

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 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.

CERTIFICATION OF RESIDENCY/PRE-CEPTORSHIP TRAINING

SUPPORTING DOCUMENT

TN-POD

APPLICANT: Complete the applicant section of this form. Forward the form to the individual who will certify your training.

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. DATES OF TRAINING From ____/____/____ To ____/____/____ Month Day Year Month Day Year	8. ILLINOIS TEMPORARY LICENSE NUMBER ISSUANCE DATE	
9. NAME OF RESIDENCY/PRECEPTORSHIP TRAINING PROGRAM PARTICIPATED IN OR COMPLETED	10. RESIDENCY PROGRAM DIRECTOR/PRECEPTOR NAME	

RESIDENCY PROGRAM DIRECTOR/PRECEPTOR

Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.

A. RESIDENCY PROGRAM DIRECTOR/PRECEPTOR NAME	B. OFFICE/FACILITY NAME
C. TELEPHONE NUMBER OF ABOVE Area Code (____) - - - -	D. OFFICE/FACILITY STREET ADDRESS
E. APPLICANT'S TRAINING DATES From ____/____/____ To ____/____/____ Month Day Year Month Day Year	F. OFFICE/FACILITY CITY, STATE, ZIP CODE
G. WAS RESIDENCY/PRECEPTORSHIP TRAINING PROGRAM SATISFACTORILY COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If No, attach a detailed explanation.</i>	H. INDICATE FACILITY NAME WHERE RESIDENCY/PRECEPTORSHIP WAS COMPLETED

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

Date

Signature of Residency Program Director/Preceptor

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