



**IDFPR**

Illinois Department of  
Financial and Professional Regulation

Division of Professional Regulation

**Qualifications for  
Licensure:  
PRESCRIBING PSYCHOLOGIST  
CLINICAL ROTATIONS  
PROGRAM  
(269)**

Effective: 12/2024

Revised: N/NNNN

# READ ME FIRST

The Division of Professional Regulation hopes that you will find the below useful in successfully applying for registration in the State of Illinois. Carefully review this information as it will assist you in applying for your registration and eliminate any processing delays.

## Important:

- An application is active for three years from the date of receipt by the Department.
- Before contacting the Department, [please review our FAQs](#) for answers to most questions.
- If your question is not addressed in our FAQ's, please contact the department at 1-800-560-6420 [or email us](#)

## LICENSE QUALIFICATIONS

Program requirements are detailed in [68 IAC Section 1400.220](#).

## REQUIRED SUPPORTING DOCUMENTS

Application requirements are detailed in [68 IAC Section 1400.230](#). An applicant will be required to upload ALL the documents listed below:

- A single document that contains the Curriculum Vitae (CV) for ALL program faculty. Please include a cover page that lists the faculty names in the order that the CV will appear in the document.
- A document detailing the program mission statement and objectives.
- A document detailing the plan of organization for the clinical rotations program.
- A single document that details the following information for the clinical rotations:
  - Required and elective clinical rotations
  - Outlines and goals for each rotation
  - Sites for each rotation
  - Pharmacy, clinical laboratory, or diagnostic imaging available at each rotation site
  - Preceptor(s) at each rotation site
  - Clinical support staff available at each rotation site
  - Minimum weeks required for each rotation
  - Minimum clock hours required for each rotation
- A sample faculty evaluation (conducted by the program, not the participant).
- A sample rotation site evaluation (conducted by the program, not the participant).
- A sample OBJECTIVE participant evaluation (conducted by the preceptor).

## **IMPORTANT INFORMATION ONCE LICENSED**

It is your responsibility to update your contact information including email address with the Department to ensure that you receive all courtesy email reminders and other notifications