



IDFPR

Illinois Department of
Financial and Professional Regulation
Division of Professional Regulation

Clinical Psychologist Continuing Education Sponsor Application

INSTRUCTION SHEET

Sponsor means a person, firm, association, corporation, or any other group which plans to coordinate and present continuing education courses or programs.

Each application for licensure as an approved sponsor or provider of Clinical Psychologist Continuing Education (CE) must include:

- A check or money order payable to IDFPR for \$500. (The licensure application fee.)
- A sample 3 hour CE program, including:
 - Labeled as "Attachment A"**- A sample Certificate of Participation or **Attendance**. The sample Certificate of Participation/Attendance must include:
 - a) The name and address of the sponsor, and a placeholder for the Clinical Psychologist CE Sponsor license number (to be assigned if the application is approved). Use 268.xxxxxx as a placeholder. **Do NOT include the presenter's personal practitioner license number.**
 - b) The name and license number of the participant.
 - c) A brief statement of the subject matter (title of the course or program).
 - d) The number of CE hours awarded for the program. (One clock hour = 1 CE hour).
 - e) The date and place of the program (Courses or programs completed online should clearly and plainly list online).
 - f) The signature of the person responsible for CE programs.
 - Labeled "Attachment B"**- A brief presenter **Biography**, showing presenter's qualifications to present on the topic. Each program must be developed and presented by persons with education and/or experience in the subject matter of the program.
 - Labeled "Attachment C"**- A **Course schedule** or outline showing an estimate of how much time will be devoted to each segment, portion, or outline main topic.
 - Labeled "Attachment D"**- Slide **Deck** (if used) or handouts given to participants/ attendees (if used) or any information presented to participants/ attendees to take home, or presenter notes (such as a script a presenter might follow the first time making the presentation). Failure to provide significant detail or content in this area will lead to the application being not approved. **This must be provided in a printed format. DO NOT send photos, memory sticks/portable drives, nor links to cloud based storage.** All programs or courses must:
 - a) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of clinical psychology;
 - b) Foster the enhancement of general or specialized work in the practice of clinical psychology;
 - c) Be developed and presented by persons with education and/or experience in the subject matter of the program;
 - d) Specify the course objectives, course content, and teaching methods to be used; and
 - e) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.
 - Labeled "Attachment E"**- A sample objective post-course quiz or **Examination**. The sample should include an answer key and indicate the minimum passing score required to receive credit.

LLCs/PLLCs must provide a copy of their IDFPR PLLC (248) license certificate. A PLLC will not be approved as a sponsor unless it has first obtained IDFPR PLLC licensure.

It is the responsibility of the sponsor to provide each participant in an approved program with a certificate of participation or attendance for each successfully completed course or program.

The sponsor shall maintain participation or attendance records and course materials containing all of the above information for not less than five years.

The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.

All programs given by approved sponsors shall be open to all Clinical Psychologists and not be limited to members of a single organization or group.

All courses or programs offered online whether "live" or asynchronous must include an objective examination before credit is awarded to ensure continued active participation in the program.

The application, supporting documents, and application fee may be submitted with the application or to:

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

An application is valid for up to 3 years from date it is received by the Department.

Additional application forms can be downloaded from the IDFPR Web site at <https://idfpr.illinois.gov>.

For assistance--Call one of the following numbers and state that you are applying to become licensed as a clinical psychology continuing education sponsor and need help with your application:

1-800-560-6420
TTY - 1-866-325-4949

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

In order to change the person responsible for a Continuing Education Sponsor, please arrange for the new person responsible to complete the affidavit located on application page 2 and return it to IDFPR with a typed request to change the person responsible for the license. The request should include the CE sponsor license number, the name of the new person responsible, and the effective date of the change.

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



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For Official Use Only

_____ Approved

_____ Denied

_____ Deferred

_____ Date

**Illinois Clinical Psychologist
 Continuing Education Sponsor Application**

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Include Street, City, State, ZIP Code, and County)	4. FEIN OR SSN OR ITIN
5. NAME OF PERSON(S) RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S) - Include curriculum vitae(s).	6. TITLE / LICENSE NUMBER(S)
7. ADDRESS (Include Street, City, State, and ZIP Code)	8. EMAIL ADDRESS (REQUIRED)

9. SPONSOR IS:

<input type="checkbox"/> School, College or University	<input type="checkbox"/> Non-Profit Agency
<input type="checkbox"/> Individual	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Corporation	<input type="checkbox"/> State Agency
<input type="checkbox"/> LLC or PLLC	<input type="checkbox"/> Other (Describe) _____

10. SPONSOR'S BACKGROUND IN CLINICAL PSYCHOLOGY EDUCATION

11. STATE HOW THIS SPONSOR WILL CONTRIBUTE TO THE ADVANCEMENT, EXTENSION, AND ENHANCEMENT OF PROFESSIONAL SKILLS AND SCIENTIFIC KNOWLEDGE IN THE PRACTICE OF CLINICAL PSYCHOLOGY:

12. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE FOR IN-PERSON AND REMOTE/DISTANT PROGRAMS

13. a) Specify length of time Sponsor maintains records: _____ (Records must be maintained for at least 5 years.)
 b) Location where records will be maintained: _____

14. Does your organization agree to periodic monitoring of your programs by the members of the Clinical Psychology Licensing and Disciplinary Board? Yes No

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. By signing below, I certify all information is true to the best of my knowledge.

_____	_____
Signature of Person Submitting Application	Title
_____	_____
Type or Print Name of Person Submitting Application	Date

AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for CE credit will comply with the criteria in 68 Ill. Adm. Code, Section 1400.85 (c)(2) and all other criteria in 68 Ill. Adm. Code, Section 1400.85; and
2. That this sponsor will be responsible for verifying full-time continuous attendance at each program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1400.85 (c)(8); and
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1400.85; and
4. That each CE program shall provide a mechanism for evaluation of the program instructor by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly; and
5. That this sponsor may subcontract with individuals and organizations to provide approved programs; and
6. That all programs given by this sponsor shall be open to all licensed Clinical Psychologists and not be limited to members of a single organization or group; and
7. That this sponsor will submit by September 30 of each even-numbered year to the Department, a list of all courses and programs offered within the last 24 months, which includes a brief description, location, date, and time of each course given by the sponsor and by any subcontractor; and
8. That this sponsor will maintain attendance records for not less than five (5) years; and
9. That this sponsor will be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program; and
10. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1400.85) may result in disapproval of this sponsor by the Department; and
11. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

Signature of Person Responsible for Continuing Education Program

Print name of Person Responsible

Date

NAME OF CE SPONSOR:

Profession: