INSTRUCTION SHEET

DETECTION OF DECEPTION

Trainee
Examination
Endorsement of License
Restoration
Trainer
Specialized Instructor

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 5 steps below in the order that they are listed, then follow the instructions 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. All Illinois Detection of Deception licenses will expire on May 31 of every 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**. Your social security number is mandatory on the four-page application and on all supporting documents in this packet.

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. Applicants who received their training outside of Illinois must submit the following:

NOTE:
a) Supporting Document **CT** for purposes of evaluation of out-of-state trainer, **AND**

b) Course materials to document substantial equivalency for out-of-state training (course description and syllabus).

Step 5. If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

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

NON-EXAMINATION TRAINEE

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.

NOTE: You can not begin training until you receive the Trainee certificate. No person who is or has been issued a detection of deception examiners license shall be issued a Trainee certificate.

1. Submit official transcript for Baccalaureate Degree, with school seal affixed. If school does not have a seal, transcript must be notarized.
2. If you have ever been issued a license, Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure (if other than Illinois) and the U. S. jurisdiction where you have most recently been practicing. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to you.
3. Application fee payment is indicated on the **REFERENCE SHEET (CHART I)**. Application fee payment must be in the form of a **check or money order** made payable to the Illinois Department of Financial and Professional Regulation.
4. Forward four-page application and supporting documentation and fee payment to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

The certificate of registration for detection of deception trainee shall expire one year from date of issuance and shall only be renewed one time past the initial issuance of the certificate.

EXAMINATION
DETECTION OF DECEPTION EXAMINER

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-DOD** must be completed by an official of the accredited college/university and must have school seal affixed. If school does not have a seal, Supporting Document **ED-DOD** must be notarized.

   NOTE: If you obtained your six (6) months of training from individually approved instructors not affiliated with a training program, you must photocopy Supporting Document **ED-DOD** and have EACH instructor certify to the training they provided.
2. Supporting Document **CS-DOD** must be completed if you are a nonresident of Illinois applicant.
3. If you have ever been previously licensed, Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure (if other than Illinois) and the U. S. jurisdiction where you have most recently been practicing. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to you.
4. Please submit a copy of your Detection of Deception Trainee Certificate as originally issued by the Department of Financial and Professional Regulation.
5. Fee payment is indicated on the **REFERENCE SHEET**. Fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.
6. Forward four-page application, supporting documentation, and fee payment 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
DETECTION OF DECEPTION EXAMINER

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-DOD** must be completed by an official of the accredited college/university and it must have school seal affixed. If school does not have a seal, Supporting Document **ED-DOD** must be notarized.

   NOTE: If you obtained your six (6) months of training from individually approved instructors not affiliated with a training program, you must photocopy Supporting Document **ED-DOD** and have EACH instructor certify to the training they provided. Include a completed course outline of the training program you completed, including a breakdown of credit hours.

2. Supporting Document **CS-DOD** must be completed if you are a nonresident of Illinois applicant.
3. Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure (if other than Illinois) and the U. S. jurisdiction where you have most recently been practicing. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to you.
4. Submit a copy of the licensing act and rules for registration in the jurisdiction of original licensure at the time you were licensed.
5. Fee payment is indicated on the **REFERENCE SHEET (CHART I)** and must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, supporting documentation, and fee payment to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

RESTORATION
DETECTION OF DECEPTION EXAMINER

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.

IMPORTANT NOTICE: These Restoration Instructions apply only to those detection of deception examiners 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.

1. Supporting Document **CT** must be completed by the U. S. jurisdiction where you are currently licensed. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to you.
2. Supporting Document **VE** must be completed to document current active practice. If you are self-employed, you may complete the document on your own behalf. 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.
3. Supporting Document **RS** must be completed. 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.
4. Submit copy of DD214 if restoring after active military service.
5. Fee payment is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, supporting documentation, and fee payment to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P. O. Box 7007, Springfield, Illinois 62791.

NON-EXAMINATION
DETECTION OF DECEPTION TRAINER

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.

NOTE: The Detection of Deception Examiners Act Coordinator may require an applicant to appear for an interview to answer questions relating to his/her qualifications or the course outline submitted. You must have an active Detection of Deception Examiner license in Illinois or proof of this license in another state with substantially equivalent qualifications. The license must be in good standing with a minimum of 3 years of experience as a licensed Detection of Deception Examiner where you currently administer examinations on a regular basis.

1. Submit official transcript for Baccalaureate Degree, with school seal affixed. If school does not have a seal, transcript must be notarized.
2. Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure (if other than Illinois) and the U. S. jurisdiction where you have most recently been practicing. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to you.
3. Submit a copy of the licensing acts and rules for registration as an Examiner in the jurisdiction of original licensure at the time you were licensed. If the state of original licensure as an Examiner was Illinois, disregard this requirement.
4. Submit a general course outline of study to be taught, including the list of books to be used, the number of hours to be devoted to each subject, a brief description of content of the instruction in each subject, and a course syllabus outlining the expected progression of the course.
5. Forward four-page application and supporting documentation to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

NON-EXAMINATION
DETECTION OF DECEPTION SPECIALIZED INSTRUCTOR
PHYSIOLOGICAL ASPECTS, PSYCHOLOGICAL ASPECTS, LEGAL ASPECTS

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.

NOTE: The Detection of Deception Examiners Act Coordinator may require an applicant to appear for an interview to answer questions relating to his/her qualifications or the course outline submitted.

1. Submit official transcript, with school seal affixed, for Baccalaureate Degree. If school does not have a seal, transcript must be notarized.

   NOTE: To be a specialized instructor for Legal Aspects, you must have a law degree.
2. Submit a general course outline of study to be taught, including the list of books to be used, the number of hours to be devoted to each subject, a brief description of content of the instruction in each subject, and a course syllabus outlining the expected progression of the course.
3. Forward four-page application and supporting documentation to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

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.

This page intentionally left blank for double-sided printing.

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
Detection of Deception Trainee	063	Nonexamination	$50.00
Detection of Deception Examiner	094	Examination	$400.00
Detection of Deception Examiner	094	Endorsement of License	$100.00
Detection of Deception Examiner	094	Restoration	See Supporting Document **RS**
Detection of Deception Trainer	No Code	Nonexamination	N/A
Detection of Deception Specialized Instructor	No Code	Nonexamination	N/A

CHART II - EXAMINATION / APPLICATION

Complete the examination/licensure application and submit it, along with the examination test fee, to Continental Testing Service (CTS) where it will be screened for eligibility.

- Access and complete the examination application:
  1) via the internet at **www.continentaltesting.net** and pay the examination fee with a credit card (VISA or MasterCard); ***or***
  2) in paper form by downloading the application:
     --from the Division of Professional Regulation's web site **www.idfpr.illinois.gov**; ***or***
     --from the CTS web site **www.continentaltesting.net**; ***or***
     --call the Division at 1-800-560-6420 and request an application.

     All paper applications must be accompanied by an examination fee in the form of a certified check or money order payable to Continental Testing Service.

***NOTE:** 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 examination, you will be notified of the licensure fee.

- Candidate Study Guides in electronic form are accessible on the IDFPR web site.

CHART III - EXAMINATION DATES

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

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

SEE PAGE 2 FOR CHART IV - SCHOOL CODES

CHART IV - SCHOOL CODES

NOT APPLICABLE

ENTER N/A IN PART VII c) OF

APPLICATION FOR LICENSURE AND/OR EXAMINATION

* * * * * REQUEST FOR ASSISTANCE * * * * *

If assistance is needed, direct your request (based upon your licensure method)
to one of the following telephone numbers:

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

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Detection of Deception

In order for your application to be processed,
<u>ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED</u>
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-DOD Form with school seal affixed/complete for verification of hours taken under the supervision of a trainer	
Transcripts for baccalaureate degree with school seal affixed	
CS-DOD Form (if a non-resident of Illinois)	
Acts & Rules (from the state of original licensure for year when licensed)	
Course Outline (for trainer and specialized instructor)	
CT Form (original state and state(s) where predominantly practice)	
VE Form (if applicable for restoring to document current active practice)	
RS Form (restoration method only)	
Copy of **DD214** (if restoring from active military service)	
Proof of Name Change (if applicable)	

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

This page intentionally left blank for double-sided printing.

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
	___ ___ ___		$

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ This is the first time I have made application for this profession in Illinois.

☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

☐ Other: _____

☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

☐ I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

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

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO.
		__ __ __ - __ __ - __ __ __ __

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

__ __ __ __ __ - __ __ __ __

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

__ __ __ __ __ - __ __ __ __

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME

8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH	10. AGE
	__ __ / __ __ / __ __ __ __ Month Day Year	____ ☐ Female ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED	12. **REQUIRED** E-MAIL ADDRESS
Work: (__ __ __) __ __ __ -- __ __ __ __ (Area Code) Home: (__ __ __) __ __ __ - __ __ __ __ (Area Code) Fax: (__ __ __) __ __ __ - __ __ __ __ (Area Code) Fax: (__ __ __) __ __ __ -- __ __ __ __ (Area Code)	

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

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 OR Received 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	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	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

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

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

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

PART V: Record of Examination

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

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

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

NAME (Last, First, MI):

SS#:

Profession:

PART VI: Personal History Information *(This part must be completed by all applicants)*	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.*		
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		

PART VII: Examination Coding Information *(This part is for examination applicants only)*

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

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

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

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

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

PART VIII: Child Support and Tax 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 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."

   Are you delinquent in the filing of state taxes? Yes ☐ No ☐

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant _____ Date _____

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

NAME (Last, First, MI):

SS#:

Profession:

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

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

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

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

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

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: 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

- ☐ Examination (Administered in Your State)
  - ☐ National (Name) _____
  - ☐ State Constructed _____
  - ☐ Other (Name) _____
- ☐ Endorsement of License (State) _____
- Acceptance of Examination Results _____ (Administered in Another State)
- ☐ Reciprocity with (State) _____
- ☐ Waiver/Grandfather
- ☐ Credentials
- ☐ Other (Describe) _____

F. CURRENT LICENSURE STATUS

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

G. IF LICENSED BY EXAMINATION, RECORD SCORES

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 — Date of Examination _____

(Record all available information)

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.

SEAL

Print Name

Title

Signature

Agency/Board Street Address

Date

Area Code ( )

City, State, ZIP Code

Telephone Number

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

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 430/1 et. seq. (Illinois Compiled Statues). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	**CERTIFICATION OF EDUCATION**	SUPPORTING DOCUMENT **ED-DOD**

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.	
6. MAIDEN OR GIVEN SURNAME	_____ Profession Name	____ ____ ____ Profession Code
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION / COMPLETION __ __ / __ __ / __ __ Month Day Year	

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below

_____ Date

_____ Signature of Applicant

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side, then <u>RETURN TO THE APPLICANT IN A SEALED ENVELOPE</u>.

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): ☐ Full-time ☐ Part-time ☐ Co-op
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE) ☐ _____ Semester Hours ☐ _____ Course Hours ☐ _____ Quarter Hours	H. DATES OF ATTENDANCE From __ __/__ __/__ __ __ __ (Month Day Year) To __ __/__ __/__ __ __ __ (Month Day Year)
I. Total academic years attended __ __ /__ __ /__ __ __ __ (Month Day Year) **OR** Total calendar years attended __ __ /__ __ /__ __ __ __ (Month Day Year)	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., 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 __ __ /__ __ /__ __ __ __ (Month Day Year)

☐ Applicant has completed program on __ __/__ __/__ __ __ __ (Month Day Year)

☐ Applicant will graduate on __ __ /__ __ /__ __ __ __ (Month Day Year)

☐ Applicant will complete program on __ __ /__ __ /__ __ __ __ (Month Day Year)

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

COMPLETE THE FOLLOWING

SUBJECTS	INSTRUCTORS	NUMBER OF HOURS	
		REQUIRED	COMPLETED
1. Fact Taking - Case History Studies		5	
2. General Theory		10	
3. Instrumentation		10	
4. Physical Settings for Examinations		5	
5. Question Formulation		25	
6. Pre-test Interviews		25	
7. Behavior Symptom Analysis		15	
8. Simulation and Calming Techniques		10	
9. Types of Test and Test Procedures		25	
10. Chart Interpretation		25	
11. Completion and Analysis of Required Reports		10	
12. History of Polygraph		10	
13. Ethics		5	
14. Interrogation		25	
15. Practical Experience		30 Exams	
16. Physiological Aspects		25	
17. Psychological Aspects		15	
18. Legal Aspects		15	
	TOTAL		

Under penalties of perjury, I declare that the information I have recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

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

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

Date of Expiration

Signature of Notary Public

RETURN THIS FORM TO APPLICANT

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 430/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	**VERIFICATION OF EMPLOYMENT/EXPERIENCE**	SUPPORTING DOCUMENT **CS - DOD**

APPLICANT: ***Complete this form and return it with your Application for Licensure/Examination.***

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		

CONSENT FOR SERVICE OF PROCESS

(To be signed only by non-residents)

I hereby consent to the provisions of Section 10 of "An Act to provide for licensing and regulating detection of deception examiners," approved August 23, 1963, as amended, and agree that suits and actions may be commenced against me in the proper court of any county in Illinois in which the plaintiff may reside, by the service of such legal process upon the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, and that such services shall be taken and held in all courts to be as valid and binding as if due service has been had upon me.

_____
Signature

_____
Date