

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 100/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**CERTIFICATE OF ACCEPTANCE
FOR
POSTGRADUATE TRAINING PROGRAM**

SUPPORTING DOCUMENT

CA-POD

NOTE: An applicant shall not commence residency training before he or the hospital/institution receives written notice of the approval of his application from the Department of Financial and Professional Regulation.

APPLICANT: Complete the Applicant section of this form, then forward it to the postgraduate training program that has accepted you for residency training, for completion of the remainder of the form.

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		

ADMINISTRATOR: Complete the remainder of this form and return it to the applicant. The temporary license will be issued for three years from the beginning date of the program.

A. HOSPITAL/INSTITUTION/PRECEPTOR NAME	B. BEGINNING DATE ____/____/____ Month Day Year
C. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE	
D. BUSINESS TELEPHONE NUMBER Area Code (____) _____	E. HOME TELEPHONE NUMBER Area Code (____) _____

I do hereby declare that the above named applicant has been accepted for postgraduate training as indicated above.

_____ Print Name of Administrator	_____ Signature of Administrator
_____ 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
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The temporary license will expire three years from the beginning date of the program or from the date of issuance if later than the beginning date. If the temporary license holder terminates, completes or is discharged from the program, the license shall be null and void.