

INSTRUCTION SHEET
ILLINOIS PODIATRIC
CONTINUING EDUCATION SPONSOR QUESTIONNAIRE

In order for Licensed Podiatric Physicians to obtain credit for attendance at continuing education programs, the program must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Podiatric Continuing Education Sponsor Questionnaire;
2. Forward a fee of \$1,000.00, in the form of a check or money order made payable to the Department of Financial and Professional Regulation: (state agencies, colleges and universities are exempt from payment of the fee).
3. Enclose a sample "Certificate of Attendance," which contains the following:
 - a) The name and address of the sponsor;
 - b) The name and address and license number of the participant;
 - c) A brief statement of the subject matter;
 - d) The number of clock hours actually attended in each program;
 - e) The date and place of the program; and
 - f) The signature of the sponsor.
4. You must submit with your application for sponsor approval to this Department, verification of sponsor validation from the Council on Podiatric Medical Education.

Sponsor means a person, firm, association, corporation, or any other group which has been approved and authorized by the Podiatric Medical Licensing Board and validated by the Council on Podiatric Medical Education to coordinate and present continuing education courses or programs.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Illinois Podiatric Medical Licensing Board. Subsequent to Board review, you will be advised of their recommendation.

1. Licensed podiatrists will be required to have a total of 100 hours (50 per year) of C.E. which must be obtained during the applicable prerenewal period. **The prerenewal period is the 24 months preceding January 31 of each odd-numbered year.**
2. It shall be the responsibility of the sponsor to provide each participant in an approved program with a certificate of attendance as outlined above.
3. The sponsor shall maintain attendance records containing all of the above information and course materials for not less than five years.
4. The sponsor shall be responsible for assuring that no renewal applicant shall receive C.E. credit for time not actually spent attending the program.
5. All courses and programs shall:
 - a) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of podiatric medicine;
 - b) Provide experiences which contain scientific integrity, subject matter, and course material relevant to podiatric medicine;
 - c) Be developed and presented by persons with education and/or experience in the subject matter of the program;
 - d) Specify the course objectives, course content, and teaching methods to be used; and
 - e) Specify the number of C.E. hours that may be applied to fulfilling the Illinois C.E. requirements for license renewal.
6. All programs given by approved sponsors shall be open to all licensed podiatric physicians and not be limited to members of a single organization or group.

<p>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. This form has been approved by the Forms Management Center.</p>	<p>RETURN APPLICATION TO:</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION ATTN: Division of Professional Regulation 320 West Washington Street, 3rd Floor Springfield, Illinois 62786</p>	<p>FOR OFFICIAL USE ONLY</p> <p>_____ Approved</p> <p>_____ Denied</p> <p>_____ Deferred</p> <p>_____ Date</p>
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Each participant must be supplied with a "Certificate of Attendance." Please enclose a sample certificate.

1. OFFICIAL NAME OF SPONSORING INDIVIDUAL, FIRM, ASSOC., GROUP, OR CORPORATION	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Include Number, Street, City, State, and ZIP Code)	4. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal - License No. 151- _____
5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAMS OR COURSES	6. TITLE
7. ADDRESS (Include Number, Street, City, State, and ZIP Code)	8. TELEPHONE NUMBER (Include Area Code)

9. EMAIL ADDRESS (REQUIRED)

10. SPONSOR IS:

Individual Group

Firm School, College or University

Association State Agency

Corporation

Other: _____ Describe: _____

11. ORGANIZATIONAL PURPOSE AND OBJECTIVES:

SIGNATURE IS REQUIRED ON 2ND PAGE.

AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) and course(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with the criteria in 68 Ill. Adm. Code, Section 1360.70(c)(2) and all other criteria in 68 Ill. Adm. Code, Section 1360.70; and
2. That this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1360.70(c)(7).
3. All programs shall be developed and presented by persons with education and/or experience in the subject matter of the program to be presented.
4. All programs shall specify the course objectives, course content, and teaching methods to be used.
5. Contribute to the advancement extension and enhancement of professional clinical skills and scientific knowledge in the practice of podiatric medicine.
6. Specify the number of C.E. hours that may be applied to fulfilling Illinois C.E. requirements for licensure renewal.
7. Provide experiences which contain scientific integrity, relevant subject matter and course material.
8. Be open to all licensed podiatric physicians and not be limited to members of a single organization or group.
9. I shall verify attendance at each C.E. course or program and keep records of such attendance for no less than 5 years.
10. I will give each successful participant a certificate of attendance or participation at the end of the course or program. The certificate will include the name and address of the participant, and of the sponsor, a brief statement of the subject matter, the number of hours attended in each program, and the signature of the sponsor.
11. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1360.70; and
12. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1360.70) may result in disapproval of this sponsor by the Department; and
13. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this sponsor subsequent to such disapproval.

NOTARY

SEAL

Subscribed and sworn before me this _____

Print Name

day of _____, _____.

Signature

Signature of Notary Public

Date

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.