

# INSTRUCTION SHEET

## Acupuncturist - Guest Instructor Permit

Follow each of the steps in the order that they are listed on **both sides** of this Instruction Sheet. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **IF APPROVED, THE INITIAL LICENSE IS VALID FOR 12 MONTHS OR FOR THE TERM OF THE APPOINTMENT. The fee is not refundable.**

**Step I** Complete the four-page Application for Licensure/Examination as follows:

1. Part I-A, Application Category Information—Complete Part I-A as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Guest Instructor	219	Nonexamination	\$150.00

2. Part I-B—Check the box indicating the appropriate information regarding your application.
3. Part II—Applicant Identifying Information—Enter all applicable information requested.
4. Part III, Education Information
  - a. Numbers 1 through 5—Enter all applicable information requested.
  - b. Number 6—Indicate all post secondary education which you have attended since graduation from high school. Please indicate beginning and ending dates, by year.
  - c. Number 7—Indicate Specialty/Residency training.
5. Part IV, Record of Licensure Information—Individuals licensed in jurisdictions located both inside and outside the United States **MUST** indicate in this area whether or not they have ever held licensure, registration, or permit to practice as an acupuncturist.
6. Part V, Record of Examination—Indicate examination dates and results for any and all acupuncture examinations taken.
7. Part VI, Personal History Information—This part must be completed by all applicants.
8. Part VII, Examination Coding Information—Indicate N/A in items a through e.
9. Part VIII, Child Support Information. This part must be completed by all applicants.
10. Part IX, Certifying Statement—Read the certifying statement and then sign and date your application.

**Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).**

**Step II**

The following documentation must be submitted with the four-page application. All documents submitted in a foreign language must be accompanied by an official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

- a. **Current certification from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM);**

**OR**

**CT (Certification of Licensure)**— Complete the top half of the enclosed form. The rest of the form must be completed by the jurisdiction of original licensure. You must direct the licensing agency/board to return completed document CT directly to the address indicated in Step IV, below. If you need additional forms, you may photocopy this form.

- b. **AC-GI (Certification of Contractual Agreement for Guest Instructor).** Follow instructions given on the form.
- c. Copy of your **current Curriculum Vitae.**

If you submit original or official documents that you want returned to you, you must also provide a photocopy of the document(s) and a self-addressed stamped envelope.

**Step III**

Application Fee - \$150

Fee payment must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation.

**Step IV**

Forward 4-page application, supporting documentation, and fee payment to:

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

**Step V**

If assistance is needed, direct your request to the following telephone number:

217-782-8556

When an operator answers, state the profession for which you are applying and that you need assistance with your application. Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

## 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.*

<u>Licensure Methods</u>	<u>Definition</u>
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.**"

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"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.**"





**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. <i>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.</i>  |  |  |
| 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? <i>If yes, attach a copy of the certificate.</i>   |  |  |
| 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? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> |  |  |
| 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? <i>If yes, attach a detailed explanation.</i>   |  |  |
| 6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>  |  |  |

**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:

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

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

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**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 for consideration for licensure under 225 ILCS 2/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**CERTIFICATION  
OF CONTRACTUAL AGREEMENT FOR  
ACUPUNCTURIST - GUEST INSTRUCTOR**

SUPPORTING DOCUMENT

**AC-GI**

**NOTE:** *A Guest Instructor Permit issued pursuant to Section 20.1 of the Acupuncturist Practice Act, shall be valid only for the period of 12 months. The applicant may be required to appear before the Board for an interview prior to, and as a requirement for, the issuance of the original permit. This permit is non-renewable.*

**APPLICANT:** *Complete the applicant section of this form. Forward the form to the appropriate entity at which the contract has been established. The completed form should be returned to the Department directly from the entity at least 60 days prior to the beginning date.*

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 NAME AND CODE.  <b>Guest Instructor Permit</b> <b>2    1    9</b> _____ Profession Name                                      Profession Code	
	6. MAIDEN OR GIVEN SURNAME	

*The remainder of this form is to be completed in the applicants behalf by an official representative of an acupuncture association, scientific foundation, training program, OR approved continuing education sponsor, and returned to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, 320 West Washington St., L&T MED-1, Springfield, IL 62786*

A. NAME OF ENTITY	B. TYPE OF ENTITY
C. LOCATION (Street, City, State, Zip Code)	D. TELEPHONE NUMBER (Include Area Code)
E. TERM OF THE CONTRACT From ____ / ____ / ____ To ____ / ____ / ____ Month    Day    Year                      Month    Day    Year	F. FAX NUMBER (Include Area Code)

G. DESCRIBE NATURE OF EDUCATIONAL SERVICE TO BE PROVIDED BY THE APPLICANT AND QUALIFICATION OF APPLICANT

F. RECORD THE NEED FOR THE SERVICE TO BE PROVIDED BY THE APPLICANT.

I do hereby declare that the above-named applicant has received an invitation or appointment to teach acupuncture techniques in conjunction with lecture, clinics or demonstrations with the above-stated contract terms.

SEAL

Signature

Date

Print or Type Name

**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 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 Financial and Professional Regulation or its designated testing service, the information requested below.  
Name of Licensing Agency or Board  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT 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	
<input type="checkbox"/> Examination (Administered in Your State) <ul style="list-style-type: none"> <li><input type="checkbox"/> National (Name) _____</li> <li><input type="checkbox"/> State Constructed _____</li> <li><input type="checkbox"/> Other (Name) _____</li> </ul> <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)	
<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____	

F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES												
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	<table border="0"> <tr> <td>Type of Examination</td> <td align="right">Score</td> </tr> <tr> <td>Written</td> <td align="right">_____</td> </tr> <tr> <td>Practical</td> <td align="right">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td align="right">_____</td> </tr> <tr> <td>Received no Grade Below</td> <td align="right">_____</td> </tr> <tr> <td>Examination Period _____ days _____ hours</td> <td></td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____	_____	Received no Grade Below	_____	Examination Period _____ days _____ hours	
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  
(Record all available information)

Date of Examination \_\_\_\_\_

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.

S E A L	Print Name	
	Title	Signature
	Agency/Board Street Address	Date
	City, State, ZIP Code	Area Code (     ) Telephone Number

**RETURN NONEXAM CT TO: Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
320 West Washington, L & T-1  
Springfield, Illinois 62786**

NAME (Last, First, MI):

SS#:

Profession: