



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Request for Volunteer License Status

If you are placing your license in volunteer status, do **not** complete the online renewal through the IDFPD online portal. Instead, submit this form directly to IDFPD for processing of your volunteer status renewal.

PLEASE PRINT

License No: _____ SSN or ITIN: _____ Date of Birth: _____
(last four only)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

CHECK HERE IF NAME OR ADDRESS CHANGE. A name change must be accompanied by documentary proof. Proof must be a certified copy with an official stamp or seal and be one of the following: Marriage Certificate, Divorce Decree or Court Order.

I consent to professional organizations having my email address.

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

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

4. Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been disciplined (including but not limited to restricted, suspended, or terminated) by any hospital, health care entity, or post-graduate clinical training program?

If YES, attach a detailed explanation AND attach all official records related to the action taken. Yes No

5.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you resigned in lieu of discipline or while under investigation that could lead to any restriction, suspension, or termination by any hospital, health care entity, or post-graduate clinical training program?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you had staff membership or privileges in any hospital or health care facility involuntarily reduced, limited, placed on probation, relinquished, denied, revoked, or suspended? You must answer yes if any of these actions are currently pending or if you have withdrawn or failed to proceed with an application for staff membership or privileges?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, has your provider status been restricted, suspended, or terminated by any insurance carrier, including but not limited to Medicare, Medicaid, Tricare, or any private carrier?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you voluntarily surrendered a license to practice your profession in any state, country, or U.S. federal jurisdiction? This does not include allowing your license to expire solely due to non-payment of the renewal fee?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you withdrawn an application for a license to practice your profession or any temporary/resident license in any other state, country, or U.S. federal jurisdiction?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been admonished, reprimanded, censured, and/or disciplined in any way by any professional or medical society or association, or by any non-licensing governmental agency including but not limited to any governmental assistance agency? (Disciplinary actions include, but are not limited to, any allegations currently pending.) Disclose any stipulation to informal disposition in response to this question.</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state court or in federal court? Please do not give details on minor traffic charges but do include information relating to Driving While Intoxicated (DWI) charges.</p> <p>If YES, attach a detailed explanation AND attach certified copies of all court records related to your conviction or plea. In general, a criminal conviction by itself does not usually result in denial of licensure.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been convicted of or pled guilty or nolo contendere to a felony offense in any state court or in federal court? In general, a felony conviction by itself does not usually result in denial of licensure.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board?</p> <p>If YES, attach a copy of your Certificate of Relief.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, 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?</p> <p>If YES, attach a detailed explanation and attach a detailed statement from relevant healthcare providers.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

15. Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, 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 and attach all official records related to the action taken.

Yes No

16. Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been discharged other than honorably from the armed service or from a city, county, state, or federal position?

If YES, attach a detailed explanation and attach all official records related to the action taken.

Yes No

17. 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

18. 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

19. Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act?

Yes No

20. 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 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.

Pursuant to Public Act 104-0170 (HB1270) and relevant provisions of the Good Samaritan Act and the Local Governmental and Governmental Employees Tort Immunities Act, I hereby request that my professional license be placed in Volunteer Practice Status.

I understand and agree that:

- Volunteer practice means the practice of a licensed health care professional for the benefit of an individual or the public and without compensation for the health care services provided.
- While my license is in volunteer status, I agree to engage only in the volunteer practice of my profession in a free medical clinic (as defined in the Good Samaritan Act) or in a public health clinic (as defined in Section 6-101 of the Local Governmental and Governmental Employees Tort Immunities Act).
- I shall not practice for compensation while my license remains in volunteer status.
- A license in volunteer status shall remain subject to all other provisions of the licensing statute and rules governing the profession, including standards of conduct and continuing education requirements, if applicable.
- I may request that my license status be returned to Active:
During the same renewal period in which the license was previously active; or
By renewing my volunteer license in the same manner, at the same time, and under the same conditions as an active license holder.

I certify that I have read and understand the above statements and want to place my license in volunteer status.

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. I understand if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed.

Signature of Applicant

Date

Email

Mail completed application to:

IDFPR
ATTN: VOLUNTEER
P.O. Box 7450
Springfield, Illinois 62791