

OUT-OF-STATE PODIATRIC CONTINUING EDUCATION APPROVAL

FOR OFFICIAL USE ONLY

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

INSTRUCTIONS

Submit the following with this application to the Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington Street, 3rd Floor, Springfield, Illinois 62786.

1. A \$20 processing fee made payable to the Department of Financial and Professional Regulation.
2. An outline of the content of the course.
3. A schedule of the program.

This form may be submitted prior to participation in the program or 90 days prior to the expiration of the license. If a licensee fails to submit the form within the required time frame, late approval may be obtained by submitting the approval request form with the \$20 processing fee plus a \$50 per credit hour late fee not to exceed \$300. **If program or course is approved and sponsored by the Council on Podiatric Medical Education (CPME) you do not need out-of-state program approval.**

NOTE: *A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated or can be downloaded from the IDPR Web site at: www.idfpr.illinois.gov*

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)	
3. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, ZIP Code)	4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM(S)	
	5. TITLE	
6. TITLE OF PROGRAM	7. NO. OF CLOCK HRS. REQUESTED	8. IS THIS PROGRAM OPEN TO ALL PODIATRISTS?
9. SITE(S) OF PROGRAM	10. DATE(S) ATTENDED	

11. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF PODIATRIC MEDICINE?

	Email Address (Required)
Signature of Person Submitting Application	Illinois License Number
Type or Print Name of Person Submitting Application	Date

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Approved
 Denied
 Deferred
 No. of Approved Hours _____

COMMENTS: _____