## OUT-OF-STATE PODIATRIC CONTINUING EDUCATION APPROVAL

### INSTRUCTIONS
Submit the following with this application to the Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington Street, 3rd Floor, Springfield, Illinois 62786.

1. A $20 processing fee made payable to the Department of Financial and Professional Regulation.
2. An outline of the content of the course.
3. A schedule of the program.

This form may be submitted prior to participation in the program or 90 days 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 $50 per credit hour late fee not to exceed $300. If program or course is approved and sponsored by the Council on Podiatric Medical Education (CPME) you do not need out-of-state program approval.

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

<table>
<thead>
<tr>
<th>1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION</th>
<th>2. TELEPHONE NUMBER (Include Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, ZIP Code)</td>
<td>4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM(S)</td>
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<tr>
<td>5. TITLE</td>
<td>6. TITLE OF PROGRAM</td>
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<td>7. NO. OF CLOCK HRS. REQUESTED</td>
<td>8. IS THIS PROGRAM OPEN TO ALL PODIATRISTS?</td>
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<td>9. SITE(S) OF PROGRAM</td>
<td>10. DATE(S) ATTENDED</td>
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<tr>
<td>11. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF PODIATRIC MEDICINE?</td>
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**FOR OFFICIAL USE ONLY**

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

- [ ] Approved
- [ ] Denied
- [ ] Deferred
- No. of Approved Hours __________

**COMMENTS:** ____________________________________________________________