

INSTRUCTION SHEET

Illinois Licensed Dietitian Nutritionist Continuing Education Sponsor Application

*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.*

In order for Licensed Dietitian Nutritionist to obtain credit for attendance at continuing education (C.E.) programs, the program must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Licensed Dietitian Nutritionist Continuing Education Sponsor Application. The application which you submit is valid for 3 years from date of receipt.
2. Forward a fee of \$500, in the form of a check or money order made payable to the Department of Financial and Professional Regulation. (State agencies, colleges and universities in Illinois are exempt from payment of the fee.)
3. Enclose a sample "Certificate of Attendance," which contains the following:
 - a) The name, address and license number of the sponsor;
 - b) The name and address of the participant;
 - c) A brief statement of the subject matter;
 - d) The number of clock hours actually attended in each program;
 - e) The date and place of the program; and
 - f) The signature of the person responsible for (C.E.) programs.
4. Enclose a sample C.E. program with course materials (i.e., out line of programs and brief biography of instructor).

Sponsor means a person, firm, association, corporation, or any other group which has been approved to coordinate and present continuing education courses or programs.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Illinois Dietitian Nutritionist Services Practice Board. Subsequent to Board review, you will be advised of their recommendation.

1. Renewal applicants will be required to have a total of 30 hours of C.E. which must be obtained during the applicable prerenewal period. The prerenewal period is the 24 months preceding October 31 of each odd-numbered year.
2. It shall be the responsibility of the sponsor to provide each participant in an approved program with a certificate of attendance as outlined above.
3. The sponsor shall maintain attendance records containing all of the above information and course materials for not less than five years.
4. The sponsor shall be responsible for assuring that no renewal applicant shall receive C.E. credit for time not actually spent attending the program.
5. All courses and programs shall:
 - a) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of dietetics or nutrition services;
 - b) Provide experiences which contain scientific integrity, subject matter, and course material relevant to dietetics or nutrition services;
 - c) Be developed and presented by persons with education and/or experience in the subject matter of the program;
 - d) Specify the course objectives, course content, and teaching methods to be used; and
 - e) Specify the number of C.E. hours that may be applied to fulfilling the Illinois C.E. requirements for license renewal.
6. All programs given by approved sponsors shall be open to all Licensed Dietitian Nutritionist and not be limited to members of a single organization or group.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 30/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:
 STATE OF ILLINOIS
 DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
 ATTN: Division of Professional Regulation
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786

For Official Use Only

_____ Approved
 _____ Denied
 _____ Deferred
 _____ Date

Licensed Dietitian Nutritionist Continuing Education Sponsor Application

Each participant must be supplied with a "Certificate of Attendance." Please enclose a sample certificate.

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Include Street, City, State, ZIP Code, and County)	4. FEIN OR SOCIAL SECURITY NUMBER
5. NAME OF PERSON(S) RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S) - Include curriculum vitae(s).	6. TITLE / LICENSE NUMBER(S)
7. ADDRESS (Include Street, City, State, and ZIP Code)	8. TELEPHONE NUMBER (Include Area Code)
9. SPONSOR IS: <input type="checkbox"/> Firm <input type="checkbox"/> State Agency <input type="checkbox"/> A University or College <input type="checkbox"/> A Professional Association <input type="checkbox"/> A Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Describe): _____	

19. SPONSOR'S BACKGROUND IN DIETETICS/NUTRITION SERVICES EDUCATION

NOTE: It is necessary to attach course description(s) with the application.

11. STATE HOW THIS SPONSOR WILL CONTRIBUTE TO THE ADVANCEMENT, EXTENSION, AND ENHANCEMENT OF PROFESSIONAL SKILLS AND SCIENTIFIC KNOWLEDGE IN THE PRACTICE OF DIETETICS OR NUTRITION SERVICES:

12. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)

13. a) Specify length of time Sponsor maintains records: _____ (Records must be maintained for at least 5 years.)
 b) Location where records will be maintained: _____

14. Does your organization agree to periodic monitoring of your programs by the members of the Dietitian Nutritionist Services Practice Board? Yes No

NOTE: All programs given by Approved Sponsors will be open to all registered Licensed Dietitians Nutritionist and not be limited to members of a single organization or group.

_____	_____
Signature of Person Submitting Application	Title
_____	_____
Type or Print Name of Person Submitting Application	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.

Affidavit

NAME OF CE SPONSOR:

Profession:

I hereby certify that I am the individual responsible for the continuing education (C.E.) program(s) and course(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with the criteria in 68 Ill. Adm. Code, Section 1245.310(c)(3) and all other criteria in 68 Ill. Adm. Code, Section 1245.310; and
2. That this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1245.310(c)(9).
3. All programs shall be developed and presented by persons with education and/or experience in the subject matter of the program to be presented.
4. All programs shall specify the course objectives, course content, and teaching methods to be used.
5. Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of dietetics or nutrition services.
6. Specify the number of C.E. hours that may be applied to fulfilling Illinois C.E. requirements for licensure renewal.
7. Provide experiences which contain scientific integrity, relevant subject matter, and course material.
8. Be open to all licensed dietitians and licensed nutrition counselors and not be limited to members of a single organization or group.
9. I shall verify attendance at each C.E. course or program and keep records of such attendance for no less than 5 years.
10. I will give each successful participant a certificate of attendance or participation at the end of the course or program. The certificate will include the name, address and license number of the sponsor, the name and address of the participant, the date and place of the program, the sponsor, a brief statement of the subject matter, the number of hours attended in each program, and the signature of the sponsor.
11. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1245.310; and
12. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1245.310) may result in disapproval of this sponsor by the Department; and
13. That this sponsor is aware that disapproval by the Department will result in no credit being accepted

I do hereby declare that the information I have recorded hereon is true and correct.

Print Name

Signature

Date

NOTARY
S E A L

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

Date of Expiration

Signature of Notary Public