

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

CERTIFIED EUTHANASIA TECHNICIAN EMPLOYMENT NOTIFICATION

INSTRUCTIONS

A Certified Euthanasia Technician shall not perform any euthanasia procedure until written notice is made to the Department. This form must be submitted by the Agency to:

Department of Financial and Professional Regulation
P.O. Box 7007
Springfield, IL 62791

Additional application forms can be downloaded from the IDFPR website at: idfpr.illinois.gov.

CERTIFIED EUTHANASIA TECHNICIAN INFORMATION

1. NAME OF CERTIFIED EUTHANASIA TECHNICIAN	2. LICENSE NUMBER 235 -
3. HOME ADDRESS OF CERTIFIED EUTHANASIA TECHNICIAN	4. PHONE NUMBER AND EMAIL ADDRESS OF CERTIFIED EUTHANASIA TECHNICIAN

Signature of Certified Euthanasia Technician: _____

CERTIFIED EUTHANASIA AGENCY INFORMATION

1. NAME OF CERTIFIED EUTHANASIA AGENCY	2. LICENSE NUMBER 228 - _____
3. NAME AND ADDRESS OF AGENCY (Street, City, State Zip Code)	4. AGENCY TELEPHONE NUMBER (Include Area Code)

5. EMAIL ADDRESS (REQUIRED)

Date to **begin** as Certified Euthanasia Technician: _____

Signature of Certified Euthanasia Technician: _____

Signature of Person in Charge of Certified Euthanasia Agency: _____

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