## Approval for Out-of-State Continuing Education for Naprapaths

### INSTRUCTIONS

Submit the following with this application prior to participation in the program or within 90 days of the expiration of the license.

1. A $20 fee made payable to the Department of Financial and Professional Regulation.
2. An outline of the content of the program.
3. A schedule of the program.
4. A brief biography or vitae of the instructor(s).
5. A copy of the certificate of attendance.

**NOTE:** A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated.

### Fields

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 NAPRAPATHY?**

### Signature

Signature of Person Submitting Application

Type or Print Name of Person Submitting Application

Illinois License Number

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.

### OFFICIAL USE ONLY

☑ Approved  ☐ Denied  ☐ Deferred  No. of Approved Hours _______

**COMMENTS:**