



To apply for reinstatement of your INACTIVE or NOT-RENEWED (EXPIRED) Illinois license, review the information below carefully to complete your request.

IMPORTANT INFORMATION:

- This request is for use when your license is expired for less than five (5) years. For expired licenses over five (5) years, contact the Department on how to restore your license
- All applicants for reinstatement of their Illinois Professional Engineer license must meet the requirements of 1380.270 of the Administrative Rules at the time of application and certify you have satisfied the PDH requirements specified in Section 1380.325 of the Administrative Rules.
- You may verify the professional development requirements of your profession here: <https://idfpr.illinois.gov/rules2015.html>
- An email address for the licensee is required for processing.
- Your request may take at least eight (8) weeks to be processed.
- If you have questions, please contact the Department at **800.560.6420** or TTY at **1.866.325.4949**.
- You can identify the fee to reinstate your license using the fee chart on the website. Payment must be in the form of a U.S. check or money order payable to IDFPR, or by submitting a payment online using the ePay Portal at:
<https://idfpr.illinois.gov/epay.html>

REINSTATEMENT INSTRUCTIONS

Before completing the application, read these instructions as this will aid you in accurately completing your application and eliminate any delay in processing.

Step I - FULLY COMPLETE THE REINSTATEMENT APPLICATION

An incomplete or illegible application will be returned. Type or print in black ink.

Step II - PROFESSIONAL DEVELOPMENT

Ensure you have compiled your PDH documents for submission.

Step III - APPLICATION FEE

Ensure you have included the correct fee with your application packet OR have paid online.

Step IV - MAIL APPLICATION

Mail the application, fee (unless paying online), and copy of your PDHs to the address below.

Illinois Department of Financial and Professional Regulation,
Attn: Division of Professional Regulation
P.O. Box 7450
Springfield, Illinois 62791

Step V - WAIT

Please allow eight business weeks from applying before making an inquiry concerning its status.



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Request for Reinstatement of Illinois License

PLEASE PRINT

License No: _____ SSN or ITIN: _____ Date of Birth: _____
(last four only)

First Name: _____ Last Name: _____

Business Name: _____ FEIN #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

☐ **CHECK HERE IF NAME OR ADDRESS CHANGE.** A name change must be accompanied by documentary proof. Proof must be a certified copy with an official stamp or seal and be one of the following: Marriage Certificate, Divorce Decree or Court Order.

☐ I consent to professional organizations having my email address.

Check the box indicating the appropriate information regarding your application.

☐ **Military** ☐ **Military Spouse** ☐ **Not Military** ☐ **Decline to Answer**

Military service member is defined as. "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.")

Yes ☐ No ☐

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

Yes ☐ No ☐

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations

Yes ☐ No ☐

4. Do you certify you have fully complied with this profession's continuing education requirements?

Yes ☐ No ☐

NOTE: Continuing education is not required for the first renewal of this license. If this is your first renewal, please answer (Yes) to this question.

Making a false statement may subject the licensee to disciplinary action.

You may verify the continuing education requirements of your profession here: <https://idfpr.illinois.gov/rules2015.html>

Pursuant to 20 ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding charges or convictions pertaining to certain offenses. **Please check applicable profession.**

- | | | |
|---|---|---|
| ☐ Acupuncturist | ☐ Naprapath | ☐ Psychologist, Clinical (LCP) |
| ☐ Advanced Practice Registered Nurse | ☐ Nursing Home Administrator | ☐ Podiatrist |
| ☐ Advanced Practice Registered Nurse - Full Practice Authority | ☐ Occupational Therapist | ☐ Prosthetist |
| ☐ Athletic Trainer | ☐ Occupational Therapy Assistant | ☐ Registered Nurse |
| ☐ Audiologist | ☐ Optometrist | ☐ Registered Surgical Assistant |
| ☐ Behavior Analyst | ☐ Orthotist | ☐ Registered Surgical Technologist |
| ☐ Behavior Analyst Assistant | ☐ Pedorthist | ☐ Respiratory Care Practitioner |
| ☐ Certified Midwife | ☐ Perfusionist | ☐ Sex Offender Associate |
| ☐ Chiropractic Physicians (D.C.) | ☐ Pharmacist | ☐ Sex Offender Evaluator |
| ☐ Dental Hygienist | ☐ Physical Therapist | ☐ Sex Offender Treatment Provider |
| ☐ Dentist | ☐ Physical Therapy Assistant | ☐ Social Worker (LSW) |
| ☐ Genetic Counselor | ☐ Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.) | ☐ Social Worker, Clinical (LCSW) |
| ☐ Licensed Practical Nurse | ☐ Physician Assistant | ☐ Speech Pathologist |
| ☐ Marriage and Family Therapist | ☐ Professional Counselor (LPC) | |
| ☐ Marriage and Family Therapist Assoc. | ☐ Professional Counselor, Clinical (LCPC) | |
| ☐ Music Therapist | | |

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

If you selected a profession above, please complete the next 4 questions.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? * | ☐ | ☐ |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? | ☐ | ☐ |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * | ☐ | ☐ |
| 4) Are you currently charged with or have you been convicted of a forcible felony? * | ☐ | ☐ |

If YES to any of the above, attach a personal statement describing the circumstances of the charge or conviction and a certified copy of the court records regarding your charge or conviction, including the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. I understand if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. **I also understand the FEES ARE NOT REFUNDABLE.**

Payment Method

- ☐ Check / Money Order. Check Number: _____
- ☐ Online. Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of _____. Approved #: _____

Signature of Applicant

Date

Email

INCOMPLETE REINSTATEMENT: Incomplete forms will be returned and result in a substantial delay in the reissuance of your license. Please assure your reinstatement application is completed in full and includes the required fee and your signature. Fee must be a check or money order, payable to the IDFP. Do not mail cash.

Mail payment and completed application to:

**IDFPR
P.O. Box 7450
Springfield, Illinois 62791**