

INSTRUCTION SHEET

CERTIFIED VETERINARY TECHNICIAN

- Acceptance of Examination
Examination
Endorsement of Licensure
Restoration

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued a license, please be advised that your license will expire on January 31 of each odd-numbered year.

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

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

NOTE: a) Indicate your veterinary technician education in **PART VII**, letter c, on the **Application for Licensure and/or Examination**.

b) Persons previously certified in Illinois as an Animal Health Technician **MUST** use the Acceptance of Examination method and instructions, **EXCEPT** your examination scores need not be requested from Interstate Reporting Services. Print **PREVIOUSLY LICENSED AS AN ANIMAL HEALTH TECHNICIAN** in **PART IV** of the **Application for Licensure and/or Examination**.

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

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

Step 4. If needed, telephone numbers for assistance in completing the Application Package are provided on the **REFERENCE SHEET**.

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

ACCEPTANCE OF EXAMINATION

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

1. Supporting Document **ED** must be completed by the authorized official of the college/university from which your veterinary technician education was obtained. School seal must be affixed.
2. If you have ever held a license as a veterinary technician or a related license, Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure and the U. S. jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form **CT** directly to you.
3. Instruct AAVSB at 816-931-1504 or www.aavsb.org to forward scores directly to this Division.
4. Fee payment is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, supporting documentation and fee to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

EXAMINATION

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

1. Supporting Document **ED** must be completed by the authorized official of the college/university from which your veterinary technician education was obtained. School seal must be affixed.
2. If you have ever held a license as a veterinary technician or a related license, Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure and the U. S. jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form **CT** directly to you.
3. Fee payment is indicated on the **REFERENCE SHEET, CHART II**. Fee payment must be in the form of a certified check or money order made payable to the Continental Testing Service, Inc.; ***or***

Apply Directly On-Line. Register for the examination by referring to the Continental Testing Web site (www.continentaltesting.net) for information on how to apply for the examination on-line and pay the test fee by credit card.

4. Forward four-page application, supporting documentation and fee to: Continental Testing Services, Inc., P. O. Box 100, LaGrange, Illinois 60525-0100; ***or***

Apply Directly On-Line. Register for the examination by referring to the Continental Testing Web site (www.continentaltesting.net) for information on how to apply for the examination on-line and pay the test fee by credit card.

ENDORSEMENT OF LICENSE

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

1. Supporting Document **ED** must be completed by the authorized official of the college/university from which your veterinary technician education was obtained. School seal must be affixed.
2. Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure and the U.S. jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form **CT** directly to you.
3. Instruct AAVSB at 816-931-1504 or www.aavsb.org to forward scores directly to this Division.
4. Fee payment is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, supporting documentation and fee to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

RESTORATION

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

These Restoration Instructions apply only to those veterinary technician 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 Call Center at 1-800-560-6420 for detailed instructions on how to restore it to active status.

NOTE: Should your application and supporting documents lack sufficient evidence to determine your current competence to practice as a Certified Veterinary Technician you will be requested to submit additional documentation and/or appear for an interview before the Veterinary Licensing and Disciplinary Board.

1. **RS (Restoration of License)** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Division of Professional Regulation Call Center at 1-800-560-6420.
2. If you are currently licensed and actively practicing in another state or territory of the U.S. **OR** if you are restoring based upon experience other than active practice in a U.S. jurisdiction (i.e. teaching, research, or publishing) Supporting Document **VE** must be completed by your employer. If self-employed, complete Supporting Document **VE** on your own behalf.
3. **Continuing Education Verification** - All applicants for restoration **MUST** submit verification of completion of **15 hours of continuing education** obtained within the 24 months immediately preceding submission of your application for restoration. Verification must be in the form of a certificate(s) of attendance issued by the sponsor of the continuing education program(s).
4. Submit one of the following:
 - a) **CT (Certification of Licensure)** - This document must be completed by the U.S. jurisdiction(s) where you have most recently been practicing, if applicable. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed form **CT** directly to you; or
 - b) Two affidavits attesting to practice as a veterinary technician in a jurisdiction where licensure is not required; or
 - c) **Military Service** - If restoring your license after active military service, submit a copy of military form DD214; or
 - d) Other evidence of experience within the profession other than active practice (such as research, teaching, or publishing) during the time when the license was expired; or
 - e) 8 hours of approved continuing education for each year the license was expired completed during the 2 years preceding application for restoration. These hours will be in addition to the 15 hours stated in number 3 above.
5. **Fee Payment** - See Supporting Document **RS** for amount. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
6. **Forward four-page application, supporting documentation and fee payment to:** Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

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 |
|---------------------------------|-----------------|---------------------------|-----------------------------------|
| Certified Veterinary Technician | 095 | Examination (CTS) | \$ 91.00 |
| Certified Veterinary Technician | 095 | Examination (AAVSB) | \$300.00 |
| Certified Veterinary Technician | 095 | Acceptance of Examination | \$ 50.00 |
| Certified Veterinary Technician | 095 | Endorsement of Licensure | \$ 50.00 |
| Certified Veterinary Technician | 095 | Restoration | See Supporting Document RS |

CHART II - EXAMINATION / APPLICATION

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

- Complete the Department's licensure/examination application by applying online at www.continentaltesting.net and pay the required administration fee with a credit card (VISA or Mastercard); **and**
- Register for the examination by referring to the AAVSB Web site (<http://www.aavsb.org>) for information on how to apply for the VTNE on-line and pay the exam fee by credit card.

***NOTE:** Only submit your application if you are planning to take the examination during the window that is about to open. The Test Fee is for the cost of the examination only and is not transferrable from one exam date to another. After successful completion of the examination you will be notified of the licensure fee.

Any candidate questions, please refer to: vettech@aavsb.org or [continentaltesting.net](http://www.continentaltesting.net) or [idfpr.com](http://www.idfpr.com)

CHART III - EXAMINATION DATES AND LOCATION

| Test Dates | Application Filing Deadlines |
|---------------------------------|------------------------------|
| November 15 - December 15, 2013 | September 1, 2013 |
| March 15 - April 15, 2014 | January 1, 2014 |
| July 15 - August 15, 2014 | May 1, 2014 |

NOTE: After you have completed both processes and are determined eligible, you will receive an ATT (Authorization to Test) with instructions for making your appointment to test from AAVSB by email.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

REQUEST FOR ASSISTANCE

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

| | |
|--|---|
| <p style="text-align: center;">Licensure Methods Except Examination (US ONLY)</p> <p style="text-align: center;">1-800-560-6420</p> <p style="text-align: center;">TTY</p> <p style="text-align: center;">1-866-325-4949</p> <p>Please allow 6 weeks from mailing your application before making an inquiry concerning its status.</p> | <p style="text-align: center;">Examination Licensure Method Only</p> <p style="text-align: center;">708/354-9911</p> |
|--|---|

SEE PAGE 2 OF REFERENCE SHEET FOR CHART IV - SCHOOL CODES

CHART IV - SCHOOL CODES

ALABAMA

95-001 Snead State Jr. College, Boaz

CALIFORNIA

95-002 Cosumnes River College, Sacramento
95-003 Hartnell College, Salinas
95-004 Los Angeles Pierce College, Woodland Hills
95-005 Mt. San Antonio College, Walnut
95-006 San Diego Mesa College, San Diego
95-007 Yuba College, Marysville
95-061 Foothill College, Los Altos Hills
95-079 Cosumnes River College, Sacramento
95-080 California State Polytechnic University, Pomona

COLORADO

95-008 Colorado Mountain College, Glenwood Springs
95-009 Bel-Rea Inst. of Animal Tech., Denver
95-081 Front Range Community College, Ft. Collins

CONNECTICUT

95-010 Quinnipiac College, Hamden

FLORIDA

95-011 St. Petersburg Jr. College, St. Petersburg

GEORGIA

95-012 Abraham Baldwin Agr. College, Tifton
95-013 Ft. Valley State College, Fort Valley

ILLINOIS

95-014 Parkland College, Champaign

INDIANA

95-015 Purdue University, West Lafayette

IOWA

95-062 Kirkwood Community College, Cedar Rapids

KANSAS

95-016 Colby Community College, Colby

KENTUCKY

95-017 Morehead State University, Morehead
95-063 Murray State University, Murray

LOUISIANA

95-018 Northwestern State Univ. of LA, Natchitoches

MAINE

95-019 University of Maine, Orono

MARYLAND

95-020 Essex Community College, Baltimore
95-021 Essex Comm. Coll Walter Reed, Baltimore
95-022 Garrett Community College, McHenry

MASSACHUSETTS

95-023 Becker Jr. College, Leicester
95-024 Mt. Ida College, Newton Center
95-025 Newbury College, Holliston
95-064 Holyoke Community College, Holyoke

MICHIGAN

95-026 Macomb Comm. College, Mt. Clemens
95-027 Michigan State University, East Lansing
95-028 Wayne Community College, Detroit

MINNESOTA

95-029 Medical Inst. of Minnesota, Minneapolis
95-030 Univ. of Minnesota, Waseca
95-065 Willmar Technical College, Willmar
95-074 Ridgewater College, Willmar

MISSISSIPPI

95-066 Hinds Community College

MISSOURI

95-031 Jefferson College, Hillsboro
95-032 Maplewood Comm. College, Kansas City
95-033 Northeast MO State Univ., Kirksville

NEBRASKA

95-034 Nebraska College of Tech. Agriculture, Curtis
95-035 Omaha Coll., of Health Career, Omaha

NEWJERSEY

95-036 Camden County College, Blackwood

NEWYORK

95-037 La Guardia Comm. Coll., Long Island City
95-038 State Univ. of New York, Canton
95-039 State Univ. of New York, Delhi
95-067 Mercy College, Dobbs Ferry
95-075 Suffolk Community College - Brentwood
95-082 Medaille College, Buffalo

NORTHCAROLINA

95-040 Central Carolina Tech. College, Sanford
95-083 Gaston College, Dallas

NORTHDAKOTA

95-041 North Dakota State Univ., Fargo

OHIO

95-042 Columbus State Community College, Columbus
95-043 Raymond Walters College, Cincinnati
95-076 Stautzenberger College - Toledo

OKLAHOMA

95-044 Murray State College, Tishoming

OREGON

95-068 Portland Community College, Portland

PENNSYLVANIA

95-045 Harcum Jr. College, Bryn Mawr
95-046 Median Sch. of Allied Health, Pittsburgh
95-047 Wilson College, Chambersburg
95-069 Manor Jr. College, Jenkintown
95-077 Johnson Tech. Ins., Scranton

PUERTORICO

95-078 University of Puerto Rico - San Juan

SOUTHCAROLINA

95-048 Tri-County Tech. College, Pendleton

SOUTHDAKOTA

95-049 National College, Rapid City

TENNESSEE

95-050 Columbia State Comm. Coll., Columbia
95-070 Lincoln Memorial University, Harrogate

TEXAS

95-051 Cedar Valley College, Lancaster
95-052 Sul Rose State University, Alpine
95-053 Texas State Tech. Institute, Waco
95-071 Midland College, Midland
95-072 Tomball College, Tomball

UTAH

95-054 Brigham Young University, Provo

VERMONT

95-073 Vermont Technical College, Randolph Center

VIRGINIA

95-055 Blue Ridge Community College, Weyers Cave
95-056 Northern Virginia Community College, Sterling

WASHINGTON

95-057 Pierce College - Fort Steilacoom, Lake Wood

WESTVIRGINIA

95-058 Fairmont State College, Fairmont

WISCONSIN

95-059 Madison Area Tech. College, Madison

WYOMING

95-060 Eastern Wyoming College, Torrington

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Certified Veterinary Technician

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

| FOUR-PAGE APPLICATION REVIEW | COMPLETED |
|---|-----------|
| Part I. Application Category Information | |
| Part II. Applicant Identifying Information | |
| Part III. Education Information | |
| Part IV. Record of Licensure Information | |
| Part V. Record of Examination | |
| Part VI. Personal History Information | |
| Part VII. Examination Coding Information (if applicable) | |
| Part VIII. Child Support and/or Student Loan Information | |
| Part IX. Certifying Statement -- Signed and Dated | |
| SUPPORTING DOCUMENTS | SUBMITTED |
| Application Fee | |
| ED form or official transcripts | |
| CT-Form must be completed by all jurisdictions of licensure (if applicable) | |
| Proof of Name Change (if applicable) | |
| RS Form (restoration method only) | |
| Certificates of CE Attendance (restoration method only) if applicable | |
| Copy of DD214 if restoring from active military service (restoration method only) if applicable | |

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

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

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

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

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

PART I: Application Category Information

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

| | | | |
|--------------------|------------------------------|---------------------|--------------|
| 1. PROFESSION NAME | 2. PROFESSION CODE ____ _ | 3. LICENSURE METHOD | 4. FEE \$ |
|--------------------|------------------------------|---------------------|--------------|

B. CHECKBOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

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

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

| | | | | |
|---|--|--|--|---|
| 1. NAME LAST FIRST MIDDLE | | 2. TITLE (e.g., M.D., D.D.S., etc.) | 3. UNITED STATES SOCIAL SECURITY NO. ____ _ - ____ - ____ | |
| 4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY | | ZIP CODE COUNTY | | |
| 5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY | | ZIP CODE COUNTY | | |
| 6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) | | | 7. MOTHER'S MAIDEN NAME | |
| 8. PLACE OF BIRTH CITY STATE/COUNTRY | | 9. DATE OF BIRTH ____ / ____ / ____ Month Day Year | | 10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male |
| 11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) ____ - ____ Home: (____) ____ - ____ (Area Code) (Area Code) Fax: (____) ____ - ____ Fax: (____) ____ - ____ (Area Code) (Area Code) | | | 12. PREFERRED e-MAIL ADDRESS(ES) [If available] | |

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 | | TYPE OF DEGREE EARNED |
|---|---|---------------------|------------------|-----------------------|
| | | FROM Month/Year | TO Month/Year | |
| | | | | |
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7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

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

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

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

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

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

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

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

| PART VI: Personal History Information (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 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.</i> | | | |
| 2. Have you been convicted of a felony? | | | |
| 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. Have you had or do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? <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.

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.

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

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

| | | |
|---|--|---|
| 1. NAME LAST FIRST MIDDLE _____ _____ / _____ / _____ <small>Month Day Year</small> | 2. DATE OF BIRTH _____ / _____ / _____ <small>Month Day Year</small> | 3. SOCIAL SECURITY NUMBER _____ - _____ - _____ |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE _____ _____ | 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ <div style="display: flex; justify-content: space-between;"> Profession Name Profession Code </div> | |
| 6. MAIDEN OR GIVEN SURNAME _____ | 7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (_____) _____ - _____ | |
| 8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable) _____ | 8b. LICENSE NUMBER (If applicable) _____ | 8c. ISSUANCE DATE OF LICENSE (If applicable) _____ |

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:

Name of Examination
Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

| | |
|---|--|
| A. NAME OF PROFESSION AS IT APPEARS ON LICENSE _____ | B. LICENSE NUMBER _____ |
| C. ISSUANCE DATE OF LICENSE _____ | D. EXPIRATION DATE OF LICENSE _____ |
| E. LICENSURE METHOD <input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) Acceptance of Examination Results _____ (Administered in Another State) | |
| <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____ | |

| | | | | | | | | | | | | | |
|--|--|---------------------|-------|---------|-------|-----------|-------|------------------------|-------|-------------------------|-------|---|--|
| F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____ | G. IF LICENSED BY EXAMINATION, RECORD SCORES <table style="width: 100%;"> <tr> <td>Type of Examination</td> <td style="text-align: right;">Score</td> </tr> <tr> <td>Written</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Practical</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Received no Grade Below</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Examination Period _____ days _____ hours</td> <td></td> </tr> </table> | Type of Examination | Score | Written | _____ | Practical | _____ | Other (Describe) _____ | _____ | Received no Grade Below | _____ | Examination Period _____ days _____ hours | |
| Type of Examination | Score | | | | | | | | | | | | |
| Written | _____ | | | | | | | | | | | | |
| Practical | _____ | | | | | | | | | | | | |
| Other (Describe) _____ | _____ | | | | | | | | | | | | |
| Received no Grade Below | _____ | | | | | | | | | | | | |
| Examination Period _____ days _____ hours | | | | | | | | | | | | | |

PART III - CERTIFICATION OF EXAMINATION SCORES

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

Date of Examination _____

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

A 2.

| SUBJECT | DATE | SCORE | SUBJECT | DATE | SCORE |
|---------|------|-------|---------|------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

B. State Constructed Examination

| SUBJECT | DATE | SCORE | SUBJECT | DATE | SCORE |
|---------|------|-------|---------|------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

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

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

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

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the 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

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. RETURN THE COMPLETED FORM TO THE APPLICANT.

| | | | |
|--|--|---|--|
| A. NAME OF INSTITUTION | | B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE | |
| C. DEPARTMENT OF INSTITUTION | | D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT | |
| E. MAJOR AREA OF STUDY OF THE APPLICANT | | F. APPLICANT WAS (CHECK ONE): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Co-op | |
| G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE) <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Quarter Hours <input type="checkbox"/> _____ Course Hours | | H. DATES OF ATTENDANCE From ___/___/___ To ___/___/___ Month Day Year Month Day Year | |
| I. Total academic years attended _____ OR Years Months Days Total calendar years attended _____ Years Months Days | | J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.) | |
| K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET ___/___/___ Month Day Year | | L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED ___/___/___ Month Day Year | |

M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE

Applicant has graduated on ___/___/___ Applicant has completed program on ___/___/___
Month Day Year Month Day Year

Applicant will graduate on ___/___/___ Applicant will complete program on ___/___/___
Month Day Year Month Day Year

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

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

NAME (Last, First, MI):

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

SS#:

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

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

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

Profession:

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.