

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

CERTIFIED EUTHANASIA TECHNICIAN EMPLOYMENT NOTIFICATION

INSTRUCTIONS

A Certified Euthanasia Technician shall not perform any euthanasia procedure until written notice is made to the Department. If a Certified Euthanasia Technician ceases employment the Agency shall give written notice to the Department **within 30 days** of termination. This form must be typed or printed and submitted by the Agency to:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

This notice, as well as other forms required for Certified Euthanasia Technician, can be downloaded from the IDFPR Web site at: www.idfpr.com.

CERTIFIED EUTHANASIA TECHNICIAN INFORMATION

1. NAME OF CERTIFIED EUTHANASIA TECHNICIAN	2. LICENSE NUMBER 235 -
3. HOME ADDRESS OF CERTIFIED EUTHANASIA TECHNICIAN	4. TELEPHONE NUMBER OF CERTIFIED EUTHANASIA TECHNICIAN

Signature of Certified Euthanasia Technician: _____

CERTIFIED EUTHANASIA AGENCY INFORMATION

1. NAME OF CERTIFIED EUTHANASIA AGENCY	2. LICENSE NUMBER 228 - _____
3. NAME AND ADDRESS OF AGENCY (Street, City, State Zip Code)	4. AGENCY TELEPHONE NUMBER (Include Area Code)
	5. FAX NUMBER (Include Area Code)

6. EMAIL ADDRESS (REQUIRED)

Date to **begin** as Certified Euthanasia Technician: _____

Signature of Certified Euthanasia Technician: _____

Signature of Person in Charge of Certified Euthanasia Agency: _____