

INSTRUCTION SHEET

FOR MAKING APPLICATION UNDER PROVISIONS OF THE ILLINOIS PHYSICAL THERAPY ACT OF 1985

- Examination - Educated inside the U.S. or one of its Territories
- Examination - Educated outside the U.S. or one of its Territories
- Acceptance of Examination
- 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.***

THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT. If you are issued a license, please be advised that the Physical Therapy license will expire on September 30th of each even-numbered year, and the Physical Therapist Assistant license will expire on September 30th of each odd-numbered year.

	Page
Table of Contents	
Applying for Licensure	2
General Instructions	2
Examination	2-4
General Examination Instructions	2
Practicing Pending Licensure by Examination	3
Educated Inside U.S. or one of its Territories	3
*Educated Outside U.S. or one of its Territories	4
Acceptance of Exam	5-6
General Instructions	5
Educated Inside U.S. or one of its Territories	5
Educated Outside U.S. or one of its Territories	6
Out-of-State Graduate Work Authorization	6
Endorsement	7-8
General Endorsement Instructions	7
Educated Inside U.S. or one of its Territories	7
Educated Outside U.S. or one of its Territories	8
Restoration	9-10
Forms Completion Guide	10-11

***NOTE: SINCE THIS APPLICATION FOR EXAMINATION IS A DUAL APPLICATION PROCESS, THIS INFORMATION WILL ONLY BE PROVIDED UPON APPROVAL OF YOUR APPLICATION FOR EXAMINATION. ONCE THE APPLICATION HAS BEEN APPROVED, AN EXAMINATION PACKAGE WILL BE FORWARDED TO YOU. AN EXAMINATION FEE WILL BE REQUIRED WHEN REGISTERING FOR AN EXAMINATION TO CTS.**

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

APPLYING FOR LICENSURE

General Instructions

1. Read these instructions; then read the Filing Instructions related to the method of application for which you qualify to determine the documentation and forms you must submit. The methods under which you may file to obtain a license as a physical therapist/physical therapist assistant are:
 - a. Examination*
 - b. Acceptance of Exam
 - c. Endorsement
 - d. Restoration
2. All documents in a foreign language must be accompanied by an original, notarized translation that has been transcribed 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.
3. For information concerning the completion of any of the enclosed forms, refer to the Forms Completion Guide on pages 10 and 11. You may photocopy any of the enclosed forms if additional forms are needed.
4. If needed, a telephone number for assistance in completing the Application Package is indicated on the **REFERENCE SHEET - A**.

*Enclosed is a Candidate Handbook for your information.

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.***

General Examination Instructions

1. Read the above General Instructions before proceeding. All documents and forms required for licensure by examination must be submitted to:

Continental Testing Services Inc.
P.O. Box 100
LaGrange, Illinois 60525-0100
2. Fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc. To determine the fee, see **Reference Sheet - A, Chart I**.
3. **Conditions of Application**--Applicants have three years from the date of the Department's receipt of the application to complete the application process including passage of examination. If the process has not been completed in three years, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of application.

Candidates educated outside the U.S. or one of its territories MUST submit their applications for evaluation by the Physical Therapy Committee to:

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

EXAMINATION (cont'd)

Practice Pending Licensure by Examination

Effective with the implementation of the Computerized Based Testing (CBT) Examination in July 1996, the Department no longer issues work permits pending licensure by examination.

First time candidates making application for examination will receive notification from Continental Testing Services, Inc., advising them of the receipt and approval of their application for licensure. At that time, you may practice in accordance with Section 90/2(2) of the Illinois Physical Therapy Act of 1987, which stipulates that the Act does not prohibit the practice of physical therapy by one who has applied in writing to the Department in form and substance satisfactory to the Department for a license as a physical therapist/physical therapist assistant, and has complied with all the provisions under Section 90/8 and 90/8.1, except taking the examination. Anyone failing to pass said examination shall not be permitted to practice physical therapy until such time as an examination has been successfully passed by such person and has received the license to practice. You are required to take the examination within 60 days upon notification from the Federation of State Boards of Physical Therapy (FSBPT) of the Authority to Test (ATT). **NO APPLICANT FOR LICENSURE PRACTICING UNDER PROVISIONS OF THIS PARAGRAPH SHALL PRACTICE PHYSICAL THERAPY EXCEPT UNDER DIRECT/ONSITE SUPERVISION.**

Educated Inside the U.S. or One of its Territories

If you are enrolled in an approved physical therapy or physical therapy assistant program, you may apply to take the examination no more than 120 days prior to graduation. The ED-PT form must indicate your scheduled graduation date. Certification of graduation must be received by the Department within 90 days after the scheduled graduation date or the results of the examination will be void.

If you received your education in the United States or one of its territories, you must submit the following documentation (read the General Instructions and the General Examination Instructions on page 2 **now**, if you have not already done so):

- a. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- b. Application for Licensure and/or Examination (four-page);
- c. **CT Form** (Certification of Licensing Agency/Board) - If you have ever held a license as a physical therapist/physical therapy assistant or related 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 are authorized to photocopy the form if necessary. **Use exam CT form.** You must direct the licensing agency/board to return the completed form directly to you.
- d. **ED-PT Form** (Certificate of Education)--**Use exam ED-PT form.** Form must be signed by the Dean or Director of your physical therapy education program with school seal affixed;
- e. Fee--See **REFERENCE SHEET - A.**

EXAMINATION (cont'd)

Educated Outside the U.S. or one of its Territories

~NOTE~

Send your application to:

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

~NOTE~

Passage of TOEFL and
TSE are required UNLESS
your physical therapy
education was taught
in English--submit letter
from your school official
indicating such.

In order to be considered for licensure, applicants who received their education outside the United States or one of its territories must submit the following (read the General Instructions and the General Examination Instructions on page 2 **now**, if you have not yet done so):

- a. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- b. Application for Licensure and/or Examination (four-page);
- c. **CT Form** (Certification of Licensing Agency/Board)--If you have ever held a license as a physical therapist/physical therapy assistant or related 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 are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form directly to you;
- d. Submit the following proof of education:
 1. Transcripts--official copy with school seal and **course descriptions**;
 2. Evaluation of your education by the Foreign Credentialing Commission on Physical Therapy (FCCPT), 511 Wythe Street, Alexandria, VA 22314;
 3. Proof of passing TOEFL and TSE (see note);
 4. **ED-PT** form must be completed and signed by the school official of your PT/PTA program, with the school seal affixed;
- e. Fee - **\$100 licensure fee only**--send with your application and supporting documents to the Illinois Department of Financial and Professional Regulation.

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.***

General Acceptance of Examination

1. Read the "General Instructions" before proceeding. All documents and forms required for licensure by Acceptance of Examination must be submitted to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791
2. **Fee payment** must be in the form of a check or money order made payable to Department of Financial and Professional Regulation (see **REFERENCE SHEET - A, Chart I**).
3. Examination scores must be reported directly to the Illinois Department of Financial and Professional Regulation by the Federation of State Board of Physical Therapy: FSBPT, 509 Wythe Street, Alexandria, VA 22314, telephone number 1-703/299-3100, or <https://www.fsbpt.net/pt>.

NOTE: You may not work as a physical therapist or physical therapist assistant in the State of Illinois until your application and all supporting documents are received by the Department of Financial and Professional Regulation AND you have received official notification from the Department that you may begin working. Any practice of physical therapy in the State of Illinois prior to receipt of such official notification is subject to disciplinary action.

Educated Inside U.S. or one of its Territories

In order to be considered for licensure, applicants who were educated in the United States or one of its territories must submit the following: (read the General Instructions on Page 2 and the General Acceptance of Exam Instructions on page 5 **now**, if you have not yet done so):

- a. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- b. Application for Licensure and/or Examination (four-page);
- c. **CT Form** (Certification of Licensing Agency/Board) - If you have ever held a license as a physical therapist/physical therapy assistant or related 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 are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed form directly to you;
- d. **ED-PT Form** (Certificate of Education);
- e. Fee--See **REFERENCE SHEET - A**.

ACCEPTANCE OF EXAMINATION (cont'd)

Educated Outside U.S. or one of its Territories

~NOTE~

Passage of TOEFL and TSE are required **UNLESS** your physical therapy education was taught in English -- submit letter from your school official indicating such.

In order to be considered for licensure, applicants who were educated outside the United States or one of its territories must submit the following: (read the General Instructions on Page 2 and the General Acceptance of Exam Instructions on page 5 **now**, if you have not yet done so):

- a. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- b. Application for Licensure and/or Examination (four-page);
- c. **CT Form** (Certification of Licensing Agency/Board)--If you have ever held a license as a physical therapist/physical therapy assistant or related 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 are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed form directly to you;
- d. Submit the following proof of education:
 1. Evaluation of your education by the Foreign Credentialing Commission on Physical Therapy (FCCPT), 511 Wythe Street, Alexandria, VA 22314.
 2. **ED-PT** form must be completed and signed by the school official of your PT/PTA program, with the school seal affixed.
 3. Proof of passing the TOEFL and TSE examinations (see note).
 4. Transcripts with School Seal and **course descriptions**.
- e. Fee--See **REFERENCE SHEET - A**.

OUT-OF-STATE GRADUATE WORK AUTHORIZATION

General Instructions

If you are scheduled to take or have taken the exam in another state, you may request authorization to work pending the results of the examination provided said exam is your **first** attempt. To file, follow the appropriate instructions for Acceptance of Examination. In addition, submit the **CT** form which must be completed by the state board of the state in which you have taken or are scheduled to take the examination.

You may not begin practice as a physical therapist/physical therapist assistant until you have received notice from this Department. You may practice only under the direct supervision of a licensed physical therapist.

In no instance shall you practice or be employed in any supervisory capacity.

If you fail to pass the exam, you may no longer practice physical therapy until you have obtained a license to do so.

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.***

General Endorsement Instructions

~NOTE~

Licensure requirements in the State of original licensure must have been substantially equivalent to the requirements in Illinois at the time of licensure.

1. Read the "General Instructions" before proceeding. All documents and forms required for licensure by Endorsement must be submitted to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791
2. **Fee payment** must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation (see REFERENCE SHEET - A, Chart I).
3. Examination scores must be reported directly to the Illinois Department of Financial and Professional Regulation by the Federation of State Boards of Physical Therapy: FSBPT, 509 Wythe Street, Alexandria, VA 22314, telephone number 1-703/299-3100, or <https://www.fsbpt.net/pt>.

NOTE: You may not work as a physical therapist or physical therapist assistant in the State of Illinois until your application and all supporting documents are received by the Department of Financial and Professional Regulation AND you have received official notification from the Department that you may begin working. Any practice of physical therapy in the State of Illinois prior to receipt of such official notification is subject to disciplinary action.

Educated Inside U.S. or one of its Territories

In order to be considered for licensure, applicants who were educated in the United States or one of its territories must submit the following (read the General Instructions on Page 2 and the General Endorsement Instructions on page 7 **now**, if you have not yet done so):

- a. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- b. Application for Licensure and/or Examination (four-page);
- c. **CT** Form (Certification of Licensing Agency/Board) - This form must be completed by the original state of licensure and the current state of physical therapy/physical therapy assistant practice. **Current** registration in another state is required by the Illinois Physical Therapy Act. You must direct the licensing agency/board to return the completed form directly to you;
- d. **ED-PT** Form (Certificate of Education);
- e. Fee--See **REFERENCE SHEET - A**.

ENDORSEMENT (cont'd)

Educated Outside U.S. or one of its Territories

~NOTE~

Passage of TOEFL and TSE are required UNLESS your physical therapy education was taught in English -- submit letter from school official indicating such.

~NOTE~

The Department may waive the English proficiency examination for foreign-educated applicants who are currently licensed and have been actively practicing in another jurisdiction for 3 years prior to the date of application for licensure in Illinois.

In order to be considered for licensure, applicants who were educated outside the United States or one of its territories must submit the following (read the General Instructions on Page 2 and the General Endorsement Instructions on page 7 **now**, if you have not yet done so):

- a. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- b. Application for Licensure and/or Examination (four-page);
- c. **CT Form** (Certification of Licensing Agency/Board) - This form must be completed by the original state of licensure and the current state of physical therapy/physical therapy assistant practice. **Current** registration in another state is required by the Illinois Physical Therapy Act. You must direct the licensing agency/board to return the completed form directly to you;
- d. Submit the following proof of education:
 1. Evaluation of your education by the Foreign Credentialing Commission on Physical Therapy (FCCPT), 511 Wythe Street, Alexandria, VA 22314.
 2. **ED-PT** form must be completed and signed by the school official of your PT/PTA program, with the school seal affixed.
 3. Proof of passing the TOEFL and TSE examinations (see note).
 4. Transcripts with School Seal and **course descriptions**.
- e. Fee--See **REFERENCE SHEET - A**

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.***

General Restoration Instructions

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those physical therapists 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.

Do the following if you wish to apply for restoration of your license because it has expired or been placed on inactive status for more than five years. Read the General Instructions on Page 2 before proceeding. All documents and forms required for licensure by restoration must be submitted to the following address:

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 the Department of Financial and Professional Regulation (see the Official Use Only Box on supporting document **RS** (Restoration), for the fee amount you must submit). Submit the following documents and/or forms:

- a. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- b. Application for Licensure and/or Examination (four-page)
- c. **RS** Form (Restoration). 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.
- d. Proof of meeting the continuing education requirements. Continuing education hours must be completed during the 24 months preceding application for restoration. Copies of certificates of attendance must be submitted to verify compliance with the CE renewal requirements. (Physical therapists must submit 40 hours and Physician Therapist Assistants must submit 20 hours.)

In addition to the items above, you must also submit one of the following:

- **CT Form** (Proof of licensure in another state) – If you have been practicing as a physical therapist in another state or jurisdiction, this form must be completed by the state of current licensure. You must also submit the **VE Form** (Verification of Employment/Experience). This form must be completed by the Personnel Representative for Physical Therapy Services at your place of employment to show active practice. If you need the VE form, please contact the Department at 1-800-560-6420; **OR**
- **DD214** – Restoring after active military service, submit a copy of this form. This form must be submitted within 2 years of termination. The termination must be other than by "dishonorable discharge" in order to qualify for waiver of the lapsed renewal fees and the restoration fee; **OR**
- Submit evidence of recent attendance at educational programs in physical therapy, including attendance at college level courses, professionally oriented

~NOTE~

The ED form may be used to verify proof of attendance at college level courses.

~NOTE~

Copies of certificates of attendance may be used to verify completion of Physical Therapy CE.

RESTORATION (cont'd)

continuing education classes, special seminars, or any other similar program, or evidence of recent related work experience to show that the applicant has maintained competence in his/her field. The Department will accept:

- A) For an applicant whose license has lapsed 5 to 10 years, 160 contact hours of clinical training under the supervision of a licensed physical therapist by the Board.
 - B) For an applicant whose license has lapsed for 10 years or more, 320 contact hours of clinical training under the supervision of a licensed physical therapist approved by the Board; **OR**
- Pass the examination set forth in Section 1340.40.

FORMS COMPLETION GUIDE

This guide will help you complete the forms needed to apply for licensure. For specific information regarding the forms which you will be required to submit, refer to the filing instructions relative to the method of licensure under which you are applying.

Application for Licensure and/or Examination

Provide all applicable information requested on all four pages of the application. The following will assist you in this endeavor:

1. Part I--Use the Reference Sheet - A (Chart I) to record the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee.
2. Part II--Enter all applicable information requested. On number 3, Social Security Number is mandatory.
3. Part III, number 6--Itemize all university/college coursework, including physical therapy education since graduation from high school. Please indicate beginning and ending dates by year.
4. Part IV--Record of Licensure Information. Individuals licensed in a U.S. jurisdiction or a foreign country or province must state whether or not they have ever held licensure (either permanent or temporary) to practice as a physical therapist/physical therapist assistant.
5. Part V--You must indicate dates and results for any and all physical therapy examinations taken.
6. Part VI--This part must be completed by all applicants.
7. Part VII--Graduates of a Physical Therapy/Physical Therapy Assistant Education Programs, must indicate school code in item "c." (See Physical Therapist/Physical Therapist Assistant School Code Listing.)
8. Part VIII--This part must be completed by all applicants.
9. Part IX --Read the certifying statement and then sign and date your application.

FORMS COMPLETION GUIDE

CCA
Healthcare Workers
Charged With Or Convicted
Of Criminal Acts

This document **MUST** be completed and submitted with each application. Your application will not be processed without completion/receipt of this form.

CT
Certification of Licensure

This document must be completed by the original state of licensure and the current state of physical therapy/physical therapy assistant practice. Complete applicant section of form and forward to the original and current state of licensure. Completion of **CT** form is not necessary if license is held in Illinois. Direct the licensing agency/board to submit the completed form directly to you.

ED-PT
Certification of Education

If you are applying for licensure under examination, acceptance of examination or endorsement, you must submit this form. Complete the applicant section of this form, then send the form to the educational institution at which you completed your physical therapy education program. The form must be signed by the dean or director of your physical therapy education program with school seal affixed. Direct the program to submit the completed form directly to you.

VE
Verification of
Employment/Experience
(Restoration only)

Fill in the top portion of this form. Then submit it to your employer to be completed by the Personnel Representative for Physical Therapy Services. Instruct that person to fill out the remainder of the form and return it to you for enclosure with the rest of your application. The purpose of this form is to provide proof of your active engagement in physical therapy in another jurisdiction.

RS
Restoration

This is one of the forms you must complete to restore your Illinois Physical Therapist/Physical Therapist Assistant license. The applicant is to complete the entire form and submit it with the other documentation as requested on page 9.

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.

Licensure Methods

Definition

Examination

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.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

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.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

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 fees, examination dates and filing deadlines if prevailing circumstances necessitate such action.

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

<u>Profession Name</u>	<u>Profession and Test Code</u>	<u>Licensure Method</u>	<u>Application Fee</u>
Physical Therapist	070	Examination (CTS)	\$ 98.00
Physical Therapist	070	Acceptance of Examination	\$100.00
Physical Therapist	070	Endorsement of License	\$100.00
Physical Therapist	070	Restoration	See Supporting Document RS

*NOTE: After successful completion of examination, you will be notified of the \$100 licensure fee.

CHART II - EXAMINATION / APPLICATION

Since the application for examination is a dual process, you must:

- Complete the Department's licensure/examination application by applying online at www.continentaltesting.net and pay the required administration fee; and
- Register for the examination online with the Federation of State Boards of Physical Therapy (FSBPT) at www.fsbpt.org and pay the required examination fee by credit or debit card.

Once you have completed both processes and are determined eligible you will receive:

- An Authorization to Test (ATT) e-mail from FSBPT that will contain the necessary information to schedule yourself for this examination requiring an additional fee payable to the testing center for the physical therapist exam.

You may apply no more than 120 days prior to graduation. If you apply for the examination prior to graduation, your physical therapy program must submit verification of your graduation within 90 days of the scheduled graduation date or the results of the examination will be void.

CHART III - EXAMINATION DATES

For information on **Examination Dates, Application Deadlines, and Test Center Codes** please visit CTS at www.continentaltesting.net.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods Except Examination (US ONLY) 1-800-560-6420 TTY 1-866-325-4949 Please allow 6 weeks from mailing your application before making an inquiry concerning its status.	Examination Licensure Method Only 708/354-9911
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REFERENCE SHEET - A

ALL FEES ARE NONREFUNDABLE

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

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

<u>Profession Name</u>	<u>Profession and Test Code</u>	<u>Licensure Method</u>	<u>Application Fee</u>
Physical Therapist Assistant	160	Examination (CTS)	\$ 98.00*
Physical Therapist Assistant	160	Acceptance of Examination	\$100.00
Physical Therapist Assistant	160	Endorsement of License	\$100.00

*NOTE: After successful completion of examination, you will be notified of the \$100 licensure fee.

CHART II - EXAMINATION / APPLICATION

Since the application for examination is a dual process, you must:

- Complete the Department's licensure/examination application by applying online at www.continentaltesting.net and pay the required administration fee; and
- Register for the examination online with the Federation of State Boards of Physical Therapy (FSBPT) at www.fsbpt.org and pay the required examination fee by credit or debit card.

Once you have completed both processes and are determined eligible you will receive:

- An approval letter from CTS; and
- An Authorization to Test (ATT) that will contain the necessary information to schedule yourself for this examination requiring an additional fee payable to the testing center for the physical therapist assistant exam.

You may apply no more than 120 days prior to graduation. If you apply for the examination prior to graduation, your physical therapy assistant program must submit verification of your graduation within 90 days of the scheduled graduation date or the results of the examination will be void.

CHART III - EXAMINATION DATES

For information on **Examination Dates, Application Deadlines, and Test Center Codes** please visit CTS at www.continentaltesting.net.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

REQUEST FOR ASSISTANCE

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Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Physical Therapist

*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	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.	
ED Form	
CT Form from original state of licensure and current state of licensure (if applicable)	
FSBPT Examination Scores	
Credentials Evaluation from FCCPT	
Official Transcripts (if applicable)	
Course Descriptions (if applicable)	
TOEFL Score (if applicable)	
TSE Score (if applicable)	
RS Form (if applicable) (NOTE: if restoring)	
Proof of Approved Continuing Education hours (if applicable)-- (40 hours for PT; 20 hours for PTA)	
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.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

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.

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

- | | |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
| <input type="checkbox"/> Other: _____ | |

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 <input type="checkbox"/> Female <input type="checkbox"/> 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
---	---------------------------------------

NAME (Last, First, MI):

SS#:

Profession:

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)
1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? Yes No Received OR G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED 3. LAST PRELIMINARY SCHOOL LOCATION (City and State) 4. DATE OF GRADUATION
 _____ / _____ Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)
1 2 3 4 5 6 7 8 Graduated? Yes No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM Month/Year	TO Month/Year	

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

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
		FROM Month/Year	TO Month/Year	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI):

SS#:

Profession:

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.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(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.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
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. <i>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.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
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? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
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? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)
<p>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.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>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."</p> <p>Are you delinquent in the filing of state taxes? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PART VIII: Certifying Statement
<p>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.</p> <p>_____</p> <p style="text-align: center;">Signature of Applicant</p> <p>_____</p> <p style="text-align: center;">Date</p> <p>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.</p>

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

SUPPORTING DOCUMENT

CCA

1. NAME LAST FIRST MIDDLE

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

2. ADDRESS STREET, CITY, STATE, ZIP CODE

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.**

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

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:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? * | <input type="checkbox"/> | <input type="checkbox"/> |

*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 _____

* 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.

* DEFINITIONS

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);
- ee) 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.

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.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

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 ____ / ____ / ____ 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. _____ 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.
Name of Licensing Agency or Board

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													
<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)													
<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____													
F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES												
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	<table border="0"> <tr> <td>Type of Examination</td> <td>Score</td> </tr> <tr> <td>Written</td> <td>_____</td> </tr> <tr> <td>Practical</td> <td>_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td></td> </tr> <tr> <td>Received no Grade Below</td> <td>_____</td> </tr> <tr> <td>Examination Period _____ days _____ hours</td> <td></td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____		Received no Grade Below	_____	Examination Period _____ days _____ hours	
Type of Examination	Score												
Written	_____												
Practical	_____												
Other (Describe) _____													
Received no Grade Below	_____												
Examination Period _____ days _____ hours													

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

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.

S E A L	_____	_____
	Print Name	Signature
	_____	_____
	Title	Date
	_____	_____
	Agency/Board Street Address	Area Code ()
	_____	_____
	City, State, ZIP Code	Telephone Number

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

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 90/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	<h1 style="margin: 0;">CERTIFICATION OF EDUCATION</h1>	SUPPORTING DOCUMENT <h1 style="margin: 0;">ED - PT</h1>
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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. _____ <div style="display: flex; justify-content: space-between;"> Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME _____	8. DATE OF GRADUATION / COMPLETION ____ / ____ / ____ Month Day Year	
7. NAME OF INSTITUTION ATTENDED _____		

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.

_____ Date
_____ Signature of Applicant

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side, then RETURN 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): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Co-op
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE) <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Quarter Hours <input type="checkbox"/> _____ Course Hours	H. DATES OF ATTENDANCE From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year
I. Total academic years attended ____ Years ____ Months ____ Days 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

<input type="checkbox"/> Applicant has graduated on ____ / ____ / ____ Month Day Year	<input type="checkbox"/> Applicant has completed program on ____ / ____ / ____ Month Day Year
<input type="checkbox"/> Applicant will graduate on ____ / ____ / ____ Month Day Year	<input type="checkbox"/> Applicant will complete program on ____ / ____ / ____ Month Day Year

N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:

O. PRE-PROFESSIONAL UNDERGRADUATE EDUCATION

NAME OF INSTITUTION	DATES OF ATTENDANCE ____ / ____ / ____ Month / Day / Year	CREDIT HOURS <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Course Hours
LOCATION (City and State)	____ / ____ / ____ Month / Day / Year	<input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Course Hours
NAME OF INSTITUTION	DATES OF ATTENDANCE ____ / ____ / ____ Month / Day / Year	CREDIT HOURS <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Course Hours
LOCATION (City and State)	____ / ____ / ____ Month / Day / Year	<input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Course Hours

P. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

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

SCHOOL SEAL OR NOTARY SEAL

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

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

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.

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE

APPLICANT: *Complete the application section of this form, then forward it to your employer. Upon receipt of the completed form from the employer, include it with your Application for Licensure/Examination. You are authorized to photocopy this form as necessary.*

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. <div style="text-align: right;"> _____ Profession Name _____ Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME	7. JOB TITLE OR POSITION APPLICANT HELD	
8. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year	9. SUPERVISOR NAME	

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

PART I - EMPLOYMENT INFORMATION

A. EMPLOYER NAME		B. BUSINESS / INSTITUTION NAME	
C. EMPLOYER REGISTRATION/LI-CENSE NUMBER	D. STATE OF EMPLOYER REGISTRATION/LICENSE	E. BUSINESS ADDRESS STREET CITY STATE ZIP CODE	
F. BUSINESS REGISTRATION/LI-CENSE NUMBER (If Applicable)	G. STATE OF BUSINESS REGISTRATION/LICENSE	H. BUSINESS TELEPHONE NUMBER Area Code (____) _____ - _____	

PART II - APPLICANT EMPLOYMENT INFORMATION

A. NUMBER OF HOURS WORKED PER WEEK	B. TYPE OF EMPLOYMENT [] Full-time [] Part-time	C. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year
D. RECORD APPLICANT'S POSITION TITLE(S)		
E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT.		

I do hereby declare that this information is true and correct.

Signature

Title

Date