INSTRUCTIONS

FOR MAKING APPLICATION UNDER PROVISIONS OF
CLINICAL PSYCHOLOGIST LICENSING ACT

Examination
Endorsement of License
Senior Psychologists
Acceptance of Examination
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.

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT. Licenses issued under the Clinical Psychologist Licensing Act expire on September 30 of each even-numbered year.

Step 1. Use the REFERENCE SHEET (CHART I) to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in PART I (page one) of the Application for Licensure and/or Examination.

Step 2. Proceed with PART II (page one) and complete all applicable information requested on all 4 pages of the Application for Licensure and/or Examination.

NOTE: a) Indicate undergraduate, graduate and post-graduate education in PART III, number 6, on the Application for Licensure and/or Examination.

b) **DO NOT COMPLETE PART VII** (page four) of the Application for Licensure and/or Examination.

c) Application for licensure by examination is a dual application process. Your application for examination will be evaluated by the Clinical Psychologist Licensing and Disciplinary Board to determine your eligibility for examination. Once your application has been evaluated, the Department will notify you of the results of the evaluation. If it is determined that you are eligible for examination, included in the Department's notification will be an examination registration form, and further instructions.

Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in PART I (page one), of the Application for Licensure and/or Examination and follow those instructions only.

NOTE: All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Step 4. If needed, a telephone number for assistance in completing the Application Package is provided on the REFERENCE SHEET.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
EXAMINATION/EXPERIENCE REQUIREMENTS

Effective January 1, 1989, individuals applying for licensure must meet the following educational/experience requirements.

1. In accordance with Section 10(3)(a) of the Act, be a graduate of a doctoral program in clinical, school or counseling psychology accredited by the American Psychological Association/Council for the National Register of Health Services Providers and have two years of supervised experience in clinical, school or counseling psychology, one of which is an internship and one of which shall be postdoctoral;

   OR

2. In accordance with Section 10(3)(b) of the Act, be a graduate of a doctoral program which is equivalent to a clinical, school or counseling psychology program and have two years of supervised experience in clinical, school or counseling psychology, one of which is an internship and one of which shall be postdoctoral. In determining equivalent programs, the following minimum standard shall be met: the program is from a regionally accredited university, college or school; the program constitutes the university, college or school's clinical, school or counseling psychology program as certified by the institution and includes a practicum and an internship. If there is an additional clinical, school or counseling program which exists under the clinical or counseling psychology name, the applicant shall apply under Section 10(5) of the Act and subsection (3) of these instructions.

   OR

3. In accordance with Section 10(5) of the Act, be a graduate of a doctoral psychology program or a graduate of a doctoral program which is psychological in nature, complete a course in each of the 7 content areas listed in Section 10(3)(b) of the Act; complete a practicum, internship or clinical experience AND two years of supervised clinical experience, at least one of which is postdoctoral.
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.

1. Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Supporting Document ED must be completed in its entirety by an official of the college or university from which your Doctoral Degree was received and must have school seal affixed. It is suggested that you request the Chairman of the Department in which your degree was conferred to complete Supporting Document ED.

3. Submit an official transcript from a doctoral program of a college and/or professional institution with school seal affixed. Include a master's program transcript if it is necessary to document all required coursework. If applying under category 3 of the examination/experience requirements, send catalogue course descriptions in order to facilitate transcript review.

4. If you have ever held a license, Supporting Document CT must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return completed form CT directly to you.

5. Supporting Document VE-PSY must be completed verifying two years (or three years if under category 3 of examination/experience requirements) of satisfactory supervised experience in clinical psychology, at least one of which is an internship and one of which is postdoctoral. Your experience must have been supervised by a licensed clinical psychologist active and in good standing (or a licensed psychologist who is engaged in clinical psychology).

6. Forward four-page application, all supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, HSS-4, Springfield, Illinois 62791.
ENDORSEMENT OF LICENSE

**Definition:** Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements.

*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.*

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Supporting Document ED must be completed in its entirety by an official of the college or university from which your Doctoral Degree was received and **must have school seal affixed.** It is suggested that you request the Chairman of the Department in which your degree was conferred to complete Supporting Document ED.

3. Submit an official transcript from a doctoral program of a college and/or professional institution with school seal affixed. Include a master's program transcript if necessary to document all required coursework.

4. Supporting Document CT must be completed by each jurisdiction in which you have ever been issued a license. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form CT directly to you.

5. Supporting Document VE-PSY must be completed verifying at least two years of satisfactory supervised experience in clinical psychology, at least one of which is an internship and one of which is postdoctoral. Your experience must have been supervised by a licensed clinical psychologist active and in good standing or a licensed psychologist who is engaged in clinical psychology.

6. Examination scores must be reported directly to the Illinois Department of Financial and Professional Regulation by Interstate Reporting Service. Applications for the Interstate Reporting Service may be obtained from: LPDS, P.O. Box 4389, Montgomery, AL 36103-4389, telephone number 1-800-448-4069 or an application can be downloaded at: https://www.asppb.org.

7. Forward four-page application, all supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, HSS-4, Springfield, Illinois 62791.
ACCEPTANCE OF EXAMINATION

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.

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Supporting Document ED must be completed in its entirety by an official of the college or university from which your Doctoral Degree was received and **must have school seal affixed**. It is suggested that you request the Chairman of the Department in which your degree was conferred to complete Supporting Document ED.

3. Submit an official transcript from a doctoral program of a college and/or professional institution with school seal affixed. Include a master's program transcript if it is necessary to document all required coursework. If applying under category 3 of the examination/experience requirements, send catalogue course descriptions in order to facilitate transcript review.

4. If you have ever held a license, Supporting Document CT must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return completed form CT **directly** to you.

5. Examination scores must be reported directly to the Illinois Department of Financial and Professional Regulation by Interstate Reporting Service. Applications for the Interstate Reporting Service may be obtained from: LPDS, P.O. Box 4389, Montgomery, AL 36103-4389, telephone number 1-800-448-4069 or an application can be downloaded at: https://www.asppb.org.

    OR

Submit evidence of successful completion of the examination in clinical or counseling psychology of the American Board of Professional Psychology Boards.

6. Supporting Document VE-PSY must be completed verifying two years (or three years if under category 3 of examination/experience requirements) of satisfactory supervised experience in clinical psychology, at least one of which is an internship and one of which is postdoctoral. Your experience must have been supervised by a licensed clinical psychologist active and in good standing (or a licensed psychologist who is engaged in clinical psychology).

7. Forward four-page application, all supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, HSS-4, Springfield, Illinois 62791.
RESTORATION

IMPORTANT NOTICE: These Restoration Instructions apply only to those clinical psychologists whose licenses have been on inactive status, or in 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 at 1-800-560-6420 for detailed instructions on how to restore it to active status.

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.

1. Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Supporting Document RS must be completed. (If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 1-800-560-6420.)

3. Fee payment amount is indicated in the Official Use Only Box on Supporting Document RS. Fee payment must be in the form of a check or money order and made payable to the Illinois Department of Financial and Professional Regulation.

4. If restoring after military service, submit copy of military form DD214.

5. Applicant is also required to either:
   a. Submit Supporting Document CT verifying current licensure in another U.S. jurisdiction. The licensing agency/board must return Supporting Document CT directly to you;

       and

   Verification of active practice in that jurisdiction. Supporting Document VE-PSY must be completed by the person who supervised you, or if self-employed by a peer or colleague or consultant who is familiar with your work; or

   b. Submit Supporting Document ED verifying one year of study completed within the past five (5) years in an approved educational program; or

   c. Submit Supporting Document VE-PSY verifying six months of full-time supervised experience. Supporting Document VE-PSY must be completed by the person who supervised the applicant; or

   d. Pass the examination as set forth in the Rules for the Administration of the Clinical Psychologist Licensing Act.

6. Forward four-page application, all supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, HSS-4, Springfield, Illinois 62791.
The following sets forth standards for practicums, internships or equivalent supervised experience and the two years of supervised experience required for licensure pursuant to Section 10 of the Clinical Psychologist Licensing Act.

To meet the requirements for satisfactory supervised experience under this Act, the supervision must be performed pursuant to the order, control and full professional responsibility of a licensed clinical psychologist. The clients shall be the clients of the agency or supervisor rather than the supervisee.

Practicums, internships or equivalent supervised experience and the two years of supervised experience:

1. shall be experience obtained after enrollment in a doctoral psychology program;
2. shall involve the practice of clinical psychology as defined in Section 2(5) of the Act. Illustrative tasks are: assessing, diagnosing and treating individuals with mental, emotional, behavioral or nervous disorders or conditions, or individuals with developmental disabilities;
3. shall not be limited to repetitious and routine tasks which, although involving psychological activities, are at the pre-professional level. Tasks illustrative of pre-professional experience are: administering and scoring structured tests; conducting standardized interviews; collecting data; academic guidance counseling; and assisting in a laboratory or teaching situation;
4. shall not be supervised experience in which the supervisor receives monetary payment or other considerations from the supervisee or in which the supervisor is hired by or otherwise employed by the supervisee.

In addition to the requirements set forth above, the applicant's practicum (externship or clerkship) shall:

1. be part of the coursework in the doctoral program or be an equivalent 400 hours of coursework or training completed with a grade of satisfactory or better in a new area of competence approved by the Board prior to initiating the training;
2. involve the applicant in direct clinical psychology services to the client;
3. provide for personal supervision by a licensed clinical psychologist, licensed psychologist who is engaged in the practice of clinical psychology or by a person possessing the educational and experience qualifications necessary for licensure under the Act. Failure of the licensing examination disqualifies one as a supervisor;
4. be performed pursuant to the order, control and full professional responsibility of the supervisor who shall meet with the applicant face-to-face for a minimum of 40 hours;
5. be a minimum of 400 hours in duration. This 400 hours does not have to take place in a single setting;
6. not count toward the two years of supervised experience required for licensure.
To meet the requirements of internship in accordance with Section 1400.20 or equivalent supervised clinical experience in an organized health care setting pursuant to Section 10(5) of the Act and Section 1400.20(c) of the Rules, the internship or clinical experience shall, in addition to the requirements set forth above:

1. be an organized pre-planned training program (in contrast to supervised experience or on-the-job training) designed to provide the applicant with a pre-planned, programmed sequence of training experiences which includes documented goals and objectives. The primary focus and purpose is assuring breadth and quality of training/experience;

2. include a minimum of one hour per week of regularly scheduled, face-to-face individual supervision with the specific intent of dealing with health services rendered directly by the applicant. There must also have been at least two additional hours per week in learning activities such as case conferences including cases in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff person including discussion; group supervision, and additional individual supervision;

3. involve the applicant in direct clinical psychology services to the client (Section 2 of the Act) as a part of the training/experience;

4. be under the individual and personal supervision of a licensed clinical psychologist or a licensed psychologist who is engaged in clinical psychology whose license is active and in good standing (i.e., no disciplinary action in accordance with Section 15 of the Act);

5. be performed pursuant to the order, control and full professional responsibility of the supervisor;

6. include a minimum of 1750 hours completed within 24 months. The 1750 hours may not be completed in less than 50 weeks regardless of the number of hours worked per week.
   
   A) Full-time experience shall be at least 35 hours per week and shall be obtained in a single setting for a minimum of 6 months.
   
   B) Part-time experience will only be counted if it is 18 hours or more per week for a minimum of 9 months and is in a single setting.

7. be post-practicum (post-clerkship or post-externship) level;

8. the experience must be evaluated by the supervisor as satisfactory or better;

9. if experience takes place in a work setting, there should be a distinction between the regular work duties of the applicant and the internship or equivalent clinical experience;

10. may include both paid and unpaid experience obtained by the applicant.
Clinical Experience

To meet the experience requirements of Section 10 of the Act, the experience shall in addition to the requirements set forth above:

1. contain/include clinical psychology experience, at least one year of which must be post-doctoral. Practicum experience may not be counted toward fulfilling the 2 years of supervised experience.
   A. A year of experience is defined as 1750 hours obtained in not less than 50 weeks and completed within a 36 month period.
   B. Full-time work experience must be obtained in a single setting for a minimum of 6 months with at least 35 hours per week.
   C. Part-time experience will only be counted if it is 18 hours or more a week for a minimum of 9 months and is in a single setting.
   D. Post-doctoral experience may begin upon completion of degree requirements for the doctoral degree, if verification of the date of completion of the degree requirement, when different from the date of graduation, is certified to the Department by the appropriate administrative official of the applicant's educational institution.

2. be personally and individually supervised by a licensed clinical psychologist or a licensed psychologist who is engaged in the practice of clinical psychology whose license is active and in good standing (i.e., no disciplinary action in accordance with Section 15 of the Act). The experience must be performed pursuant to the order, control and full professional responsibility of the supervisor;

3. include a minimum of one hour per week of regularly scheduled, face-to-face individual supervision with the specific intent of dealing with health services rendered directly by the applicant;

4. be evaluated by the supervisor as satisfactory or better;

5. be obtained prior to the date of the examination. Applicants completing the required experience after the examination date will be considered for the next examination. All supervised experience completed prior to the application date shall be listed on the application in order to be considered;

6. may include both paid and unpaid experience obtained by the applicant.
LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

<table>
<thead>
<tr>
<th>Licensure Methods</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.</td>
</tr>
<tr>
<td>Endorsement of License</td>
<td>Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.</td>
</tr>
<tr>
<td>Acceptance of Examination</td>
<td>Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.</td>
</tr>
<tr>
<td>Restoration</td>
<td>Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.</td>
</tr>
<tr>
<td>Grandfather/Waiver</td>
<td>Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).</td>
</tr>
<tr>
<td>Non-examination</td>
<td>Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.</td>
</tr>
</tbody>
</table>
IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to DEPARTMENT ON AGING AT 1-800-252-8966."

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse."
REFERENCE SHEET - A

ALL FEES ARE NONREFUNDABLE
Department reserves the right to change examination dates, filing deadlines and fees
if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<table>
<thead>
<tr>
<th>PROFESSION NAME</th>
<th>PROFESSION CODE</th>
<th>LICENSURE METHOD</th>
<th>APPLICATION FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Clinical Psychologist</td>
<td>071</td>
<td>Examination</td>
<td>$  50.00</td>
</tr>
<tr>
<td>Licensed Clinical Psychologist</td>
<td>071</td>
<td>Acceptance of Examination</td>
<td>$  50.00</td>
</tr>
<tr>
<td>Licensed Clinical Psychologist</td>
<td>071</td>
<td>Endorsement of License</td>
<td>$100.00</td>
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<tr>
<td>(Senior Psychologists)</td>
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<tr>
<td>Licensed Clinical Psychologist</td>
<td>071</td>
<td>Restoration</td>
<td>See Supporting Document RS</td>
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</table>

CHART II - EXAMINATION CODES AND FEES

NOTE: Since the application for examination is a dual process, you must first complete the Department’s licensure/examination application. This application is available at www.idfpr.com. Select the agency link Professional Regulation; select your profession, scroll to Psychologist, Clinical; select the written examination and download the application. Submit the completed application to IDFPR with the required documentation for approval.

After you have been approved by the Department, you can apply on-line with Continental Testing Service (CTS) at www.continentaltesting.net and pay the required administration fee. CTS will then notify the Association of State and Provincial Psychology Boards (ASPPB) of your eligibility to take the examination.

Following your registration with CTS, you will receive an email from the ASPPB with instructions for scheduling your appointment at a Pearson VUE testing center.

NOTE: The Test Fees are for the cost of the examination only and are not transferrable from one examination date to another.

CHART III - EXAMINATION DATES

INFORMATION WILL BE AVAILABLE ONCE YOU ARE APPROVED FOR THE EXAMINATION

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LICENSED CLINICAL PSYCHOLOGIST
ENTER N/A IN PART VII c) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request to one of the following telephone numbers:

<table>
<thead>
<tr>
<th>Licensure Methods</th>
<th>Examination Licensure Method</th>
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</thead>
<tbody>
<tr>
<td>Except Examination (US ONLY)</td>
<td>Only</td>
</tr>
<tr>
<td>1-800-560-6420</td>
<td>708/354-9911</td>
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<tr>
<td>TTY</td>
<td></td>
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<tr>
<td>1-866-325-4949</td>
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</table>

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.
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>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I</td>
<td>Application Category Information</td>
</tr>
<tr>
<td>Part II</td>
<td>Applicant Identifying Information</td>
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<tr>
<td>Part III</td>
<td>Education Information</td>
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<tr>
<td>Part IV</td>
<td>Record of Licensure Information</td>
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<tr>
<td>Part V</td>
<td>Record of Examination</td>
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<tr>
<td>Part VI</td>
<td>Personal History Information</td>
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<tr>
<td>Part VII</td>
<td>Examination Coding Information (if applicable)</td>
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<tr>
<td>Part VIII</td>
<td>Child Support and/or Student Loan Information</td>
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<tr>
<td>Part IX</td>
<td>Certifying Statement--Signed and Dated</td>
</tr>
</tbody>
</table>

### SUPPORTING DOCUMENTS

Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.

**ED Form**

**Official Transcripts**

**VE-PSY** Verifying one (1) year Internship Supplied Experience

**VE-PSY** Verifying one (1) year Post-doc Supervised Experience

**VE-PSY** Verifying twenty (20) years of Consecutive Years of Service (for Senior Psychologists)

**EPPP Scores**

**CT** Form from every state in which you hold a license (if applicable)

**RS** Form (if applicable) **(NOTE:** if restoring)

Copy of **DD214** if restoring from active military service

All supporting documents **may not be required**. Please refer to application instructions for your specific method of licensure.
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.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:
A. Type or print legibly with black ink only.
B. FEES ARE NOT REFUNDABLE.
C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME
2. PROFESSION CODE
3. LICENSURE METHOD
4. FEE

B. 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 Continental 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. E-MAIL ADDRESS
    __________________________________________

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 1 of 4
### PART III: Education Information

#### 1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

<table>
<thead>
<tr>
<th>1</th>
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<td>OR G.E.D.?</td>
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#### 2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

#### 3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

#### 4. DATE OF GRADUATION

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

#### 5. COLLEGE OR UNIVERSITY (Circle number of years completed)

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>LOCATION (City and State or Country)</th>
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<table>
<thead>
<tr>
<th>DATES OF ATTENDANCE</th>
<th>TYPE OF DEGREE EARNED</th>
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</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
</tr>
</tbody>
</table>

#### 7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LOCATION (City and State or Country)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATES OF ATTENDANCE</th>
<th>Did You Complete Training?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
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<tr>
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<th>Yes</th>
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<th>Yes</th>
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<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>
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>
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<tr>
<td>State of Current Licensure where you most recently have been practicing.</td>
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<tr>
<td>Other States of Licensure</td>
<td></td>
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</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 (Passed, Failed, Absent)</th>
</tr>
</thead>
<tbody>
<tr>
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</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 or nolo contendere 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: 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? Yes ☐ No ☐

   (NOTE: If you are not subject to a child support order, answer "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 VIII: 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.
IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS

1. NAME LAST FIRST MIDDLE

2. ADDRESS STREET, CITY, STATE, ZIP CODE

3. PROFESSIONAL LICENSE NUMBER (if any)
   __ __ __ - __ __ __ __ __ __

4. SOCIAL SECURITY NUMBER
   __ __ __ - __ __ - __ __ __ __

Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. Please check applicable profession.

- Acupuncturists
- Advanced Practice Nurses
- Athletic Trainers
- Audiologists
- Clinical Psychologists
- Clinical Social Workers
- Dental Hygienists
- Dentists
- Genetic Counselors
- Licensed Clinical Professional Counselors
- Licensed Practical Nurses
- Licensed Social Workers
- Marriage and Family Therapists
- Medication Aide
- Naprapaths
- Nursing Home Administrators
- Occupational Therapists
- Occupational Therapy Assistants
- Optometrists
- Orthotists
- Pedorthists
- Perfusionists
- Pharmacists
- Physical Therapists
- Physical Therapy Assistants
- Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.)
- Physician Assistants
- Podiatrists
- Professional Counselors
- Prosthetists
- Registered Nurses
- Registered Surgical Assistants
- Registered Surgical Technologists
- Respiratory Care Practitioners
- Speech Pathologists

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

In order for your application to be evaluated, you must respond to each of the following questions:

1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *
   Yes ☐ No ☐

2) Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?
   Yes ☐ No ☐

3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *
   Yes ☐ No ☐

4) Are you currently charged with or have you been convicted of a forcible felony? *
   Yes ☐ No ☐

If YES to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant ______________________ Email ______________________ Date ______________________

IL486-2034 03/18 (crimacts)
* DEFINITIONS

730 ILCS 150 et. seq.—Acts that require Sex Offender Registration:

(B) As used in this Article, “sex offense” means:

(1) A violation of any of the following Sections of the Criminal Code of 1961:

11-20.1 (child pornography),
11-20.3 (aggravated child pornography),
11-6 (indecent solicitation of a child),
11-9.1 (sexual exploitation of a child),
11-9.2 (custodial sexual misconduct),
11-9.5 (sexual misconduct with a person with a disability),
11-15.1 (soliciting for a juvenile prostitute),
11-18.1 (patronizing a juvenile prostitute),
11-17.1 (keeping a place of juvenile prostitution),
11-19.1 (juvenile pimping),
11-19.2 (exploitation of a child),
11-25 (grooming),
11-26 (traveling to meet a minor),
12-13 (criminal sexual assault),
12-14 (aggravated criminal sexual assault),
12-14.1 (predatory criminal sexual assault of a child),
12-15 (criminal sexual abuse),
12-16 (aggravated criminal sexual abuse),
12-33 (ritualized abuse of a child).

An attempt to commit any of these offenses.

(1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:

10-1 (kidnapping),
10-2 (aggravated kidnapping),
10-3 (unlawful restraint),
10-3.1 (aggravated unlawful restraint).

(1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.7) (Blank).

(1.8) A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

(1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:

10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
11-6.5 (indecent solicitation of an adult),
11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
11-16 (pandering, if the victim is under 18 years of age),
11-18 (patronizing a prostitute, if the victim is under 18 years of age),
11-19 (pimping, if the victim is under 18 years of age).

(1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:

11-9 (public indecency for a third or subsequent conviction).

(1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

(2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.
A “forcible felony”, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

a) First Degree Murder (Section 9-1);
b) Intentional Homicide of an Unborn Child (Section 9-1.2);
c) Second Degree Murder (Section 9-2);
d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
e) Drug-induced Homicide (Section 9-3.3);
f) Kidnapping (Section 10-1);
g) Aggravated Kidnapping (Section 10-2);
h) Unlawful Restraint (Section 10-3);
i) Aggravated Unlawful Restraint (Section 10-3.1);
j) Forcible Detention (Section 10-4);
k) Involuntary Servitude (Section 10-9(b));
l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
m) Trafficking in Persons (Section 10-9(d));

n) Criminal Sexual Assault (Section 11-1.20);
o) Aggravated Criminal Sexual Assault (Section 11-1.30);
p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
q) Criminal Sexual Abuse (Section 11-1.50);
r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
s) Aggravated Battery (Section 12-3.05);
t) Compelling Organization Membership of Persons (Section 12-6.5);
u) Compelling Confession or Information by Force or Threat (Section 12-7);
v) Home Invasion (Section 12-11);
w) Robbery (Section 18-1);
x) Armed Robbery (Section 18-2);
y) Vehicular Hijacking (Section 18-3);
z) Aggravated Vehicular Hijacking (Section 18-4);

aa) Aggravated Robbery (Section 18-5);
bb) Terrorism (Section 29D-14.9);
cc) Causing a Catastrophe (Section 29D-15.1);

dd) Possession of a Deadly Substance (Section 29D-15.2);

e) Making a Terrorist Threat (Section 29D-20);
ff) Falsely Making a Terrorist Threat (Section 29D-25);
gg) Material Support for Terrorism (Section 29D-29.9);

hh) Hindering Prosecution of Terrorism (Section 29D-35);
ii) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
jj) Armed Violence (Section 33A-2); and

kk) Attempt (Section 8-4) of any of the above specified offenses.
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.

1. NAME LAST FIRST MIDDLE
2. DATE OF BIRTH ___ / ___ / ___ ___
3. SOCIAL SECURITY NUMBER ___ ___-___ ___ ___

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.

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) ___________________________

F. CURRENT LICENSURE STATUS
☐ Active
☐ Inactive
☐ Lapsed
☐ Other (Explain) ______________________________

G. IF LICENSED BY EXAMINATION, RECORD SCORES
Type of Examination
Written
Practical
Other (Describe) ____________________________

Score

Received no Grade Below

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

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

<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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</thead>
</table>

**A2.**

<table>
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<tr>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
</tr>
</thead>
</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 **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**

**Area Code ( )**

**Telephone Number**

---

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

**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**
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.

ED

CERTIFICATION OF EDUCATION

APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

1. NAME
   LAST
   FIRST
   MIDDLE

2. DATE OF BIRTH
   __/__/__
   Month Day Year

3. SOCIAL SECURITY NUMBER
   __-__-____

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.

6. MAIDEN OR GIVEN SURNAME

7. NAME OF INSTITUTION ATTENDED

8. DATE OF GRADUATION / COMPLETION
   __/__/__
   Month Day Year

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side. RETURN THE COMPLETED FORM TO THE APPLICANT.

A. NAME OF INSTITUTION

B. ADDRESS OF INSTITUTION
   STREET, CITY, STATE, ZIP CODE

C. DEPARTMENT OF INSTITUTION

D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT

E. MAJOR AREA OF STUDY OF THE APPLICANT

F. APPLICANT WAS (CHECK ONE):
   ☐ Full-time  ☐ Part-time  ☐ Co-op

G. CREDIT HOURS EARNED
   (CHECK ONE AND COMPLETE)
   ☐ _______ Semester Hours
   ☐ _______ Quarter Hours
   ☐ _______ Course Hours

H. DATES OF ATTENDANCE
   From __/__/__ to __/__/__
   Month Day Year

I. Total academic years attended
   OR
   Total calendar years attended
   Years Months Days

J. TYPE OF DEGREE OR CERTIFICATE AWARDED
   (e.g., B.A., M.A., M.D., Ph.D.)

K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET
   __/__/__
   Month Day Year

L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED
   __/__/__
   Month Day Year

M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE
   ☐ Applicant has graduated on __/__/__
   ☐ Applicant has completed program on __/__/__
   ☐ Applicant will graduate on __/__/__
   ☐ Applicant will complete program on __/__/__

N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:
I certify that the information recorded herein is true and correct according to the official records of this institution.

________________________________________
Print Name of School Official

________________________________________
Signature of School Official

__________
Title

__________
Date

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of ________________, 20__.

________________________
Date of Expiration

________________________
Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.
**APPLICANT:** Complete the applicant section of this form, then forward it to your employer. You are authorized to photocopy this form if necessary.

**NOTE:** All applicants are required to meet two years of professional experience in clinical, school or counseling psychology at least one of which is an internship and one of which must be post-doctoral. To meet the requirements for satisfactory supervised experience, the supervision must be performed pursuant to the order, control and full professional responsibility of a licensed clinical psychologist. A year of experience is defined as 1750 hours obtained in not less than 50 weeks based on at least 35 hours per week. Full-time work experience must be obtained in a single setting for a minimum of six months. Part-time and internship experience will only be counted if it is 18 hours or more a week for a minimum of nine months and is in a single setting.

**SUPERVISOR:** Complete the remainder of this form. Return the completed form directly to the applicant in a sealed envelope. ALL SUPERVISORS WHO ARE NOT REGISTERED PSYCHOLOGISTS/LICENSED CLINICAL PSYCHOLOGISTS IN THE STATE OF ILLINOIS MUST PROVIDE A COPY OF THEIR CURRICULUM VITAE.

### PART I. - SUPERVISOR INFORMATION

<table>
<thead>
<tr>
<th>A. SUPERVISOR NAME</th>
<th>B. TAX I.D. NUMBER</th>
<th>C. SOCIAL SECURITY NUMBER</th>
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<thead>
<tr>
<th>D. REGISTRATION NUMBER</th>
<th>E. DATE OF ISSUANCE</th>
<th>F. BUSINESS/INSTITUTION NAME</th>
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<thead>
<tr>
<th>G. REGISTRATION STATE</th>
<th>H. EXPIRATION DATE</th>
<th>I. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>J. IDENTIFY THE DISCIPLINE IN WHICH YOUR PH.D. WAS AWARDED</th>
<th>K. DATE YOUR PH.D. WAS CONFERRED</th>
<th>L. BUSINESS TELEPHONE NUMBER</th>
</tr>
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**PART II. - APPLICANT EMPLOYMENT INFORMATION**

<table>
<thead>
<tr>
<th>A. APPLICANT’S JOB TITLE AT TIME OF EMPLOYMENT/EXPERIENCE</th>
<th>B. DATES OF APPLICANT’S EMPLOYMENT/EXPERIENCE</th>
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<tbody>
<tr>
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<td>From Month / Day / Year To Month / Day / Year</td>
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<tr>
<th>C. NUMBER OF HOURS APPLICANT WORKED PER WEEK</th>
<th>D. NUMBER OF HOURS YOU MET WITH THE APPLICANT PER WEEK</th>
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1. Direct face to face time spent in clinical diagnostic assessment including but not limited to interviewing and psychological testing.

2. Direct face to face interventions including but not limited to individual, group and family psychotherapy, cognitive therapy, psychoanalysis, hypnosis, bio-feedback and behavior modification.

3. Face to face direct supervision of others providing direct clinical psychology services as defined in section 15/2(5) of the Act.

4. Primary responsibility for design and implementation of psychological research that includes the provision of clinical psychological services that require clinical judgment and decision based upon the specific needs and concerns of the subjects/clients.

5. Time spent writing reports related to number 1 above including time spent scoring and interpreting assessment results.

6. Time spent documenting activities listed above. This includes progress notes, treatment plans and other clinical documentation.

7. Formal individual face to face supervision (by supervisor completing this form) dealing with clinical psychological services rendered directly by applicant.

8. Formal face to face group and individual supervision dealing with clinical psychological services directly rendered by the applicant. This activity may include supervisors other than the primary supervisor completing this form and may include supervisors other than psychologists.

9. Attendance at clinical seminars or other formal planned didactic experiences that involve clinical material. Please specify.

10. Informal supervision including peer supervision, case conferences and grand rounds activities where on occasion applicants' clinical work is discussed.

11. Primary responsibility for teaching college graduate level psychology courses which demonstrate direct relevance to clinical practice or assessment as accepted by the standards of the field of clinical psychology (for example, courses may include but shall not be limited to Advanced Psychopathology, Cognitive Assessment, Neuropsychological Assessment, Personality Assessment, Clinical Research Methods, courses that pertain to individual differences as they pertain to treatment and assessment, etc.

12. Assisting others by administering and scoring structured tests and conducting standardized interviews, assisting others in teaching, research and data collection not meeting the criteria set forth above.

13. Primary responsibility for teaching undergraduate college level psychology courses not meeting the criteria set forth in #11 above.

14. Significant involvement in psychological research not meeting the criteria set forth in item 5 above.

15. Other psychological duties.

The above indicated experience has been performed by the applicant pursuant to my order, control, and full professional and legal responsibility as a supervisor. Under the penalties of perjury, I declare that I have read and understand the Clinical Psychologist Licensing Act. I understand that I may be asked for additional information to substantiate my report of the supervised experience and agree to provide such information upon request by the Department.

[Signature] [Title] [Date]