INSTRUCTION SHEET

REGISTERED NURSE

Examination
● Endorsement
Restoration

Please submit a fully completed and signed application along with the required fee and supporting documentation.
Part I: Application Category Information – Complete as follows:

Profession Name:	Profession Code:	Licensure Method:	Fee:
Registered Nurse	041	Examination Endorsement Restoration	Exam - See Reference Sheet Endorsement - $50.00 Restoration – See RS form Temporary Permit - $25.00

Parts II, III, IV, V:
Record all information requested. Your Social Security Number (SSN) is mandatory. If you do not have a SSN, you must submit the SSN affidavit. It is available on the Department website at www.idfpr.com. Include your email address in Part II, Box 12.

Part VI: You must answer each question. An affirmative response to any of the questions, requires a detailed, personal statement and documentation.

Part VII: Examination applicants only - Refer to the Reference Sheet.

Part VIII: Both questions must be answered.

Part IX: Application must be signed in ink and dated.

GENERAL INFORMATION

Criminal Background Check: All applicants for initial licensure must submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police or its designated agent. See attached "Important Notice – Criminal Background Check Information" for more information concerning this requirement. Applicants who hold active licensure in Illinois as a licensed practical nurse do not need to submit to a criminal background check.
Documents in a Foreign Language: 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.
License Renewal: All Registered Nurses licenses expire on May 31 of every even-number year, regardless of the date of issuance. Renewal notification postcards are mailed approximately three months prior to the expiration date of your license.
Three Year Life of Application: You have three years from the date your application is received by the Department or Continental Testing Service, Inc. to complete the application process. If the process is not completed in three years, your application will be denied and the fee forfeited. Application fees are non-refundable.
Contact Information: If assistance is needed, please contact:
Examination information - www.continentaltesting.net or by phone at 1-708-354-9911
All other application information – www.idfpr.com or by phone at 1-800-560-6420 or TTY 1-866-325-4949

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

EXAMINATION

General Examination Instructions

1. Apply directly online. Register for the examination online at the Continental Testing Website at www.continentaltesting.net. Application fee payment must be made with a credit card.
2. If you are not applying online, all documents and required forms must be submitted to:

   Continental Testing Services, Inc.

   P.O. Box 100

   LaGrange, Illinois 60525-0100

   Application fee payment must be in the form of a certified check, personal check, or money order made payable to Continental Testing Services, Inc. A separate examination registration fee will be paid at the actual time of registration as noted in Chart II on the Reference Sheet.
3. Conditions of Application – Applicants have three years from the date of receipt of the application to complete the application process including passage of the examination. If the process is not 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 applications, including proof of successful completion of at least 2 additional years of professional nursing education.

NOTE: *Excelsior College is an unapproved nursing education program in the State of Illinois due to the fact that it does not have concurrent theory and clinical components as required by the Illinois Nurse Practice Act. Therefore, it is considered to be a correspondence course which is identified by the Act as not meeting the requirements for licensure by examination.*

Practice Pending Licensure

Pursuant to **Public Act 95-0639**, you are prohibited from practicing until such time as you have completed and passed the Department approved licensure examination and are in receipt of official IDFPR/CTS notification.

Practice Under Supervision

Pursuant to 60-10(d)(e) of the Illinois Nurse Practice Act, an applicant may practice as a license-pending registered nurse under direct supervision for a period of three months from the official date of passing the licensure exam as inscribed within his/her official formal pass letter. No applicant for licensure practice under the provisions of this paragraph shall practice license-pending except under the direction of a registered professional nurse or an advanced practice nurse licensed under this Act. In no instance shall any such applicant practice or be employed in any management capacity.

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

If you received your education in the United States or one of its territories, you must submit the following documentation:

a. Application for Licensure and/or Examination (four-page);

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

EXAMINATION *(cont'd)*

Educated Inside the U.S. or one of its Territories *(cont'd)*

c. **ED-NUR** Form (Certificate of Education)--Form must be signed by the Dean or Director of your nursing education program with school seal affixed, indicating graduation from a professional nursing education program approved by the Department or have been granted a certificate of completion of pre-licensure requirements from another U.S. jurisdiction, ***OR*** submission of official transcripts with school seal affixed.

d. Fee--See Reference Sheet - Chart I.

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

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:

a. Application for Licensure and/or Examination (four page);

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

c. A credentials evaluation report of your foreign nursing education from one of the following Department approved credentialing services:

- Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES). The required report is the **Healthcare Profession & Science Course-by-Course Report**. The Division will download the credentials evaluation report from CGFNS' web site when it becomes available.

  You may contact CGFNS Credentials Evaluation Service as follows:

  Credentials Evaluation Service
  CGFNS/ICHP
  3600 Market Street, Suite 400
  Philadelphia, PA 19104-2651
  Telephone #215/349-8767
  Web site: http://www.cgfns.org

- Additionally, the Educational Records Evaluation Service (ERES) has been approved by the Division as a nursing educational credentialing agency. The required report to request is the Nursing Evaluation and

EXAMINATION *(cont'd)*

Educated Outside the U.S. or one of its Territories *(cont'd)*

- NOTE -

Proof of licensure in your country of education shall be required as a part of the credentialing process.

Course by Course Report. The report will be downloaded from ERES when available.

You may contact ERES as follows:

Educational Records Evaluation Service, Inc.
601 University Avenue, Suite 127
Sacramento, CA 95825
Telephone # 916/921-0790
Email: edu@eres.com
Web site: http://www.eres.com

Further, if your first language is not English, you will be required to submit certification of passage of the Test of English as a Foreign Language (TOEFL), or the International English Language Testing System (IELTS).

e. In lieu of the above, the educational requirement may be met by submission of proof of issuance of the following original certificates from the Commission on Graduates of Foreign Nursing Schools (CGFNS):

- CGFNS Certificate; or
- VisaScreen Program Certificate and CT Form (Certification of Foreign Licensure).

f. Fee--See reference Sheet - Chart I.

ENDORSEMENT

General Endorsement Instruction

1. 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 Department of Financial and Professional Regulation (see Reference Sheet, Chart I).

NOTE: *Excelsior College is an unapproved nursing education program in the State of Illinois due to the fact that it does not have concurrent theory and clinical components as required by the Illinois Nurse Practice Act. Therefore, it is considered to be a correspondence course which is identified by the Act as not meeting the requirements for licensure.*

*There is a provision in the Act to allow for individual review of applications from applicants who are graduates of such programs provided the applicant is currently licensed in another U.S. jurisdiction and has been actively practicing in clinical nursing for a minimum of two (2) years. The applicant must have an employer complete a **VE** (Verification of Employment) form*

General Endorsement Instruction *(cont'd)*

*verifying two full years of **clinical practice** as a registered nurse. This must be submitted with the endorsement application. When the application is complete, it is reviewed by the Board of Nursing for a determination of eligibility to be rendered.*

Temporary Permit

- Important Notice -

Applicants educated outside the U.S. or its Territories must have an acceptable credentials evaluation report from a Department-approved credentials evaluation service on file with the Department indicating their nursing education is comparable to an entry-level registered professional nursing education program in the United States prior to being deemed eligible for a temporary permit.

In accordance with Section 60-10(f)(g) of the Illinois Nurse Practice Act, you may be eligible to receive a temporary permit. The permit is valid for six months from the date of issuance, or issuance of an Illinois Registered Nurse License, or notification that the Department intends to deny licensure, whichever comes first. It will be your responsibility to complete the endorsement licensure process **prior** to the expiration of the temporary permit. In order to receive the permit, submit the following forms and documentation:

a. Application for Licensure and/or Examination (four page);

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

c. **TP-NUR** Form (Temporary Permit);

d. Copies of all current active Registered/Licensed Practical Nurse licenses and/or temporary permits/licenses held by you in any other jurisdiction(s) of the United States. **Current licensure** in at least one other jurisdiction of the United States is required by the Illinois Nursing and Advanced Practice Nursing Act;

e. Fee--Combine the $50 endorsement fee and the $25 temporary permit fee into one check or money order for $75;

f. Proof of fingerprint submission in the form of a copy of the fingerprint receipt (if fingerprinted in Illinois), or a completed **OOS-FP** form if fingerptined outside of Illinois. See the Notice for additional information.

Educated Inside U.S. or one of its Territories

- IMPORTANT NOTICE -

CERTIFICATION OF LICENSURE

The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who participate in Nursys®. Please visit Nursys.com (**www.nursys.com**) or **https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx** to view a complete list.

If the state(s) where you have been licensed as a nurse participates in Nursys®, you must request verification of your licensure through Nursys® (**www.nursys.com**), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

In order to be considered for licensure, applicants who were educated in the United States or one of its territories must submit the following:

a. Application for Licensure and/or Examination (four page). You need not resubmit this form if you previously applied for a temporary endorsement permit;

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

c. **CT-NUR** Form (Verification of Licensing Agency/Board)--Submit verification of licensure from the state of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years;

d. **ED-NUR** Form (Certificate of Education) indicating graduation from a professional nursing education program approved by the Department; or the granting of a certificate of completion of pre-licensure requirements from another U.S. jurisdiction. The **ED** form must be signed by the director of the nursing education program with the school seal affixed, ***OR*** official transcripts with school seal affixed;

e. Fee--See Reference Sheet - Chart I or Page 1.

Educated Outside U.S. or its Territories

In order to be considered for licensure, applicants who were educated outside the United States or one of its territories must submit the following:

a. Application for Licensure and/or Examination (four page). You need not submit this form if you previously applied for a temporary endorsement permit;

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

c. **CT-NUR** Form (Verification of Licensing Agency/Board)--Submit verification of licensure from the state of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years. **Current** registration in another state is required by the Illinois Nursing and Advanced Practice Nursing Act.

d. A credentials evaluation report of your foreign nursing education from one of the following Department approved credentialing services. The credentials evaluation report must reflect proof of licensure in the country of education.

- The Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES). The required report is the **Healthcare Profession & Science Course-by-Course Report**. The Division will download the credentials evaluation report from CGFNS' Web site when it becomes available.

  You may contact CGFNS Credentials Evaluation Service as follows:

  Credentials Evaluation Service
  CGFNS/ICHP
  3600 Market Street, Suite 400
  Philadelphia, PA 19104-2651
  Telephone # 215/349-8767
  Web site: http://www.cgfns.org

- Additionally, the Educational Records Evaluation service (ERES) has been approved by the Division as a nursing educational credentialing agency. The required report to request is the **Nursing Evaluation and Course by Course Report.** The report will be downloaded from ERES when available.

  You may contact ERES as follows:

  Educational Records Evaluation Service, Inc.
  601 University Avenue, Suite 127
  Sacramento, CA 95825
  Telephone # 916/921-0790
  Email: edu@eres.com
  Web site: http://www.eres.com

- IMPORTANT NOTICE -

CERTIFICATION OF LICENSURE

The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who participate in Nursys®. Please visit Nursys.com (**www.nursys.com**) or **https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx** to view a complete list.

If the state(s) where you have been licensed as a nurse participates in Nursys®, you must request verification of your licensure through Nursys® (**www.nursys.com**), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

- NOTE -

Proof of licensure in your country of education shall be required as a part of the credentialing process.

ENDORSEMENT *(cont'd)*

Educated Outside U.S. or its Territories *(cont'd)*

Further, if your first language is not English, you shall be required to submit certification of passage of the Test of English as a Foreign Language (TOEFL), or the International English Language Testing System (IELTS).

e. In lieu of the items in d. above, the educational requirement may be met by submission of proof of issuance of the following original certificates from the Commission on Graduates of Foreign Nursing Schools (CGFNS):

- CGFNS Certificate; or
- VisaScreen Program Certificate and CT Form (Certification of Foreign Licensure)

f. Fee--See Reference Sheet - Chart I or Page 1.

RESTORATION

General Restoration Instructions

To restore a license that has expired or been placed on inactive status for more than five years please submit all documents and forms required for licensure by restoration 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.)

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those registered nurses 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.

Submit the following documents and/or forms:

a. Application for Licensure and/or Examination (four page);

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

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. **CT-NUR** Form (Verification of Licensing Agency/Board)--Submit Certification of active practice in another jurisdiction;

e. **VE-Form** (Verification of Employment/Experience) - Submit verification of active practice within the last 5 years;

f. **DD214**--If restoring after active military service, submit a copy of this form.

g. Proof of completion of 20 hours of continuing education (completed within two years of the date of the restoration application.)

General Restoration Instructions ***(cont'd)***

NOTE: If unable to provide proof of fitness to practice nursing via submission of a **VE** form substantiating active engagement in nursing practice in another U.S. jurisdiction within the last five (5) years, persons making application for restoration of license shall be required to successfully complete the Department-approved licensure examination (NCLEX) prior to the restoration of their license. You must apply directly to the Department; information to facilitate the exam process will be provided once the application has been reviewed and evaluated by the Department.

Temporary Permit

In accordance with Section 60-25(b)(e) of the Illinois Nurse Practice Act, you may apply for a temporary permit. The permit is valid for six (6) months from the date of issuance, or re-issuance of a permanent license by restoration or notification that the Department intends to deny licensure, whichever comes first. It will be your responsibility to complete the restoration process **prior to the expiration** of the temporary permit.

In order to receive the permit, submit the following forms and documentation:

a. Application for Licensure and/or Examination (four page);

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

b. **TP-NUR** form (Temporary Permit);

c. Photo copies of all current active Registered Nurse licenses and/or temporary permits/licenses held by you in any other U.S. jurisdiction(s). ***Current*** licensure in at least one other jurisdiction of the United States is required by the Illinois Nurse Practice Act, or verification of employment in nursing practice within the last five years in a United States jurisdiction;

d. Fee--Combine the restoration fee and the $25 temporary permit fee into one check or money order.

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 information requested on the four-page application.

1. Part I--Use the Reference Sheet (Chart I) to record the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee;
2. Part II--Enter all applicable information requested. Your Social Security Number (SSN) is mandatory. If you do not have a SSN, you must submit the affidavit;
3. Part III, number 6--Itemize all university/college coursework, including nursing 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 registered nurse or licensed practical nurse;
5. Part V--You must indicate type, dates, and results for any and all nurse examinations taken (i.e., NCLEX-RN);
6. Part VI--This part must be completed by all applicants;
7. Part VII--Graduates of Illinois Nursing Education Programs must indicate school code in item "c". Refer to www.ncsbn.org for 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.

CCA
Health Care 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-NUR
Verification of Licensure

This document must be completed by the licensing jurisdiction(s) of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years.

Complete applicant section of form; then send form to each state or territory in which you have ever held registered or practical nurse licensure. Completion of **CT-NUR** form is not necessary if license is held in Illinois.

CT-NUR
Verification of Licensure (cont'd)

Important: The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who participate in Nursys®. Please visit Nursys.com (**www.nursys.com**) or **https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx** to view a complete list.

Copies of licenses are not acceptable in lieu of an official verification of licensure.

If the state(s) where you have been licensed as a nurse participates in Nursys®, you must request verification of your licensure through Nursys® (**www.nursys.com**), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

ED-NUR
Certification of Education

If you received your nursing education in the United States or one of its territories and are applying for licensure under 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 registered nurse education program. The form must be signed by the dean or director of your nursing education program with school seal affixed.

TP-NUR
Temporary Permit

This form provides a means of applying for licensure pending the processing of an endorsement/restoration application. The entire form is to be completed by the applicant. Failure to properly complete, sign and date this form will result in a delay in the processing of your temporary endorsement or restoration permit.

VE
Verification of Employment/Experience

Fill in the top portion of this form. Then submit it to your employer to be completed by the Personnel Representative for Nursing 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 nursing in another jurisdiction.

RS
Restoration

This is one of the forms you must complete to restore your Illinois Registered Nurse license. This form is only available by contacting the Department at 1-800-560-6420.

Fingerprint Receipt
OR Certifying Statement of Fingerprint Submission
OOS-FP Form

Proof of fingerprint submission receipt (if fingerprinted in Illinois) or a completed OOS-FP form (if fingerprinted outside of Illinois).

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

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

Profession Name	Profession Code	Licensure Method	Application Fee
Registered Nurse	041	Examination (CTS) Examination (NCSBN)	* *
Registered Nurse	041	Endorsement of License Temporary Permit	$50.00 $25.00
RegIstered Nurse	041	Restoration Temporary Permit	See Supporting Document **RS** $25.00

* Contact Continental Testing Services, Inc. at www.continentaltesting.net for current fees.

CHART II - EXAMINATION CODES AND FEES

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 as noted above; ***and***
- ☐ Register for the examination through the NCLEX Examination website at **www.ncsbn.org/nclex.htm**.

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

- ☐ An Authorization to Test (ATT) that will contain the necessary information to schedule yourself for this examination. The ATT eligibility lasts for 90 days only. You must take the examination within those 90 days or reapply with new fees to CTS and Pearson Vue.

CHART III - EXAMINATION DATES - Information will be available once you are approved for the exam.

CHART IV - SCHOOL CODES - Refer to www.ncsbn.org for school code listing.

* * * * * 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** Continental Testing Services, Inc. 1-708-354-9911

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Registered Nurses

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
Application Fee - $50 application fee; $25 temporary permit fee; $75 total	
Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.	
ED-NUR Form with seal and signature affixed; or Nursing transcripts with seal affixed.	
Credentials of Foreign Education (if applicable)	
CT-NUR (Certification of Licensure) Form completed by state of *original* licensure and any state in which you have practiced in the last five (5) years.	
Verification requested from NURSYS (if applicable)	
VE (Verification of Employment) Form (if applicable)	
Proof of Name Change (if applicable)	
Criminal Background Check	
TP-NUR Form (temporary permit only)	
Copies of All Active Licenses (temporary permit only)	
RS (Restoration) Form (if applicable). You must obtain this form by contacting the Department at 1-800-560-6420.	
Current NCLEX exam passage (if applicable)	

All supporting documents *may not be required*. Please refer to application instructionsfor 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

- ☐ 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	10. AGE
	___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year)	____ ☐ Female ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ (Area Code)

Home: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ (Area Code)

Fax: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ (Area Code)

Fax: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ (Area Code)

12. **REQUIRED** E-MAIL ADDRESS

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

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 ___ ___ / ___ ___ ___ ___ Month 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 FROM	DATES OF ATTENDANCE TO	TYPE OF DEGREE EARNED
		Month/Year	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 FROM	DATES OF ATTENDANCE TO	Did You Complete Training?
		Month/Year	Month/Year	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ 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 *(This part must be completed by all applicants)*	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. *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: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes. ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

b) CHART III - Select the examination site you desire and enter Test Center Code: ☐☐☐☐

c) CHART IV - Find your School of Graduation and enter school code: ☐

d) Record the number of times you have taken this exam in Illinois or any other state: ☐☐

PART VIII: Child Support and/or Student Loan 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 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

   Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes ☐ No ☐

PART IX: 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.

NAME (Last, First, MI):

SS#:

Profession:

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

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
- ☐ 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:

		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? *	☐	☐
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?	☐	☐
3)	Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *	☐	☐
4)	Are you currently charged with or have you been convicted of a forcible felony? *	☐	☐

*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

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 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION BY LICENSING AGENCY/BOARD

SUPPORTING DOCUMENT

CT-NUR

APPLICANT: Complete the applicant section of this form then forward this form to the state or territory in which you are requesting verification of your examination status, license or examination scores. Contact certifying jurisdiction for appropriate fee. Photocopying this form is permissible.

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 (__ __ __) _ _ _ - _ _ _ _	
7a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	7b. LICENSE NUMBER (If applicable)	7c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of
Name of Licensing Agency or Board

Financial and Professional Regulation or its designated testing service, the information requested below.

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: Complete the remainder of this form. Use Part V on the reverse side of this form for any additional information relating to the examination status of the above-named applicant which has not been provided on this form (i.e. wrote the National State Board Test Pool Examination, etc.) Please record N/A in areas which are not applicable.

PART I. - VERIFICATION OF EXAMINATION STATUS

A. The applicant ☐ has written the following examination _____ times.

☐ is scheduled for the following examination on __ __ / __ __ / __ __ __ __
Month Day Year

√	NAME OF EXAMINATION	DATE OF EXAMINATION	RESULTS Passed	RESULTS Failed	DATE OF EXAMINATION	RESULTS Passed	RESULTS Failed
	National Council Licensure Examination for Registered Nurses (NCLEX-RN)						
	National Council Licensure Examination for Practical Nurses (NCLEX-PN)						

B. Nursing Education Program Completed.

Name of Program	Location of Program	Year of Graduation

C. Does your state require the Council of Graduates of Foreign Nursing Schools Examination for those Registered Nurses who received their nursing education outside the United States? ☐ Yes ☐ No

NAME (Last, First, MI):

SS#:

Profession:

PART II. - VERIFICATION 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 - Date _____
  - ☐ National Council Licensure Examination _____
  - ☐ State Constructed _____
  - ☐ Other (Name) _____
- ☐ Endorsement of License (State) _____
- ☐ Acceptance of Examination Results Administered in Another State _____
- ☐ Waiver/Grandfather _____
- ☐ Other (Describe) _____

F. CURRENT LICENSURE STATUS

- ☐ Active
- ☐ Inactive
- ☐ Lapsed
- ☐ Other (explain) _____

PART III. - VERIFICATION OF EXAMINATION SCORES

A. National

N.S.B.T.P.E. RESULTS	REGISTERED NURSE						LPN
	MEDICAL NURSING	PSYCHIATRIC NURSING	OBSTETRIC NURSING	SURGICAL NURSING	NURSING OF CHILDREN	NCLEX/COMP. EXAM	NCLEX/COMP. EXAM
Standard Scores							
Series/Form No.							

B. State Constructed Examination ☐ Registered Nurse ☐ Licensed Practical Nurse

SUBJECT	SCORE	SUBJECT	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. - ADDITIONAL INFORMATION

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

_____
Print Name

_____
Title

_____
Agency/Board Street Address

_____
City, State, ZIP Code

_____
Signature

_____
Date

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 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

ED-NUR

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.

Profession Name _____ Profession Code ___ ___ ___

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.

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. MAJOR AREA OF STUDY OF THE APPLICANT

E. DATES OF ATTENDANCE From __ __ / __ __ / __ __ __ __ (Month / Day / Year) To __ __ / __ __ / __ __ __ __ (Month / Day / Year)

F. Total academic years attended _____ Years / _____ Months / _____ Days

OR

Total calendar years attended _____ Years / _____ Months / _____ Days

G. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., BA., MA., Ph.D.)

H. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET __ __ / __ __ / __ __ __ __ (Month / Day / Year)

I. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED __ __ / __ __ / __ __ __ __ (Month / Day / Year)

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

K. NURSING SCHOOL PROGRAM CODE

NCSBN Number __ __ __ __ __ __ __ __ __ __

SUBMISSION OF THIS FORM PRIOR TO PROGRAM COMPLETION WILL RESULT IN ITS RETURN TO THE PROGRAM FOR CORRECTION.

I certify that the educational information recorded herein is true and correct according to the official records of this institution.

Print Name of Dean or Director of Nursing	License Number	Signature of Dean or Director of Nursing
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

RETURN THIS FORM TO APPLICANT

NAME (Last, First, MI):

SS#:

Profession:

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. _____ Profession Name __ __ __ Profession Code	
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/LICENSE NUMBER	D. STATE OF EMPLOYER REGISTRATION/LICENSE	E. BUSINESS ADDRESS STREET CITY STATE ZIP CODE
F. BUSINESS REGISTRATION/LICENSE 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

_____ _____
Date Title

IL486-1348 04/06 (L&T)

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

TEMPORARY PERMIT

SUPPORTING DOCUMENT

TP-NUR

APPLICANT: ***This form must be completed in its entirety and accompanied by the four (4) page application jacket.***

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. Nursing Education Program Completed.

Name of Program	Location of Program	Year of Graduation

8. Licensure examination taken in your state of original licensure which was the basis for your initial licensure:

√	NAME OF EXAMINATION	DATE OF EXAMINATION	RESULTS		DATE OF EXAMINATION	RESULTS	
			Passed	Failed		Passed	Failed
	National Council Licensure Examination for Registered Nurses (NCLEX-RN)						
	National Council Licensure Examination for Practical Nurses (NCLEX-PN)						
	Other:						

9. List all states where you hold active current licenses for the profession for which you are now making application:

10. Which one of the states noted above is the state where you have most recently been practicing? _____

11. Have you been convicted of any crime under the laws of any jurisdiction of the United States: (a) which is a felony; or (b) which is a misdemeanor directly related to the practice of the profession within the last five (5) years?

☐ Yes No ☐ If so, submit certified copies of all court records pertaining to said conviction.

12. Have you had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction within the last five (5) years? Yes ☐ No ☐

If so, have appropriate board of nursing complete CT-NUR form and attach copies of disciplinary action.

I certify the information and documents contained in this application are true and correct to the best of my knowledge. I understand should any of the information or documents contained herein be proven false, it may result in the denial of my Temporary Permit request and/or permanent endorsement/restoration application or other appropriate disciplinary action.

Signature Date

IMPORTANT NOTICE

CRIMINAL BACKGROUND CHECK INFORMATION

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. **Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.**

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to https://www.idfpr.com/FPVendor.asp. The Illinois State Police will transmit electronic results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint vendor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint vendor at the time the fingerprints are obtained.

- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:

  - Obtain one (1) Illinois State Police (ISP) Fee Applicant Card for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at www.idfpr.com. The ISP will transmit electronic results of the fingerprint processing to the Department.

  - Complete Section 1 of the **Identity Verification Certifying Statement** form.

  - The Fee Applicant Card shall be taken to a police department in **another state** to obtain classifiable prints.

  - Section 2 of the **Identity Verification Certifying Statement** shall be completed and signed by the police department.

  - Go to www.idfpr.com to select a licensed fingerprint vendor that has "Card Scan" capability. Contact the vendor to determine the fee for a "Card Scan".

  - Mail the original **Identity Verification Certifying Statement** (with Sections 1 and 2 completed), Fee Applicant card and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.

  - Mail the completed application, licensing fee and a copy of the **Identity Verification Certifying Statement** (with Sections 1 and 2 completed) to the Division of Professional Regulation.

PRIVACY STATEMENT

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

IMPORTANT NOTICE: Completion of this form is necessary for licensure/ employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.	**IDENTITY VERIFICATION CERTIFYING STATEMENT**	**OOS-FP**

Pursuant to Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 Rules, fingerprint vendors are required to confirm identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for licensure/employment in the State of Illinois. This form will be utilized to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant fingerprint card, form number ISP-404. The out-of-state agency chosen to take your fingerprints, must complete this form, as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided, belongs to the individual being fingerprinted.

Instructions: This form must be submitted, along with a manual Fee Applicant fingerprint card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant fingerprint card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant fingerprint card and submitted to an Illinois licensed live scan fingerprint vendor. As well, an additional copy may be required to be submitted to the requesting State Agency along with any additional application or required documentation specified by the State Agency.

Section 1 Applicant Information (All fields mandatory)

LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:

MAIDEN NAME/GIVEN SURNAME:	POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC)

ADDRESS: (STREET/CITY/STATE/ZIP)	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Section 2 Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

AGENCY NAME:	TCN: FRM

DATE FINGERPRINT TAKEN: / /	CONTACT PHONE NUMBER: ( ) -

PRINTING AGENT'S NAME: LAST FIRST

☐ I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

Illinois Live Scan Fingerprint Vendor Information

Section 3 Fingerprint Vendor Agency Name

LIVE SCAN FP AGENCY NAME:

REQUESTING STATE AGENCY:	REQUESTING STATE AGENCY ORI:

DATE FINGERPRINTS SUBMITTED TO ISP:	COST CENTER USED:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

AUTHORIZATION FOR THIRD PARTY CONTACT

NURSING

Instructions to Applicant: Use this form to authorize individuals or companies (such as employers or credential services) to contact the Department on your behalf regarding your application.

Name:	Phone:
Address:	SSN:
Profession:	Email:

I, _____, hereby authorize the following person/business to communicate with the Division regarding my application for initial licensure. I understand that information received from the person or business listed below shall be binding and that I will be responsible for the accuracy of all information and documents received as part of my application for initial licensure. This authorization shall expire upon issuance of the license, referral to enforcement or expiration of the application.

Name of authorized representative:
Address:
Phone:
Email:

_____ _____

Applicant Signature Date

Completed forms may be sent to the Division at:

FPR.NurseUnit@illinois.gov