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

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SUPPORTING DOCUMENT

APPLICANT: Complete the applicant section of this form you are requesting certification by a licens appropriate fee. You are authorized to pho	sing agency/board. Contact certifying jurisdiction for			
1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH 3. SOCIAL SECURITY NUMBER			
4. ADDRESS STREET, CITY, STATE, ZIP CODE	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 FOR-WARDED. (If applicable)	8b.LICENSE NUMBER (If applicable) 8c. ISSUANCE DATE OF LICENSE (If applicable)			
I hereby authorize	to furnish to the Illinois Department of			
Name of Licensing Agency or Boar Financial and Professional Regulation or its designated testing	ng service, the information requested below.			
Signature	Date			
A. The applicant has written is scheduled to wi	Date of Examination			
B. The applicant has or will have written the above-named example. CERTIFICATION OF LICENSURE	amination number of times.			
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) Endorsement of License (State) Acceptance of Examination Results (Administered in Another State)	Credentials Other (Describe)			
F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES			
☐ Active ☐ Inactive ☐ Lapsed ☐ Other (Explain)	Type of Examination Score Written Practical Other (Describe) Received no Grade Below			
	Examination Period days hours			

Λ1	. National or other Professio (Record all available inform		illiation	Date of Examination			
	Scaled Score			Raw Score			
	Standard Deviation			Corrected Score			
	National Mean			Percent Score			
A 2	SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE	
3.	State Constructed Examina						
	SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE	
	T IV - FORMAL ACTIONS Is there now or has there	ever been any fo	ormal action com	menced against the appl	icant?	☐ Yes ☐ N	
		•				_ 100 1	
В.	Have there ever been any record including but not lin						
	surrender, restriction or lim		attach a certifie	ed copy of disciplinary	action.)	□ Yes □ N	
	T V - RECIPROCAL REGISTRA is state □ does □ do		t the same privile	ege of reciprocal registrat	ion to Illinois regi	strants.	
C	ertify that the information co						
	•			G			
ς	 E A L	Print Name					
0		Title			Signature		
	Age	ency/Board Street A	Address	Area Code (Date Area Code ()		
		City, State, ZIP Code			Telephone Number		