Out-of-State Nursing Home Administrator Continuing Education Approval

INSTRUCTIONS

Submit the following with this application within 90 days of completion of the course.
1. A $20 fee made payable to the Illinois 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 (if applicable).

This form may be submitted prior to participation in the program, or prior to the expiration of the license. If a licensee fails to submit the form within the required time frame, late approval may be obtained by submitting the approval request form with the $20 processing fee plus a $10 per hour late fee, not to exceed $150.

NOTE: A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated or it can be downloaded from the IDPR Web site at: www.idfpr.com.

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. IS THIS PROGRAM OPEN TO ALL NURSING HOME ADMINISTRATORS?

9. SITE(S) OF PROGRAM
10. DATE(S) ATTENDED

11. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF NURSING HOME ADMINISTRATION?

________________________________________
Signature of Person Submitting Application

________________________________________
Email Address (Required)

________________________________________
Type or Print Name of Person Submitting Application

________________________________________
Illinois License Number

________________________________________
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.

OFFICIAL USE ONLY

□ Approved  □ Denied  □ Deferred  No. of Approved Hours

COMMENTS: _____________________________

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