The requirements of licensure and practice for Illinois Licensed Social Worker (LSW) and Illinois Licensed Clinical Social Worker (LCSW) licensure are provided by the ACT (225 ILCS 20/) and the RULES in Administrative Code (68 IAC Part 1470).

The ACT and RULES are available online at: [www.idfpr.illinois.gov/profs/SocialWorker.html](http://www.idfpr.illinois.gov/profs/SocialWorker.html)

**STEP 1.**

Determine the level of license desired. There are two tiers of Illinois Social Worker licensure:

**Licensed Social Worker (LSW)** – Licensed Social Workers must operate at all times under the order, control, and full professional responsibility of a qualified supervisor. The type of license required for a qualified supervisor depends on the type experience being supervised. **Profession Code 150.**

**Licensed Clinical Social Worker (LCSW)** – This is the independent practice level license. **Profession Code 149.**

For more information on roles and responsibilities or scope of practice of each profession, please refer to Sections 3 (Definitions), 4 (Exemptions), 9 (Qualifications), and 10 (License Restrictions and Limitations) of the ACT.
STEP 2.

There are four (4) pathways (or LICENSURE METHODS) to Illinois social worker licensure. Use the descriptions below to determine which LICENSURE METHOD best fits your situation. You may apply under only one.

NON-EXAMINATION – LSW ONLY. An LSW seeking licensure under Illinois Public Act 102-0326 is not required to complete an examination. This licensure method does not apply to LCSW licensure. For applications received between July 1, 2023 and June 30, 2024, the fee is waived (no payment required). Licensure Application Fee $50.

ENDORSEMENT - The applicant in this situation is actively licensed as an LSW or LCSW (or equivalent license) in another state or US jurisdiction. This candidate has successfully completed the required licensure examination or may be required to complete it as part of the licensure process. For applications received between July 1, 2023 and June 30, 2024, the fee is waived (no payment required). License Application Fee $200.

ACCEPTANCE OF EXAMINATION - LCSW ONLY. The applicant in this situation is not actively licensed but has already successfully completed the required licensure examination. For applications received between July 1, 2023 and June 30, 2024, the fee is waived (no payment required). After June 30, 2024 the Licensure Application Fee is $50.

EXAMINATION (or Pre-Examination Approval) - LCSW ONLY. The applicant in this situation is not actively licensed and has not successfully completed the required licensure examination. An applicant in this situation is seeking approval from the Illinois Department of Financial and Professional Regulation (Department) and/or the Illinois Social Work Examining and Disciplinary Board (Board) to register and sit for the exam. For applications received between July 1, 2023 and June 30, 2024, the fee is waived (no payment required). After June 30, 2024 the Licensure Application Fee is $50.

For more information about the required licensure examination, please refer to Section 1470.70 of the RULES.

RESTORATION - The applicant in this situation already holds an Illinois license as an LSW or LCSW but the license has been inactive or not renewed for five (5) years or more. An application to restore will be reviewed according to the requirements of Rules 68 IAC Section 1470.80 (c). If the license to be restored is INACTIVE, the RESTORATION Application fee is $60. If the license to be restored is NOT RENEWED, the RESTORATION Application fee is $200. (Not eligible for fee waiver.)
STEP 3.

Use the information from STEP 1 and STEP 2 and the chart below to complete PART I (Page 1), Box A., Items 1-4 of the application.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Enter the license desired (from STEP 1).</td>
<td>Enter the corresponding profession code for the license selected in STEP 1.</td>
<td>Select only one licensure method (from STEP 2) that fits your situation and enter it.</td>
<td>Enter the corresponding fee for the licensure method selected in STEP 2.</td>
</tr>
</tbody>
</table>

STEP 4.

Complete the rest of the 4-page application, noting the following:

PART IV: Record of Licensure Information (Page 3)

Applicants who have never held a social work license may mark N/A for “not available” or “not applicable” in of the application.

PART V: Record of Examination (Page 3)

All attempts (pass or fail) of Association of Social Work Boards (ASWB) examinations must be listed. List the level of the exam (ASSOCIATE, BACHELORS, MASTERS, ADVANCED GENERALIST, or CLINICAL). Applicants should also list other state licensing or jurisprudence exams if different than ASWB exams. Candidates who have never taken a licensure examination may mark N/A for “not available” or “not applicable” in of the application.

PART VII: EXAMINATION CODING INFORMATION

This portion of the application is not used for LSW or LCSW applications. Please leave this part of the application blank or mark N/A for “not applicable”. A separate examination registration process is followed when an LCSW applicant has been approved to take the exam.
STEP 5.

SUPPORTING DOCUMENTS - The following supporting documents may be required with your application. Read the instructions for each form thoughtfully.

Licensure Application fee (for your LICENSURE METHOD - please see STEP 2) - Please make your check or money order payable to IDFPR. DO NOT SEND CASH. Pay only one fee for only one licensure method.

PHQ form - This form is required to be completed by all applicants.

ED form(s) - This form is required for all licensure methods except RESTORATION. The applicant completes the “APPLICANT” portion of the form, then arranges for his or her social work program college or university to complete the “SCHOOL OFFICIAL” portion of the form. The school official’s original signature and seal is required, do not submit photocopies. Do not submit the form unless it has been completed by the social work program. A separate form is required for each college or university through which social work coursework was completed. Education requirements are detailed in RULES Section 1470.30. Candidates with Social Work degrees completed outside of the United States may arrange for their degree to be evaluated by the Council on Social Work Education’s (CSWE) International Social Work Degree Recognition and Evaluation Service.

CT form - A candidate who is licensed as a Social Worker in another state or U.S. Jurisdiction must provide Certification of Licensure from his or her first state of social work licensure and the state she or he has most recently been practicing. The applicant must contact the appropriate Board or Agency in the other state(s) to arrange for an original Certification of Licensure to be sent directly to the Department. IDFPR will accept other states' formats for Certification of Licensure in lieu of the CT form as long as the information provided by the other state includes the same basic required information.

Official Score Report – A candidate applying under the ENDORSEMENT or ACCEPTANCE OF EXAMINATION licensure methods must contact the Association of Social Worker Boards (ASWB) to arrange for an official, original examination for score report to be sent directly to the Department. [Not applicable to LCSW RESTORATION applicants. A Separate score reporting process is followed for LCSW RESTORATION applicants who are required to retake the exam per Rules 68 IAC Section 1470.80(c).]

VE-SW – This form is not required for RESTORATION applications. This form must be completed for all other LCSW applications or for any LSW applicant applying on the basis of a bachelor’s degree and three (3) years’ experience. The applicant completes the “APPLICANT” portion of the form, then arranges for the supervisor to complete the “SUPERVISOR” portion of the form. The Supervisor’s original signature is required - photocopies are not acceptable. Supervised experience requirements are detailed in RULES Section 1470.20. An individual applying under the ENDORSEMENT licensure method who has been licensed at the independent level in another state or U.S. jurisdiction for 5 consecutive years without discipline may submit Certification of Licensure (CT forms) for each state in which the applicant practiced in the last 5 years instead of submitting the following documents: ED form, VE-SW form, Official Score Report.
Personal History Documents - An applicant marking “YES” in response to any of the personal history questions in PART VI, page 4 of the application will need to provide a signed, dated personal statement of explanation and corresponding documentation. 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.

Proof of name change(s) - If any of the supporting documents listed above list a different name than the name on the application, proof of name change(s) must be submitted. An applicant must document each step of each change. Examples of acceptable documentation include: Signed Marriage Certificates, Marriage Licenses, Divorce Decrees, Court orders showing change(s) of name.

RS form (Restoration Licensure Method only)

Continuing Education (Restoration Licensure Method only) - One seeking to restore a license per Rules 68 IAC Section 1470.80 (c) must submit evidence of completing the Continuing Education requirements (68 IAC Section 1470.95, 68 IAC Section 1130.Subpart E, 20 ILCS 2105/2105-365)

• at least 30 hours;
• not older than 2 years at the time the application is submitted;
• through approved sponsors/providers;
• relevant to the practice of social work;
• could be completed online or in person;
• must include at least 3 hours of ethics;
• must include at least 3 hours pertaining to cultural competence;
• must include at least 1 hour of sexual harassment prevention;
• must include at least 1 hour of implicit bias training;
• must include at least 1 hour in dementia awareness training.

STEP 6.
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 3 years from date it is received by the Department.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov.

For assistance--Call one of the following numbers and state that you are applying to become licensed as a social worker 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.
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."

"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."
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APPLICATION FOR LICENSURE AND/OR EXAMINATION

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.

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: “Military 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 and proof of marriage license or court order.

B. SEE INSTRUCTIONS OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ This is the first time I have made application for this profession in Illinois.
☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
☐ Other: __________________________

My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

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

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)

7. MOTHER’S MAIDEN NAME

8. PLACE OF BIRTH CITY STATE/COUNTRY
9. DATE OF BIRTH __ __ / __ __ / __ __ __ __
10. AGE ☐ Male ☐ Female

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (_______) _____-_______-______ Home: (_______) _____-_______-______ (Area Code) (Area Code)

Fax: (_______) _____-_______-______ Fax: (_______) _____-_______-______ (Area Code) (Area Code)

12. REQUIRED E-MAIL ADDRESS

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.

FEES ARE NOT REFUNDABLE.

Disclosure of the name shown on your supporting documents is mandatory, unless specifically exempted by any law, rule, or Act administered by the Illinois Department of Financial and Professional Regulation or other entities for verification of identification.

Note the following:

- C. Disclosure of your U.S. social security number, if you have one, is mandatory, unless specifically exempted by any Act administered by the Illinois Department of Financial and Professional Regulation or other entities for verification of identification.

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- B. SEE INSTRUCTIONS OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

- C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- ☐ This is the first time I have made application for this profession in Illinois.
- ☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- ☐ Other: __________________________

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- B. SEE INSTRUCTIONS OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

- C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

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- ☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- ☐ Other: __________________________

- My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

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- 5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

- 6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)

- 7. MOTHER’S MAIDEN NAME

- 8. PLACE OF BIRTH CITY STATE/COUNTRY
- 9. DATE OF BIRTH __ __ / __ __ / __ __ __ __
- 10. AGE ☐ Male ☐ Female

- 11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

- Work: (_______) _____-_______-______ Home: (_______) _____-_______-______ (Area Code) (Area Code)

- Fax: (_______) _____-_______-______ Fax: (_______) _____-_______-______ (Area Code) (Area Code)

- 12. REQUIRED E-MAIL ADDRESS

- 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.

- FEES ARE NOT REFUNDABLE.

- Disclosure of the name shown on your supporting documents is mandatory, unless specifically exempted by any law, rule, or Act administered by the Illinois Department of Financial and Professional Regulation or other entities for verification of identification.

- Note the following:

- C. Disclosure of your U.S. social security number, if you have one, is mandatory, unless specifically exempted by any Act administered by the Illinois Department of Financial and Professional Regulation or other entities for verification of identification.

- FEES ARE NOT REFUNDABLE.
### PART III: Education Information

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

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<th>10</th>
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<td>Graduated High School?</td>
<td>Yes</td>
<td>No</td>
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<td>Received G.E.D.?</td>
<td>Yes</td>
<td>No</td>
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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)

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<tr>
<td>Graduated?</td>
<td>Yes</td>
<td>No</td>
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6. **COLLEGE OR UNIVERSITY NAME** (Undergraduate and Graduate)

   | INSTITUTION NAME |
   | LOCATION (City and State or Country) |
   | DATES OF ATTENDANCE FROM TO |
   | TYPE OF DEGREE EARNED |
   | 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 FROM TO |
   | Did You Complete Training? |
   | Month/Year | Month/Year |
   | Yes | No |

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IL486-1019 APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 2 of 4
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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS (Active, Lapsed, etc.)</th>
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<tbody>
<tr>
<td>State of Original Licensure</td>
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<tr>
<td>State of Current Licensure where you most recently have been practicing.</td>
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<tr>
<td>Other States of Licensure</td>
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*(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.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS (Passed, Failed, Absent)</th>
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*(If additional space is needed, attach a separate sheet.)*
PART VI: Personal History Information *(This part must be completed by all applicants)*

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 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

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

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

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

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.
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.

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

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:

1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *
   - Yes  [ ]  No  [ ]

2) Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?
   - Yes  [ ]  No  [ ]

3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *
   - Yes  [ ]  No  [ ]

4) Are you currently charged with or have you been convicted of a forcible felony? *
   - Yes  [ ]  No  [ ]

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.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Email</th>
<th>Date</th>
</tr>
</thead>
</table>

IL486-2034 12/23
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.
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.
**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.

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>2. DATE OF BIRTH</th>
<th>3. SSN OR ITIN</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. ADDRESS</th>
<th>STREET, CITY, STATE, ZIP CODE</th>
<th>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Profession Name                                                             Profession Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. MAIDEN OR GIVEN SURNAME</th>
<th>7. APPLICANT TELEPHONE NUMBER (Daytime)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Area Code (___ ___ ___) ___ ___ ___ - ___ ___ ___</td>
</tr>
</tbody>
</table>

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.

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:

<table>
<thead>
<tr>
<th>Name of Examination</th>
<th>Date of Examination</th>
</tr>
</thead>
</table>

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

**PART II** - CERTIFICATION OF LICENSURE

<table>
<thead>
<tr>
<th>A. NAME OF PROFESSION AS IT APPEARS ON LICENSE</th>
<th>B. LICENSE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C. ISSUANCE DATE OF LICENSE</th>
<th>D. EXPIRATION DATE OF LICENSE</th>
</tr>
</thead>
</table>

E. LICENSURE METHOD

☐ Examination (Administered in Your State)  
☐ National (Name)  
☐ State Constructed  
☐ Other (Name)  
☐ Endorsement of License (State)  
☐ Acceptance of Examination Results (Administered in Another State)

☐ Reciprocity with (State)  
☐ Waiver/Grandfather  
☐ Credentials  
☐ Other (Describe)  

F. CURRENT LICENSURE STATUS

☐ Active  
☐ Inactive  
☐ Lapsed  
☐ Other (Explain) ____________________________________________________________________________

G. IF LICENSED BY EXAMINATION, RECORD SCORES

<table>
<thead>
<tr>
<th>Type of Examination</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written</td>
<td></td>
</tr>
<tr>
<td>Practical</td>
<td></td>
</tr>
<tr>
<td>Other (Describe)</td>
<td></td>
</tr>
</tbody>
</table>

Received no Grade Below

Examination Period ______ days ______ hours
### PART III - CERTIFICATION OF EXAMINATION SCORES

| A1. National or other Profession Specific Examination | Date of Examination | ___________________ |
| (Record all available information) | | |
| Scaled Score | Raw Score | ___________________ |
| Standard Deviation | Corrected Score | ___________________ |
| National Mean | Percent 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? | Yes | No |

### PART V - RECIPROCAL REGISTRATION

This state **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**

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Agency/Board Street Address</td>
<td>Area Code (</td>
</tr>
<tr>
<td>City, State, ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

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

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.
# Certification of Education

**Applicant:** Complete the applicant section of this form, then forward it to the school 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.

6. **Maiden or Given Surname**

7. **Name of Institution Attended**

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Profession Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

8. **Date of Graduation/Completion**
   - Month
   - Day
   - Year

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

**School Official:** Complete the bottom portion of this page and the reverse side. Return the completed form to the applicant.

| A. **Name of Institution** |
| B. **Address of Institution** |
| C. **Department of Institution** |
| D. **Specific Program or Curriculum Concentration of Applicant** |
| E. **Major Area of Study of the Applicant** |
| F. **Applicant was (check one):** |
|   - Full-time |
|   - Part-time |
|   - Co-op |
| G. **Credit Hours Earned** |
|   - (Check one and complete) |
|   - Semester Hours |
|   - Quarter Hours |
|   - Course Hours |
| H. **Dates of Attendance** |
|   - From |
|   - To |
|   - Month
|   - Day
|   - Year |

I. **Total Academic Years Attended**

   - Total Calendar Years Attended
   - Years
   - Months
   - Days

J. **Type of Degree or Certificate Awarded**
   (e.g., B.A., M.A., M.D., Ph.D.)

K. **Date that Degree or Certificate Requirements Were Met**
   - Month
   - Day
   - Year

L. **Date that Degree or Certificate Was Conferred**
   - Month
   - Day
   - Year

M. **Check the Appropriate Statement(s) and Complete**

   - Applicant has graduated on |
   - Month
   - Day
   - Year

   - Applicant has completed program on |
   - Month
   - Day
   - Year

   - Applicant will graduate on |
   - Month
   - Day
   - Year

   - Applicant will complete program on |
   - Month
   - Day
   - Year

N. **If Education Program Was Completed in Less Than the Normally Required Time, Please Explain:**

---

**Certification of Education** - Page 1 of 2
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

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.
APPLICANT: Complete the applicant section of this form, then forward it to your supervisor(s). A separate form is required from each supervisor for each experience.

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH
   ___/___/___
   Month Day Year

3. SSN OR ITIN
   ___-___-____

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. PROFESSION (Check One)
   □ Licensed Social Worker (150)
   □ Licensed Clinical Social Worker (149)

6. MAIDEN OR GIVEN SURNAME

7. CLINICAL SUPERVISOR'S NAME & TITLE

8. BUSINESS / INSTITUTION / SITE OF EXPERIENCE HOURS

9. BUSINESS / INSTITUTION / SITE ADDRESS

10. SUPERVISION WAS (Mark only one):
    □ Internal  OR  □ Contracted Outside Supervision

11. TYPE OF EXPERIENCE BEING REPORTED (MARK ONLY ONE - A SEPARATE FORM IS REQUIRED FOR EACH EXPERIENCE).
    □ Bachelor's degree + 3 years experience for LSW
    Rules 68 IAC Section 1470.20(b)
    □ 3000 Supervised Clinical Hours for LCSW
    Rules 68 IAC Section 1470.20(a)
    □ Exam Alternative for LCSW
    225 ILCS 20/8.2

SUPERVISOR: Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.

PART I. - SOCIAL WORK SUPERVISION INFORMATION

A. NAME OF SUPERVISOR COMPLETING THIS FORM

B. QUALIFICATION TO SUPERVISE:
   □ Licensed Clinical Social Worker (LCSW)
   □ Licensed Social Worker (LSW)
   □ Licensed Clinical Professional Counselor (LCPC)
   □ Licensed Marriage and Family Therapist (LMFT)
   □ Licensed Clinical Psychologist
   □ Licensed Psychiatrist
   □ Licensed Advanced Practice Psychiatric Nurse
   □ Other (specify): ____________________________

C. LICENSE STATE

D. LICENSE NUMBER

E. DATE AWARDED

F. BUSINESS TELEPHONE NUMBER
   Area Code (______) ___ ___ ___

G. EMAIL ADDRESS (OF SUPERVISOR COMPLETING THIS FORM)

H. The individual listed above and I met for an average of at least 4 hours each month for the purpose of conducting supervision.  □ YES  □ NO

If NO, how often was supervision? _____ hours / month.

I. My supervision was coordinated with another clinical supervisor.  □ YES  □ NO

If YES, the other supervisor's name was:

__________________________________________

(A separate VE-SW form is required from each supervisor.)

J. APPLICANT’S JOB TITLE AT TIME EXPERIENCE

K. NAME OF SUPERVISOR’S BUSINESS / INSTITUTION / AGENCY

L. SUPERVISOR’S BUSINESS/ INSTITUTION/ AGENCY ADDRESS
M. Bachelor’s + 3 years experience for LSW.  THIS BOX IS ONLY FOR HOURS COMPLETED FOR FIRST TIME ILLINOIS LSW LICENSURE ON THE BASIS OF A BACHELOR’S DEGREE PURSUANT TO RULES 68 IAC SECTION 1470.20(b).

The applicant completed the following supervised PROFESSIONAL experience under my supervision. The experience being counted and reported started as listed below and continued at least until the end date listed below.

___________________________(must be after Bachelor’s degree was awarded) ___________________ Total: ___________________

START DATE (MM/DD/YYYY)                     END DATE (MM/DD/YYYY)                        MONTHS and YEARS

The experience was conducted in accordance with Rules 68 IAC Section 1470.20(b). □ YES □ NO

N. 3000 Supervised Clinical Hours for LCSW (2000 for Doctorate degree applicants).

THIS BOX IS ONLY FOR HOURS COMPLETED FOR FIRST TIME IL LCSW LICENSURE PURSUANT TO RULES 68 IAC SECTION 1470.20(a).

The applicant completed the following supervised CLINICAL experience under my supervision. The experience being counted and reported started as listed below and continued at least until the end date listed below.

___________________________(must be after Master’s or Doctorate degree was awarded) ___________________

START DATE (MM/DD/YYYY)                     END DATE (MM/DD/YYYY)

The experience is ongoing. □ YES □ NO Total Number Clinical Hours: ___________________

The experience was conducted in accordance with Rules 68 IAC Section 1470.20(b). □ YES □ NO

O. Exam Alternative for LCSW.  THIS BOX IS ONLY FOR HOURS COMPLETED FOR LCSW EXAM ALTERNATIVE PURSUANT TO 225 ILCS 20/8.2.

The applicant completed the following supervised PROFESSIONAL experience under my supervision. The experience being counted and reported started as listed below and continued at least until the end date listed below.

___________________________(must be after clinical experience of 1470.20(a).) ___________________ Total hours: ___________________

START DATE (MM/DD/YYYY)                     END DATE (MM/DD/YYYY)                     (EXAM ALTERNATIVE HOURS ONLY)

The experience I am verifying was separate from (and in addition to) the 3000 hours (2000 for doctorate degree applicants) completed or counted for supervised clinical experience per Rules 68 IAC Section 1470.20(a). □ YES □ NO

The experience was conducted in accordance with 225 ILCS 20/8.2. □ YES □ NO

P. The applicant's performance was satisfactory or better. □ YES □ NO

The above indicated experience has been documented by myself and has been performed by the applicant pursuant to my order, control, and full professional and legal responsibility as a supervisor. I do hereby declare that the information contained herein is true and correct.

___________________________
Signature

___________________________       ____________________________
Date                                           Title

IL486-0369 (SW) VE-SW - Verification of Employment/Experience - Page 2 of 2