



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

IMPORTANT INFORMATION:

- 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**.
- The fee to reinstate your license is \$45.00. 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.

Step II - APPLICATION FEE

Ensure you have included the fee of \$45.00 with your application packet OR have paid online.

Step III - MAIL APPLICATION

Mail the application and fee (unless paying online) to:

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

Step IV - 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
Permanent Employee Registration Card Reinstatement

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.

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? Yes No
(NOTE: If you are not subject to a child support order, answer "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

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.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Naprapath | <input type="checkbox"/> Professional Counselor, Clinical (LCPC) |
| <input type="checkbox"/> Advanced Practice Registered Nurse | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychologist, Clinical (LCP) |
| <input type="checkbox"/> Advanced Practice Registered Nurse - Full Practice Authority | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Prosthetist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Behavior Analyst | <input type="checkbox"/> Orthotist | <input type="checkbox"/> Registered Surgical Assistant |
| <input type="checkbox"/> Behavior Analyst Assistant | <input type="checkbox"/> Pedorthist | <input type="checkbox"/> Registered Surgical Technologist |
| <input type="checkbox"/> Certified Midwife | <input type="checkbox"/> Perfusionist | <input type="checkbox"/> Respiratory Care Practitioner |
| <input type="checkbox"/> Chiropractic Physicians (D.C.) | <input type="checkbox"/> Permanent Employee Registration Card (PERC) | <input type="checkbox"/> Sex Offender Associate |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Sex Offender Evaluator |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Sex Offender Treatment Provider |
| <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Physical Therapy Assistant | <input type="checkbox"/> Social Worker (LSW) |
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.) | <input type="checkbox"/> Social Worker, Clinical (LCSW) |
| <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Marriage and Family Therapist Assoc. | <input type="checkbox"/> Professional Counselor (LPC) | |
| <input type="checkbox"/> 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? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? * | <input type="checkbox"/> | <input type="checkbox"/> |

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 ensure 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 IDFPR. Do not mail cash.

Mail payment and completed application to:

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