**INSTRUCTIONS**

**SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

**OR**

**SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

**OR**

**SPEECH-LANGUAGE PATHOLOGY TEMPORARY 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.*

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</tr>
</tbody>
</table>

**BEFORE COMPLETING THE APPLICATION PACKET,** 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 October 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 undergraduate and graduate education in **Part III**, number 6 on 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 in **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, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.
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 CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Applicant must be at least 21 years of age;

3. Supporting Document ED must be completed verifying either a master's or doctoral degree from an approved speech-language pathology or audiology program. An audiologist whose degree was conferred January 1, 2008 or after must verify a doctoral degree in audiology from an approved program.

4. If you have ever been licensed, 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 to you to be submitted with your application.

5. Supporting Document VE (signed by your licensed speech-language pathology or audiology supervisor) must be completed for speech-language pathologists and audiologists verifying the successful completion of the equivalent of 9 months of full-time, supervised professional experience (with the exception being those audiologists with a doctoral degree whose professional experience is a part of the doctoral program) (Professional Experience defined on page 5); and

Submit verification of successful completion of the National Examination in Speech-Language Pathology or Audiology (PRAXIS) in the form of original grade results from the NTE Program; or

For speech-language pathologists, submit a copy of certification from the American Speech-Language Hearing Association (ASHA).

IMPORTANT NOTICE: For supervised professional experience obtained in Illinois to be acceptable, it must have been done under the authority of a valid temporary license for speech-language pathology and supervised by an IDFPR licensed speech-language pathologist.

6. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. See Reference Sheet (Chart 1) for fee payment.

7. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

Please note: For supervised professional experience for speech-language pathologists to be acceptable for permanent licensure:

• It must have occurred under the authority of a valid IDFPR Temporary License; and
• The dates of employment must be within the time frame the license was valid.
**ENDORSEMENT**

_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 CCA _must_ be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Applicant must be at least 21 years of age;

3. Supporting Document ED must be completed verifying either a master's or doctoral degree from an approved speech-language pathology or audiology program. An audiologist whose degree was conferred January 1, 2008 or after must verify a doctoral degree in audiology from an approved program.

4. Submit Supporting Document CT 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 to you to be submitted with your application.

5. Supporting Document VE (signed by your licensed speech-language pathology or audiology supervisor) must be completed verifying the equivalent of 9 months of full-time, supervised professional experience (Professional Experience defined on page 5); _and_ Submit verification of successful completion of the National Examination in Speech-Language Pathology and Audiology (PRAXIS) in the form of original grade results from the NTE Program; _or_

   For Speech-Language Pathologists, submit a copy of certification from the American Speech-Language Hearing Association (ASHA).

6. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. See Reference Sheet (Chart 1) for fee payment.

7. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

**TEMPORARY 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._

Pursuant to Section 8.1 of the Illinois Speech-Language Pathology and Audiology Practice Act, a person who has met the requirements of (a) through (e) of Section 8 of the Act and intends to undertake supervised professional experience as a speech-language pathologist must first obtain a temporary license from the Department of Financial and Professional Regulation, Division of Professional Regulation. A temporary license shall be issued for a period of 18 months and may be renewed only once for good cause shown. **NOTE:** Professional experience must be supervised by a _licensed_ speech-language pathologist.

It is expected the Clinical Fellowship Year (CFY) will commence directly after the master's degree is conferred. The temporary license is issued for a period of _eighteen (18) months_ which is deemed adequate for those individuals pursuing their supervised professional experience for either full-time or part-time basis. The CFY must be supervised by a speech-language pathologist licensed by the **Illinois Department of Financial and Professional Regulation.**

Although the American Speech Hearing Association (ASHA) Guidelines for Clinical Fellows allows up to 48 months to complete the supervised professional experience hours for _certification_ purposes, that is not the case for speech-language pathology licensure in Illinois.
TEMPORARY LICENSE (cont’d)

In order to receive the temporary license, submit the following forms and documentation:

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Four-page Application for Speech-Language Pathology Licensure;

3. Supporting Document **ED** must be completed verifying completion of a master's or doctoral degree from an approved program (no predated graduation dates are acceptable);

4. Submit verification of successful completion of the **PRAXIS** examination in the form of original grade results from the NTE program; **or**

Submit a copy of **certification** from the American Speech-Language Hearing Association (ASHA);

5. **TP-SLP** Form (Temporary License). Professional experience must be supervised by an Illinois-licensed speech-language Pathologist.

6. Fee--Combine the Speech-Language Pathologist fee of $90 (see Reference Sheet, Chart I for fee payment) and the temporary permit fee of $75 into one check or money order. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation;

7. 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.

NOTE: SPEECH-LANGUAGE PATHOLOGY TEMPORARY - LICENSE PENDING

Applicants wishing to work in a license pending status for the temporary speech-language pathology license for a period of 120 days in accordance with Section 8.1 Paragraph 2 of the Speech-Language Pathology and Audiology Practice Act must have completed the course and clinical curriculum required to receive a master's degree in speech-language pathology, but have not yet been conferred the actual master's degree. If the degree has been conferred, new graduates cannot practice under this provision.
PROFESSIONAL EXPERIENCE

Work experience shall be obtained in no less than nine months of full-time professional employment with full-time employment defined as a minimum of 30 clock hours of work per week.

Work experience shall be obtained in the following part-time increments:

1) 15-19 hours per week over 18 months;
2) 20-24 hours per week over 15 months;
3) 25-29 hours per week over 12 months.

Professional employment less than 15 hours per week will not fulfill professional experience requirements.

SPEECH-LANGUAGE PATHOLOGY ASSISTANT

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.

Submit the following documents and/or forms with the four-page application and fee:

1. Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Supporting Document ED must be completed or official transcripts indicating completion of an associate’s degree in an approved speech-language pathology assistant program and have school seal affixed.

3. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. See Reference Sheet (Chart I) for fee payment.

4. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

IMPORTANT NOTICE: Individuals with a Bachelor’s Degree in Communication Disorders and/or Speech-Language Pathology do not qualify for this category 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.

IMPORTANT NOTICE: These Restoration Instructions apply only to those speech-language pathologists, audiologists and speech-language pathology assistants 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.

Follow instructions below to apply for the restoration of your license because it has expired or been placed on inactive status for more than five years.

Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. (See the Official Use Only Box on Supporting Document RS (Restoration) for the fee amount you must submit.)

Submit the following documents and/or forms:

1. Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Submit Supporting Document CT completed by the U.S. jurisdiction 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 the completed form to you to be submitted with your application.

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 Professional Regulation at 1-800-560-6420.

4. Submit one of the following:
   a) Supporting Document VE must be completed to substantiate active engagement in the practice of your profession in another U.S. jurisdiction within the last five (5) years. Such evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the registrant was authorized to practice during the term of said active practice; or

   b) Submit a copy of DD214 if restoring after active military service; or

   c) Submit proof of successful completion of the PRAXIS examination in the form of an original score report within one year prior to application for restoration (not applicable to speech-language pathology assistants).

5. All applicants for restoration of a speech-language pathology or audiology license in Illinois must submit proof of having completed 20 hours of Continuing Education during the 2 years prior to restoration. All applicants for speech-language pathology assistant licensure must submit proof of 10 hours of Continuing Education during the 2 years prior to restoration. This must be verified by the submission of certificates of attendance provided by continuing education sponsors approved by the Department of Financial and Professional Regulation.

NOTE: APPLICANTS FOR RESTORATION MAY BE REQUIRED TO APPEAR BEFORE THE BOARD OF SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY FOR AN INTERVIEW.
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.

<table>
<thead>
<tr>
<th>Licensure Methods</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>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.</td>
</tr>
<tr>
<td>Endorsement of License</td>
<td>Original license issued in another state and that state’s requirements were substantially equivalent to Illinois requirements at time license was issued.</td>
</tr>
<tr>
<td>Acceptance of Examination</td>
<td>Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.</td>
</tr>
<tr>
<td>Restoration</td>
<td>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.</td>
</tr>
<tr>
<td>Grandfather/Waiver</td>
<td>Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).</td>
</tr>
<tr>
<td>Non-examination</td>
<td>Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.</td>
</tr>
</tbody>
</table>
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 fees if prevailing circumstances necessitate such action.

<table>
<thead>
<tr>
<th>PROFESSION NAME</th>
<th>PROFESSION CODE</th>
<th>LICENSURE METHOD</th>
<th>APPLICATION FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Speech-Language Pathologist</td>
<td>146</td>
<td>Acceptance of Examination</td>
<td>$90.00</td>
</tr>
<tr>
<td>Licensed Speech-Language Pathologist</td>
<td>146</td>
<td>Endorsement</td>
<td>$100.00</td>
</tr>
<tr>
<td>Licensed Speech-Language Pathologist</td>
<td>242</td>
<td>Temporary License</td>
<td>$75.00</td>
</tr>
<tr>
<td>Licensed Speech-Language Pathologist</td>
<td>146</td>
<td>Restoration</td>
<td>See Supporting Document RS</td>
</tr>
<tr>
<td>Speech-Language Pathology Assistant</td>
<td>217</td>
<td>Non-Examination</td>
<td>$45.00</td>
</tr>
<tr>
<td>Licensed Audiologist</td>
<td>147</td>
<td>Acceptance of Examination</td>
<td>*$135.00</td>
</tr>
<tr>
<td>Licensed Audiologist</td>
<td>147</td>
<td>Endorsement</td>
<td>*$145.00</td>
</tr>
</tbody>
</table>

*Pursuant to Public Act 91-932, effective January 1, 2001, the Department is mandated to collect a Hearing Instrument Consumer Protection Act Fee of $45 at the time of licensure and renewal. The additional fee will be deposited into the Hearing Instrument Dispenser Licensing and Discipline Fund administered by the Department of Public Health in accordance with Public Act 91-932. The fee has been incorporated into the licensing fee; please make one check or money order payable to the Department of Financial and Professional Regulation.

CHART II - EXAMINATION CODES AND FEES

NOT APPLICABLE FOR LICENSED SPEECH-LANGUAGE PATHOLOGISTS OR LICENSED AUDIOLIGISTS OR LICENSED SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

ENTER N/A IN PART VII a) OF APPLICATION FOR LICENSURE AND/OR EXAMINATION

NOT APPLICABLE FOR LICENSED SPEECH-LANGUAGE PATHOLOGISTS OR LICENSED AUDIOLIGISTS OR LICENSED SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

ENTER N/A IN PART VII b) OF APPLICATION FOR LICENSURE AND/OR EXAMINATION

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LICENSED SPEECH-LANGUAGE PATHOLOGISTS OR LICENSED AUDIOLIGISTS OR LICENSED SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

ENTER N/A IN PART VII c) OF APPLICATION FOR LICENSURE AND/OR EXAMINATION

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

If assistance is needed, direct your request to one of the following telephone numbers:

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

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.
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Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Application Checklist for Speech-Language Pathologist & Audiologist

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!

<table>
<thead>
<tr>
<th>FOUR-PAGE APPLICATION REVIEW</th>
<th>COMPLETED</th>
</tr>
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<tr>
<td>Part I. Application Category Information</td>
<td></td>
</tr>
<tr>
<td>Part II. Applicant Identifying Information</td>
<td></td>
</tr>
<tr>
<td>Part III. Education Information</td>
<td></td>
</tr>
<tr>
<td>Part IV. Record of Licensure Information</td>
<td></td>
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<tr>
<td>Part V. Record of Examination</td>
<td></td>
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<tr>
<td>Part VI. Personal History Information</td>
<td></td>
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<tr>
<td>Part VII. Child Support and/or Student Loan Information</td>
<td></td>
</tr>
<tr>
<td>Part VIII. Certifying Statement--Signed and Dated</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORTING DOCUMENTS</th>
<th>SUBMITTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-page Application for Licensure and/or Examination</td>
<td></td>
</tr>
<tr>
<td>Application Fee--refer to Reference Sheet and determine according to licensure method.</td>
<td></td>
</tr>
<tr>
<td>Supporting Document CCA <strong>must</strong> be completed and submitted with each application. Your application will not be processed without completion of this form.</td>
<td></td>
</tr>
<tr>
<td>ED Form--must be completed with the school seal affixed.</td>
<td></td>
</tr>
<tr>
<td><strong>CT</strong> (Certification of Licensure) Form completed by state of original licensure and state of current licensure where you have most recently been practicing.</td>
<td></td>
</tr>
<tr>
<td><strong>VE</strong> (Verification of Employment) Form--verifying 9 months of supervised, professional experience.</td>
<td></td>
</tr>
<tr>
<td><strong>PRAXIS</strong> Scores--verification of successful completion.</td>
<td></td>
</tr>
<tr>
<td><strong>ASHA</strong> Certification (if applicable).</td>
<td></td>
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<tr>
<td><strong>TP-SLP</strong> Form (if applicable).</td>
<td></td>
</tr>
<tr>
<td><strong>RS</strong> (Restoration) Form (if applicable). If this form was not included in the application packet, you must obtain one by contacting the Department at 1-800-560-6420.</td>
<td></td>
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<tr>
<td>Copy of DD214 if restoring from active military service.</td>
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All supporting documents **may not be required**. Please refer to application instructions for your specific method of licensure.
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APPLICATION FOR
LICENSURE AND/OR EXAMINATION

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 100/1-65 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 your 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: ____________________________

PART II: Applicant Identifying Information—You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Confidential 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 SURNAMES, 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
   ☐ Female
   ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED
   Work: (_____) _______—________
   Home: (_____) _______—________
   (Area Code)
   Fax: (_____) _______—________
   (Area Code)

12. REQUIRED
   E-MAIL ADDRESS

APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 1 of 4

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)

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<thead>
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<tr>
<td>High School?</td>
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<td>No</td>
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<td>OR G.E.D.?</td>
<td>Yes</td>
<td>No</td>
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</table>

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)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated?</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

6. **COLLEGE OR UNIVERSITY NAME** (Undergraduate and Graduate)

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATES OF ATTENDANCE</th>
<th>TYPE OF DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City and State or Country)</td>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>Month-Year</td>
<td>Month-Year</td>
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</tbody>
</table>

7. **SPECIALIZED TRAINING** (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION</th>
<th>DATES OF ATTENDANCE</th>
<th>Did You Complete Training?</th>
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<tbody>
<tr>
<td>(City and State or Country)</td>
<td>FROM</td>
<td>TO</td>
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<td>Month-Year</td>
<td>Month-Year</td>
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<td>Yes</td>
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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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS (Active, Lapsed, etc.)</th>
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</thead>
<tbody>
<tr>
<td>State of Original Licensure</td>
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<tr>
<td>State of Current Licensure where you most recently have been practicing.</td>
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<tr>
<td>Other States of Licensure</td>
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(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.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS (Passed, Failed, Absent)</th>
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(If additional space is needed, attach a separate sheet.)
PART VI: Personal History Information  (This part must be completed by all applicants)  

1. Have you been convicted of or pled guilty 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 (DUI) 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.  
   YES NO  

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.
**HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS**

1. NAME  
   LAST  
   FIRST  
   MIDDLE  

2. ADDRESS  
   STREET, CITY, STATE, ZIP CODE  

3. PROFESSIONAL LICENSE NUMBER (if any)  
   ___________  

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.

- [ ] Acupuncturists  
- [ ] Advanced Practice Registered Nurses  
- [ ] Advanced Practice Registered Nurse - Full Practice Authority  
- [ ] Athletic Trainers  
- [ ] Audiologists  
- [ ] Clinical Psychologists  
- [ ] Clinical Social Workers  
- [ ] Dental Hygienists  
- [ ] Dentists  
- [ ] Genetic Counselors  
- [ ] Licensed Clinical Professional Counselors  
- [ ] Licensed Practical Nurses  
- [ ] Licensed Social Workers  
- [ ] Marriage and Family Therapists  
- [ ] Medication Aide  

Naprapaths  
Nursing Home Administrators  
Occupational Therapists  
Occupational Therapy Assistants  
Optometrists  
Orthotists  
Pedorthists  
Perfusionists  
Pharmacists  
Physical Therapists  
Physical Therapy Assistants  
Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.)

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:**

1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act?  
   [ ] Yes  
   [ ] No

2) Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?  
   [ ] Yes  
   [ ] No

3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act?  
   [ ] Yes  
   [ ] No

4) Are you currently charged with or have you been convicted of a forcible felony?  
   [ ] Yes  
   [ ] No

*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
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 (indecency with 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),
- 12-13 (criminal sexual assault),
- 12-14 (aggravated criminal sexual assault),
- 12-14.1 (preatory 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 14 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for some other than a lawful purpose and the offense was committed on or after January 1, 1996, 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 (indecency with 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 Wrong 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 (F) 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);
i) 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.
This page intentionally left blank for double-sided printing.
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 FORWARD. (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.

Signature________________________ Date__________

RETURN COMPLETED FORM TO APPLICANT

LICENSENG 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)
   ☐ 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

(Record all available information)

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<th>Scaled Score</th>
<th>Raw Score</th>
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<tr>
<th>Standard Deviation</th>
<th>Corrected Score</th>
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<tr>
<th>National Mean</th>
<th>Percent Score</th>
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<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
<th>SUBJECT</th>
<th>DATE</th>
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### B. State Constructed Examination

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### 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.

_________________________  
Print Name

_________________________  
Signature

_________________________  
Agency/Board Street Address

_________________________  
City, State, ZIP Code

_________________________  
Date

_________________________  
Area Code ( )

_________________________  
Telephone Number

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

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.
CERTIFICATION OF EDUCATION

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):
   [ ] Full-time  [ ] Part-time  [ ] Co-op

G. CREDIT HOURS EARNED
   (CHECK ONE AND COMPLETE)
   [ ] Semester Hours
   [ ] Quarter Hours
   [ ] Course Hours

H. DATES OF ATTENDANCE
   From  /  /  /  /  /  /  /  
   To  /  /  /  /  /  /  /

I. Total academic years attended
   OR
   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  /  /  /  
   [ ] Applicant will graduate on  /  /  /  
   [ ] Applicant will complete program on  /  /  /  

N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:
0. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT’S EDUCATIONAL EXPERIENCES.

I certify that the information 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 _____________, 20__

__________________________________________________________  _______________________________________________________
Date of Expiration                                                  Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.
**APPLICATION INFORMATION**

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.

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Profession Code</th>
</tr>
</thead>
</table>

6. MAIDEN OR GIVEN SURNAME

7. JOB TITLE OR POSITION APPLICANT HELD

8. DATES OF EMPLOYMENT | From Month / Day / Year To Month / Day / Year

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. EMPLOYER REGISTRATION / LICENSE NUMBER**
- **D. STATE OF EMPLOYER REGISTRATION / LICENSE**
- **E. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE**

- **F. BUSINESS REGISTRATION / LICENSE NUMBER (if Applicable)**
- **G. STATE OF BUSINESS REGISTRATION / LICENSE**
- **H. BUSINESS TELEPHONE NUMBER**

Area Code (_______) _______ - _______

**PART II - APPLICANT EMPLOYMENT INFORMATION**

- **A. NUMBER OF HOURS WORKED PER WEEK**
- **B. TYPE OF EMPLOYMENT**
- **C. DATES OF EMPLOYMENT**

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
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</thead>
</table>

From Month / Day / Year To Month / Day / Year

- **D. RECORD APPLICANT’S POSITION TITLE(S)**

- **E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT.**

---

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

__________________________
Signature

__________________________
Date

__________________________
Title
**APPLICANT:** This form must be completed in its entirety and accompanied by the four (4) page application.

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
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<tr>
<th>2. DATE OF BIRTH</th>
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<table>
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<tr>
<th>3. SOCIAL SECURITY NUMBER</th>
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<table>
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<tr>
<th>4. ADDRESS (STREET, CITY, STATE, ZIP CODE)</th>
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</table>

<table>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>SPEECH-LANGUAGE PATHOLOGY</th>
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<tbody>
<tr>
<td>242</td>
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</table>

<table>
<thead>
<tr>
<th>Profession Name</th>
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<tr>
<th>Profession Code</th>
</tr>
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<tbody>
<tr>
<td>242</td>
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</tbody>
</table>

7. Speech-Language Pathology Program

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location of Program (City and State)</th>
<th>Type of Degree Earned</th>
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8. National Examination Information:

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>DATE OF EXAMINATION</th>
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</table>

I certify the information and documents contained in this application are true and correct to the best of my knowledge. I understand should any of the information or documents contained herein be proven false, it may result in the denial of my Temporary License request and/or permanent endorsement/restoration application or other appropriate disciplinary action.

__________________________________________
Signature

__________________________
Date

**CERTIFYING STATEMENT**

Under penalties of perjury, I, ________________________________, certify that my professional experience will be supervised by a licensed speech-language pathologist.

__________________________________________
Signature of Speech-Language Pathologist Applicant