCUMENT |

**APPLICANT:** Complete the applicant section of this form, then forward it to the sponsor(s) who will verify your intern status.

1. **NAME**
   - LAST
   - FIRST
   - MIDDLE

2. **DATE OF BIRTH**
   - __/__/____
   - Month
   - Day
   - Year

3. **SOCIAL SECURITY NUMBER**
   - __________

4. **ADDRESS**
   - STREET, CITY, STATE, ZIP CODE

5. **REFER TO REFERENCE SHEET.** Record profession name and three digit profession code for which you are making Illinois application.

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Profession Code</th>
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6. **MAIDEN OR GIVEN SURNAME**

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<th>Profession Name</th>
<th>Profession Code</th>
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**LICENSED SPONSOR:** Complete the remainder of this form, then return it to the applicant.

### PART I. SPONSOR INFORMATION

A. **LICENSED SPONSOR’S NAME**

B. **BUSINESS/INSTITUTION NAME**

### PART II. SPONSOR INTERNSHIP INFORMATION

A. **TYPE OF INTERNSHIP**
   - [ ] Full-time
   - [ ] Part-time

B. **HOURS PER WEEK**
   - __/__/____
   - Month
   - Day
   - Year

C. **BEGINNING DATE**
   - __/__/____
   - Month
   - Day
   - Year

I do hereby declare that I am the sponsor of the above-named applicant as indicated.

____________________________
Licensed Sponsor Signature

____________________________
Title

____________________________
Date

IL486-1346 10/15 (L&T)