

LICENSED SOCIAL WORKER (150) & LICENSED CLINICAL SOCIAL WORKER (149) RESTORATION INSTRUCTIONS

An application to RESTORE an Illinois LSW or LCSW license that has been INACTIVE or NOT RENEWED for 5 years or more will be reviewed according to the requirements of Rules 68 IAC Section 1470.80(c).

To apply for RESTORATION, one must submit:

- (1) The RESTORATION fee payment.

The license restoration fee can be paid with a US check or money order made payable to IDFP, or online using the ePay Portal at: <https://idfpr.illinois.gov/epay.html>.

If the license to be restored is INACTIVE, the restoration fee is \$60. If the license to be restored is NOT RENEWED, the fee is \$200. *(Military applicants see #7 below.)

A Chart is available for assistance in determining the correct fee for Restoration at:
<https://idfpr.illinois.gov/dpr/license-renewal-info.html>.

- (2) A completed REST form.
- (3) A completed PHQ form.
- (4) Documentation of any name changes during the period the license was not INACTIVE or NOT RENEWED. One must document each step of each change. Acceptable forms of proof include divorce decrees, spouse's death certificates, court orders showing name change, marriage certificates, naturalization documents. Documents that are not acceptable include driver's licenses, passports, and social security cards.
- (5) A signed and dated personal statement and documentation are required for any personal history issues disclosed in PART V or PART VI of the REST form. For criminal issues please provide a certified copy of the disposition from the court or a statement from the court why one is not available. For medical disclosures please provide a physician's statement that includes whether or not the condition being disclosed will prevent you from performing the essential functions of a social worker.
- (6) Evidence of completing the Continuing Education requirements (Please refer to the Continuing Education Fact Sheet)
- (7) One of the following [per Rules 68 IAC Section 1470.80(c)] **if applicable:**
- Certification(s) of licensure IF licensed as a Social Worker in any other states or US Jurisdictions during the time the license was INACTIVE or NOT RENEWED, **OR**
 - IF serving in the armed forces during the time the license was INACTIVE or NOT RENEWED, an affidavit attesting to military service as provided in Section 11 of the Act. If application is made within two years after discharge and if all other provisions of Section 11 of the Act are satisfied, **the licensee will not be required to pay a restoration fee or any lapsed renewal fees.***
 - **An LCSW who is not able to provide either of the above may retake the ASWB Clinical exam or complete an exam alternative experience in accordance with Rules 68 IAC Section 1470.10(a)(2) in order to restore their license. (Neither exam nor experience are required for LSW restoration.)**
- (8) The application and supporting documents should be submitted to:

IDFPR
Division of Professional Regulation
PO BOX 7450
Springfield, IL 62791

To pay online please visit: <https://idfpr.illinois.gov/epay.html>

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.		APPLICATION FOR RESTORATION		SUPPORTING DOCUMENT	
APPLICANT: Complete this form, and return it with the supporting documents and required payment.					
PART I: Application Category Information					
Check the box indicating the appropriate information regarding your application.					
<div><input type="checkbox"/> Military</div> <div><input type="checkbox"/> Military Spouse</div> <div><input type="checkbox"/> Not Military</div> <div><input type="checkbox"/> Decline to Answer</div>					
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.					
PART II: Application Identifying Information					
1. NAME LAST FIRST MIDDLE			2. DATE OF BIRTH ____/____/____ Month Day Year		3. SSN OR ITIN ____-____-____
4. TELEPHONE NUMBER WORK (____) _____-____-____ HOME (____) _____-____-____ (Area Code) (Area Code)					
5. E-MAIL ADDRESS			<input type="checkbox"/> I consent to professional organizations having my email address.		
6. ADDRESS STREET, CITY, STATE, ZIP CODE			7. Record profession name and three digit profession code for which you are making Illinois application. ____ Profession Name ____ Profession Code		
8. MAIDEN OR GIVEN SURNAME					
9. NAME AS IT APPEARS ON EXPIRED/INACTIVE LICENSE			10. ISSUANCE DATE OF EXPIRED OR INACTIVE LICENSE		11. DATE EXPIRED OR PLACED INACTIVE
12. EXPIRED OR INACTIVE LICENSE NUMBER			OFFICIAL USE ONLY		
			License No.: _____ Fees: \$ _____		
			Issuance Date: _____ On CRT: <input type="checkbox"/> Yes <input type="checkbox"/> No		
PART III: Record of Licensure Information					
LIST THE STATE(S) AND DATES WHERE YOU HAVE BEEN PRACTICING SINCE YOUR ILLINOIS LICENSE EXPIRED OR WAS PLACED ON INACTIVE STATUS. INCLUDE A BRIEF DESCRIPTION OF DUTIES PERFORMED.					
STATE	NAME OF BUSINESS/INSTITUTION	DATES		DESCRIPTION OF DUTIES	
		From	To		
		Mo/Yr	Mo/Yr		

PART IV: Statement of Restoration Method

Please refer to your restoration directions to determine if you need to complete this section.

If you are unable to restore your license based on lawful practice in another jurisdiction, then you must notify the Department that you wish to complete a refresher course or take and pass the Illinois exam that is specific to your profession.

Choose one of the options below, if applicable.

- ☐ I wish to take a refresher course specific to my profession. I will submit an official transcript from an approved school verifying successful completion of the required hours of instruction in the basic curriculum for the professional license I wish to restore. I understand that Illinois schools must be licensed by the Department and schools located outside of Illinois must be recognized and authorized to operate in the jurisdiction where the school is located.
- ☐ I wish to take the required examination specified in my profession's rules. I understand that upon receipt and processing of my restoration application, the Department will forward my application to the testing service. The Department will also e-mail to me an approval letter authorizing me to take the examination and providing instructions to register for the examination. **DO NOT SUBMIT AN APPLICATION TO THE TESTING SERVICE UNTIL YOU ARE NOTIFIED BY THE DEPARTMENT.**

PART V: Personal History Information (This part must be completed by all applicants)**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. *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.*
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*
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? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*
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? *If yes, attach a detailed explanation.*
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*

PART VI: 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 ☐
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>

PART VIII: 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. **I UNDERSTAND THAT 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

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

CONTINUING EDUCATION FACT SHEET LICENSED SOCIAL WORKER (LSW) AND LICENSED CLINICAL SOCIAL WORKER (LCSW)

- Continuing Education (CE) is NOT required for the FIRST renewal of a license.
- Do not submit proof of CE unless specifically asked to provide CE.
- CE requirements are detailed in Rules [68 IAC Section 1470.95](#) and Rules [68 IAC Section 1130](#). Subpart E.

Social Worker (LSW and LCSW) Continuing Education Requirements:

An LSW or LCSW is required to complete 30 hours of continuing education each license cycle (except for the first license cycle, when no CE is required.) The CE must be completed during the 24 months before the expiration date printed on the license. The CE must include the following topics/categories:

- 3 hours Social Work Practice Ethics
- 3 hours Cultural Competence
- 1 hour Sexual Harassment Prevention training
- 1 hour Implicit Bias Awareness training
- 1 hour Alzheimer's Disease and Other Dementias training (once every 3 renewal periods)
- (LCSWs only, second renewal only) 6 hours in Clinical Supervision Training

Reporting CE to IDFPR

During renewal, licensees certify a YES/NO question whether or not they have completed the CE. Most licensees will not be required to provide proof of completing CE to IDFPR.

IDFPR requires proof of completing CE in the context of license restoration, random CE audits, or license discipline.

It is the licensee's responsibility to save proof of CE and provide proof to IDFPR upon request.

Licensees who are not able to provide proof of CE upon IDFPR request may be subject to discipline.

Approved CE Activities

CE may be earned/completed through the following activities:

- Attending **in person** a course or program that is offered or sponsored by an approved CE Sponsor. (The program may be inside or outside of Illinois).
- Participating **remotely** in a course or program that is offered or sponsored by an approved CE Sponsor. The course may be live or pre-recorded.
- Completing post-graduate training programs or social work related courses at a college, university or other educational institution. Each semester hour = 15 CE hours. Each quarter hour = 10 CE hours.
- Verified teaching in the field of social work at an accredited college, university, or graduate school or as an instructor of CE programs given by approved sponsors. CE may be claimed only for the first time the material is presented/taught at the rate of 1.5 hours for each hour.
- Authoring papers, publications, dissertations, or books, OR preparing presentations and exhibits in the field of social work. The presentation must be before a professional audience. 5 CE hours may be claimed only for the first time the material is presented.

Approved CE Sponsors

- National Association of Social Workers (NASW) or affiliates;
- Association of Social Work Boards (ASWB) or affiliates;
- American Association for Marriage and Family Therapy (AAMFT) or affiliates;
- Employers licensed under the Hospital Licensing Act [210 ILCS 85];
- Approved Professional Counselor Continuing Education Sponsors per Rules 68 IAC Section 1375.220(c)(1);
- Approved Clinical Psychologist Continuing Education Sponsors per Rules 68 IAC Section 1400.60(c)(1);
- Approved Marriage and Family Therapy Continuing Education Sponsors per Rules 68 IAC Section 1283.110(c)(1);
- Accredited colleges, universities, or state agencies;
- Licensed Social Work CE Sponsors. Such sponsors will have a 9 digit license number starting with 159. The license will be visible in [IDFPR's online license verification](#).

Out-of-State CE

A Licensee who attends **in person** a CE course or program located **outside of Illinois** that is offered or presented by an **unapproved** CE sponsor may ask for IDFPR approval through the [Out-of-State CE program approval application](#).

Remote, distance, or online CE activities are not eligible for Out-of-State CE program approval and must be completed through approved sponsors or providers.

CE Waivers

A licensee may request a one-time waiver of the CE requirements for renewal in the following circumstances:

- Full-time service in the US armed forces during a substantial part of the license cycle.
- An incapacitating illness documented by a currently licensed physician. **A CE waiver will NOT be granted for the same incapacitating illness for 2 consecutive license cycles.**
- Any other similar extenuating circumstances.

A request for CE waiver must:

- Be made at the time of renewal.
- Be submitted with the renewal application.
- Be submitted BEFORE the expiration date indicated on the license.
- Must include evidence from a third party of the circumstances for your request.

Requests for CE waiver will NOT be considered for late renewal or license restoration.

When a licensee requests a CE waiver, the license is renewed to active while the request is under consideration. **This does NOT mean that the request for waiver has been approved.** A licensee requesting CE waiver will be notified by email address of record when a final decision has been reached concerning the request for waiver.

If the request is granted, no further action is required from the licensee until the next renewal.

If the request is incomplete, the Department may request additional information. Failure to provide additional information in a timely manner may result in denial of the request.

If the request is denied, the license will be placed in a non-disciplinary NOT RENEWED status until proof of compliance with CE requirements is provided to IDFPR.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 20 ILCS 2105 of the Civil Administrative Code. Disclosure of this information is REQUIRED.

HEALTH CARE WORKERS ADDITIONAL PERSONAL HISTORY QUESTIONS

SUPPORTING DOCUMENT

PHQ

1. NAME LAST FIRST MIDDLE

3. PROFESSIONAL LICENSE NUMBER (if any)

2. ADDRESS STREET, CITY, STATE, ZIP CODE

4. SOCIAL SECURITY NUMBER OR ITIN

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"/> Psychologist, Clinical (LCP) |
| <input type="checkbox"/> Advanced Practice Registered Nurse | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Advanced Practice Registered Nurse - Full Practice Authority | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Prosthetist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Registered Surgical Assistant |
| <input type="checkbox"/> Behavior Analyst | <input type="checkbox"/> Orthotist | <input type="checkbox"/> Registered Surgical Technologist |
| <input type="checkbox"/> Behavior Analyst Assistant | <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Respiratory Care Practitioner |
| <input type="checkbox"/> Certified Midwife | <input type="checkbox"/> Perfusionist | <input type="checkbox"/> Sex Offender Associate |
| <input type="checkbox"/> Chiropractic Physicians (D.C.) | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Sex Offender Evaluator |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Sex Offender Treatment Provider |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physical Therapy Assistant | <input type="checkbox"/> Social Worker (LSW) |
| <input type="checkbox"/> Genetic Counselor | <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"/> Licensed Practical Nurse | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Professional Counselor (LPC) | |
| <input type="checkbox"/> Marriage and Family Therapist Assoc. | <input type="checkbox"/> Professional Counselor, Clinical (LCPC) | |
| <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.

In order for your application to be evaluated, you must respond to each of the following 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.

Signature of Applicant

Email

Date

* DEFINITIONS

730 ILCS 150 et. seq.—Acts that require Sex Offender Registration:

(B) As used in this Article, "sex offense" means:

(1) A violation of any of the following Sections of the Criminal Code of 1961:

- 11-20.1 (child pornography),
- 11-20.3 (aggravated child pornography),
- 11-6 (indecent solicitation of a child),
- 11-9.1 (sexual exploitation of a child),
- 11-9.2 (custodial sexual misconduct),
- 11-9.5 (sexual misconduct with a person with a disability),
- 11-15.1 (soliciting for a juvenile prostitute),
- 11-18.1 (patronizing a juvenile prostitute),
- 11-17.1 (keeping a place of juvenile prostitution),
- 11-19.1 (juvenile pimping),
- 11-19.2 (exploitation of a child),
- 11-25 (grooming),
- 11-26 (traveling to meet a minor),
- 12-13 (criminal sexual assault),
- 12-14 (aggravated criminal sexual assault),
- 12-14.1 (predatory criminal sexual assault of a child),
- 12-15 (criminal sexual abuse),
- 12-16 (aggravated criminal sexual abuse),
- 12-33 (ritualized abuse of a child).

An attempt to commit any of these offenses.

(1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:

- 10-1 (kidnapping),
- 10-2 (aggravated kidnapping),
- 10-3 (unlawful restraint),
- 10-3.1 (aggravated unlawful restraint).

(1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.7) (Blank).

(1.8) A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

(1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:

- 10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
- 11-6.5 (indecent solicitation of an adult),
- 11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
- 11-16 (pandering, if the victim is under 18 years of age),
- 11-18 (patronizing a prostitute, if the victim is under 18 years of age),
- 11-19 (pimping, if the victim is under 18 years of age).

(1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:

- 11-9 (public indecency for a third or subsequent conviction).

(1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

(2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.

* DEFINITIONS

A “**forcible felony**”, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

- a) First Degree Murder (Section 9-1);
- b) Intentional Homicide of an Unborn Child (Section 9-1.2);
- c) Second Degree Murder (Section 9-2);
- d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
- e) Drug-induced Homicide (Section 9-3.3);
- f) Kidnapping (Section 10-1);
- g) Aggravated Kidnapping (Section 10-2);
- h) Unlawful Restraint (Section 10-3);
- i) Aggravated Unlawful Restraint (Section 10-3.1);
- j) Forcible Detention (Section 10-4);
- k) Involuntary Servitude (Section 10-9(b));
- l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
- m) Trafficking in Persons (Section 10-9(d));
- n) Criminal Sexual Assault (Section 11-1.20);
- o) Aggravated Criminal Sexual Assault (Section 11-1.30);
- p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
- q) Criminal Sexual Abuse (Section 11-1.50);
- r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
- s) Aggravated Battery (Section 12-3.05);
- t) Compelling Organization Membership of Persons (Section 12-6.5);
- u) Compelling Confession or Information by Force or Threat (Section 12-7);
- v) Home Invasion (Section 12-11);
- w) Robbery (Section 18-1);
- x) Armed Robbery (Section 18-2);
- y) Vehicular Hijacking (Section 18-3);
- z) Aggravated Vehicular Hijacking (Section 18-4);
- aa) Aggravated Robbery (Section 18-5);
- bb) Terrorism (Section 29D-14.9);
- cc) Causing a Catastrophe (Section 29D-15.1);
- dd) Possession of a Deadly Substance (Section 29D-15.2);
- ee) Making a Terrorist Threat (Section 29D-20);
- ff) Falsely Making a Terrorist Threat (Section 29D-25);
- gg) Material Support for Terrorism (Section 29D-29.9);
- hh) Hindering Prosecution of Terrorism (Section 29D-35);
- ii) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
- jj) Armed Violence (Section 33A-2); and
- kk) Attempt (Section 8-4) of any of the above specified offenses.