

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	RETURN APPLICATION TO: STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION ATTN: Division of Professional Regulation 320 West Washington Street, 3rd Floor Springfield, Illinois 62786	FOR OFFICIAL USE ONLY _____ Approved _____ No. of Hours _____ Denied _____ Date
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Approval for Out-of-State Continuing Education for Professional Counselors and Clinical Professional Counselors

INSTRUCTIONS

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

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| 1. A \$25 fee. | 4. A brief biography or vitae of the instructor(s). |
| 2. An outline of the content of the program. | 5. A copy of the certificate of attendance. |
| 3. A schedule of the program. | |

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

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 PROFESSIONAL COUNSELING?

	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.

OFFICIAL USE ONLY

Approved
 Denied
 Deferred
 No. of Approved Hours _____

COMMENTS: _____
