



***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.***

***Please complete the following steps to apply for licensure under the Military Portability provisions.***

## **Step I - Application Category Information**

Determine eligibility to qualify for licensure by the military portability method and check the appropriate military or military spouse box.

Military Portability applications may only be submitted if you meet all the following conditions:

- ◆ You or your spouse have current Active-Duty Permanent Change of Stations (PCS), orders to a station in Illinois.
  - o PCS orders dated over 1 year ago must be accompanied by a letter signed by the commanding officer verifying you or your spouse are still stationed in Illinois.
- ◆ You have been actively licensed within the prior 2 years, from the date of submission of your application, in the profession for which you are now applying.
- ◆ Submit a certification of licensure showing good standing from all jurisdictions where licensed, including where you have been practicing in the prior 2 years.
- ◆ Submit a copy of the service member's proof of service as indicated in Part I of the application. ONLY the documents indicated will be acceptable.

## **Step 2 - Complete the Application for Military Portability**

### **Part I - Application Category Information**

- ◆ Check the appropriate box to indicate Military or Military Spouse.

### **Part II - Application Identifying Information**

1. Profession Name	2. Profession Code	3. Profession Method	4. Fee
Enter the license desired from the REFERNECE SHEET.	Enter the corresponding profession code for the license selected from the REFERNECE SHEET.	<b>Military Portability</b>	Enter the professions corresponding fee from the REFERENCE SHEET.

- ◆ Completed questions 5-14 with your personal information. All fields are required.

### **Part III. Record of Licensure Information**

- ◆ Record of Licensure Information--Indicate all related licenses/registrations.

### **Part IV. Self-Verification of Employment / Experience**

- ◆ Complete this section to certify you have been lawfully engaged in the practice of the profession for which you are applying. Must be completed by all applicants.

### **Part V - Personal History Information**

- ◆ Must be completed by all applicants.

### **Part VI - Child Support, Tax and Workers' Compensation Information**

- ◆ Must be completed by all applicants.

### **Part VII - Certifying Statement**

- ◆ Must be signed and dated.

**Step 3 - SUPPORTING DOCUMENTS** - The following supporting documents may be required with your application.

**Fee** - Identify the appropriate application fee by using the attached REFERENCE SHEET. Payment must be in the form of a check or money order payable to IDFPR. DO NOT SEND CASH.

**PCS Orders** - Submit a copy of the service member's current PCS orders to a station in Illinois.

**CT form** - A candidate must be actively licensed in another state or U.S. Jurisdiction in the profession for which you are making application. You must provide Certification of Licensure from the state(s) or jurisdiction where licensed and you have been practicing. The applicant must contact the appropriate Board or Agency in the state(s) to arrange for an original Certification of Licensure to be sent directly to the Department. IDFPR will accept other states' formats for Certification of Licensure in lieu of the CT form, if the information provided by the other state includes the same information.

**PHQ form** – This form is required for all health-related professions indicated on the form.

**Personal History Documents** - An applicant marking "YES" in response to any of the personal history questions in PARTS V and VI, of the application will need to provide a signed, dated personal statement of explanation and corresponding documentation. For criminal issues please provide a certified copy of the disposition from the court or a statement from the court indicating why one is not available. For medical disclosures please provide a physician's statement that includes whether the condition being disclosed will prevent you from performing the essential functions of the profession for which you are applying.

**Proof of name change(s)** - If any of the supporting documents referenced above list a different name than the name on the application, proof of name change(s) must be submitted. An applicant must document each step of each change. Examples of acceptable documentation include: Signed Marriage Certificates, Marriage Licenses, Divorce Decrees, Court orders showing change(s) of name.

**Fingerprint/background check** – You will receive a notice after the initial review of your application if the profession you are applying for requires fingerprint results. Printing directions will be provided.

## **Step 4 - Mail Application**

Mail your application for military portability, supporting documents and payment to:

Illinois Department of Financial and Professional Regulation  
ATTN: Military Liaison  
320 W. Washington Street, Ste. 367  
Springfield, IL 62786

An application is valid for 3 years from date it is received by the Department.

### **Need Assistance**

If you need assistance, please contact the Department of Financial and Professional Regulation at:

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

### **BE ADVISED WHEN APPLYING UNDER THE MILITARY PORTABILITY METHOD**

Licenses issued via the Military Portability Method will only be valid while the service member is on Active-Duty, stationed in Illinois, and through the date of expiration on the license received.

Renewal of a Military Portability license is only allowed if the service member remains on Active-Duty and stationed in Illinois.

If the above criteria are not met, the license will be placed in not renewed status upon expiration. If you qualify to renew, you may do so via the online renewal system. After renewal, you will receive a notice to verify current Active-Duty status at a station in Illinois within 30 days. If verification is not received within 30 days, the license will be cancelled.

If you no longer meet the requirements above but wish to maintain an Illinois license, you must submit a new licensure application under the full statutory requirements for your profession. The standard application, documentation, fee, etc. will be required.

# 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.**"

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"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.

## CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>Profession Name</u>	<u>Profession Code</u>	<u>Application Fees</u>
Acupuncturist	198	\$500.00
Advanced Practice Registered Nurse	209	\$125.00
Architect	001	\$100.00
Athletic Trainer	096	\$200.00
Associate Behavioral Analyst	153	\$100.00
Associate Licensed Marriage and Family Therapist	208	\$100.00
Associate Sex Offender Provider	270	\$150.00
Auctioneer	441	\$200.00
Audiologist	147	\$145.00
Barber	006	\$30.00
Barber Teacher	007	\$30.00
Behavioral Analyst	152	\$400.00
Certified General Real Estate Appraiser	553	\$315.00
Certified Occupational Therapy Assistant	057	\$25.00
Certified Professional Midwife	295	\$500.00
Certified Public Accountant	065	\$120.00
Certified Residential Real Estate Appraiser	556	\$315.00
Certified Shorthand Reporter	084	\$25.00
Certified Veterinary Technician	095	\$50.00
Chiropractic Physician	038	\$500.00
Clinical Psychologist	071	\$50.00
Community Association Manager	261	\$300.00
Cosmetologist	011	\$30.00
Cosmetologist Teacher	012	\$30.00
Dentist	019	\$750.00
Detection of Deception Examiner	094	\$100.00
Dietitian Nutritionist	164	\$100.00
Electrologist	220	\$125.00
Environmental Health Practitioner	183	\$100.00
Esthetician	131	\$30.00
Esthetician Teacher	132	\$30.00
Full Practice Authority APRN	277	\$125.00
Funeral Director & Embalmer	034	\$200.00
Genetic Counselor	246	\$150.00
Hair Braider	258	\$30.00
Hair Braiding Teacher	259	\$30.00
Home Inspector	450	\$250.00
Licensed Assistant Behavior Analyst	153	\$100.00
Licensed Behavior Analyst	152	\$400.00
Licensed Clinical Professional Counselor	180	\$150.00
Licensed Clinical Social Worker	149	\$200.00
Licensed Fingerprint Vendor	249	\$150.00
Licensed Practical Nurse	043	\$50.00
Licensed Professional Counselor	178	\$150.00
Licensed Social Worker	150	\$200.00

<u>Profession Name</u>	<u>Profession Code</u>	<u>Application Fees</u>
Marriage & Family Therapist	166	\$200.00
Massage Therapist	227	\$175.00
Nail Technology Teacher	170	\$30.00
Naprapath	181	\$250.00
Nursing Home Administrator	044	\$150.00
Occupational Therapist	056	\$25.00
Optometrist	046	\$500.00
Orthotist	213	\$400.00
Pedorthist	212	\$400.00
Perfusionist	214	\$250.00
Physical Therapist	070	\$100.00
Physical Therapist Assistant	160	\$100.00
Physician & Surgeon	036	\$500.00
Physician Assistant	085	\$50.00
Podiatric Physician	016	\$400.00
Prescribing Psychologist	074	\$100.00
Private Alarm Contractor	124	\$500.00
Private Detective	115	\$500.00
Private Security Contractor	119	\$500.00
Professional Engineer	062	\$100.00
Professional Geologist	196	\$250.00
Professional Land Surveyor	035	\$150.00
Prosthetist	211	\$400.00
Real Estate Broker	475	\$150.00
Real Estate Managing Broker	471	\$175.00
Real Estate Pre-License Instructor	512	\$125.00
Real Estate Residential Leasing Agent	473	\$75.00
Registered Dental Hygienist	020	\$100.00
Registered Firearm Instructor	263	\$75.00
Registered Interior Designer	161	\$100.00
Registered Landscape Architect	157	\$100.00
Registered Pharmacist	051	\$75.00
Registered Professional Nurse	041	\$50.00
Registered Surgical Assistant	238	\$100.00
Registered Surgical Technologist	237	\$100.00
Respiratory Care Practitioner	194	\$100.00
Restricted Shorthand Reporter	083	\$35.00
Sex Offender Evaluator	271	\$150.00
Sex Offender Treatment Provider	272	\$150.00
Speech Language Pathologist	146	\$100.00
Structural Engineer	081	\$100.00
Veterinarian	090	\$100.00

**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.

# APPLICATION FOR MILITARY PORTABILITY

**APPLICANT:** Complete this form, and return it with the supporting documents and required payment.

## PART I: Application Category Information

Check the box indicating the appropriate information regarding your application.

Military                       Military Spouse

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." The active duty military member MUST have Permanent Change of Station orders to a location in Illinois. The following will be considered proof of you or your spouse's active military status: Current Permanent Change of Station orders to a location in Illinois. Proof for Spouses: Spouses current Permanent Change of Station Orders to a location in Illinois, with the spouse identified by name; Official Notification of Change of Assignment to a station in Illinois, with a legal document that shows proof of marriage, a civil union, domestic partnership or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse. **REQUESTS RECEIVED WITHOUT A FORM OF PROOF INDICATED ABOVE, WILL BE DENIED.**

## PART II: Application Identifying Information

1. PROFESSION NAME	2. PROFESSION CODE ____ _	3. LICENSURE METHOD <b>MILITARY PORTABILITY</b>	4. FEE <b>\$</b>
5. NAME            LAST                      FIRST                      MIDDLE	6. DATE OF BIRTH ____ / ____ / ____ Month      Day              Year		7. SSN OR ITIN ____ - ____ - ____
8. TELEPHONE NUMBER WORK (____) _____ - _____ (Area Code)		9. E-MAIL ADDRESS	
10. ADDRESS STREET		CITY	STATE                      ZIP CODE
11. MAIDEN OR GIVEN SURNAME		12. AGE _____ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
13. STATION OF ASSIGNMENT IN ILLINOIS (Must match PCS orders.)		14. PCS DATE INDICATED ON ORDERS	

## PART III: 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 IV: Self-Verification of Employment / Experience**

Complete the section below to certify that you have been lawfully engaged in the practice of the profession for which you are applying. Practice must have been in the prior 2 years immediately preceding the filing of the application.

A. EMPLOYER NAME

B. EMPLOYER PHONE NUMBER

C. BUSINESS / INSTITUTION ADDRESS OF APPLICANT'S EMPLOYMENT/EXPERIENCE

D. TIME DURING WHICH YOU WERE PRACTICING THE PROFESSION

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

**PART V: 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. Juvenile records, arrests not leading to a conviction, charges that were dismissed, convictions overturned by a higher court or expunged or sealed are not required to be provided.*

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. This question only applies to applicants for licensure under the Division of Professional Regulation.*

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 VI: Child Support, Tax and Workers' Compensation 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 or taxpayer ID 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

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations? Yes  No

**PART VIII: 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. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

Signature of Applicant

Date

NAME (Last, First, MI):

SSN OR ITIN:

Profession:



**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 20 ILCS 2105 of the Civil Administrative Code. Disclosure of this information is REQUIRED.

## HEALTH CARE WORKERS ADDITIONAL PERSONAL HISTORY QUESTIONS

SUPPORTING DOCUMENT

# PHQ

1. NAME      LAST                      FIRST                      MIDDLE

3. PROFESSIONAL LICENSE NUMBER (if any)

\_\_\_\_\_ - \_\_\_\_\_

2. ADDRESS      STREET, CITY, STATE, ZIP CODE

4. SOCIAL SECURITY NUMBER OR ITIN

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pursuant to 20 ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding charges or convictions pertaining to certain offenses. Please check applicable profession.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Acupuncturist  | <input type="checkbox"/> Naprapath  | <input type="checkbox"/> Psychologist, Clinical (LCP)     |
| <input type="checkbox"/> Advanced Practice Registered Nurse                           | <input type="checkbox"/> Nursing Home Administrator   | <input type="checkbox"/> Podiatrist                       |
| <input type="checkbox"/> Advanced Practice Registered Nurse - Full Practice Authority | <input type="checkbox"/> Occupational Therapist   | <input type="checkbox"/> Prosthetist                      |
| <input type="checkbox"/> Athletic Trainer   | <input type="checkbox"/> Occupational Therapy Assistant   | <input type="checkbox"/> Registered Nurse                 |
| <input type="checkbox"/> Audiologist  | <input type="checkbox"/> Optometrist  | <input type="checkbox"/> Registered Surgical Assistant    |
| <input type="checkbox"/> Behavior Analyst   | <input type="checkbox"/> Orthotist  | <input type="checkbox"/> Registered Surgical Technologist |
| <input type="checkbox"/> Behavior Analyst Assistant                                   | <input type="checkbox"/> Podiatrist   | <input type="checkbox"/> Respiratory Care Practitioner    |
| <input type="checkbox"/> Certified Midwife  | <input type="checkbox"/> Perfusionist   | <input type="checkbox"/> Sex Offender Associate           |
| <input type="checkbox"/> Chiropractic Physicians (D.C.)                               | <input type="checkbox"/> Pharmacist   | <input type="checkbox"/> Sex Offender Evaluator           |
| <input type="checkbox"/> Dental Hygienist   | <input type="checkbox"/> Physical Therapist   | <input type="checkbox"/> Sex Offender Treatment Provider  |
| <input type="checkbox"/> Dentist  | <input type="checkbox"/> Physical Therapy Assistant   | <input type="checkbox"/> Social Worker (LSW)              |
| <input type="checkbox"/> Genetic Counselor  | <input type="checkbox"/> Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.) | <input type="checkbox"/> Social Worker, Clinical (LCSW)   |
| <input type="checkbox"/> Licensed Practical Nurse                                     | <input type="checkbox"/> Physician Assistant  | <input type="checkbox"/> Speech Pathologist               |
| <input type="checkbox"/> Marriage and Family Therapist                                | <input type="checkbox"/> Professional Counselor (LPC)   |   |
| <input type="checkbox"/> Marriage and Family Therapist Assoc.                         | <input type="checkbox"/> Professional Counselor, Clinical (LCPC)  |   |
| <input type="checkbox"/> Music Therapist  |   |   |

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:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? *  | <input type="checkbox"/> | <input type="checkbox"/> |

*If YES to any of the above, attach a personal statement describing the circumstances of the charge or conviction and a certified copy of the court records regarding your charge or conviction, including 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

## \* DEFINITIONS

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 (indecent solicitation of 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),
- 11-26 (traveling to meet a minor),
- 12-13 (criminal sexual assault),
- 12-14 (aggravated criminal sexual assault),
- 12-14.1 (predatory 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 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, 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 (indecent solicitation of 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 Wrongs 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 (E5) 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);
- ii) 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.

**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. SSN OR ITIN - - - - - . - - - - -
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 Financial and Professional Regulation or its designated testing service, the information requested below.  
Name of Licensing Agency or Board

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO APPLICANT**

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

**PART I - CERTIFICATION OF EXAMINATION STATUS**

A. The applicant  has written  is scheduled to write the following examination:  
\_\_\_\_\_ Name of Examination                      \_\_\_\_\_ Date of Examination

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

**PART II - CERTIFICATION OF LICENSURE**

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE
E. LICENSURE METHOD	
<input type="checkbox"/> Examination (Administered in Your State) <ul style="list-style-type: none"> <li><input type="checkbox"/> National (Name) _____</li> <li><input type="checkbox"/> State Constructed _____</li> <li><input type="checkbox"/> Other (Name) _____</li> </ul> <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)	
<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____	

F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	Type of Examination                      Score Written    _____ Practical    _____ Other (Describe) _____ _____ Received no Grade Below _____ Examination Period ____ days ____ hours

**PART III - CERTIFICATION OF EXAMINATION SCORES**

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

Date of Examination \_\_\_\_\_

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

A 2

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

**PART IV - FORMAL ACTIONS**

A. Is there now or has there ever been any formal action commenced against the applicant?  Yes  No

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

**PART V - RECIPROCAL REGISTRATION**

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

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

SEAL

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Agency/Board Street Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Area Code (      )

\_\_\_\_\_

Telephone Number

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

**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**