



Application to Classify Records as Confidential

Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
320 West Washington Street, 3rd Floor Springfield, Illinois 62786

GENERAL INFORMATION

1. Pursuant to 20 ILCS 2105/2105-207, a licensee who has been subject to a licensing Act administered by the Division of Professional Regulation and who has been subject to disciplinary action by the Department of Financial and Professional Regulation (“Department”) may file this Application to have the record classified as confidential, not for public release and considered expunged, for an offense or action relating to:
 - a. failure to pay taxes or student loans;
 - b. continuing education;
 - c. failure to renew a license on time;
 - d. failure to obtain or renew a certificate of registration or ancillary license;
 - e. advertising; or
 - f. any grounds for discipline removed from the licensing Act.
2. A separate Application must be completed for each disciplinary record you seek to be classified as confidential. Additional forms can be found on the Department’s website: www.idfpr.illinois.gov.
3. An Application will be considered only if it is submitted more than seven (7) years after the disciplinary offense(s) occurred.
4. Submission of a **non-refundable** \$200.00 fee per Application is required in order for the Department to consider your Application.
5. Filing of this Application and the required fee does not guarantee that the records will be classified as confidential. The Department is not required to report the removal of any disciplinary record to any national database.

APPLICATION INSTRUCTIONS

1. Complete the Application on the next page. Type or print legibly with blue or black ink.
2. If a question does not apply, please indicate as “N/A.” Do not leave any blanks.
3. Incomplete Applications or Applications completed incorrectly will be returned.
4. All signatures must be original (i.e., digital or copied signatures are unacceptable).
5. Submit the completed Application and **non-refundable** \$200.00 fee to the address at the top of this page. Checks shall be made payable to the Illinois Department of Financial and Professional Regulation.
6. You must notify the Department of Financial and Professional Regulation, Division of Professional Regulation, of any address changes after submitting an Application.



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PART I: Application Category Information

1. PROFESSION NAME	2. LICENSE NUMBER	3. NON-REFUNDABLE FEE \$200.00
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PART II: Applicant Identifying Information.

4. NAME (MR/MS/MRS) LAST	FIRST	MI	5. TELEPHONE NUMBER ()
6. PERMANENT MAILING ADDRESS	CITY,	STATE,	ZIP CODE
7. BUSINESS MAILING ADDRESS	CITY,	STATE,	ZIP CODE
8. E-MAIL ADDRESS	9. ANY OTHER NAME(S) UNDER WHICH THE ORDER WAS ENTERED		

PART III. Records to be Classified as Confidential

10. DISCIPLINARY ORDER TO BE CLASSIFIED CONFIDENTIAL (Case Number of the Order)	11. DATE OF DISCIPLINARY ORDER TO BE CLASSIFIED CONFIDENTIAL (Date the Order was Entered/Signed)
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1. Is this the first time you have made a request to classify any record as confidential with the Department? If No, indicate the profession(s) and date(s) on which you previously submitted an Application: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Since the date on which the disciplinary offense(s) you seek to classify as confidential occurred, has any license issued to you by the Department been disciplined under the licensing Act? If Yes, indicate the profession, license number, case number, and date of the disciplinary order for which you were disciplined: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. To the best of your knowledge, are there any pending investigations or disciplinary cases against you by the Department? If Yes, please indicate the profession, license number, and case number for each pending investigation or case: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Are any licenses issued to you by the Department currently in a disciplinary status? If Yes, please indicate the profession, license number and case number for each discipline: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. **Certification**
Under penalties of perjury, I declare that I have examined this Application, any supporting documents submitted by me and the information contained herein, and to the best of knowledge, they are true, correct, and complete. By signing below, I hereby acknowledge that I understand that this is a request to classify disciplinary records as confidential, and I further acknowledge that I understand that any response received by me in response to the submission of this Application is final.

APPLICANT SIGNATURE	DATE
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