

# INSTRUCTION SHEET

## Veterinarian

- Examination
- Acceptance of Examination
- Endorsement of Licensure
- Restoration

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

To apply under the provisions of the Illinois Veterinary Medicine and Surgery Practice Act of 1994, read and follow each of the steps below in the order they are listed. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **The application which you submit is valid for 3 years from date of receipt.** If you are issued a license, please be advised your license will expire on January 31 of each odd-numbered year.

### Step I -- Application

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

1. Part I-A: Application Category Information--Select method of application and complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Veterinarian	090	Examination	*
Veterinarian	090	Acceptance of Examination	*
Veterinarian	090	Endorsement of Licensure	*
Veterinarian	090	Restoration	**

\*See attached Reference Sheet for fee amount.

\*\*See Supporting Document RS for fee amount.

2. Part I-B: Check the box indicating the appropriate information regarding your application.
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 both Preveterinarian AND Veterinarian education.
5. Part IV: Record of Licensure Information--Indicate in this area if you have ever held a license as a Veterinarian or other related license. Supporting document CT must also be completed by all jurisdiction of the United States in which you have ever been licensed.
6. Part V: Record of Examination--Must be completed by all applicants.

*The Illinois Controlled Substances Act requires that every person who manufactures, distributes or dispenses any controlled substances within this State must obtain a controlled substance license issued by the Department of Financial and Professional Regulation.*

*An application for controlled substance licensure is enclosed for this purpose.*

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov).

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## Step I -- Application (cont'd)

7. Part VI: Personal History Instructions--Must be completed by all applicants.
8. Part VII: Examination Coding Information--Complete this portion **ONLY** if you are applying to take the examination. Under section c, indicate your veterinary education. School codes are located on the reverse side of the Reference Sheet.
9. Part VIII: Child Support and/or Student Loan Information--Must be completed by all applicants.
10. Part IX: Certifying Statement--Read the certifying statement and then sign and date your application.

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## Step II--Supporting Documents

The remainder of these instructions contains specific directions for each Licensure Method. Select the method of application under which you are applying to determine the documentation that must be submitted with the four-page application.

All documents submitted in a foreign language must be accompanied by an original, notarized translation that has been performed by a person, other than yourself, 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.

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## EXAMINATION

### Supporting Documentation ☐☐☐

1. **ED (Certification of Education)**--This document must be completed by the authorized official of the university from which your veterinary education was obtained. School seal must be affixed.
2. **CT (Certification of Licensure)**--If you have ever held a license as a veterinarian or other related license, this document must be completed by all jurisdictions of the United States in which you have ever been licensed. You are authorized to photocopy the form if necessary.
3. **Graduates of Unapproved Programs**--An applicant for examination who is a graduate of an unapproved program of veterinary medicine and surgery shall file an application with the above supporting documentation a verification of enrollment in either the Program for the Assessment of Veterinary Education Equivalence (PAVE) from the American Association of Veterinary State Boards **OR** a verification of enrollment form from the American Veterinary Medical Associations Educational Commission for Foreign Veterinary Graduates (ECFVG) indicating that the applicant has met all of the requirements for ECFVG certification except for completion of the proficiency examination or the completion of 1 year of clinical experience and the NAVLE examination. Your license will not be issued until you submit proof of completion of the ECFVG certification program.
4. **Fee Payment**--Fee Payment must be in the form of a certified check or

***For assistance -- Call one of the following numbers and state that you are applying to become licensed as a veterinarian and need help with your application:***

**CTS - 708/354-9911  
TDD - 1-800-869-1313**

*Please allow 3 weeks from mailing your application before making an inquiry concerning its status.*

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## Examination (cont'd)

*If you are a graduate of a non-domestic veterinary education program, either the Program for the Assessment of Veterinary Education (PAVE) or the Education Commission for Foreign Veterinary Graduates (ECFVG) certification **MUST** be submitted to become licensed.*

money order made payable to the Continental Testing Service, Inc; **OR**

**Apply Directly On-Line.** Register for the examination by referring to the Continental Testing Web site ([www.continentaltesting.net](http://www.continentaltesting.net)) for information on how to apply for the examination on-line and pay the test fee by credit card.

5. **Forward four-page application and fee to:** Continental Testing Services, Inc., P.O. Box 100, LaGrange, Illinois 60425-0100; **OR**

**Apply Directly On-Line.** Register for the examination by referring to the Continental Testing Web site ([www.continentaltesting.net](http://www.continentaltesting.net)) for information on how to apply for the examination on-line and pay the test fee by credit card.

**Note:** If you apply for the examination prior to graduation, the college of veterinary medicine must submit verification of your graduation within 90 days of the scheduled graduation date or the results of the examination(s) will be void.

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## ACCEPTANCE OF EXAMINATION

**For assistance**--Call one of the following numbers and state that you are applying to become licensed as a veterinarian and need help with your application:

**1-800-560-6420**  
**TTY - 1-866-325-4949**

*Please allow 3 weeks from mailing your application before making an inquiry concerning its status.*

### Supporting Documentation ☐☐☐

1. **ED (Certification of Education)**--This document must be completed by the authorized official of the university from which your veterinary education was obtained. School seal must be affixed.
2. **CT (Certification of Licensure)**--If you have ever held a license as a veterinarian or other related license, this document must be completed by all jurisdictions of the United States in which you have ever been licensed. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form CT directly to you.
3. **Examination Scores**--Instruct The American Association of Veterinary State Boards, 380 W. 22nd. Street, Suite 101, Kansas City, MO 64108, telephone number 877-698-VIVA, website: <http://aavsb.org/VIVA/#Transfer>, to forward your scores for the Veterinary Licensing Examination, directly to this Division.
4. **Fee Payment**--Fee payment must be in the form of a check or money order and made payable to the Department of Financial and Professional Regulation.
5. **Forward four-page application and fee payment to:** Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

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***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

## ENDORSEMENT OF LICENSE

***For assistance--Call one of the following numbers and state that you are applying to become licensed as a veterinarian and need help with your application:***

**1-800-560-6420  
TTY - 1-866-325-4949**

***Please allow 3 weeks from mailing your application before making an inquiry concerning its status.***

### Supporting Documentation ☐☐☐

1. **ED (Certification of Education)**--This document must be completed by the authorized official of the university from which your veterinary education was obtained. School seal must be affixed.
2. **CT (Certification of Licensure)**--If you have ever held a license as a veterinarian or other related license, this document must be completed by all jurisdictions of the United States in which you have ever been licensed. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form **CT** directly to you.
3. **Examination Scores**--The Veterinary Licensing Examination scores must be reported directly to this Division by The American Association of Veterinary State Boards, 380 W. 22nd. Street, Suite 101, Kansas City, MO 64108, telephone number 877-698-VIVA, website: <http://aavsb.org/VIVA/#Transfer>.
4. **Fee Payment**--Fee payment must be in the form of a check or money order and made payable to the Department of Financial and Professional Regulation.
5. **Forward four-page application and fee payment to:** Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

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## RESTORATION

### IMPORTANT NOTICE:

These Restoration Instructions apply only to those veterinarians whose licenses have been on inactive status, or in non-renewed status, for five or more years.

**If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420 for detailed instructions on how to restore it to active status.**

### Supporting Documents ☐☐☐

1. **RS (Restoration of Licensure)**--This document must be completed. The fee payment amount is indicated in the Official Use Only box located on this form. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation Call Center at 1-800-560-6420.
2. **Continuing Education Verification** - All applicants for restoration **MUST** submit verification of completion of **40 hours of continuing education** obtained within the 24 months immediately preceding submission of your application for restoration. Verification must be in the form of a certificate(s) of attendance issued by the sponsor of the continuing education program(s).

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## RESTORATION

(cont'd)

**For assistance--**Call one of the following numbers and state that you are applying to become licensed as a veterinarian and need help with your application:

**1-800-560-6420**  
**TTY - 1-866-325-4949**

*Please allow 3 weeks from mailing your application before making an inquiry concerning its status.*

3. The licensee shall also submit:

- 1) **CT (Certification of Licensure)** - This document must be completed by the U.S. jurisdiction(s) where you have most recently been practicing, if applicable. You are authorized to photocopy the form if necessary. You must direct the licensing agency / board to return completed form CT directly to you.

### AND

**VE (Verification of Employment/Experience)** - If you are currently licensed and actively practicing in another state or territory of the U.S. **OR** if you are restoring based on experience other than active practice (i.e. research, teaching, or publishing), you must have this document completed by your employer. If self-employed, complete this document on your own behalf. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 1-800-560-6420; **OR**

2) **Military Service** - If restoring your license after active military service, submit a copy of military form DD214; **OR**

3) Evidence of experience within the profession other than active practice (such as research, teaching or publishing) during the time when the license was expired; **OR**

4) 20 hours of approved continuing education for each year the license was expired completed during the 2 years preceding application for restoration. These hours will be in addition to the 40 hours stated in number 3 above.

4. **Fee Payment**--See Supporting Document RS for amount. Fee payment must be in the form of a check or money order and made payable to the Department of Financial and Professional Regulation.

5. **Forward four-page application and fee payment to:** Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

**Note:** Should your application and supporting documents lack sufficient evidence to determine your current competence to practice veterinary medicine and surgery, you will be requested to submit additional documentation and/or appear for an interview before the Veterinary Licensing and Disciplinary Board.

## 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.*

<u>Licensure Methods</u>	<u>Definition</u>
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.**"

## REFERENCE SHEET

### ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates, filing deadlines and fees  
if prevailing circumstances necessitate such action.

#### CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>Profession Name</u>	<u>Profession Code</u>	<u>Licensure Method</u>	<u>Application Fee</u>
Veterinarian	090	Examination (CTS)	\$98.00
Veterinarian	090	Examination (NAVLE)	Visit nbvme.org website
Veterinarian	090	Acceptance of Examination	\$100.00
Veterinarian	090	Endorsement of Licensure	\$100.00
Veterinarian	090	Restoration	See Supporting Document <b>RS</b>

**NOTE: Additional fee for candidates taking NAVLE outside of U.S., U.S. Territories and Canada is required.**

#### CHART II - EXAMINATION / APPLICATION

Since the application for examination is a dual process, you must:

- ☐ Complete the Department's licensure/examination application by applying online at **[www.continentaltesting.net](http://www.continentaltesting.net)** and pay the required administration fee with a credit card (VISA or Mastercard); **and**
- ☐ Register for the examination by referring to the NBVME Web site (**<http://www.nbvme.org>**) for information on how to apply for the NAVLE on-line and pay the exam fee by credit card. The NAVLE fee is **nonrefundable**. If you do not take the examination during the testing window, you must submit a new application and pay the full fee to take the NAVLE during a subsequent window.

Once you have completed both processes and are determined eligible, you will receive a **Scheduling Permit** from NBVME instructions for making a testing appointment at a PTC. The Scheduling Permit will specify the testing window during which you are eligible to complete the examination.

#### CHART III - EXAMINATION DATES

For information on **Examination Dates, Application Deadlines, and Test Center Codes** please visit CTS at **[www.continentaltesting.net](http://www.continentaltesting.net)**.

**APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.**

#### REQUEST FOR ASSISTANCE

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods **Except** Examination (**US ONLY**)

1-800-560-6420

TTY

1-866-325-4949

Please allow 6 weeks from mailing your application  
before making an inquiry concerning its status.

Examination Licensure Method **Only**

1-708-354-9911

**SEE REVERSE SIDE FOR CHART IV - SCHOOL CODES**

## CHART IV - SCHOOL CODES

### ALABAMA

- 90-001 Auburn University School of Vet. Medicine  
Auburn University
- 90-002 Tuskegee Univ. of Vet. Medicine, Tuskegee

### CALIFORNIA

- 90-003 Univ. of California School of Vet. Medicine,  
Davis
- 90-044 Western University of Health Sciences,  
College of Veterinary Medicine

### COLORADO

- 90-004 Colorado State University, Ft. Collins

### FLORIDA

- 90-005 University of Florida, Gainesville

### GEORGIA

- 90-006 University of Georgia, Athens

### ILLINOIS

- 90-007 University of Illinois, Urbana

### INDIANA

- 90-008 Purdue University, West Lafayette

### IOWA

- 90-009 Iowa State University, Ames

### KANSAS

- 90-010 Kansas State University, Manhattan

### LOUISIANA

- 90-011 Louisiana State University, Baton Rouge

### MARYLAND

- 90-015 University of Maryland, College Park

### MASSACHUSETTS

- 90-012 Tufts University, North Grafton

### MICHIGAN

- 90-013 Michigan State University, East Lansing

### MINNESOTA

- 90-014 University of Minnesota,  
College of Veterinary Medicine

### MISSISSIPPI

- 90-014 Mississippi State Univ., Mississippi State

### MISSOURI

- 90-016 University of Missouri, Columbia

### NEW YORK

- 90-017 NY State Coll. Cornell Univ., Ithaca

### NORTH CAROLINA

- 90-018 North Carolina State Univ., Raleigh

### OHIO

- 90-019 The Ohio State Univ., Columbus

### OKLAHOMA

- 90-020 Oklahoma State University, Stillwater

### OREGON

- 90-021 Oregon State University, Corvallis

### PENNSYLVANIA

- 90-022 University of Pennsylvania, Philadelphia

### TENNESSEE

- 90-023 University of Tennessee, Knoxville

### TEXAS

- 90-024 Texas A & M University, College Station

### VIRGINIA

- 90-025 Virginia Polytechnic Institute, Blacksburg

### WASHINGTON

- 90-027 Washington State University, Pullman

### WISCONSIN

- 090-026 University of Wisconsin, Madison

### AUSTRALIA

- 90-037 Murdoch University, Division of Veterinary  
and Biomedical Sciences
- 90-038 University of Sydney, Faculty of Veterinary Science
- 90-040 University of Melbourne, Faculty of Veterinary Medicine

### CANADA

- 90-028 University of Guelph Ontario Vet. Coll.,  
Guelph, Ontario
- 90-029 Univ. Prince Edward Island, Charlottetown
- 90-030 Universite De Montreal, Quebec
- 90-031 Univ. of Saskatchewan, Saskatoon

### ENGLAND

- 90-032 University of London, Royal Veterinary College

### NETHERLANDS

- 90-033 State University Utrecht, Utrecht

### SCOTLAND

- 90-034 University of Glasgow, Veterinary School
- 90-035 University of Edinburgh, Royal (DICK) School of  
Veterinary School

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Veterinarian

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW		COMPLETED
Part I.	Application Category Information	
Part II.	Applicant Identifying Information	
Part III.	Education Information	
Part IV.	Record of Licensure Information	
Part V.	Record of Examination	
Part VI.	Personal history Information	
Part VII.	Examination Coding Information (If applicable)	
Part VIII.	Child Support and/or Student Loan Information	
Part IX.	Certifying Statement -- Signed and Dated	
SUPPORTING DOCUMENTS		SUBMITTED
Application Fee		
ED Form or official transcripts		
CT Form must be completed by all jurisdictions of licensure (if applicable)		
If you are a graduate of an unapproved AVMA program and you have passed the NAVLE you must provide proof of a certificate of either PAVE <b>or</b> the ECFVG		
Proof of Name Change (if applicable)		
RS Form (restoration method only)		
Certificates of CE Attendance (restoration method only) if applicable		
Copy of DD214 if restoring from active military service (restoration method only) if applicable		

**All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.**

# 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 OR 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 ____ / ____ / ____ Month Day Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
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

**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

OR G.E.D.?

☐ Yes ☐ No2. NAME OF LAST PRELIMINARY SCHOOL  
ATTENDED3. 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 ☐ No6. COLLEGE OR UNIVERSITY NAME  
(Undergraduate and Graduate)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☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ 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.)*

APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 4 of 4

**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

FOR EXAM USE ONLY

**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  
Name of Licensing Agency or Board  
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:

\_\_\_\_\_  
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) _____ Acceptance of Examination Results _____ (Administered in Another State) <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____	
F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	G. IF LICENSED BY EXAMINATION, RECORD SCORES 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**

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

*(Record all available information)*

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.

S E A L

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency/Board Street Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Telephone Number

**ATTENTION APPLICANT--RETURN EXAM CT TO:**

**Continental Testing Services, Inc.**  
**P.O. Box 100**  
**LaGrange, Illinois 60525-0100**



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

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**

**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

# VE

**APPLICANT:** *Complete the application section of this form, then forward it to your employer. Upon receipt of the completed form from the employer, include it with your Application for Licensure/Examination. 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. JOB TITLE OR POSITION APPLICANT HELD	
8. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year	9. SUPERVISOR NAME	

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

### PART I - EMPLOYMENT INFORMATION

A. EMPLOYER NAME		B. BUSINESS / INSTITUTION NAME
C. EMPLOYER REGISTRATION/LI- CENSE NUMBER	D. STATE OF EMPLOYER REGISTRATION/LICENSE	E. BUSINESS ADDRESS STREET CITY STATE ZIP CODE
F. BUSINESS REGISTRATION/LI- CENSE NUMBER (If Applicable)	G. STATE OF BUSINESS REGISTRATION/LICENSE	H. BUSINESS TELEPHONE NUMBER Area Code (____) ____ - ____

### PART II - APPLICANT EMPLOYMENT INFORMATION

A. NUMBER OF HOURS WORKED PER WEEK	B. TYPE OF EMPLOYMENT [ ] Full-time [ ] Part-time	C. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year
D. RECORD APPLICANT'S POSITION TITLE(S)		
E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT.		

I do hereby declare that this information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## INSTRUCTIONS FOR CONTROLLED SUBSTANCES REGISTRATION

\*\*\*\*READ AND FOLLOW INSTRUCTIONS CAREFULLY\*\*\*\*

**If you hold a non-renewed controlled substances registration, you must reinstate that registration. Do not apply for a new registration.**

Every person who prescribes and/or stores or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.

A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or dispensed.

1. If you do not properly complete Parts I through VII (front and back) of the application, the application will be returned to you and licensure will be delayed.
2. It is **mandatory** that the permanent mailing address and/or business address be a street address. **P.O. boxes are not acceptable. Your Controlled Substances registration must be issued to a street address.**
3. If your professional application is pending, write "pending" in Part IV. A controlled substances registration **will not** be issued until your professional license has been issued. A controlled substances registration **will not** be issued to individuals holding a temporary license.
4. You **must** circle each drug schedule for which you are applying in Part III.
5. You **must** complete and submit the PHQ Form. Your application will not be processed without completion of this form.
6. Fee payment of \$5, in the form of check or money order made payable to the Illinois Department of Financial and Professional Regulation (IDFPR) or payment online by visiting <https://idfpr.illinois.gov/epay.html>. **The fee is non-refundable.** Forward two-page application, supporting documentation, and check or money order (if payment is not being made online at <https://idfpr.illinois.gov/epay.html>), to:

Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791

A State controlled substances registration is a **prerequisite** for Federal controlled substances registration. The address on your Illinois controlled substances registration must be exactly the same address as your Federal registration. For information concerning Federal registration, you must contact:

Drug Enforcement Administration  
230 South Dearborn, Suite 1200  
Chicago, Illinois 60604  
Telephone: 312/353-7875  
Web site: [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

**Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov).**

**FOR OFFICIAL USE ONLY**

**IMPORTANT NOTICE:** Completion of this form is required by 720 ILCS 570/1 et. seq. (Illinois Compiled Statutes). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application.

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

1. PROFESSION NAME	2. PROFESSION CODE - Check applicable box <input type="checkbox"/> 319 Dentist <input type="checkbox"/> 346 Optometrist <input type="checkbox"/> 316 Podiatrist <input type="checkbox"/> 390 Veterinarian <input type="checkbox"/> 336 Physician <input type="checkbox"/> 377 APRN-FPA	3. LICENSURE METHOD	4. FEE
Controlled Substances		Registration	\$5

## PART II: Applicant Identifying Information

1. NAME	LAST	FIRST	MIDDLE	2. TITLE (e.g., M.D., O.D., etc.)	3. SSN OR ITIN
					_____-_____-_____-_____-_____-_____-
4. PERMANENT MAILING ADDRESS			CITY	STATE/COUNTRY	ZIP CODE COUNTY
<div> <div>_____</div> <div>+</div> <div>_____</div> </div>					
5. NAME OF BUSINESS AND LOCATION (STREET / CITY / STATE / ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES REGISTRATION IS TO BE ISSUED					
<div> <div>_____</div> <div>_____</div> </div>					6. EMAIL ADDRESS (REQUIRED)

<p>7. If you will <b><i>not</i></b> be storing or dispensing controlled substances, check the box below. Your license will be issued to your permanent mailing address.</p> <div style="display: flex; align-items: center;"> <input style="margin-right: 10px;" type="checkbox"/> <span>I will <b><i>not</i></b> be storing or dispensing controlled substances, including samples.</span> </div>	<p>8. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S) _____</p> <hr/> <p>9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <b>Work</b> (     ) _____  Area Code </div> <div style="text-align: right;"> <b>FAX</b> (     ) _____  Area Code </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: left;"> <b>Home</b> (     ) _____  Area Code </div> <div style="text-align: right;"> <b>FAX</b> (     ) _____  Area Code </div> </div>
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## PART III: Drug Schedule

## PART IV: Professional Activity

Circle the schedules for which you are applying:

**II                  III                  IV                  V**

Practitioner--Check and complete one of the following:

Professional License Number

☐ Dentist                      019 - \_\_\_\_\_

☐ Optometrist                046 - \_\_\_\_\_

☐ Physician                    036 - \_\_\_\_\_

☐ Podiatrist                    016 - \_\_\_\_\_

☐ Veterinarian                090 - \_\_\_\_\_

☐ APN-FP                      277 - \_\_\_\_\_

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. <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? 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? <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? 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.			
7. Has your authority to prescribe or dispense controlled substances granted by either the U.S. Drug Enforcement Administration (DEA) or any state/territory of the U.S. (including Illinois) ever been voluntarily or involuntarily reduced, limited, placed on probation, relinquished, denied, revoked or suspended or otherwise disciplined? You must answer yes if any of the above actions are currently pending or if you have withdrawn or failed to proceed with an application for any controlled substances license. If yes, attach a separate sheet with complete and accurate explanation and certified documentation from the appropriate entity regarding the action.			

NAME (Last, First, MI):

PART VI: Child Support, Tax Information and Workers' Compensation (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. <b>Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</b>  Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	

SSN OR ITIN:

PART VII: Method of Payment and Certifying Statement	
<input type="checkbox"/> Check / Money Order. Check Number: _____	
<input type="checkbox"/> Online. Paid Online at: <a href="https://idfpr.illinois.gov/epay.html">https://idfpr.illinois.gov/epay.html</a> in the amount of _____. Approved #: _____	
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 <b>UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b>	
_____ Signature of Applicant	_____ Date

Profession: