INSTRUCTION SHEET

Certified Euthanasia Technician
Initial Licensure
Endorsement
Restoration

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

To apply for licensure as a Certified Euthanasia Technician in Illinois, read and follow the instructions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. The application which you submit is valid for 3 years from date of receipt. If you are issued a license, please be advised that your license will expire on April 30 of even-numbered years. The first expiration will be April 30, 2006.

All applicants must complete the 4-page application and submit it with the supporting documents required by the licensure method under which application is being made.

1. You must be at least 18 years of age.

2. If the name shown on your application is different from that shown on your supporting documents, you must submit proof of legal name change, i.e., copy of your marriage license, divorce decree, or court order.

3. All individuals applying for licensure must submit to a criminal background check and provide verification of fingerprint processing from a designated agent. See attached Security Clearance for more information concerning this requirement.

4. All individuals applying for licensure must hold a current license or certification from one of the following organizations issued within 3 years preceding the date of application.

   American Humane Association  800/227-4645
   National Animal Control Association  913/768-1319
   Illinois Federation of Humane Societies  309/494-8160
   Humane Society of the United States  630/357-7015

Send Application, Supporting Documents and Fee(s) to:

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

Fee--Payment must be in the form of a check or money order made payable to:
Department of Financial and Professional Regulation
All fees are non-refundable.

For assistance--Call one of the following numbers and state that you are applying to become certified as an Euthanasia Technician and need help with your application:

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

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.
4-Page Application

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Certified Euthanasia Technician</td>
<td>235</td>
<td>Initial Licensure</td>
<td>$150</td>
</tr>
<tr>
<td>Certified Euthanasia Technician</td>
<td>235</td>
<td>Endorsement of Licensure</td>
<td>$150</td>
</tr>
<tr>
<td>Certified Euthanasia Technician</td>
<td>235</td>
<td>Restoration</td>
<td>*</td>
</tr>
</tbody>
</table>

*See Supporting Document RS for fee amount.

2. Part I-B: Check the box indicating the appropriate information regarding your application.

3. Part II: Applicant Identifying Information—Enter all applicable information requested.

4. Part III: Education Information—Enter all applicable information requested.

5. Part IV: Record of Licensure Information—Indicate in this area whether you have ever held a license as a Certified Euthanasia Technician or a related license, Supporting document CT must also be completed by the jurisdiction of original licensure and the jurisdiction where you predominately practice.

6. Part V: Record of Examination—Enter all applicable information requested,

7. Part VI: Personal History Information—**Must** be completed by all applicants.

8. Part VII: Examination Coding Information—**DO NOT COMPLETE PART VII.**

9. Part VIII: Child Support Information and/or Student Loan Information—**Must** be completed by all applicants.

10. Part IX: Certifying Statement—Read the certifying statement and then sign and date your application.
Initial Licensure

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.

If you wish to apply for licensure on the basis of Initial Licensure, the following supporting documents must be submitted with the 4-page application and required fee.

1. Proof of a current license or certification from American Humane Association, the National Animal Control Association, the Illinois Federation of Humane Societies or the Humane Society of the United States issued within 3 years preceding the date of application.

2. All individuals applying for licensure must submit to a criminal background check and provide verification of fingerprint processing from a designated agent. See attached Security Clearance for more information concerning this requirement.

Endorsement

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.

If you wish to apply for licensure on the basis of Endorsement, the following supporting documents must be submitted with the 4-page application and required fee.

1. Proof of a current license or certification from one of the following: American Humane Association, the National Animal Control Association, the Illinois Federation of Humane Societies or the Humane Society of the United States issued within 3 years preceding the date of application.

2. All individuals applying for licensure must submit to a criminal background check and provide verification of fingerprint processing from a designated agent. See attached Security Clearance for more information concerning this requirement.

3. CT (Certification of Licensure)--Supporting document CT must be completed by the state of original and current licensure. You must direct the licensing agency/board to return completed form CT directly to you. You are authorized to photocopy the form if necessary.

4. VE-EUTH (Verification of Employment)--Supporting document VE-EUTH must be completed by an employer who can verify lawful practice in the profession of euthanasia for a period of not less than one year upon submitting your application. Verification of employment must be from the state that you are endorsing from.
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.

IMPORTANT NOTICE: These restoration instructions apply only to those Certified Euthanasia Technicians whose Illinois license has been on inactive status or 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 Call Center at 1-800-560-6420 for detailed instructions on how you should restore your license to active status.

If you wish to apply for licensure on the basis of Restoration, the following supporting documents must be submitted with the 4-page application and required fee.

1. RS (Restoration of Licensure)—Supporting document RS must be completed in its entirety. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation Call Center at 1-800-560-6420.

2. DD214—If restoring after active military service, submit a copy of this form.

3. CT (Certification of Licensure)—Form CT must be completed by the jurisdiction where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form CT directly to you.

4. VE-EUTH (Verification of Employment)—Supporting document VE-EUTH must be completed by an employer who can verify lawful practice in the profession of euthanasia. Verification of employment has to be from the state where you have most recently been practicing.
Application Checklist for Certified Euthanasia Technician

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

### SUPPORTING DOCUMENTS

<table>
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<tr>
<th>Description</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Application Fee</td>
<td>SUBMITTED</td>
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<tr>
<td>Four Page Application for Licensure</td>
<td></td>
</tr>
<tr>
<td>Submit Fingerprint Receipt from an approved fingerprint vendor</td>
<td></td>
</tr>
<tr>
<td>Submit proof of holding a current license or certification from one of the four organizations mentioned in the application which was issued within 3 years preceding the date of application</td>
<td></td>
</tr>
<tr>
<td>CT-Form <em>(original and current state)</em> if applicable</td>
<td></td>
</tr>
<tr>
<td>VE-EUTH Form must be completed if applying by endorsement</td>
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</tr>
</tbody>
</table>

_Notice:_ All supporting documents _may not be required_. Please refer to application instructions for your specific method of licensure.

_IL486-1971 (EUTH) 04/06_
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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.

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 you 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 marriage 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. PROFESION NAME
2. PROFESION 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: ____________________________

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 Concealable 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: (______) _______ _______ _______ Fax: (______) _______ _______ _______
   (Area Code) (Area Code)

12. REQUIRED E-MAIL ADDRESS ____________________________

APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 1 of 4

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>
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<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</td>
<td>No</td>
<td>Received OR G.E.D.?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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</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)

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<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</td>
<td>No</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

6. **COLLEGE OR UNIVERSITY NAME** (Undergraduate and Graduate)

<table>
<thead>
<tr>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>TYPE OF DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></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 (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>
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<td>Month/Year</td>
<td>Month/Year</td>
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<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>No</td>
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<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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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>
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</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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Passed, Failed, Absent)</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 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:

- 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 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</th>
<th>2. DATE OF BIRTH</th>
<th>3. SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST</td>
<td>FIRST</td>
<td>MIDDLE</td>
</tr>
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<td></td>
<td>_ / _ / _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _ _ _</td>
</tr>
</tbody>
</table>

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. APPLICANT TELEPHONE NUMBER (DayTime)

| Area Code | ___ ___ | ___ ___ | ___ ___ |

8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)

8b. LICENSE NUMBER (If applicable)

8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____________________________ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

Signature ____________________________________ Date ________________________

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant ☐ has written ☐ is scheduled to write the following examination:

| Name of Examination | Date of Examination |

B. The applicant has or will have written the above-named examination _______ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE

B. LICENSE NUMBER

C. ISSUANCE DATE OF LICENSE

D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD

☐ 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) __________________________

☐ Received no Grade Below __________________________

G. IF LICENSED BY EXAMINATION, RECORD SCORES

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

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

**A1. National or other Profession Specific Examination**

(Record all available information)

<table>
<thead>
<tr>
<th>Scaled Score</th>
<th>Raw Score</th>
<th>Standard Deviation</th>
<th>Corrected Score</th>
<th>National Mean</th>
<th>Percent Score</th>
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**A2**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
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</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?  
(If yes, attach a certified copy of disciplinary action.)  
☐ Yes ☐ No

### PART V - RECIPROCAL REGISTRATION

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

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

---

**Print Name**

**Title**

**Agency/Board Street Address**

**City, State, ZIP Code**

**Signature**

**Date**

**Area Code**

**Telephone Number**

---

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

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.
### Verification of Employment/Experience

**Applicant:** Complete the applicant section of this form. Forward the form to an employer who will attest to personal knowledge of your employment/experience. The completed form must be returned to you for inclusion with your Application for Licensure/Examination.

<table>
<thead>
<tr>
<th>1. Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>2. Date of Birth</th>
<th>3. Social Security Number</th>
</tr>
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<tbody>
<tr>
<td>____ / ____ / ____</td>
<td>________________________</td>
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</table>

<table>
<thead>
<tr>
<th>4. Address</th>
<th>Street, City, State, Zip Code</th>
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<tbody>
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<tr>
<th>5. Profession Name and Three Digit Profession Code</th>
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</thead>
<tbody>
<tr>
<td>Certified Euthanasia Technician 235</td>
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</table>

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<tr>
<th>6. Maiden or Given Surname</th>
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</table>

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

#### Part I - Employer Information

<table>
<thead>
<tr>
<th>A. Employer Name</th>
<th>B. Business/Institution Name</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>C. Employer's License Number</th>
<th>D. Business Address Street, City, State, Zip Code</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>E. State of Licensure</th>
<th>F. Business Telephone Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Area Code (_______) __<strong><strong><strong>-</strong></strong></strong></td>
</tr>
</tbody>
</table>

#### Part II - Applicant Employment Information

<table>
<thead>
<tr>
<th>A. Number of Hours Worked Per Week</th>
<th>B. Type of Employment</th>
<th>C. Dates of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-time</td>
<td>Part-time</td>
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</tbody>
</table>

D. Give a brief description of the duties and functions performed:

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

_________________________  ___________________________
Date  Signature of Employer
Individuals applying for licensure for professions that require fingerprints must submit to a criminal back-
ground check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the
Department. Fingerprint must be taken within 60 days from the date that the application is submitted to
the Department or the Department’s testing vendor.

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting
  by going to https://www.idfpr.com/FPVendor.asp. The Illinois State Police will transmit electronic
  results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint ven-
dor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint
vendor at the time the fingerprints are obtained.

- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a
  licensed fingerprint vendor need to complete the following steps:

  - Obtain one (1) Illinois State Police (ISP) Fee Applicant Card for processing. Applicants may
    contact the Department at 1-800-560-6420 or send an email request on your profession
    page of the Department website at www.idfpr.com. The ISP will transmit electronic results
    of the fingerprint processing to the Department.

  - Complete Section 1 of the Identity Verification Certifying Statement form.

  - The Fee Applicant Card shall be taken to a police department in another state to obtain
    classifiable prints.

  - Section 2 of the Identity Verification Certifying Statement shall be completed and signed
    by the police department.

  - Go to www.idfpr.com to select a licensed fingerprint vendor that has “Card Scan” capability.
    Contact the vendor to determine the fee for a “Card Scan”.

  - Mail the original Identity Verification Certifying Statement (with Sections 1 and 2 completed),
    Fee Applicant card and fingerprint fee to the licensed fingerprint vendor selected from the
    Division of Professional Regulation website.

  - Mail the completed application, licensing fee and a copy of the Identity Verification Certifying
    Statement (with Sections 1 and 2 completed) to the Division of Professional Regulation.

I, the undersigned, hereby authorize the release of any criminal history record information that may exist
regarding me from any agency, organization, institution, or entity having such information on file. I am aware
and understand that my fingerprints may be retained and will be used to check the criminal history record
information files of the Illinois State Police and/or the Federal Bureau of Investigation. I also understand that if
my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand
that I have the right to challenge any information disseminated from these criminal justice agencies regarding
me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20
ILCS 2630/7 of the Criminal Identification Act.
CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

APPLICANT: This form must be completed by out-of-state residents unable to utilize the live scan process for fingerprinting in the State of Illinois. Attach this certifying statement with the Application for Licensure and/or Examination as proof of having submitted the required fingerprint card to the proper authority.

1. NAME LAST FIRST MIDDLE
   
2. DATE OF BIRTH
   __ / __ / ______
   Month   Day   Year

3. SOCIAL SECURITY NUMBER
   ______________________

4. ADDRESS STREET, CITY, STATE, ZIP CODE
   
5. Three digit profession code and profession name (Check one.)
   
   235 - Certified Euthanasia Technician

6. MAIDEN OR GIVEN SURNAME

CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, ________________________________, have submitted the required fingerprints pursuant to the Humane Euthanasia in Animal Shelters Act and the Rules for the Administration of the Act to the designated agent of the Illinois State Police for processing.

Date: ________________________________  Signature: ________________________________