

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 ILCS 415 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:

STATE OF ILLINOIS  
 DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
 ATTN: DIVISION OF PROFESSIONAL REGULATION  
 320 West Washington Street, 3rd Floor  
 Springfield, Illinois 62786

## Out-of-State Shorthand Reporter Continuing Education Approval

### INSTRUCTIONS

*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.*

A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated.

This application must be submitted no later than 90 days after completion of the C.E. program and prior to the expiration of your license. You may seek individual program approval prior to participation in the program.

Submit the following with this application:

1. A \$25 fee.
2. An outline of the content of the program.
3. A schedule of the program.
4. A brief biography or vitae of the instructor(s).
5. A copy of the certificate of attendance (if applicable).

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)	FAX NUMBER (Include Area Code)
3. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, and ZIP Code)	4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM	
	5. E-MAIL ADDRESS (REQUIRED)	
6. TITLE OF PROGRAM	7. NUMBER OF CLOCK HOURS REQUESTED	8. IS THIS PROGRAM OPEN TO ALL SHORTHAND REPORTERS?
9. SITE(S) OF PROGRAM	10. DATE(S) ATTENDED	

11. HOW DOES THIS PROGRAM CONTRIBUTE TO THE PROFESSIONAL SKILLS AND KNOWLEDGE IN THE PRACTICE OF SHORTHAND REPORTING?

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\_\_\_\_\_  
 Signature of Person Submitting Application

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

\_\_\_\_\_  
 Type or Print Name of Person Submitting Application

\_\_\_\_\_  
 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.

#### OFFICIAL USE ONLY

Approved

Denied

Deferred

No. of Approved Hours \_\_\_\_\_

COMMENTS: \_\_\_\_\_