INSTRUCTION SHEET

Licensed Professional Counselor
or
Licensed Clinical Professional Counselor

Examination
Acceptance of Examination
Endorsement
Restoration

The requirements of licensure and practice for Illinois Licensed Professional Counselor (LPC) licensure or Illinois Licensed Clinical Professional Counselor (LCPC) licensure are provided by the ACT (225 ILCS 107/) and the RULES in Administrative Code (68 IAC Part 1375).

The ACT and RULES are available online at: www.idfpr.illinois.gov/profs/ProfCounselor.asp

STEP 1.

Determine the level of license desired. There are two tiers of Professional Counselor licensure:

Licensed Professional Counselor (LPC) – Licensed Professional Counselors may NOT practice independently and must operate at all times under the order, control, and full professional responsibility of a Licensed Clinical Professional Counselor (LCPC), a Licensed Clinical Social Worker (LCSW), a Licensed Clinical Psychologist, or a psychiatrist as defined in Section 1-121 of the Mental Health and Developmental Disabilities Code.

Licensed Clinical Professional Counselor (LCPC) – This is the independent practice level license.

For more information on roles and responsibilities or scope of practice of each profession, please refer to Sections 10 (Definitions), 15 (Exemptions) and 18 (Scope of Practice) of the ACT.

STEP 2.

There are four (4) pathways (or LICENSURE METHODS) to Illinois LPC or LCPC licensure. Use the descriptions below to determine the appropriate LICENSURE METHOD.

ENDORSEMENT- The applicant in this situation is actively licensed as an LPC or LCPC (or equivalent license) in *another* state or US jurisdiction. This candidate has successfully completed the required licensure examination(s) or may be required to complete them as part of the licensure process.

ACCEPTANCE OF EXAMINATION- The applicant in this situation is not actively licensed but has already successfully completed the required licensure examination(s), either through his or her counseling education program or through another organization's certification process. Examples of other organizations include the National Board for Certified Counselors or the Commission on Rehabilitation Counselor Certification.

EXAMINATION (or Pre-Examination Approval)- The applicant in this situation is not actively licensed and has not successfully completed the required licensure examination(s). An applicant in this situation is seeking approval from the Illinois Department of Financial and Professional Regulation (Department) and/or the Illinois Professional Counselor Licensing and Disciplinary Board (Board) to register and sit for the exam(s).

For more information about the required licensure examination(s), please refer to:
LPC- RULES Section 1375.60,
LCPC- RULES Section 1375.150

RESTORATION- The applicant in this situation already holds an Illinois license as an LPC or LCPC but the license has been inactive or not renewed for five (5) years or more. Candidates seeking to reactivate a license that is not renewed or inactive may contact the DPR call center 800/560-6420 to request instructions, forms and fees.

STEP 3.

Use the Licensure Method from STEP 2 and the chart below to complete **PART I** (Page 1), Box A., Items 1-4 of the application.

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Licensed Professional Counselor (LPC)	178	From STEP 2.	$150 (all methods except Restoration- Restoration fee varies).
Licensed Clinical Professional Counselor (LCPC)	180		

STEP 4.

Complete the rest of the 4-page application, noting the following:

PART IV: Record of Licensure Information (Page 3)
Applicants who have never held a counseling license may mark N/A for "not available" or "not applicable" in of the application.

PART V: Record of Examination (Page 3)
All attempts (pass or fail) of the following exams (among others) must be listed: The National Counselor Examination (NCE), The National Clinical Mental Health Counselor Examination (NCMHCE), The Certified Rehabilitation Counselor Exam (CRCE). Candidates who have never taken a licensure examination may mark N/A for "not available" or "not applicable".

PART VII: Examination Coding Information
This portion of the applicationis not used for LPC or LCPC applications. Please leave this part of the application blank or mark N/A for "not applicable". A separate examination registration process is followed when an applicant has been approved to take the exam.

STEP 5.

SUPPORTING DOCUMENTS - The following supporting documents may be required with your application. Read the instructions for each form thoughtfully.

$150 Licensure Application fee - Please make your check or money order payable to IDFPR. DO NOT SEND CASH.

CCA form - This form is required to be completed by all applicants.

ED form(s) - This form is required for all applicants. The applicant completes the “APPLICANT” portion of the form, then arranges for his or her counseling program college or university to complete the “SCHOOL OFFICIAL” portion of the form. The school official’s original signature and seal is required, do not submit photocopies. Do not submit the form unless it has been completed by the counseling program. A separate form is required for each college or university through which counseling coursework was completed. Education requirements are detailed in RULES Section 1375.45 (LPC) and RULES Section 1375.145 (LCPC).

Official Transcript(s) - Official final transcripts are required from each college or university through which counseling coursework was completed.

AC-PC form - This form is completed by the applicant. Applicants completing core area coursework at more than one college or university may submit a separate AC-PC form for each college or university through which counseling coursework was completed. Please refer to RULES Section 1375.Appendix A for more information and examples of courses for each core area.

Course Descriptions - A course description is required for every course listed on the AC-PC form(s). An applicant must provide a photocopy or printout of the official course description as it appears in the programs course catalog or university’s website. Candidates are encouraged to provide descriptions for the entire counseling program.

CT form - A candidate who is licensed as a counselor in another state or U.S. Jurisdiction must provide Certification of Licensure from his or her first state of counseling licensure and the state she or he has most recently been practicing. The applicant must contact the appropriate Board or Agency in the other state(s) to arrange for an original Certification of Licensure to be sent directly to the Department.

Official Score Report - A candidate applying under the ACCEPTANCE OF EXAMINATION or ENDORSEMENT licensure methods must arrange for an official, original licensure exam score report to be sent directly to the Department. Candidates who have completed either the National Counselor Examination (NCE), the National Clinical Mental Health Counselor Examination (NCMHCE), or the Certified Rehabilitation Counselor Examination (CRCE) must submit an official score report.

NCC or CRC Certificate - This document is optional. A National Certified Counselor (NCC) or Certified Rehabilitation Counselor (CRC) may submit a photocopy of his or her certification certificate instead of the following documents: Official Transcript, AC-PC form, and Course Descriptions.

CACREP, CORE, or APA accreditation - An applicant who has completed a program accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), the Council on Rehabilitation Education (CORE) or the American Psychological Association (APA) may submit evidence of his or her program's accreditation instead of the following documents: Official Transcript, AC-PC form, and Course Descriptions.

Personal History Documents - An applicant marking "YES" in response to any of the personal history questions in PART VI, page 4 of the application will need to provide a signed personal statement of explanation and corresponding documentation.

Proof of name change(s) - If any of the supporting documents listed above list a different name than the name on the application, proof of name change(s) must be submitted. An applicant must document each step of each change. Examples of acceptable documentation include: Signed Marriage Certificates, Marriage Licenses, Divorce Decrees, Court orders showing change(s) of name.

VE-LCPC (LCPC only) - This form is required for LCPC applications only. The applicant completes the "APPLICANT" portion of the form, then arranges for the supervisor to complete the "SUPERVISOR" portion of the form. The Supervisor's original signature is required- photocopies are not acceptable. An individual applying under the ENDORSEMENT licensure method who has been licensed at the independent level in another state or U.S. jurisdiction for 10 consecutive years without discipline may submit Certification of Licensure (CT forms) for each state in which the applicant practiced in the last 10 years instead of documenting supervised experiences with form VE-LCPC. Supervised experience requirements are detailed in RULES Section 1375.135.

RS form (Restoration Licensure Method only) - The RS form is not available online and must be obtained by contacting the Department. Candidates seeking to reactivate a license that is not-renewed or inactive may contact the DPR call center 800/560-6420 to request instructions, forms and fees.

Continuing Education (Restoration Licensure Method only) - Candidates seeking to reactivate a license may submit documentation of Continuing Education (CE) such as certificates of attendance. All CE must be completed in accordance with Counselor Administrative Rules (68 IAC Section 1375.220). Candidates applying on the basis of the RESTORATION licensure method are NOT required to submit the following documents: ED form, Official Transcripts (unless as proof of continuing education), AC-PC form, course descriptions.

The application, supporting documents, and application fee may be submitted with the application or separately to:

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

An application is valid for 3 years from date it is received by the Department.

Additional application forms can be downloaded from the IDFPR Web site at **www.idfpr.illinois.gov**.

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

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

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

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."**

"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."**

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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
	___ ___ ___		$

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ This is the first time I have made application for this profession in Illinois.

☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

☐ Other: _____

☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

☐ I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

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. UNITED STATES SOCIAL SECURITY NO.
		__ __ __ - __ __ - __ __ __ __

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	10. AGE
	__ __ / __ __ / __ __ __ __ Month Day Year	____ ☐ Female ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (__ __ __) __ __ __ -- __ __ __ __ (Area Code)

Home: (__ __ __) __ __ __ - __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ - __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ -- __ __ __ __ (Area Code)

12. **REQUIRED** E-MAIL ADDRESS

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov

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 OR Received G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. 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 ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		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		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

NAME (Last, First, MI):

SS#:

Profession:

NAME (Last, First, MI):

SS#:

Profession:

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.)

PART VI: 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. *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.*		
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*		
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? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		
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.*		

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

d) Record the number of times you have taken this exam in Illinois or any other state:

PART VIII: Child Support and Tax Information (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. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

   Are you more than 30 days delinquent in complying with a child support order? Yes ☐ No ☐
   (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 ☐ No ☐

PART IX: Certifying Statement

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.

Signature of Applicant _____ Date _____

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. 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.

NAME (Last, First, MI):

SS#:

Profession:

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.

HEALTH CARE WORKERS CHARGED WITH *OR* CONVICTED OF CRIMINAL ACTS

SUPPORTING DOCUMENT

CCA

1. NAME LAST FIRST MIDDLE	3. PROFESSIONAL LICENSE NUMBER (if any) ___ - _____
2. ADDRESS STREET, CITY, STATE, ZIP CODE	4. SOCIAL SECURITY NUMBER ___ - __ - ____

Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. **Please check applicable profession.**

- ☐ Acupuncturists
- ☐ Advanced Practice Registered Nurses
- ☐ Advanced Practice Registered Nurse - Full Practice Authority
- ☐ Athletic Trainers
- ☐ Audiologists
- ☐ Clinical Psychologists
- ☐ Clinical Social Workers
- ☐ Dental Hygienists
- ☐ Dentists
- ☐ Genetic Counselors
- ☐ Licensed Clinical Professional Counselors
- ☐ Licensed Practical Nurses
- ☐ Licensed Social Workers
- ☐ Marriage and Family Therapists
- ☐ Medication Aide
- ☐ Naprapaths
- ☐ Nursing Home Administrators
- ☐ Occupational Therapists
- ☐ Occupational Therapy Assistants
- ☐ Optometrists
- ☐ Orthotists
- ☐ Pedorthists
- ☐ Perfusionists
- ☐ Pharmacists
- ☐ Physical Therapists
- ☐ Physical Therapy Assistants
- ☐ Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.)
- ☐ Physician Assistants
- ☐ Podiatrists
- ☐ Professional Counselors
- ☐ Prosthetists
- ☐ Registered Nurses
- ☐ Registered Surgical Assistants
- ☐ Registered Surgical Technologists
- ☐ Respiratory Care Practitioners
- ☐ Speech Pathologists

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

In order for your application to be evaluated, you must respond to each of the following questions:

		Yes	No
1)	Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *	☐	☐
2)	Are you currently charged with or have you been convicted of a criminal battery against any patient *in the course of patient care or treatment*, including any offense based on sexual conduct or sexual penetration?	☐	☐
3)	Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *	☐	☐
4)	Are you currently charged with or have you been convicted of a forcible felony? *	☐	☐

*If **YES** to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.*

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant _____ Email _____ Date _____

* DEFINITIONS

730 ILCS 150 et. seq:—Acts that require Sex Offender Registration:

(B) As used in this Article, "sex offense" means:

(1) A violation of any of the following Sections of the Criminal Code of 1961:

11-20.1 (child pornography),
11-20.3 (aggravated child pornography),
11-6 (indecent solicitation of a child),
11-9.1 (sexual exploitation of a child),
11-9.2 (custodial sexual misconduct),
11-9.5 (sexual misconduct with a person with a disability),
11-15.1 (soliciting for a juvenile prostitute),
11-18.1 (patronizing a juvenile prostitute),
11-17.1 (keeping a place of juvenile prostitution),
11-19.1 (juvenile pimping),
11-19.2 (exploitation of a child),
11-25 (grooming),
11-26 (traveling to meet a minor),
12-13 (criminal sexual assault),
12-14 (aggravated criminal sexual assault),
12-14.1 (predatory criminal sexual assault of a child),
12-15 (criminal sexual abuse),
12-16 (aggravated criminal sexual abuse),
12-33 (ritualized abuse of a child).

An attempt to commit any of these offenses.

(1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:

10-1 (kidnapping),
10-2 (aggravated kidnapping),
10-3 (unlawful restraint),
10-3.1 (aggravated unlawful restraint).

(1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.7) (Blank).

(1.8) A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

(1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:

10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
11-6.5 (indecent solicitation of an adult),
11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
11-16 (pandering, if the victim is under 18 years of age),
11-18 (patronizing a prostitute, if the victim is under 18 years of age),
11-19 (pimping, if the victim is under 18 years of age).

(1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:

11-9 (public indecency for a third or subsequent conviction).

(1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

(2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.

* DEFINITIONS

A **"forcible felony"**, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

a) First Degree Murder (Section 9-1);
b) Intentional Homicide of an Unborn Child (Section 9-1.2);
c) Second Degree Murder (Section 9-2);
d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
e) Drug-induced Homicide (Section 9-3.3);
f) Kidnapping (Section 10-1);
g) Aggravated Kidnapping (Section 10-2);
h) Unlawful Restraint (Section 10-3);
i) Aggravated Unlawful Restraint (Section 10-3.1);
j) Forcible Detention (Section 10-4);
k) Involuntary Servitude (Section 10-9(b));
l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
m) Trafficking in Persons (Section 10-9(d));
n) Criminal Sexual Assault (Section 11-1.20);
o) Aggravated Criminal Sexual Assault (Section 11-1.30);
p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
q) Criminal Sexual Abuse (Section 11-1.50);
r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
s) Aggravated Battery (Section 12-3.05);
t) Compelling Organization Membership of Persons (Section 12-6.5);
u) Compelling Confession or Information by Force or Threat (Section 12-7);
v) Home Invasion (Section 12-11);
w) Robbery (Section 18-1);
x) Armed Robbery (Section 18-2);
y) Vehicular Hijacking (Section 18-3);
z) Aggravated Vehicular Hijacking (Section 18-4);
aa) Aggravated Robbery (Section 18-5);
bb) Terrorism (Section 29D-14.9);
cc) Causing a Catastrophe (Section 29D-15.1);
dd) Possession of a Deadly Substance (Section 29D-15.2);
ee) Making a Terrorist Threat (Section 29D-20);
ff) Falsely Making a Terrorist Threat (Section 29D-25);
gg) Material Support for Terrorism (Section 29D-29.9);
hh) Hindering Prosecution of Terrorism (Section 29D-35);
ii) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
jj) Armed Violence (Section 33A-2); and
kk) Attempt (Section 8-4) of any of the above specified offenses.

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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 OF EDUCATION**	SUPPORTING DOCUMENT **ED**

APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
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.	
6. MAIDEN OR GIVEN SURNAME	_____ Profession Name	___ ___ ___ Profession Code
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION / COMPLETION __ __ / __ __ / __ __ __ __ Month Day Year	

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

_____ Date

_____ Signature of Applicant

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side. RETURN THE COMPLETED FORM TO THE APPLICANT.

A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE
C. DEPARTMENT OF INSTITUTION	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT
E. MAJOR AREA OF STUDY OF THE APPLICANT	F. APPLICANT WAS (CHECK ONE): ☐ Full-time ☐ Part-time ☐ Co-op
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE) ☐ _____ Semester Hours ☐ _____ Quarter Hours ☐ _____ Course Hours	H. DATES OF ATTENDANCE From __ __ / __ __ / __ __ __ __ Month Day Year To __ __ / __ __ / __ __ __ __ Month Day Year
I. Total academic years attended ____ Years ____ Months ____ Days **OR** Total calendar years attended ____ Years ____ Months ____ Days	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET __ __ / __ __ / __ __ __ __ Month Day Year	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED __ __ / __ __ / __ __ __ __ Month Day Year

M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE

☐ Applicant has graduated on __ __ / __ __ / __ __ __ __ Month Day Year

☐ Applicant has completed program on __ __ / __ __ / __ __ __ __ Month Day Year

☐ Applicant will graduate on __ __ / __ __ / __ __ __ __ Month Day Year

☐ Applicant will complete program on __ __ / __ __ / __ __ __ __ Month Day Year

N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:

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

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 107/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

PROFESSIONAL COUNSELOR ACADEMIC CRITERIA

AC-PC

APPLICANT: **Complete a separate form for each institution in which you have completed graduate coursework. You may copy this form as needed.**

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ – __ __ – __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. PROFESSION (Check One): ☐ **Licensed Professional Counselor (178)** ☐ **Licensed Clinical Professional Counselor (180)**	
6. MAIDEN OR GIVEN SURNAME		
7. NAME OF COLLEGE/INSTITUTION	8. DEPARTMENT	
9. ADDRESS OF COLLEGE/INSTITUTION	10. PROGRAM (AREA OF SPECIALIZATION AS IT APPEARS ON TRANSCRIPT.)	

ACADEMIC CRITERIA: All applicants shall complete a 48 semester hour or equivalent quarter hour program with one 3 semester hour or equivalent quarter hour course in each of the following core areas. You may refer to Section 1375. Appendix A of the Rules in Administrative Code for assistance in completing this form. **Please submit a photocopy of the course description as it appears in the course catalog for each core area.**

AREA	COURSE TITLE	COURSE NO.	YEAR	COURSE CREDIT	COMMENTS
Human Growth and Development					
Counseling Theory					
Counseling Techniques					
Group Dynamics, Processing and Counseling					
Appraisals of Individuals					
Research and Evaluation					
Professional, Legal & Ethical - Responsibilities					
Social and Cultural Foundations					
Life-styles and Career Development					
Practicum / Internship					
Substance Abuse					
Maladaptive Behavior and Psychopathology					
Family Dynamics					

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CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

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. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
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

- ☐ Examination (Administered in Your State)
  - ☐ National (Name) _____
  - ☐ State Constructed _____
  - ☐ Other (Name) _____
- ☐ Endorsement of License (State) _____
- Acceptance of Examination Results _____ (Administered in Another State)
- ☐ Reciprocity with (State) _____
- ☐ Waiver/Grandfather
- ☐ Credentials
- ☐ Other (Describe) _____

F. CURRENT LICENSURE STATUS

- ☐ Active
- ☐ Inactive
- ☐ Lapsed
- ☐ 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.

SEAL

Print Name _____

Title _____

Signature _____

Agency/Board Street Address _____

Date _____

City, State, ZIP Code _____

Area Code ( ) _____

Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 107/1 et. seq. (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-LCPC**

APPLICANT: **Complete the applicant section of this form, then forward it to your employer. You are authorized to photocopy this form as necessary if you had multiple sites and/or multiple supervisors.**

One year of full-time experience equals 1680 clock hours obtained in not less than 52 weeks.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	**180 Licensed Clinical Professional Counselor**	
5. MAIDEN OR GIVEN SURNAME		

FOLLOWING SHOULD REFLECT INFORMATION AT TIME OF EMPLOYMENT/EXPERIENCE

6. SUPERVISOR NAME	7. BUSINESS/INSTITUTION NAME
8. SUPERVISOR TITLE	9. ADDRESS STREET, CITY, STATE, ZIP CODE

SUPERVISOR: **Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.**

PART I. - SUPERVISION INFORMATION

A. IMMEDIATE/DIRECT SUPERVISOR'S NAME		B. PROFESSIONAL DESIGNATION	Date Awarded
C. LICENSE NUMBER	D. STATE OF LICENSE	☐ Counselor (Master's or Doctorate Level)	_____
E. BUSINESS/INSTITUTION NAME		☐ Licensed Clinical Professional Counselor	_____
F. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE		☐ Certified Social Worker	_____
G. BUSINESS TELEPHONE NUMBER Area Code (__ __ __) __ __ __ — __ __ __ __		☐ Licensed Clinical Social Worker	_____
H. SUPERVISOR'S EMAIL ADDRESS		☐ Licensed/Registered Clinical Psychologist	_____
		☐ Psychiatrist	_____
		☐ Certified Rehabilitation Counselor	_____

PART II. - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT'S JOB TITLE AT TIME OF EMPLOYMENT/ EXPERIENCE	B. DATES OF APPLICANT'S EMPLOYMENT/EXPERIENCE From __ __ / __ __ / __ __ __ __ (Month Day Year) To __ __ / __ __ / __ __ __ __ (Month Day Year)
C. NUMBER OF HOURS APPLICANT WORKED PER WEEK	D. NUMBER OF HOURS YOU MET WITH THE APPLICANT PER WEEK

PART II. - APPLICANT EMPLOYMENT INFORMATION (Continued)

E. INDICATE YOUR OVERALL EVALUATION OF THE APPLICANT'S PERFORMANCE UNDER YOUR DIRECT SUPERVISION

Circle One	Excellent		Satisfactory		Poor
	5	**4**	**3**	**2**	**1**

F. CLOCK HOURS:

TOTAL CLOCK HOURS IN EXPERIENCE: _____

TOTAL CLOCK HOURS OF DIRECT FACE TO FACE IN PERSON SERVICE TO CLIENTS: _____

G. COMMENTS ABOUT APPLICANT'S JOB PERFORMANCE:

The above indicated experience has been performed by the applicant pursuant to my order, control, and full professional and legal responsibility as a supervisor. I do hereby declare that the information contained herein is true and correct.

_____
Signature

_____
Date

_____
Title

NAME (Last, First, MI):

SS#:

Profession: