

INSTRUCTION SHEET

REGISTERED NURSE

Examination ● Endorsement 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.***

In accordance with the Illinois Nurse Practice Act, "For the protection of life and the promotion of health, and the prevention of illness and communicable diseases, any person practicing or offering to practice professional and practical nursing in Illinois shall submit evidence that he or she is qualified to practice, and shall be licensed as hereinafter provided." A copy of the Illinois Nurse Practice Act and the Rules can be downloaded from the IDFPR Web Site at www.idfpr.com. If you are issued a registered nurse license, please be advised that your license will expire on May 31st of every even-numbered year.

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

APPLYING FOR LICENSURE

General Instructions

1. **Apply Directly On-Line.** Register for the examination by referring to the Continental Testing Web site (www.continentaltesting.net) for information on how to apply for the examination on-line and pay the test fee by credit card. If you are licensed in another U.S. jurisdiction based on passage of the national licensing examination, you are not an "examination" applicant.
2. Read these instructions, then read the Filing Instructions related to the method of application under which you qualify to determine the documentation and forms you must submit. The methods under which you may file to obtain a license as a registered nurse are:
 - a. Examination
 - b. Endorsement
 - c. Restoration
3. All individuals applying for initial licensure and/or restoration as a registered nurse in Illinois **must** submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. See attached **"Important Notice--Criminal Background Check Requirement"** for more information concerning this requirement.

Note: The Criminal Background Check Requirement does not apply to those applicants making application for registered nurse examination/licensure who are licensed in Illinois as a licensed practical nurse.
4. All documents in a foreign language must be accompanied by an original, notarized translation that has been transcribed by a person other than the applicant, who is fluent in both English and the language of the documents(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
5. For information concerning the completion of any of the enclosed forms, refer to the Forms Completion Guide on pages 10 and 11. You may photocopy any of the enclosed forms if additional forms are needed.
6. If needed, a telephone number for assistance in completing the Application Package is indicated on the **REFERENCE SHEET**.

EXAMINATION

***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.***

General Examination Instructions

1. Read the above General Instructions before proceeding. All documents and forms required for licensure by examination must be submitted to:

Continental Testing Services Inc.
P.O. Box 100
LaGrange, Illinois 60525-0100
2. Application fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc. A separate examination registration fee will be paid at the actual time of registration as noted in Chart II on the Reference Sheet. To determine the fees, see the Reference Sheet, Chart I and II.

EXAMINATION (cont'd)

General Examination Instructions (cont'd)

3. **Conditions of Application**--Applicants have three years from the date of the Department's receipt of the application to complete the application process including passage of examination. If the process has not been completed in three years, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of application, including proof of the successful completion of at least 2 additional years of professional nursing education.

NOTE: *Excelsior College is an unapproved nursing education program in the State of Illinois due to the fact that it does not have concurrent theory and clinical components as required by the Illinois Nurse Practice Act. Therefore, it is considered to be a correspondence course which is identified by the Act as not meeting the requirements for licensure.*

Practice Pending Licensure

Pursuant to **Public Act 95-0639**, you are prohibited from practicing until such time as you have completed and passed the Department approved licensure examination and are in receipt of official IDFPR/CTS notification.

Practice Under Supervision

Pursuant to 60-10(d)(e) of the Illinois Nurse Practice Act, an applicant may practice as a license-pending registered nurse under direct supervision for a period of three months from the official date of passing the licensure exam as inscribed within his/her official formal pass letter. No applicant for licensure practice under the provisions of this paragraph shall practice license-pending except under the direction of a registered professional nurse or an advanced practice nurse licensed under this Act. In no instance shall any such applicant practice or be employed in any management capacity.

Educated Inside the U.S. or one of its Territories

If you received your education in the United States or one of its territories, you must submit the following documentation (read the General Instructions and the General Examination Instructions on page 2 **now**, if you have not already done so):

- IMPORTANT NOTICE -

The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who licensure participate in Nursys®. Please visit Nursys.com (www.nursys.com) or <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx> to view a complete list.

If the state(s) where you have been licensed as a nurse licensure participates in Nursys®, you must request verification of your licensure through Nursys® (www.nursys.com), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of licensure participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

- Application for Licensure and/or Examination (four-page);
- CT-NUR** Form (Verification of Licensing Agency/Board)--Submit a verification of licensure from the state of original licensure, current state of licensure, and any jurisdiction in which you have actively practiced within the last 5 years. Verification of licensure for an LPN license held in another jurisdiction within the last 5 years will only be required if you were not subsequently licensed in the same jurisdiction as an RN.

You must direct the appropriate licensing agency(s)/board(s) to return the completed form directly to you to be submitted with your application.
- ED-NUR** Form (Certificate of Education)--Form must be signed by the Dean or Director of your nursing education program with school seal affixed, indicating graduation from a professional nursing education program approved by the Department or have been granted a certificate of completion of pre-licensure requirements from another U.S. jurisdiction;
- Fee--See page 2, General Examination Instructions, paragraph 2.

EXAMINATION (cont'd)

Educated Outside the U.S. or one of its Territories

- IMPORTANT NOTICE -

The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who licensure participate in Nursys®. Please visit Nursys.com (www.nursys.com) or <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx> to view a complete list.

If the state(s) where you have been licensed as a nurse licensure participates in Nursys®, you must request verification of your licensure through Nursys® (www.nursys.com), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of licensure participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

In order to be considered for licensure, applicants who received their education outside the United States or one of its territories must submit the following (read the General Instructions and the General Examination Instructions on page 2 **now**, if you have not yet done so):

- a. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
 - b. Application for Licensure and/or Examination (four page);
 - c. **CT-NUR** Form (Verification of Licensing Agency/Board)--Submit a verification of licensure from the state of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years. Verification of licensure for an LPN license held in another jurisdiction within the last 5 years will only be required if you were not subsequently licensed in the same jurisdiction as an RN;
- You must direct the appropriate licensing agency(s)/board(s) to return the completed form directly to you to be submitted with your application.
- d. Submit the following proof of education:

1. A credentials evaluation report of your foreign nursing education from a Department approved credentialing service. One such service is the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES). The required report is the **Healthcare Profession & Science Course-by-Course Report**. The Division will download the credentials evaluation report from CGFNS' Web site when it becomes available.

You may contact CGFNS Credentials Evaluation Service as follows:

Credentials Evaluation Service
CGFNS/ICHP
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Telephone #215/349-8767
Web site: <http://www.cgfns.org>

Additionally, the Educational Records Evaluation Service (ERES) has been approved by the Division as a nursing educational credentialing agency. The required report to request is the Nursing Evaluation and Course by Course Report. The report will be downloaded from ERES when available.

You may contact ERES as follows:

Educational Records Evaluation Service, Inc.
601 University Avenue, Suite 127
Sacramento, CA 95825
Telephone # 916/921-0790
Email: edu@eres.com
Web site: <http://www.eres.com>

Further, if your first language is not English, you shall be required to submit certification of passage of the Test of English as a Foreign Language (TOEFL). The minimum passing score on the paper-based test is 560. The minimum passing score on the computer-based test is 220. The minimum

- NOTE -

***Proof of licensure in your
country of
education shall be
required as a part of the
credentialing process.***

EXAMINATION *(cont'd)*

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Education Outside the U.S. or one of its Territories *(cont'd)*

passing score on the internet-based test is 83.

TOEFL scores previously considered as "passing" scores will be accepted for a period of two years from the date of passage.

- e. In lieu of the above, the educational requirement may be met by submission of proof issuance of the following original certificates from the Commission on Graduates of Foreign Nursing Schools (CGFNS):
 - CGFNS Certificate
 - VisaScreen Program Certificate
- f. Fee--See page 2, General Examination Instructions, paragraph 2.

ENDORSEMENT

***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.***

General Endorsement Instruction

1. Read the Applying for Licensure, General Instructions on page 2 before proceeding. All documents and forms required for licensure by endorsement must be submitted as a packet to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791
2. **Fee payment** must be in the form of a check or money order made payable to Department of Financial and Professional Regulation (see Reference Sheet, Chart I).

NOTE: *Excelsior College is an unapproved nursing education program in the State of Illinois due to the fact that it does not have concurrent theory and clinical components as required by the Illinois Nurse Practice Act. Therefore, it is considered to be a correspondence course which is identified by the Act as not meeting the requirements for licensure.*

*There is a provision in the Act to allow for individual review of applications from applicants who are graduates of such programs provided the applicant is currently licensed in another U.S. jurisdiction and has been actively practicing in clinical nursing for a minimum of two (2) years. The applicant must have an employer complete a **VE** (Verification of Employment) form verifying two full years of **clinical practice** as a registered nurse. This must be submitted with the endorsement application. When the application is complete, it is reviewed by the Board of Nursing for a determination of eligibility to be rendered.*

ENDORSEMENT (cont'd)

Temporary Permit

- Important Notice -

Applicants educated outside the U.S. or its Territories must have an acceptable credentials evaluation report from a Department-approved credentials evaluation service on file with the Department indicating their nursing education is comparable to an entry-level registered professional nursing education program in the United States prior to being deemed eligible for a temporary permit.

In accordance with Section 60-10(f)(g) of the Illinois Nurse Practice Act, you may be eligible to receive a temporary permit. The permit is valid for six months from the date of issuance, or issuance of an Illinois Registered Nurse License, or notification that the Department intends to deny licensure, whichever comes first. It will be your responsibility to complete the endorsement licensure process **prior** to the expiration of the temporary permit. In order to receive the permit, submit the following forms and documentation (read the General Instructions on Page 2 and the General Endorsement Instructions above **now**, if you have not yet done so):

- Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- Application for Licensure and/or Examination (four page);
- TP-NUR Form (Temporary Permit);
- Photostatic copies of all current active Registered/Licensed Practical Nurse licenses and/or temporary permits/licenses held by you in any other jurisdiction(s) of the United States. **Current licensure** in at least one other jurisdiction of the United States is required by the Illinois Nursing and Advanced Practice Nursing Act;
- Fee--Combine the endorsement fee and the temporary permit fee into one check or money order. (See page 5, General Endorsement Instructions, paragraph 2, for additional information.)
- Proof of fingerprint submission in the form of a copy of the fingerprint receipt (for Illinois graduates or Illinois residents), or a completed FP-NUR form for out-of-state and foreign-educated applicants.

Educated Inside U.S. or one of its Territories

- IMPORTANT NOTICE -

CERTIFICATION OF LICENSURE

The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who licensure participate in Nursys®. Please visit Nursys.com (www.nursys.com) or <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx> to view a complete list.

If the state(s) where you have been licensed as a nurse licensure participates in Nursys®, you must request verification of your licensure through Nursys® (www.nursys.com), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of licensure participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

In order to be considered for licensure, applicants who were educated in the United States or one of its territories must submit the following: (read the General Instructions on Page 2 and the General Endorsement Instructions on page 5 **now**, if you have not yet done so):

- Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- Application for Licensure and/or Examination (four page). You need not resubmit this form if you previously applied for a temporary endorsement permit;
- CT-NUR Form (Verification of Licensing Agency/Board--Submit verification of licensure from the state of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years. Verification of licensure for an LPN license held in another jurisdiction within the last 5 years will only be required if you were not subsequently licensed in the same jurisdiction as an RN. **Current** registration in another state is required by the Illinois Nurse Practice Act. You must direct the licensing agency/board to return the completed form to you to be submitted with your application.
- ED-NUR Form (Certificate of Education) indicating graduation from a professional nursing education program approved by the Department; or the granting of a certificate of completion of pre-licensure requirements from another U.S. jurisdiction. The ED form must be signed by the director of the nursing education program with the school seal affixed.
- Fee--See General Endorsement Instructions, page 5, paragraph 2.

ENDORSEMENT (cont'd)

Educated Outside U.S. or its Territories

- IMPORTANT NOTICE -

CERTIFICATION OF LICENSURE

The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who licensure participate in Nursys®. Please visit Nursys.com (www.nursys.com) or <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx> to view a complete list.

If the state(s) where you have been licensed as a nurse licensure participates in Nursys®, you must request verification of your licensure through Nursys® (www.nursys.com), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of licensure participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

In order to be considered for licensure, applicants who were educated outside the United States or one of its territories must submit the following (read the General Instructions on Page 2 and the General Endorsement Instructions on page 5 **now**, if you have not yet done so):

- a. Application for Licensure and/or Examination (four page). You need not submit this form if you previously applied for a temporary endorsement permit;
- b. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- c. **CT-NUR** Form (Verification of Licensing Agency/Board)--Submit verification of licensure from the state of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years. **Current** registration in another state is required by the Illinois Nursing and Advanced Practice Nursing Act. Verification of licensure for an LPN license held in another jurisdiction within the last 5 years will only be required if you were not subsequently licensed in the same jurisdiction as an RN.

You must direct the licensing agency/board to return the completed form to you to be submitted with your application.

- d. Request the following proof of education to be prepared for and make available to the Department:
 1. A credentials evaluation report of your foreign nursing education from a Department approved credentialing service. The credentials evaluation report must reflect proof of licensure in the country of education. One such service is the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES). The required report is the **Healthcare Profession & Science Course-by-Course Report**. The Division will download the credentials evaluation report from CGFNS' Web site when it becomes available.

You may contact CGFNS Credentials Evaluation Service as follows:

Credentials Evaluation Service
CGFNS/ICHP
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Telephone #215/349-8767
Web site: <http://www.cgfns.org>

- NOTE -

Proof of licensure in your country of education shall be required as a part of the credentialing process.

Additionally, the Educational Records Evaluation service (ERES) has been approved by the Division as a nursing educational credentialing agency. The required report to request is the Nursing Evaluation and Course by Course Report. The report will be downloaded from ERES when available.

You may contact ERES as follows:

Educational Records Evaluation Service, Inc.
601 University Avenue, Suite 127
Sacramento, CA 95825
Telephone #916/921-0790
Email: edu@eres.com
Web site: <http://www.eres.com>

ENDORSEMENT (cont'd)

Educated Outside U.S. or its Territories (cont'd)

Further, if your first language is not English, you shall be required to submit certification of passage of the Test of English as a Foreign Language (TOEFL). The minimum passing score on the paper-based test is 560. The minimum passing score on the computer-based test is 220. The minimum passing score on the Inter-based test is 83.

TOEFL scores previously considered as "passing" scores will be accepted for a period of two years from the date of passage.

- e. In lieu of the above, the educational requirement may be met by submission of proof issuance of the following original certificates from the Commission on Graduates of Foreign Nursing Schools (CGFNS):
 - CGFNS Certificate
 - VisaScreen Program Certificate
- f. Fee--See page 5, General Endorsement Instructions, paragraph 2.

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.***

General Restoration Instructions

Do the following if you wish to apply for the restoration of your license because it has expired or been placed on inactive status for more than five years. Read the General Instructions on Page 2 before proceeding. All documents and forms required for licensure by restoration must be submitted to the following address:

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

Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation. (See the Official Use Only Box on supporting document RS (Restoration), for the fee amount you must submit.)

Submit the following documents and/or forms:

- a. Application for Licensure and/or Examination (four page);
- b. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- c. **RS Form (Restoration)**--If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458;

RESTORATION (cont'd)

General Restoration Instructions (cont'd)

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those registered nurses 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 217/782-0458 for detailed instructions on how to restore it to active status.

- d. **CT-NUR** Form (Verification of Licensing Agency/Board)--Submit verification of licensure from the state of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years. Verification of licensure for an LPN license held in another jurisdiction within the last 5 years will only be required if you were not subsequently licensed in the same jurisdiction as an RN. You must direct the licensing agency/board to return the completed form to you to be submitted with your application.
- e. **VE** Form (Verification of Employment/Experience)--This form must be completed by the Personnel Representative for Nursing Services of your place of employment and returned to the Department of Financial and Professional Regulation, Division of Professional Regulation in a sealed envelope.
- f. **DD214**--If restoring after active military service, submit a copy of this form.

NOTE: If unable to provide proof of fitness to practice nursing via submission of a **VE** form substantiating active engagement in nursing practice in another U.S. jurisdiction within the last five (5) years, persons making application for restoration of license shall be required to successfully complete the Department-approved licensure examination (NCLEX) prior to the restoration of their license. You must apply directly to the Department; information to facilitate the exam process will be provided once the application has been reviewed and evaluated by the Department.

Temporary Permit

In accordance with Section 60-25(b)(e) of the Illinois Nurse Practice Act, you may apply for a temporary permit. The permit is valid for six (6) months from the date of issuance, or re-issuance of a permanent license by restoration or notification that the Department intends to deny licensure, whichever comes first. It will be your responsibility to complete the restoration process **prior to the expiration** of the temporary permit. If eligible, the permit will be issued within fourteen days of receipt of a complete application.

In order to receive the permit, submit the following forms and documentation:

- a. Application for Licensure and/or Examination (four page);
- a. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
- b. **TP-NUR** form (Temporary Permit);
- c. Photostatic copies of all current active Registered/Licensed Practical Nurse licenses and/or temporary permits/licenses held by you in any other U.S. jurisdiction(s). **Current** licensure in at least one other jurisdiction of the United States is required by the Illinois Nurse Practice Act, or verification of employment in nursing practice within the last five years in a United States jurisdiction;
- d. Fee--Combine the restoration fee and the temporary permit fee into one check or money order.

FORMS COMPLETION GUIDE

This guide will help you complete the forms needed to apply for licensure. For specific information regarding the forms which you will be required to submit, refer to the filing instructions relative to the method of licensure under which you are applying.

Application for Licensure and/or Examination

Provide all applicable information requested on all four pages of the application. The following will assist you in this endeavor.

1. Part I--Use the Reference Sheet (Chart I) to record the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee;
2. Part II--Enter all applicable information requested. On number 3, Social Security Number is mandatory;
3. Part III, number 6--Itemize all university/college coursework, including nursing education since graduation from high school. Please indicate beginning and ending dates by year;
4. Part IV--Record of Licensure Information. Individuals licensed in a U.S. jurisdiction or a foreign country or province must state whether or not they have ever held licensure (either permanent or temporary) to practice as a registered nurse or licensed practical nurse;
5. Part V--You must indicate type, dates, and results for any and all nurse examinations taken (i.e., NCLEX-RN);
6. Part VI--This part must be completed by all applicants;
7. Part VII--Graduates of Illinois Nursing Education Programs must indicate school code in item "c." (See Reference Sheet, Chart IV.) All other applicants indicate "See **ED-NUR**" in the space provided for school code;
8. Part VIII--This part must be completed by all applicants;
9. Part IX--Read the certifying statement and then sign and date your application.

FORMS COMPLETION GUIDE (cont'd)

CCA Health Care Workers Charged With Or Convicted Of Criminal Acts

This Document **MUST** be completed and submitted with each application. Your application will not be processed without completion/receipt of this form.

CT-NUR Verification of Licensure

This document must be completed by the licensing jurisdiction(s) of original licensure, current state of licensure and any jurisdiction in which you have actively practiced within the last 5 years. Verification of licensure for a previously held LPN license within the last 5 years will only be required if you were not subsequently licensed in the same jurisdiction as an RN.

Copies of licenses are not acceptable in lieu of an official verification of licensure.

Complete applicant section of form; then send form to each state or territory in which you have ever held registered or practical nurse licensure. Completion of **CT-NUR** form is not necessary if license is held in Illinois. Direct the licensing agency/board to return the completed form to you and submit it with your application for licensure and/or examination.

Important: The National Council of State Boards of Nursing (NCSBN) handles verification of licensure for many state boards of nursing who licensure participate in Nursys®. Please visit Nursys.com (www.nursys.com) or <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx> to view a complete list.

If the state(s) where you have been licensed as a nurse licensure participates in Nursys®, you must request verification of your licensure through Nursys® (www.nursys.com), not the state(s). If your state(s) of licensure does not appear on the Nursys® list of licensure participating boards of nursing, you must use the CT-NUR form (Verification of Licensing Agency/Board) to verify your license to the Illinois Board of Nursing.

ED-NUR Certification of Education

If you received your nursing education in the United States or one of its territories and are applying for licensure under examination or endorsement, you must submit this form. Complete the applicant section of this form, then send the form to the educational institution at which you completed your registered nurse education program. The form must be signed by the dean or director of your nursing education program with school seal affixed. Direct the program to return the form to you and submit it with your application for licensure and/or examination.

TP-NUR Temporary Permit

This form provides a means of applying for licensure pending the processing of an endorsement/restoration application. The entire form is to be completed by the applicant. Failure to properly complete, sign and date this form will result in a delay in the processing of your temporary endorsement or restoration permit.

VE Verification of Employment/Experience

Fill in the top portion of this form. Then submit it to your employer to be completed by the Personnel Representative for Nursing Services. Instruct that person to fill out the remainder of the form and return it to you for enclosure with the rest of your application. The purpose of this form is to provide proof of your active engagement in nursing in another jurisdiction.

RS Restoration

This is one of the forms you must complete to restore your Illinois Registered Nurse license. The applicant is to complete the entire form and submit it with the other documentation as requested on page 7.

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.

Licensure Methods

Definition

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.**"

"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

Profession Name	Profession Code	Licensure Method	Application Fee
Registered Nurse	041	Examination (CTS)	\$91.00
		Examination (NCSBN)	\$200.00
Registered Nurse	041	Endorsement of License	\$50.00
		Temporary Permit	\$25.00
Registered Nurse	041	Restoration	See Supporting Document RS
		Temporary Permit	\$25.00

CHART II - EXAMINATION CODES AND FEES

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 and pay the required administration fee as noted above; **and**
- ☐ Register for the examination through the NCLEX Examination website at www.ncsbn.org/nclex.htm.

Once you have completed both processes and are determined eligible you will receive:

- ☐ An Authorization to Test (ATT) that will contain the necessary information to schedule yourself for this examination. The ATT eligibility lasts for 90 days only. You must take the examination within those 90 days or reapply with new fees to CTS and Pearson Vue.

CHART III - EXAMINATION DATES - Information will be available once you are approved for the exam.

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

CHART IV - SCHOOL CODES

ILLINOIS NURSING EDUCATION PROGRAMS - PROGRAMS PREPARING REGISTERED NURSES

<u>AURORA</u>		<u>GRAYSLAKE</u>	
US49508100	Aurora University	US49409000	College of Lake County
<u>BELLEVILLE</u>		<u>HARRISBURG</u>	
US49405500	Southwestern Illinois College	US49404400	Southeastern Illinois College
<u>BLOOMINGTON</u>		<u>INA</u>	
US49501100	Ill Wesleyan Univ	US49404100	Rend Lake College
<u>BOURBONNAIS</u>		<u>JACKSONVILLE</u>	
US49505000	Olivet Nazarene University	US49507800	MacMurray College
<u>CANTON</u>		<u>JOLIET</u>	
US49305100	Graham Hospital	US49500300	University of St. Francis
US49400200	Spoon River College		College of Nursing and Allied Health
<u>CARTERVILLE</u>			Joliet Junior College
US49404200	John A. Logan College	US49409900	
<u>CENTRALIA</u>		<u>KANKAKEE</u>	
US49408600	Kaskaskia College	US49409600	Kankakee Community College
<u>CHAMPAIGN</u>		<u>MACOMB</u>	
US49405200	Parkland College	US49502300	Western Illinois University
<u>CHICAGO</u>		<u>MALTA</u>	
US49508200	Chicago State University	US49407600	Kishwaukee College
US49501000	DePaul University	<u>MATTOON</u>	
US49408800	Kennedy-King College	US49400100	Lake Land College
US49508600	Loyola University	<u>MOLINE</u>	
US49405300	Malcolm X College	US49403300	Black Hawk College
US49509800	North Park University	US49404000	Trinity College of Nursing (ADN)
US49405400	Olive-Harvey College	<u>NORMAL</u>	
US49407700	Richard J. Daley College	US49403400	Heartland Comm. College
US49400000	Robert Morris College	US49505600	Mennonite College of Nursing
US49501600	Rush University		at Illinois State University
US49503000	Rush University Master's Entry	<u>OAK PARK</u>	
US49508400	St. Xavier University	US49505700	Concordia / Resurrection University
US49401600	Truman College	<u>OGLESBY</u>	
US49501400	University of Illinois	US49405800	Illinois Valley Comm College
US49502600	University of Illinois at Chicago--MSN	<u>OLNEY</u>	
<u>CHICAGO HTS.</u>		US49406600	Ill Eastern Comm Colleges
US49406200	Prairie State College	<u>PALATINE</u>	
<u>CICERO</u>		US49405600	Wm Rainey Harper College
US49408700	Morton College	<u>PALOS HEIGHTS</u>	
<u>CRYSTAL LAKE</u>		US49508000	Trinity Christian College
US49401000	McHenry County College	<u>PALOS HILLS</u>	
<u>DANVILLE</u>		US49408400	Morraine Valley Comm College
US49500400	Lakeview College of Nursing	<u>PEORIA</u>	
US49402300	Danville Area Community College	US49500200	St. Francis Md. Ctr. Coll. Nsg.
<u>DE KALB</u>		US49504900	Bradley University
US49505900	Northern Illinois University	US49409700	Illinois Central College--East Peoria
<u>DECATUR</u>		US49506000	Methodist Medical Center College of Nursing
US49505800	Millikin University	<u>QUINCY</u>	
US49403200	Richland Comm. College	US49504100	Blessing Riemer/Culver Stockton College
<u>DES PLAINES</u>		US49403100	John Wood Comm. College
US49405000	Oakton Community College	<u>RIVERGROVE</u>	
<u>DIXON</u>		US49400600	Triton College
US49405100	Sauk Valley College	<u>ROCKFORD</u>	
<u>EDWARDSVILLE</u>		US49500500	Rockford College
US49501300	Southern Illinois University	US49500600	St. Anthony College of Nursing
<u>ELGIN</u>		US49405700	Rock Valley College
US49409200	Elgin Community College	<u>ROMEOVILLE</u>	
<u>ELMHURST</u>		US49508300	Lewis University
US49509100	Elmhurst College	<u>SOUTH HOLLAND</u>	
<u>FREEPORT</u>		US49406700	South Suburban College
US49407000	Highland Community College	<u>SPRINGFIELD</u>	
<u>GALESBURG</u>		US49500700	St. John's College
US49408500	Carl Sandburg College	US49408000	Lincoln Land Community Coll.
<u>GLEN ELLYN</u>		<u>SUGAR GROVE</u>	
US49409500	College of DuPage	US49408900	Waubonsee Comm College
<u>GODFREY</u>		<u>ULLIN</u>	
US49408300	Lewis & Clark Community College	US49404300	Shawnee Community College

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Registered Nurses

*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	
Supporting Document CCA <u>must</u> be completed and submitted with each application. Your application will not be processed without completion of this form.	
ED-NUR Form with seal and signature affixed; or Nursing transcripts with seal affixed.	
CGFNS or CES Report	
CT-NUR Form (original and current state)	
CT-NUR Form from states practicing within last 5 years	
Verification requested from NURSYS (if applicable)	
VE Form (if applicable)	
Proof of Name Change (if applicable)	
Criminal Background Check Requested	
Proof of Fingerprint Submission	
TP-NUR Form (if applicable)	
Copies of Active Licenses (temporary permit only)	
RS Form (restoration method only)	
Current NCLEX exam passage (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

FOR OFFICIAL USE ONLY

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. 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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B. 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. 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 ____ / ____ / ____ 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. PREFERRED e-MAIL ADDRESS(ES) [If available]	

NAME (Last, First, MI):

SS#:

Profession:

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

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 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.*
2. Have you been convicted of a felony?
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. Have you had or do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? *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/or Student Loan 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?
(NOTE: If you are not subject to a child support order, answer "no.")Yes ☐ No ☐

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

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.

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.**

- | | | |
|--|---|--|
| <input type="checkbox"/> Acupuncturists | <input type="checkbox"/> Naprapaths | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Advanced Practice Nurses | <input type="checkbox"/> Nursing Home Administrators | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Athletic Trainers | <input type="checkbox"/> Occupational Therapists | <input type="checkbox"/> Professional Counselors |
| <input type="checkbox"/> Audiologists | <input type="checkbox"/> Occupational Therapy Assistants | <input type="checkbox"/> Prosthetists |
| <input type="checkbox"/> Clinical Psychologists | <input type="checkbox"/> Optometrists | <input type="checkbox"/> Registered Nurses |
| <input type="checkbox"/> Clinical Social Workers | <input type="checkbox"/> Orthotists | <input type="checkbox"/> Registered Surgical Assistants |
| <input type="checkbox"/> Dental Hygienists | <input type="checkbox"/> Podiatrists | <input type="checkbox"/> Registered Surgical Technologists |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Perfusionists | <input type="checkbox"/> Respiratory Care Practitioners |
| <input type="checkbox"/> Genetic Counselors | <input type="checkbox"/> Pharmacists | <input type="checkbox"/> Speech Pathologists |
| <input type="checkbox"/> Licensed Clinical Professional Counselors | <input type="checkbox"/> Physical Therapists | |
| <input type="checkbox"/> Licensed Practical Nurses | <input type="checkbox"/> Physical Therapy Assistants | |
| <input type="checkbox"/> Licensed Social Workers | <input type="checkbox"/> Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.) | |
| <input type="checkbox"/> Marriage and Family Therapists | | |

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? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? * | <input type="checkbox"/> | <input type="checkbox"/> |

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

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.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**VERIFICATION BY LICENSING
AGENCY/BOARD**

SUPPORTING DOCUMENT

CT-NUR

APPLICANT: Complete the applicant section of this form then forward this form to the state or territory in which you are requesting verification of your examination status, license or examination scores. Contact certifying jurisdiction for appropriate fee. Photocopying this form is permissible.

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 (____) ____ - ____	
7a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	7b. LICENSE NUMBER (If applicable)	7c. 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: Complete the remainder of this form. Use Part V on the reverse side of this form for any additional information relating to the examination status of the above-named applicant which has not been provided on this form (i.e. wrote the National State Board Test Pool Examination, etc.) Please record N/A in areas which are not applicable.

PART I. - VERIFICATION OF EXAMINATION STATUS

- A. The applicant ☐ has written the following examination _____ times.
☐ is scheduled for the following examination on ____ / ____ / ____
Month Day Year

✓	NAME OF EXAMINATION	DATE OF EXAMINATION	RESULTS		DATE OF EXAMINATION	RESULTS	
			Passed	Failed		Passed	Failed
	National Council Licensure Examination for Registered Nurses (NCLEX-RN)						
	National Council Licensure Examination for Practical Nurses (NCLEX-PN)						

B. Nursing Education Program Completed.

Name of Program	Location of Program	Year of Graduation

- C. Does your state require the Council of Graduates of Foreign Nursing Schools Examination for those Registered Nurses who received their nursing education outside the United States? ☐ Yes ☐ No

PART II. - VERIFICATION 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 - Date _____
- ☐ National Council _____
Licensure Examination _____
- ☐ State Constructed _____
- ☐ Other (Name) _____

- ☐ Endorsement of License (State) _____
- ☐ Acceptance of Examination Results
Administered in Another State _____
- ☐ Waiver/Grandfather _____
- ☐ Other (Describe) _____

F. CURRENT LICENSURE STATUS

- ☐ Active
- ☐ Inactive
- ☐ Lapsed
- ☐ Other (explain) _____

PART III. - VERIFICATION OF EXAMINATION SCORES

A. National

N.S.B.T.P.E. RESULTS	REGISTERED NURSE						LPN
	MEDICAL NURSING	PSYCHIATRIC NURSING	OBSTETRIC NURSING	SURGICAL NURSING	NURSING OF CHILDREN	NCLEX/COMP. EXAM	NCLEX/COMP. EXAM
Standard Scores							
Series/Form No.							

B. State Constructed Examination

☐ Registered Nurse☐ Licensed Practical Nurse

SUBJECT	SCORE	SUBJECT	SCORE

PART IV. - FORMAL ACTIONSA. Is there now or has there ever been any formal action commenced against the applicant? ☐ Yes ☐ NoB. 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. - ADDITIONAL INFORMATION**

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

Print Name

Title

Agency/Board Street Address

City, State, ZIP Code

Signature

Date

Area Code ()

Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (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-NUR

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. _____ Profession Name Profession Code			
6. MAIDEN OR GIVEN SURNAME							
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, then return to the applicant.

A. NAME OF INSTITUTION		B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE	
C. DEPARTMENT OF INSTITUTION			
D. MAJOR AREA OF STUDY OF THE APPLICANT		E. DATES OF ATTENDANCE From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year	
F. Total academic years attended ____ / ____ / ____ OR Years Months Days Total calendar years attended ____ / ____ / ____ Years Months Days		G. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., BA., MA., Ph.D.)	
H. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET ____ / ____ / ____ Month Day Year		I. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED ____ / ____ / ____ Month Day Year	

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

K. NURSING SCHOOL PROGRAM CODE

NCSBN Number _ _ _ _ _

SUBMISSION OF THIS FORM PRIOR TO PROGRAM COMPLETION WILL RESULT IN ITS RETURN TO THE PROGRAM FOR CORRECTION.

I certify that the educational information recorded herein is true and correct according to the official records of this institution.

Print Name of Dean or Director of Nursing

License Number

Signature of Dean or Director of Nursing

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

RETURN THIS FORM TO APPLICANT

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.

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. 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. 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/LICENSE NUMBER	D. STATE OF EMPLOYER REGISTRATION/LICENSE	E. BUSINESS ADDRESS STREET CITY STATE ZIP CODE
F. BUSINESS REGISTRATION/LICENSE 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

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

TEMPORARY PERMIT

SUPPORTING DOCUMENT

TP-NUR

APPLICANT: *This form must be completed in its entirety and accompanied by the four (4) page application jacket.*

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. Nursing Education Program Completed.

Name of Program	Location of Program	Year of Graduation

8. Licensure examination taken in your state of original licensure which was the basis for your initial licensure:

✓	NAME OF EXAMINATION	DATE OF EXAMINATION	RESULTS		DATE OF EXAMINATION	RESULTS	
			Passed	Failed		Passed	Failed
	National Council Licensure Examination for Registered Nurses (NCLEX-RN)						
	National Council Licensure Examination for Practical Nurses (NCLEX-PN)						
	Other:						

9. List all states where you hold active current licenses for the profession for which you are now making application:

10. Which one of the states noted above is the state where you have most recently been practicing? _____

11. Have you been convicted of any crime under the laws of any jurisdiction of the United States: (a) which is a felony; or (b) which is a misdemeanor directly related to the practice of the profession within the last five (5) years?

☐ Yes ☐ No If so, submit certified copies of all court records pertaining to said conviction.

12. Have you had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction within the last five (5) years? Yes ☐ No ☐

If so, have appropriate board of nursing complete CT-NUR form and attach copies of disciplinary action.

I certify the information and documents contained in this application are true and correct to the best of my knowledge. I understand should any of the information or documents contained herein be proven false, it may result in the denial of my Temporary Permit request and/or permanent endorsement/restoration application or other appropriate disciplinary action.

Signature

Date

IMPORTANT NOTICE

CRIMINAL BACKGROUND CHECK INFORMATION

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police (ISP), or a fingerprint vendor licensed by the Department. **Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.**

Certifying Statement of Fingerprint Submission Form (FP), or a receipt issued by a licensed fingerprint vendor must be submitted with the application and fee. The receipt shall be issued by the vendor at the time that fingerprints are obtained.

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to <https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp>. The ISP will transmit electronic results of fingerprint processing to the Department.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor must obtain one (1) Illinois State Police (ISP) fingerprint card for processing by the ISP. The ISP will transmit electronic results of fingerprint processing to the Department. To obtain a fingerprint card, please contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at www.idfpr.com. The fingerprint card may be taken to a police department in **another state** to obtain classifiable prints. The fingerprint card and processing fee shall then be mailed to ISP as follows:

Illinois State Police
Bureau of Identification
260 North Chicago Street
Joliet, Illinois 60432-4075

For fingerprint processing fees, please contact ISP at
<http://www.isp.state.il.us/docs/5-727.pdf>
or at the following email address:
BOI_Customer_Support@isp.state.il.us

PRIVACY STATEMENT

I understand by submitting fingerprints to the Department of Financial and Professional Regulation, Division of Professional Regulation any criminal history information may be shared, and I authorize the release of any information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

SUPPORTING DOCUMENT

FP-NUR

APPLICANT: *This form must be completed by out-of-state residents unable to utilize the livescan process for fingerprinting in the State of Illinois. Attach this certifying statement with the four-page Application for Licensure and/or Examination as proof of having submitted the required fingerprint cards to the proper authorities.*

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH

3. SOCIAL SECURITY NUMBER

____ / ____ / ____
Month Day Year

____ - ____ - ____

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

☐ Registered Nurse 0 4 1

☐ Licensed Practical Nurse 0 4 3

CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, _____, have submitted the required fingerprints pursuant to Section 5-30 of the Nursing and Advanced Practice Nursing Act (225 ILCS 65) and the Rules for the Administration of the Act (68 Ill. Adm. Code 1305) to the designated agent of the Illinois State Police for processing.

Date: _____

Signature: _____