Approval for Out-of-State Continuing Education for
Licensed Clinical Psychologist

INSTRUCTIONS

This application MUST be submitted prior to participation in the program or 90 days prior to expiration of the license.

A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated. Please print or type in BLACK ink only.

If not submitted within the required time frame, late approval may be obtained by submitting a $25 processing fee plus a $50 per hour late fee, not to exceed $300.

Submit the following with this form:

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION
2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, and ZIP Code)
4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM
5. TITLE
6. TITLE OF PROGRAM
7. NUMBER OF CLOCK HOURS REQUESTED
8. SITE(S) OF PROGRAM
9. DATE(S) ATTENDED
10. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF CLINICAL PSYCHOLOGY?

Email Address (Required)
Signature of Person Submitting Application
Illinois License Number
Type or Print Name of Person Submitting Application
Date

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.