

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ilcs 65/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## LICENSURE AND/OR EXAMINATION APPLICATION FOR GRADUATES OF ILLINOIS NURSING PROGRAMS

The following materials are required for graduates of Illinois nurse programs to make application for examination in Illinois:

1. Two page LICENSURE AND/OR EXAMINATION APPLICATION FOR GRADUATES OF ILLINOIS NURSING PROGRAMS.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue.

### PART I: Application Category Information

1. PROFESSION NAME	2. PROFESSION CODE ____ _	3. LICENSURE METHOD <b>EXAMINATION</b>	4. FEE <b>\$</b>
--------------------	------------------------------	---	---------------------

### PART II: Applicant Identifying Information

1. NAME      LAST                  FIRST                  MIDDLE				2. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____	
3. PERMANENT MAILING ADDRESS		CITY	STATE/COUNTRY	ZIP CODE	COUNTY
		+			
4. MAIDEN, GIVEN, OR OTHER USED NAME(S)		5. PLACE OF BIRTH (CITY, STATE/COUNTRY)		6. DATE OF BIRTH ____/____/____ Month      Day      Year	
				7. <input type="checkbox"/> Female <input type="checkbox"/> Male	
8. TELEPHONE NUMBER WHERE YOU MAY BE REACHED  Work (____) _____ - _____  Home (____) _____ - _____			9. PREFERRED e-MAIL ADDRESS(ES) [If available]		
			10. MOTHER'S MAIDEN NAME		

### PART III: Nurse Education Information and Employment Information

1. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

2. Enter your nursing program code \_\_\_\_ -- \_\_\_\_ . This Illinois nursing program will submit a  Roster  ED-NUR form to confirm my graduation.

**PART IV: 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. In addition, you are instructed 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). 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				
Other States of Licensure and/or Related Licenses				

**PART V: Record of Examination - Record any nurse examination(s) you have taken in Illinois or another state. All attempts must be recorded. (Use separate sheet of paper if necessary.)**

NAME OF EXAMINATION	MONTH/YEAR	EXAM RESULTS (Passed, Failed, Absent)

**PART VI: Personal History Information (This part must be completed by all applicants)**

	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>		
2. Have you been convicted of a felony?		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Have you had or do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
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? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

**PART VII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)**

- 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.")*
- In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)  
 Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? 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.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

# INSTRUCTION SHEET FOR GRADUATES OF ILLINOIS NURSING PROGRAMS APPLYING TO TAKE THE EXAMINATION

***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.***

**Information about the Application Process** - The application, supporting documents and fee payment must be mailed to Continental Testing Service, Inc. (CTS). The testing service will determine your eligibility to take the examination. Application fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc. A separate examination registration fee will be paid at the actual time of registration as noted in Chart II on the Reference Sheet. To determine the fees, see the Reference Sheet, Chart I and II.

**Completing the Application Packet** - (All information, except your signature, must be PRINTED using a black ink pen or typewriter.)

## TWO PAGE APPLICATION FOR EXAMINATION

### PART I: Application Category Information

- Use the *Reference Sheet* to assist you in completing the information.

### PART II: Application Identifying Information

- Record all personal information requested. Those categories that do not apply to you should be marked N/A.

### PART III: Nurse Education and Employment Information

- Record the information regarding your Nursing Program. Your Nurse Program code can be found on *Chart IV - School Codes*.
- You must answer question #3 regarding the release of your examination scores to your school.
- You must answer question #4.
- Because you are a graduate of an Illinois Nursing Program, the school may submit either a roster of all graduates OR the ED-NUR form. The roster must be sent to Continental Testing Services, Inc. (address below). The ED-NUR form must be submitted with your application.

### PART IV: Record of Licensure Information

- If you have ever held a license as a nurse (LPN, RN or Advanced Practice Nurse) in any jurisdiction, including Illinois, you must complete this part of the application. If you have never held a nurse license mark the area N/A.
- If you have held a license as a nurse you must contact the other jurisdiction(s) and have them submit a Certification of License (CT-NUR) form to you to be submitted with your application for licensure. The states of original licensure and most recent active practice, as well as any state in which you practiced nursing within the past five (5) years must submit certifications.

### PART V: Record of Examination

- If you have ever taken the examination for which you are making application in Illinois, you must record the examination information in this section.

### PART VI: Personal History Information

- All applicants must complete Part VI and comply with each question's instruction if there is a "YES" response.

### PART VII: Child Support and/or Student Loan Information

- All applicants must answer both questions.

### PART VIII: Certifying Statement

- You must sign and date the application in the areas provided.

**CRIMINAL BACKGROUND CHECK:** All applicants for initial licensure as a registered nurse or licensed practical nurse in Illinois must submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. Graduates of Illinois Nursing Programs should contact one of the livescan fingerprint vendors approved by the Illinois State Police to schedule an appointment--see attached list. (Fingerprinting processing fees are established by the respective vendor and the Illinois State Police.)

You will receive a written receipt from the fingerprint vendor at the time of fingerprinting and the receipt **MUST BE SUBMITTED** with your application for examination. You must be fingerprinted within 60 days prior to submitting the application for examination. You will not be scheduled for the examination if you fail to submit the receipt. Your Illinois Nurse License will not be issued until such time as the Department of Financial and Professional Regulation has received and evaluated the results of your Criminal Background Check.

MAIL the application, supporting documents, fingerprinting receipt and application fee payment to **Continental Testing Services, Inc. P.O. Box 100, LaGrange IL 60525-0100**. The required fee is on the Reference Sheet in your packet and fee must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.

**GENERAL INFORMATION ON REVERSE SIDE OF THIS PAGE.**

## GENERAL INFORMATION

Pursuant to **Public Act 95-0639** which became effective October 5, 2007, you are prohibited from practicing until such time as you have completed and passed the Department approved licensure examination and are in receipt of official IDFPR/CTS notification.

**Practice Under Supervision--Practical Nurse:** Pursuant to Section 55-10(d)(e) of the Illinois Nurse Practice Act, an applicant may practice as a license-pending practical nurse under direct supervision for a period of three months from the official date of passing the licensure exam as inscribed within his/her official formal pass letter. No applicant for licensure practice under the provisions of this paragraph shall practice license-pending except under the direction of an Illinois licensed registered professional nurse, advanced practice nurse, or physician. In no instance shall any such applicant practice or be employed in any management capacity.

**Practice Under Supervision--Registered Nurse:** Pursuant to Section 60-10(d)(e) of the Illinois Nurse Practice Act, an applicant may practice as a license-pending registered nurse under direct supervision for a period of three months from the official date of passing the licensure exam as inscribed within his/her official formal pass letter. No applicant for licensure practice under the provisions of this paragraph shall practice license-pending except under the direction of a registered professional nurse or an advanced practice nurse licensed under this Act. In no instance shall any such applicant practice or be employed in any management capacity.

**Three Year Life of Application:** You have three years from the date your examination application is received by the Testing Service to complete the application process - including passing the examination. If the process has not been completed in three years, your application will be denied, the fee forfeited and you will be required to reapply. In addition, you must submit proof of successful completion of a Department authorized remedial nursing education program or recompletion of an approved registered nursing program.

**Application for Licensure:** After you have passed the licensure examination, you will receive instructions that tell you how to apply for your Illinois License.

**Professional Responsibility:** The Illinois Nurse Practice Act and the Rules for the administration of the Act are available on the Department of Financial and Professional Regulation Web site. It is incumbent upon you to read the Act and the Rules and understand the laws that regulate your profession.

**Mailing Address:** You must notify the Department of Financial and Professional Regulation of all address changes. You may change your address on the Department's Web site.

**License Renewal:** The Department will send you a renewal notification approximately 3 months prior to the expiration date of your license.

All **Illinois Registered Professional Nurse** licenses expire on May 31 of every even-numbered year, regardless of date of issuance. All **Illinois Practical Nurse** licenses expire on January 31 of every odd-numbered year, regardless of date of issuance.

### IMPORTANT NOTICE

#### Elder 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 the DEPARTMENT ON AGING AT 1-800-252-8966.

#### Child Abuse Reporting

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.

### Department of Financial and Professional Regulation WEB SITE

[www.idfpr.com](http://www.idfpr.com)

Many services are available to you on the Department's WEB SITE. Examples of some of the services are:

License Lookup  
Change Your Address  
File a Complaint  
Licensure Applications/Forms  
E-mail Profession Specific Questions  
Acts & Rules  
News/Publications  
Disciplinary Reports

Record the Department's WEB SITE address for future reference: [www.idfpr.com](http://www.idfpr.com).

## REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates, filing deadlines and fees if prevailing circumstances necessitate such action.

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

Profession Name	Profession Code	Licensure Method	Application Fee
Registered Nurse	041	Examination (CTS)	*
		Examination (NCSBN)	*
Registered Nurse	041	Endorsement of License	\$50.00
		Temporary Permit	\$25.00
Registered Nurse	041	Restoration	See Supporting Document <b>RS</b>
		Temporary Permit	\$25.00

\* Contact Continental Testing Services, Inc. at [www.continentaltesting.net](http://www.continentaltesting.net) for current fees.

### CHART II - EXAMINATION CODES AND FEES

Since the application for examination is a dual process, you must:

- Complete the Department's licensure/examination application by applying online at [www.continentaltesting.net](http://www.continentaltesting.net) and pay the required administration fee as noted above; **and**
- Register for the examination through the NCLEX Examination website at [www.ncsbn.org/nclex.htm](http://www.ncsbn.org/nclex.htm).

Once you have completed both processes and are determined eligible you will receive:

- An Authorization to Test (ATT) that will contain the necessary information to schedule yourself for this examination. The ATT eligibility lasts for 90 days only. You must take the examination within those 90 days or reapply with new fees to CTS and Pearson Vue.

### CHART III - EXAMINATION DATES - Information will be available once you are approved for the exam.

### CHART IV - SCHOOL CODES - Refer to [www.ncsbn.org](http://www.ncsbn.org) for school code listing.

#### \*\*\*\*\* REQUEST FOR ASSISTANCE \*\*\*\*\*

If assistance is needed, direct your request (based upon your licensure method) to:

<p>Licensure Methods <b>Except</b> Examination (<b>US ONLY</b>)</p> <p style="text-align: center;">1-800-560-6420</p> <p style="text-align: center;">TTY</p> <p style="text-align: center;">1-866-325-4949</p> <p>Please allow 6 weeks from mailing your application before making an inquiry concerning its status.</p>	<p style="text-align: center;">Examination Licensure Method <b>Only</b></p> <p style="text-align: center;">Continental Testing Services, Inc.</p> <p style="text-align: center;">1-708-354-9911</p>
--	---

## REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates, filing deadlines and fees if prevailing circumstances necessitate such action.

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

Profession Name	Profession Code	Licensure Method	Application Fee
Licensed Practical Nurse	043	Examination (CTS)	*
		Examination (NCSBN)	*
Licensed Practical Nurse	043	Endorsement of License	\$50.00
		Temporary Permit	\$25.00
Licensed Practical Nurse	043	Restoration	See Supporting Document <b>RS</b>
		Temporary Permit	\$25.00

\* Contact Continental Testing Services, Inc. at [www.continentaltesting.net](http://www.continentaltesting.net) for current fees.

### CHART II - EXAMINATION CODES AND FEES

Since the application for examination is a dual process, you must:

- Complete the Department's licensure/examination application by applying online at [www.continentaltesting.net](http://www.continentaltesting.net) and pay the required administration fee as noted above; **and**
- Register for the examination through the NCLEX Examination website at [www.ncsbn.org/nclex.htm](http://www.ncsbn.org/nclex.htm).

Once you have completed both processes and are determined eligible you will receive:

- An Authorization to Test (ATT) that will contain the necessary information to schedule yourself for this examination. The ATT eligibility lasts for 90 days only. You must take the examination within those 90 days or reapply with new fees to CTS and Pearson Vue.

### CHART III - EXAMINATION DATES - Information will be available once you are approved for the exam.

### CHART IV - SCHOOL CODES - Refer to [www.ncsbn.org](http://www.ncsbn.org) for school code listing.

#### \*\*\*\*\* REQUEST FOR ASSISTANCE \*\*\*\*\*

If assistance is needed, direct your request (based upon your licensure method) to:

<p>Licensure Methods <b>Except</b> Examination (<b>US ONLY</b>)</p> <p style="text-align: center;">1-800-560-6420</p> <p style="text-align: center;">TTY</p> <p style="text-align: center;">1-866-325-4949</p> <p>Please allow 6 weeks from mailing your application before making an inquiry concerning its status.</p>	<p style="text-align: center;">Examination Licensure Method <b>Only</b></p> <p style="text-align: center;">Continental Testing Services, Inc.</p> <p style="text-align: center;">1-708-354-9911</p>
--	---

## LICENSURE METHODS AND DEFINITIONS

*Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.*

### Licensure Methods

### Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

# 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.**"

---

"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.**"

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for LPN/RN Illinois Nursing Graduates

*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.*

Before you mail your application, check the following items to make sure your application is complete!

TWO-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information & Employment Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
<b>2-page Application for Licensure and/or Examination</b>	
<b>Application Fee--see Reference Sheet</b>	
<b>ED-NUR Form--completed by the nursing education program attended, or program may submit a roster of graduates</b>	
<b>CT-NUR (Certification of Licensure) Form (if applicable)</b>	

**All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.**



K. NURSING SCHOOL PROGRAM CODE

NCSBN Number \_\_\_\_\_

**SUBMISSION OF THIS FORM PRIOR TO PROGRAM COMPLETION WILL RESULT IN ITS RETURN TO THE PROGRAM FOR CORRECTION.**

I certify that the educational information recorded herein is true and correct according to the official records of this institution.

\_\_\_\_\_  
Print Name of Dean or Director of Nursing

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature of Dean or Director of Nursing

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

SCHOOL SEAL OR NOTARY SEAL

**NOTE:** If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Date of Expiration

\_\_\_\_\_  
Signature of Notary Public

**RETURN THIS FORM TO APPLICANT**

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**VERIFICATION BY LICENSING AGENCY/BOARD**

SUPPORTING DOCUMENT

**CT-NUR**

**FOR EXAM USE ONLY**

**APPLICANT: Complete the applicant section of this form then forward this form to the state or territory in which you are requesting verification of your examination status, license or examination scores. Contact certifying jurisdiction for appropriate fee. Photocopying this form is permissible.**

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER - - - - -
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 ( ____ ) - ____ - ____	
7a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	7b. LICENSE NUMBER (If applicable)	7c. 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 \_\_\_\_\_

**DO NOT RETURN COMPLETED FORM TO APPLICANT**

**LICENSING AGENCY: Complete the remainder of this form. Use Part V on the reverse side of this form for any additional information relating to the examination status of the above-named applicant which has not been provided on this form (i.e. wrote the National State Board Test Pool Examination, etc.) Please record N/A in areas which are not applicable.**

**PART I. - VERIFICATION OF EXAMINATION STATUS**

A. The applicant  has written the following examination \_\_\_\_\_ times.  
 is scheduled for the following examination on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

√	NAME OF EXAMINATION	DATE OF EXAMINATION	RESULTS		DATE OF EXAMINATION	RESULTS	
			Passed	Failed		Passed	Failed
	National Council Licensure Examination for Registered Nurses (NCLEX-RN)						
	National Council Licensure Examination for Practical Nurses (NCLEX-PN)						

B. Nursing Education Program Completed.

Name of Program	Location of Program	Year of Graduation

C. Does your state require the Council of Graduates of Foreign Nursing Schools Examination for those Registered Nurses who received their nursing education outside the United States?  Yes  No

NAME (Last, First, MI):

SS#:

Profession:

**PART II. - VERIFICATION 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 - Date _____ <input type="checkbox"/> National Council Licensure Examination _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____	<input type="checkbox"/> Endorsement of License (State) _____ <input type="checkbox"/> Acceptance of Examination Results Administered in Another State _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Other (Describe) _____
--	--

F. CURRENT LICENSURE STATUS

<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Lapsed <input type="checkbox"/> Other (explain) _____
--	---

**PART III. - VERIFICATION OF EXAMINATION SCORES**

A. National

N.S.B.T.P.E. RESULTS	REGISTERED NURSE						LPN
	MEDICAL NURSING	PSYCHIATRIC NURSING	OBSTETRIC NURSING	SURGICAL NURSING	NURSING OF CHILDREN	NCLEX/COMP. EXAM	NCLEX/COMP. EXAM
Standard Scores							
Series/Form No.							

B. State Constructed Examination       Registered Nurse       Licensed Practical Nurse

SUBJECT	SCORE	SUBJECT	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. - ADDITIONAL INFORMATION**

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

<p>_____</p> <p style="text-align: center;">Print Name</p> <p>_____</p> <p style="text-align: center;">Title</p> <p>_____</p> <p style="text-align: center;">Agency/Board Street Address</p> <p>_____</p> <p style="text-align: center;">City, State, ZIP Code</p>	<p>_____</p> <p style="text-align: center;">Signature</p> <p>_____</p> <p style="text-align: center;">Date</p> <p>_____</p> <p style="text-align: center;">Area Code (     )</p> <p style="text-align: center;">Telephone Number</p>
--	--

**SEAL**

**RETURN TO:    Continental Testing Service, Inc.**  
**P.O. Box 100**  
**LaGrange, Illinois 60525-0100**

# IMPORTANT NOTICE

## CRIMINAL BACKGROUND CHECK INFORMATION

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. **Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.**

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to <https://idfprapps.illinois.gov/licenselookup/fingerprintlist.asp>. The Illinois State Police will transmit electronic results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint vendor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint vendor at the time the fingerprints are obtained.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:
  - Complete Section 1 of the **Identity Verification Certifying Statement** form.
  - Have your prints taken by a police department in **another state** to obtain classifiable prints, using an FBI print card.
  - Section 2 of the **Identity Verification Certifying Statement** shall be completed and signed by the police department.
  - Go to [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov) to select a licensed fingerprint vendor that has "Card Scan" capability. Contact the vendor to determine the fee for a "Card Scan".
  - Mail the original **Identity Verification Certifying Statement** (with Sections 1 and 2 completed), Fee Applicant card and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.
  - Mail the completed application, licensing fee and a copy of the **Identity Verification Certifying Statement** (with Sections 1 and 2 completed) to the Division of Professional Regulation.

## PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

--- Continued on next page ---

## PRIVACY STATEMENT - Continued

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### **Applicant Notification and Record Challenge**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.

## ACKNOWLEDGMENT

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding myself from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or Federal Bureau of Investigation. I also understand that if my photo was taken, my photo may be shared only for employment of licensing purposes.

\_\_\_\_\_  
Original Signature of Applicant

\_\_\_\_\_  
Today's Date

**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS

SUPPORTING DOCUMENT

# CCA

1. NAME      LAST                      FIRST                      MIDDLE

3. PROFESSIONAL LICENSE NUMBER (if any)  
\_\_\_\_\_ - \_\_\_\_\_

2. ADDRESS      STREET, CITY, STATE, ZIP CODE

4. SOCIAL SECURITY NUMBER  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acupuncturists   | <input type="checkbox"/> Naprapaths   | <input type="checkbox"/> Physician Assistants              |
| <input type="checkbox"/> Advanced Practice Registered Nurses                          | <input type="checkbox"/> Nursing Home Administrators  | <input type="checkbox"/> Podiatrists                       |
| <input type="checkbox"/> Advanced Practice Registered Nurse - Full Practice Authority | <input type="checkbox"/> Occupational Therapists  | <input type="checkbox"/> Professional Counselors           |
| <input type="checkbox"/> Athletic Trainers  | <input type="checkbox"/> Occupational Therapy Assistants  | <input type="checkbox"/> Prosthetists                      |
| <input type="checkbox"/> Audiologists   | <input type="checkbox"/> Optometrists   | <input type="checkbox"/> Registered Nurses                 |
| <input type="checkbox"/> Clinical Psychologists                                       | <input type="checkbox"/> Orthotists   | <input type="checkbox"/> Registered Surgical Assistants    |
| <input type="checkbox"/> Clinical Social Workers                                      | <input type="checkbox"/> Pedorthists  | <input type="checkbox"/> Registered Surgical Technologists |
| <input type="checkbox"/> Dental Hygienists  | <input type="checkbox"/> Perfusionists  | <input type="checkbox"/> Respiratory Care Practitioners    |
| <input type="checkbox"/> Dentists   | <input type="checkbox"/> Pharmacists  | <input type="checkbox"/> Speech Pathologists               |
| <input type="checkbox"/> Genetic Counselors   | <input type="checkbox"/> Physical Therapists  |  |
| <input type="checkbox"/> Licensed Clinical Professional Counselors                    | <input type="checkbox"/> Physical Therapy Assistants  |  |
| <input type="checkbox"/> Licensed Practical Nurses                                    | <input type="checkbox"/> Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.) |  |
| <input type="checkbox"/> Licensed Social Workers                                      |   |  |
| <input type="checkbox"/> Marriage and Family Therapists                               |   |  |
| <input type="checkbox"/> Medication Aide  |   |  |

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 certified copy of the court records regarding your conviction, 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.