



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

INSTRUCTIONS FOR FILING A PETITION FOR RESTORATION FROM A DISCIPLINARY STATUS

In response to your request for restoration of your license, attached is a Petition for Restoration form that must be completed in accordance with 68 IAC 1110.30.

If you meet the above requirements, you must:

- ✓ Include all information requested in the form
- ✓ Attach documentation that may be relevant
- ✓ If you provide information/documentation regarding medical treatment, psychotherapy, or counseling please provide under a separate attachment
- ✓ Sign the form
- ✓ Forward the completed form via email to FPR.ChiRecords@illinois.gov OR via mail to:

Illinois Department of Financial & Professional Regulation
Clerk of the Court - Chicago Records
555 W. Monroe, 5th floor
Chicago, Illinois 60661

As the Petitioner, you have the burden to prove that you have been rehabilitated and your license should be issued or restored. Each Petitioner has the right to retain an attorney to represent him/her in this matter and the Department strongly encourages you to seek counsel from an attorney.

Please see the **Frequently Asked Questions** (FAQs) available on the Department's website:
<https://idfpr.illinois.gov> for more information regarding the Petition for Review process.

**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

In re: The Petition for Restoration)

Case No.: _____)

Petitioner Name: _____)

License No.: _____)

Petitioner Contact Information

NAME: FIRST MIDDLE LAST

LICENSE NO.:

ADDRESS:

EMAIL:

PHONE NUMBER:

ANY NAMES PREVIOUSLY KNOWN BY:

Discipline Information

Date(s) of disciplinary order:

Did you appeal the above Order in Circuit Court? *(If yes, please attach copy of final court disposition).*

Please provide information whether probationary terms have been complied with, if any:

Other Required Information

List any prior adverse licensure action(s) taken against you, including date imposed, by any government agency of any state or jurisdiction or any of the armed forces of the United States:

List any prior adverse action(s) taken against you, including dates imposed, by hospitals, health care facilities, residency programs, employers, or insurance providers:

List any prior arrests or conviction(s):

List any prior Petition(s) for Restoration you have filed, including dates and whether the Petition(s) was granted or denied:

List any corrective action(s) you have taken, treatment sought, restitution paid, or evidence of other rehabilitation since the grounds for discipline action(s) taken by the Department, which would bear upon your Petition for Restoration:

Other Required Information

Please provide all continuing or remedial education completed since the discipline(s) was ordered:

Please provide all dates and types of employment you have held since your discipline(s):

Please provide a statement about your future plans if your license is restored:

CERTIFICATION

Under penalty of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I certify that this Petition for Restoration and the information herein are true and accurate.

Signature:

Date: