

INSTRUCTION SHEET

Licensed Acupuncturist

Acceptance of Examination

Endorsement

Restoration

BEFORE COMPLETING THE APPLICATION PACKAGE, read these instructions and then follow the directions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **All Illinois Acupuncturist licenses will expire on June 30 of odd numbered years.**

No person licensed under this Act may treat human ailments otherwise than by the practice of acupuncture as defined in the Act.

You may apply for licensure under one of the following application methods: Acceptance of Examination, Endorsement of License or Restoration. All applicants must complete the 4-page Application for Licensure and/or Examination and submit it with the supporting documents required by the appropriate method of application. AN APPLICANT HAS THREE YEARS FROM THE DATE OF APPLICATION TO COMPLETE THE APPLICATION PROCESS. IF THE PROCESS HAS NOT BEEN COMPLETED IN THREE YEARS, THE APPLICATION SHALL BE DENIED, THE FEE SHALL BE FORFEITED, AND THE APPLICANT MUST REAPPLY AND MEET THE REQUIREMENTS IN EFFECT AT THE TIME OF REAPPLICATION.

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General Instructions

~For Assistance~

*Call the **Department of Financial and Professional Regulation** at one of the following numbers and state that you are applying to become licensed as a Licensed Acupuncturist and need help with your application:*

1-800-560-6420
TTY - 1-866-325-4949

You may view the Act and Rules by accessing the Department Web site: www.idfpr.illinois.gov

1. All applicants must complete the 4-page Application for Licensure and/or Examination and submit the supporting documents required for your method of licensure. Following, you will find instructions detailing completion of the application and the required supporting documentation. The methods of licensure under which you may apply include: ACCEPTANCE OF EXAMINATION, ENDORSEMENT, AND RESTORATION. See page 3 to choose the appropriate method under which you must apply.
2. All areas of the application that require a signature must contain an original ink signature.
3. The application must be completed by typing or printing in black ink.
4. Fees which must accompany your application are **NOT REFUNDABLE**.
5. If the name shown on your application is different than that shown on any documentation, you must submit a photocopy of a legal name change such as a marriage license, divorce decree or court order.
6. Documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator must certify to the above requirements as well as to the accuracy of the translation.
7. When the accuracy of any submitted documentation or experience is questioned by the Department or the Board because of lack of information; discrepancies; conflicts in information given; or, a need for clarification arises, you shall be requested to:
 - a. Provide such information as may be necessary; and/or
 - b. Appear for an interview before the Board.

4-Page Application for Licensure

~For Assistance~

Call the **Department of Financial and Professional Regulation** at one of the following numbers and state that you are applying to become licensed as a Licensed Acupuncturist and need help with your application:

1-800-560-6420
TTY - 1-866-325-4949

You may view the Act and Rules by accessing the Department Web site: www.idfpr.illinois.gov

Complete the four-page Application for Licensure and/or Examination as follows:

1. Part IA - Application Category Information--Select method of application and complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Licensed Acupuncturist	198	Acceptance of Examination	\$500
Licensed Acupuncturist	198	Endorsement of Licensure	\$500
Licensed Acupuncturist	198	Restoration	*

*See Supporting Document RS for fee amount.

2. Part IB - Check the box indicating the appropriate information regarding your application.
3. Part II - Applicant Identifying Information--Enter all applicable information requested. On number 3, Social Security Number is mandatory.
4. Part III - Education Information
 - a. Numbers 1 through 5--Enter all applicable information requested.
 - b. Number 6--Itemize all university/college coursework since graduation from high school. Please indicate beginning and ending dates by month and year.
5. Part IV - Record of Licensure Information--Individuals licensed in a U.S. jurisdiction, foreign country or province must state whether or not they have ever held licensure to practice as an acupuncturist.
6. Part V - Record of Examination--Must be completed by all applicants.
7. Part VI - Personal History Instructions--Must be completed by all applicants.
8. Part VII - Examination Coding Information--Not applicable.
9. Part VIII - Child Support Information--Must be completed by all applicants.
10. Part IX - Certifying Statement--Read the certifying statement and then sign and date your application.

Send Application and Supporting Documents to:

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:

Department of Financial and Professional Regulation

Please allow 45 days from mailing your application before making an inquiry concerning its status.

Acceptance of Examination

*Send Application and
Supporting Documents to:*

**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:*

***Department of Financial and
Professional Regulation***

*Please allow **45 days** from mailing
your application before making an
inquiry concerning its status.*

To apply for licensure as an Acupuncturist on the basis of acceptance of examination, submit all of the following:

1. Properly completed 4-page Application for Licensure and/or Examination. (See page 3)
2. Supporting Document CCA which is required pursuant to ILCS 2105-165(a).
3. Proof of graduation from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or a similar accrediting body approved by the Department.
4. Current certification as an active Diplomate of Acupuncture or Diplomate of Oriental Medicine from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) or substantially equivalent credential as approved by the Department.
5. Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine.
6. **Supporting Document CT** - If you have ever been licensed as an acupuncturist in another state, Certification of original and current licensure which verifies the time you were licensed in that jurisdiction, whether there has been disciplinary action taken or pending, and the license number. Form may be photocopied.
7. Application fee of \$500. Fee must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **The fee is NON-REFUNDABLE.**

When the accuracy of any submitted documentation or experience is questioned by the Department or the Board because of lack of information; discrepancies; conflicts in information given; or, a need for clarification arises, you shall be requested to:

- a. Provide such information as may be necessary; and/or
- b. Appear for an interview before the Board.

Endorsement of Licensure

To apply for licensure as an Acupuncturist on the basis of endorsement, submit all of the following:

Send Application and Supporting Documents to:

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:

Department of Financial and Professional Regulation

Please allow 45 days from mailing your application before making an inquiry concerning its status.

1. Properly completed 4-page Application for Licensure and/or Examination. (See page 3).
2. Supporting Document CCA which is required pursuant to ILCS 2105-165(a).
3. **Supporting Document CT** - Certification of original/current licensure that verifies the time you were licensed in that jurisdiction, whether there has been disciplinary action taken or pending, and the license number. Form may be photocopied as needed.
4. Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine.

ADDITIONALLY, applicants must meet the requirements of 5, 6 **or** 7 below.

5. For applicants first licensed in another state on or after January 1, 2020, current certification as an active Diplomate of Acupuncture or Diplomate of Oriental Medicine with NCCAOM or substantially equivalent credential as approved by the Division.
 6. For applicants first licensed in another state on or after January 1, 2002, proof of the following:
 - a) Either:
 - 1) An official transcript certifying that the applicant has graduated from a school accredited by the ACAOM or a similar accrediting body approved by the Division;
 - OR
 - 2) An official transcript certifying that the applicant has graduated from a comprehensive educational program approved by the Division in accordance with Section 1140.40;
- AND
- b) Proof of successful completion of the NCCAOM comprehensive acupuncture examination or a substantially equivalent examination approved by the Division.

**Endorsement
(cont'd)**

7. For applicants first licensed in another state before January 1, 2002, proof of one (1) of the following:
 - a. Successful completion of the NCCAOM comprehensive acupuncture examination or a substantially equivalent examination approved by the Division;

OR

 - b. Current certification as an active Diplomate of Acupuncture or an active Diplomate of Oriental Medicine from NCCAOM.
8. Fee of \$500. Fee must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **The fee is NOT REFUNDABLE.**

When the accuracy of any submitted documentation or experience is questioned by the Department or the Board because of lack of information given; or, a need for clarification arises, you shall be requested to:

- a. Provide such information as may be necessary; and/or
- b. Appear for an interview before the Board.

	RESTORATION	
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IMPORTANT NOTICE: These Restoration Instructions apply only to those acupuncturists 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.

If you wish to restore your license, the following supporting documents must be submitted **with the 4-page application and required fee.**

1. **RS (Restoration of Licensure)**--This form must be completed in its entirety. 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.

RESTORATION (Continued)

2. Proof of completion of 30 continuing education hours (CE) during the 2 years prior to restoration application.
3. Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine within the last 5 years.

*Send Application and
Supporting Documents to:*

**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:*

***Department of Financial and
Professional Regulation***

*Please allow 45 days from mailing
your application before making an
inquiry concerning its status.*

4. And either:

- a) Sworn evidence of active practice as a licensed acupuncturist in another state or territory of the United States within 2 years prior to submitting the restoration application. This must include:

- 1) An official certification of licensure (Supporting Document CT) must be sent to the Department from the licensing board in the other state where you practiced

AND

- 2) A verification of practice of acupuncture (Supporting Document VE-AC) must be sent to the Department from your employer to document your practice of acupuncture in the other state where you practiced;

OR

- b) An affidavit attesting to military service as provided in Section 70 of the Acupuncture Practice Act [225 ILCS 2];

OR

- c) Proof that you have successfully completed the Acupuncture with Point Location examination, Biomedicine examination, and Foundations of Oriental Medicine examination of NCCAOM not more than 2 years prior to submitting the restoration application;

OR

- d) Proof that you have completed educational programs or post-graduate courses related to the clinical aspects of acupuncture, including courses at a school of acupuncture accredited by ACAOM or a similar accrediting body approved by the Division, professionally oriented continuing education classes, special seminars, or any other similar program approved by the Board. The programs or courses shall not be completed more than 2 years prior to submitting the restoration application. Please refer to Section 1140.80 of the Acupuncture Rules for more details.

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.**"

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Acupuncturists

*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 Tax Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
Supporting Document CCA	
CT Form (Certificate of Licensure) from the jurisdictions of original and current licensure	
RS Form (restoration only)	

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

APPLICATION FOR LICENSURE AND/OR EXAMINATION

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. Check the box indicating the appropriate information regarding your application. Military Military Spouse Not Military Decline to Answer
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. 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 \$
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C. 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"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <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, I am now applying under new statutory language. |
|---|--|

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. _____ - _____ - _____
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY _____ - _____
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY _____ - _____
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE ____ <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) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; align-items: center;"> 1 2 3 4 5 6 7 8 9 10 11 12 <div> <p>Graduated High School? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div> <div style="display: flex; align-items: center;"> <p>Received OR G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div>				
2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION <div style="display: flex; justify-content: center; align-items: center;"> _ _ / _ _ _ _ </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> Month Year </div>		
5. COLLEGE OR UNIVERSITY (Circle number of years completed) 1 2 3 4 5 6 7 8 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		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		Did You Complete Training?
		FROM	TO	
		Month/Year	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 (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. <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: 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																								
<table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black; width: 40px; height: 30px; margin: 2px;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table>																								
b) CHART III - Select the examination site you desire and enter Test Center Code:																								
<table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 25px; height: 15px;"></td> <td style="width: 25px; height: 15px;"></td> <td style="width: 25px; height: 15px;"></td> <td style="width: 25px; height: 15px;"></td> </tr> </table>																								
c) CHART IV - Find your School of Graduation and enter school code:																								
<table border="1" style="border-collapse: collapse; width: 200px; height: 20px;"> <tr> <td style="width: 100%; height: 15px;"></td> </tr> </table>																								
d) Record the number of times you have taken this exam in Illinois or any other state:																								
<table border="1" style="border-collapse: collapse; width: 50px; height: 20px;"> <tr> <td style="width: 25px; height: 15px;"></td> <td style="width: 25px; height: 15px;"></td> </tr> </table>																								

PART VIII: 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 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.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px solid black; text-align: center; padding-top: 5px;">Signature of Applicant</td> <td style="width: 50%; border-top: 1px solid black; text-align: center; padding-top: 5px;">Date</td> </tr> </table>	Signature of Applicant	Date
Signature of Applicant	Date	
I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.		

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS

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

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for double-sided printing.**

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 to accomplish the requirements outlined in 225 ILCS 2/1 et. seq. (Illinois Compiled Statute). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF PRACTICE OF ACUPUNCTURE

SUPPORTING DOCUMENT

VE-AC

APPLICANT: Complete the applicant 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 4. ADDRESS (STREET, CITY, STATE, ZIP CODE)	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
6. MAIDEN OR GIVEN SURNAME	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="text-align: center;"> LICENSED ACUPUNCTURIST 1 9 8 <small>Profession Name Profession Code</small> </div>	
8. DATES OF EMPLOYMENT FROM ____ / ____ / ____ TO ____ / ____ / ____ <small>Month Day Year Month Day Year</small>	7. JOB TITLE OR POSITION APPLICANT HELD 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. BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	D. BUSINESS TELEPHONE NUMBER Area Code (____) _____ - _____
PART II - APPLICANT EMPLOYMENT INFORMATION	
A. DATES OF EMPLOYMENT FROM ____ / ____ / ____ TO ____ / ____ / ____ <small>Month Day Year Month Day Year</small>	B. RECORD APPLICANT'S POSITION TITLE(S)
C. PRACTICE CONSISTS OF MINIMUM OF 100 DIFFERENT PATIENTS. [] Yes [] No	D. PRACTICE CONSISTS OF 500 PATIENT VISITS PER YEAR. [] Yes [] No
E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT.	

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

_____ Signature

_____ Date

_____ Title