

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 of Termination

### INSTRUCTIONS

This form is to be used for notifying the Department of employment termination of a Certified Euthanasia Technician.

When a Certified Euthanasia Technician is terminated or is terminating his or her status as a Certified Euthanasia Technician of a Certified Euthanasia Agency, the Euthanasia Agency must notify the Department of the termination within 30 business days.

This form must be typed or printed and submitted to:

Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
320 West Washington Street, 3rd Floor  
Springfield, Illinois 62786

This notice, as well as other forms required for Certified Euthanasia Technician, can be downloaded from the IDFPR Web site at: [www.idfpr.com](http://www.idfpr.com).

### CERTIFIED EUTHANASIA TECHNICIAN INFORMATION

1. NAME OF PERSON WHOSE EMPLOYMENT AS A CERTIFIED EUTHANASIA TECHNICIAN WITH YOUR AGENCY WAS TERMINATED

2. LICENSE NUMBER

235 -

### EUTHANASIA AGENCY INFORMATION

1. NAME OF EUTHANASIA AGENCY

2. LICENSE NUMBER

228 - \_\_\_\_\_

3. NAME AND ADDRESS OF AGENCY (Street, City, State Zip Code)

4. BUSINESS TELEPHONE NUMBER (Include Area Code)

5. FAX NUMBER (Include Area Code)

6. EMAIL ADDRESS (REQUIRED)

Date the above named person's employment was terminated as Certified Euthanasia Technician: \_\_\_\_\_

Signature of Person in Charge of Euthanasia Agency: \_\_\_\_\_