

# INSTRUCTION SHEET

## Podiatrist - Visiting Professor Permit

Only one Visiting Professor Permit shall be issued to an applicant. It shall be valid for one (1) year and may be renewed only once for one (1) year. However, if a visiting professor permit holder terminates or is discharged from his/her faculty appointment, the visiting professor permit shall be null and void as of the date of such discharge or termination. Such program of podiatric medicine shall immediately deliver or mail by registered mail to the Department the Visiting Professor Permit and written notice of the reason for the return of the permit.

If at the conclusion of the term of the faculty appointment for which the permit was issued, the holder of such permit desires to remain in the State and practice or teach his/her profession, he/she must apply for and receive a permanent podiatric physician license.

If the permit holder applies for a permanent podiatric physician license while holding a Visiting Professor Permit, no permanent license shall be issued until the Visiting Professor Permit is returned to the Department.

### Applying For Licensure

To apply for a Visiting Professor Permit, follow each of the steps in the order that they are listed on both sides of the Instruction Sheet. This will aid in accurately completing your application and thus, eliminate any delay in processing. The application which you submit is valid for three (3) years from the date of receipt.

#### Step I--Application

Complete the four-page Application for Licensure/Examination as follows:

1. Check the box indicating the appropriate information regarding your application.
2. Part I, Application Category Information--Complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Visiting Professor Permit	134	Nonexamination	\$250.00

3. Part II, Applicant Identifying Information--Enter all applicable information requested.
4. Part III, Education Information
  - a. Numbers 1 through 5--Enter all applicable information requested.
  - b. Number 6--Indicate all post secondary education which you have attended since graduation from high school. Please indicate beginning and ending dates by year.
5. Part IV, Record of Licensure Information--Indicate whether or not you have ever held a license as a Podiatric Physician or a related license.
6. Part V, Record of Examination--Enter all applicable information requested.
7. Part VI, Personal History Instructions--Must be completed by all applicants.
8. Part VII, Examination Coding Information--Not Applicable.
9. Part VIII, Child Support Information--Must be completed by all applicants.
10. Part IX, Certifying Statement--Read the certifying statement and then sign and date your application.

<p><b>Step I--Documentation</b></p>	<p>The following documentation must be submitted with the four-page application. All documents submitted in a foreign language must be accompanied by an official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.</p>
<p><i>No Reference Sheet is included with this packet. When supporting documents request you refer to the Reference Sheet, enter the information recorded in Part I-A of the four-page Application for Licensure/ Examination onto the supporting document.</i></p>	<ol style="list-style-type: none"> <li>1. <b>WH (Work History)</b>--This form must be completed indicating all employment since graduation from Podiatric Medicine college/university to present.</li> <li>2. <b>ED (Certification of Education)</b>--This form must be completed by a school official of the Podiatric Medicine college/university indicating graduation. Completed document <u>must have school seal affixed</u>.</li> <li>3. <b>CD-POD (Certification from Dean)</b>--This form must be completed by the Dean of the podiatric medicine indicating that you have received a faculty appointment to teach in the program and the term of the contract.</li> <li>4. Supporting Document <b>CT</b> must be completed by the jurisdiction of original licensure. You must direct the licensing agency/board to return completed form <b>CT</b> <u>directly</u> to the address indicated in Step III below.</li> <li>5. Submit a curriculum vitae.</li> </ol>
<p><b>Step II--Documentation</b></p>	<p>Application fee for Visiting Professor - \$250</p> <p>Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation.</p>
<p><b>Step III--Mail Application</b></p>	<p>Forward four-page application, supporting documentation, and fee payment to:</p> <p style="text-align: center;">Illinois Department of Financial and Professional Regulation Attn: Division of Professional Regulation P.O. Box 7007 Springfield, Illinois 61701</p>
<p><b>Step IV--Need Assistance</b></p>	<p>If assistance is needed, direct your request to the following telephone number:</p> <p style="text-align: center;">217-782-8556 Telecommunicative Device for the Deaf (TDD) - 217-524-6735</p> <p>When an operator answers, state the profession for which you are applying and that you need assistance with your application. Please allow 3 weeks from mailing your application before making an inquiry concerning its status.</p>
<p><b>Visiting Professor Renewal</b></p>	
<p><b>Conditions for Renewal</b></p>	<p>A Visiting Professor Permit shall be valid for one (1) year and may be renewed only once for one (1) year and must be applied for within (60) days prior to expiration of the permit.</p>

## LICENSURE METHODS AND DEFINITIONS

*Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.*

### Licensure Methods

### Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

# IMPORTANT NOTICE

## Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

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"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

# APPLICATION FOR LICENSURE AND/OR EXAMINATION

**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.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

## PART I: Application Category Information

A. 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.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

<input type="checkbox"/> This is the first time I have made application for this profession in Illinois.	<input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.	<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.
<input type="checkbox"/> Other: _____	

## PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. SSN TO ITIN
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4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
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5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME
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8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____ Home: (____) _____ - _____ (Area Code) (Area Code) Fax: (____) _____ - _____ Fax: (____) _____ - _____ (Area Code) (Area Code)	12. <b>REQUIRED</b> E-MAIL ADDRESS
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**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1
2
3
4
5
6
7
8
9
10
11
12
 Graduated High School?  Yes  No
 Received G.E.D.?  Yes  No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION

\_\_\_\_\_ / \_\_\_\_\_  
 Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1
2
3
4
5
6
7
8
 Graduated?  Yes  No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

*If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

**PART VII: Examination Coding Information *(This part is for examination applicants only)***

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

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b) CHART III - Select the examination site you desire and enter Test Center Code:

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c) CHART IV - Find your School of Graduation and enter school code:

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d) Record the number of times you have taken this exam in Illinois or any other state:

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**PART VIII: Child Support and Tax Information *(Every applicant is required by law to respond to the following questions)***

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

**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_

Signature of Applicant Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.



**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.

## WORK HISTORY

SUPPORTING DOCUMENT

# WH

**APPLICANT: Complete Work History. If you have never been employed you may stop at box 8. You are authorized to photocopy this form if additional space is required.**

1. NAME      LAST              FIRST              MIDDLE  	2. DATE OF BIRTH ____ / ____ / ____ Month    Day        Year	3. SSN OR ITIN ____ - ____ - ____
4. ADDRESS    STREET, CITY, STATE, ZIP CODE  	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  <div style="display: flex; justify-content: space-around;"> <span>_____ Profession Name</span> <span>_____ Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME  	7. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED. <input type="checkbox"/>	8. DATE FORM COMPLETED  

9. RECORD WORK HISTORY CHRONOLOGICALLY - Complete Work History beginning with present employment and concluding with graduation. You must account for the entire time period including periods of unemployment and volunteer work, etc.

A. NAME OF BUSINESS / INSTITUTION	JOB TITLE	
ADDRESS    STREET, CITY, STATE, ZIP CODE	DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME		
DATE OF EMPLOYMENT/ATTENDANCE		HOURS WORKED PER WEEK
From ____ / ____ / ____ Month    Day        Year To     ____ / ____ / ____ Month    Day        Year		TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
TOTAL TIME WORKED (Year/Month)		

B. NAME OF BUSINESS / INSTITUTION	JOB TITLE	
ADDRESS    STREET, CITY, STATE, ZIP CODE	DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME		
DATE OF EMPLOYMENT/ATTENDANCE		HOURS WORKED PER WEEK
From ____ / ____ / ____ Month    Day        Year To     ____ / ____ / ____ Month    Day        Year		TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
TOTAL TIME WORKED (Year/Month)		

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

C. NAME OF BUSINESS / INSTITUTION		JOB TITLE	
ADDRESS STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK		
From ___ / ___ / ___ Month Day Year	TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
To ___ / ___ / ___ Month Day Year			
TOTAL TIME WORKED (Year/Month)			
D. NAME OF BUSINESS / INSTITUTION		JOB TITLE	
ADDRESS STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK		
From ___ / ___ / ___ Month Day Year	TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
To ___ / ___ / ___ Month Day Year			
TOTAL TIME WORKED (Year/Month)			
E. NAME OF BUSINESS / INSTITUTION		JOB TITLE	
ADDRESS STREET, CITY, STATE, ZIP CODE		DESCRIPTION OF DUTIES PERFORMED	
SUPERVISOR NAME			
DATE OF EMPLOYMENT/ATTENDANCE	HOURS WORKED PER WEEK		
From ___ / ___ / ___ Month Day Year	TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
To ___ / ___ / ___ Month Day Year			
TOTAL TIME WORKED (Year/Month)			

**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.

**CERTIFICATION BY LICENSING AGENCY / BOARD**

SUPPORTING DOCUMENT

**CT**

**APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.**

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SSN OR ITIN - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code ( ____ ) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize \_\_\_\_\_ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.  
Name of Licensing Agency or Board

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO APPLICANT**

**LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.**

**PART I - CERTIFICATION OF EXAMINATION STATUS**

A. The applicant  has written  is scheduled to write the following examination:  
\_\_\_\_\_  
Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination \_\_\_\_\_ number of times.

**PART II - CERTIFICATION OF LICENSURE**

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE
E. LICENSURE METHOD	
<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____	
<input type="checkbox"/> Endorsement of License (State) _____ <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____	
Acceptance of Examination Results _____ (Administered in Another State)	

F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	Type of Examination Score Written _____ Practical _____ Other (Describe) _____ _____ Received no Grade Below _____ Examination Period ____ days ____ hours

**PART III - CERTIFICATION OF EXAMINATION SCORES**

A1. National or other Profession Specific Examination  
(Record all available information)

Date of Examination \_\_\_\_\_

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

**PART IV - FORMAL ACTIONS**

- A. Is there now or has there ever been any formal action commenced against the applicant?  Yes  No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)**  Yes  No

**PART V - RECIPROCAL REGISTRATION**

This state  does  does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Agency/Board Street Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Area Code ( ) \_\_\_\_\_

Telephone Number

**Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.**

**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**



O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

Large empty rectangular box for recording additional information.

I certify that the information recorded herein is true and correct according to the official records of this institution.

\_\_\_\_\_
Print Name of School Official

\_\_\_\_\_
Signature of School Official

\_\_\_\_\_
Title

\_\_\_\_\_
Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_
Date of Expiration

\_\_\_\_\_
Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 100/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**CERTIFICATE OF ACCEPTANCE  
FOR  
FACULTY APPOINTMENT**

SUPPORTING DOCUMENT

**CD-POD**

**NOTE: An applicant shall not commence teaching before the applicant or the college/institution receives written notice of the approval of his application from the Department of Financial and Professional Regulation.**

**APPLICANT: Complete the Applicant section of this form, then forward it to the Dean of the program that has accepted you for faculty appointment, for completion of the remainder of the form.**

1. NAME LAST                      FIRST                      MIDDLE	2. DATE OF BIRTH ____/____/____ Month    Day                      Year	3. SSN OR ITIN ____ - ____ - ____
4. ADDRESS    STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  _____ Profession Name                      _____ Profession Code	
6. MAIDEN OR GIVEN SURNAME		

**DEAN: Complete the remainder of this form and return it to the applicant.**

A. INSTITUTION NAME	B. BEGINNING DATE OF FACULTY APPOINTMENT ____/____/____ Month    Day                      Year
C. BUSINESS ADDRESS    STREET, CITY, STATE, ZIP CODE	D. ENDING DATE OF FACULTY APPOINTMENT ____/____/____ Month    Day                      Year
E. BUSINESS TELEPHONE NUMBER Area Code ( ____ ) _____ - _____	F. HOME TELEPHONE NUMBER Area Code ( ____ ) _____ - _____

G. NATURE OF THE EDUCATIONAL SERVICES TO BE PROVIDED BY THE APPLICANT.

I do hereby declare that the above named applicant has been accepted for faculty appointment as indicated above.

_____	_____
Print Name of Dean	Signature of Dean
_____	_____
Title	Date

SCHOOL SEAL OR NOTARY SEAL

**NOTE: If the institution/preceptor does not have a school seal, this form must be notarized.**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

_____	_____
Date of Expiration	Signature of Notary Public