# **INSTRUCTION SHEET**

### PODIATRIC PHYSICIANS

#### In order for your application to be processed, <u>ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED</u> with the application and required fee unless otherwise directed in the instructions.

# Examination Acceptance of Examination Endorsement of License Restoration

**BEFORE COMPLETING THE APPLICATION PACKAGE**, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT. If you are issued a permanent license, please be advised that your license will expire on January 31 of each odd-numbered year.

- Step 1. Use the **REFERENCE SHEET** (CHART I) to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination.**
- Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination.**
- Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in **PART I** (page one), of the **Application for Licensure and/or Examination** and follow those instructions only.
  - NOTE: All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, 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.
- Step 4. If needed, telephone numbers for assistance in completing the Application Package are provided on the **REFERENCE SHEET.**

#### NOTICE

The Illinois Controlled Substances Act requires a separate registration for each place of business or professional practice where controlled substances are located or stored. A separate registration is not required for every location at which a controlled substance may be prescribed.

Enclosed is an application for controlled substances licensure.

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

### EXAMINATION

#### In order for your application to be processed, <u>ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED</u> with the application and required fee unless otherwise directed in the instructions.

- NOTE: Effective July 1, 1992, one year post-graduate training is required prior to the issuance of the permanent license. An application for a Temporary Podiatric License may be obtained by calling the Department at 217-782-8556.
- 1. Supporting Document CCA <u>must</u> be completed and submitted with each application. Your application will not be processed without completion of this form.
- Supporting Document ED must be completed by a school official of the Podiatric Medicine college/university indicating graduation. Completed document <u>must have school seal affixed</u>.
- 3. Instruct the National Board of Podiatric Medical Examiners to forward proof of your having successfully completed Part I and Part II of their examination directly to Continental Testing Services, Inc.
- 4. If you have ever held a license as a podiatric physician or a related license, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form **CT** to you to be submitted with your application.
- Effective July 1, 1992, you must successfully complete a minimum of one year post-graduate training approved by the Council on Podiatric Medical Education Association. Supporting Document TN-POD must be completed verifying successful completion of the one year post-graduate training. Direct the Residency Program Director/Preceptor to forward the completed form to you in a sealed envelope to be submitted with your application.
- 6. If you have completed the one-year post graduate training, the **TN-POD** form should be completed and submitted with your application. Your temporary license must also be returned with this form.
- 7. Fee payment is indicated on **REFERENCE SHEET**, **CHART I**. Fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.
- 8. Forward four-page application, supporting documents, the National Board of Podiatric Medical Examiners (NBPME) blue scan form, and fee payment to Continental Testing Services, Inc., P.O. Box 100, LaGrange, Illinois 60525-0100; *or*
- 9. 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.

## ACCEPTANCE OF EXAMINATION

#### In order for your application to be processed, <u>ALL\_REQUIRED\_SUPPORTING\_DOCUMENTATION\_MUST\_BE\_SUBMITTED</u> with the application and required fee unless otherwise directed in the instructions.

- **NOTE:** Applicants applying for licensure on the basis of Acceptance of Examination must have successfully completed Parts I and II of the National Board of Podiatric Medical Examiners Examination, as well as a Clinical Competency Examination (PMLEXIS). An application for a Temporary Podiatric License may be obtained by calling the Department at 217-782-8556.
- 1. Supporting Document CCA <u>must</u> be completed and submitted with each application. Your application will not be processed without completion of this form.
- 2. Supporting document **ED** must be completed by a school official of the Podiatric Medicine college/university indicating graduation. Completed document <u>must have school seal affixed</u>.
- 3. Instruct the National Board of Podiatric Medical Examiners to forward proof of your having successfully completed Part I and Part II of the National Board of Podiatric Medical Examiners and the PMLEXIS to the Division of Professional Regulation.
- 4. If you have ever held a license as a podiatric physician or a related license, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form **CT** to you to be submitted with your application.
- Effective July 1, 1992, you must successfully complete a minimum of one year post-graduate training approved by the Council on Podiatric Medical Education Association. Supporting Document TN-POD must be completed verifying successful completion of the one year post-graduate training. Direct the Residency Program Director/Preceptor to forward the completed form to you in a sealed envelope.
- 6. Fee payment is indicated on **REFERENCE SHEET**, **CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
- 7. Forward four-page application, supporting documentation and fee payment to: Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

### ENDORSEMENT

#### In order for your application to be processed, <u>ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED</u> with the application and required fee unless otherwise directed in the instructions.

- NOTE: Applicants applying for licensure on the basis of endorsement, must have successfully completed Parts I and II of the National Board of Podiatric Medical Examiners Examination, and show proof of successful completion of a clinical competency examination (PMLEXIS) completed in another state which is equivalent to Illinois requirements.
- 1. Supporting Document CCA <u>must</u> be completed and submitted with each application. Your application will not be processed without completion of this form.
- 2. Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form **CT** to you to be submitted with your application.
- 3. Supporting Document **ED** must be completed by a school official of the college/university from which your Doctor of Podiatric Medicine Degree was awarded. Completed document <u>must have school seal affixed</u>. **This form must be submitted with your application**.
- 4. Instruct the National Board of Podiatric Medical Examiners to forward proof of having successfully completed Parts I and II of their examination to the Division of Professional Regulation.
- 5. For consideration of a waiver of requirements of passage of the Clinical Competency Examination, the Department shall examine your endorsement application to determine whether the requirements in that jurisdiction on the date of licensing were substantially equivalent to the requirements then in force in this State. Full consideration will be given to your podiatric education, training and experience, including, but not limited to your having submitted one of the following:
  - a) Proof of certification by American Specialty Board; or
  - b) Proof of achievement of special honors or awards; or
  - c) Proof of publication of articles in recognized and reputable journals; or
  - d) Proof that you have written or participated in the writing of textbooks in podiatric medicine.
- 6. Effective July 1, 1992, you must successfully complete a minimum of one year post-graduate training approved by the Council on Podiatric Medical Education Association. Supporting Document **TN-POD** must be completed verifying successful completion of the one year post-graduate training. Direct the Residency Program Director/Preceptor to forward the completed form to you in a sealed envelope.
- 7. Fee payment is indicated on **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation.
- 8. Forward four-page application, supporting documentation, and fee payment to: Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O Box 7007, Springfield, Illinois 62791.
- 9. Copy of Act and Rules which were in effect in the jurisdiction of original licensure.

## RESTORATION

#### In order for your application to be processed, <u>ALL\_REQUIRED\_SUPPORTING\_DOCUMENTATION\_MUST\_BE\_SUBMITTED</u> with the application and required fee unless otherwise directed in the instructions.

# **IMPORTANT NOTICE**: These Restoration Instructions apply only to those podiatrists 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.

- NOTE: Based upon the Podiatric Medical Licensing Board's evaluation of your application, you may be required to submit additional documentation and/or appear for oral interview before the Board to determine current competency to practice as a podiatric physician. Additionally, you may be required to complete an established period of evaluated clinical experience, or successfully complete the clinical competency examination conducted by this Department.
- 1. Supporting Document CCA <u>must</u> be completed and submitted with each application. Your application will not be processed without completion of this form.
- 2. Supporting Document **CT** must be completed by the U. S. jurisdiction where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form **CT** to you to be submitted with your application.
- 3. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation, Division of Professional Regulation, at 217-782-0458.
- 4. Submit one of the following:
  - a) Supporting Document VE must be completed to provide documentation of active practice; or
  - b) Copy of DD214 if restoring after active military service; or
  - c) Proof of successful completion of a written clinical competency examination within one year of application for restoration.
- 5. All applicants for restoration of a Podiatric Physician license in Illinois must submit proof of having completed 50 hours of Continuing Education during the 2 years prior to restoration. This must be verified by the submission of certificates of attendance provided by approved continuing education sponsors, validated by the Illinois Podiatric Medical Association and approved by the Department of Financial and Professional Regulation, Division of Professional Regulation.
- 6. Fee payment amount is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
- 7. Forward four-page application, supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

## 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.

DPR-I-DEFINED7/06

# 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	<b>Test Fees</b>	
	Podiatric Physician	016	Acceptance of Examination	\$ 400.00	
	Podiatric Physician	016	PM LEXIS (Part III) Examination	\$1,024.00	
	Podiatric Physician	016	Endorsement	\$ 400.00	
	Podiatric Physician	016	Restoration	See Supporting Document <b>RS</b>	

#### CHART II - EXAMINATION CODES AND FEES

You must register online to complete the Illinois application for examination by paying the examination fee and submitting all supporting documents to Continental Testing Services, Inc. (CTS) by their deadline. This includes the Part III registration form from the National Board of Podiatric Medical Examiners (NBPME).

Complete the Illinois application for examination at: <u>www.continentaltesting.net</u> and pay the required examination fee with a credit card (Visa or MasterCard); and

From the NBPME website download the Part III examination registration form at <u>www.aplme.com</u>. Complete this form and mail to Continental Testing Services (CTS).

Once Continental Testing Services determines your eligibility to test, you will receive your Authorization to Test (ATT) from Prometric, you may then contact them to schedule your testing appointment.

NOTE: The Test Fee is for the cost of the examination only and is not transferable from one exam to another.

#### CHART III - EXAMINATION DATES

#### TEST DATES

December 5, 2012 June 5, 2013 December 4, 2013 APPLICATION FILING DEADLINES

September 15, 2012 March 19, 2013 September 11, 2013

#### APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

If the examination final filing dates provided have expired, you may call the Department of Financial and Professional Regulation at 217/782-8556 for updated examination/administration dates and applicable final filing dates.

#### **REQUEST FOR ASSISTANCE**

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods **Except** Examination

217/782-8556

Telecommunicative Device for the Deaf (TDD)

217/524-6735

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

Examination Licensure Method Only 708/354-9911

# **Illinois Department of Financial and Professional Regulation**

## **Division of Professional Regulation**

#### Application Checklist for Podiatric Physician

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-PA	GE 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 StatementSigned and Dated					
SUPPOR	TING DOCUMENTS	SUBMITTED				
4-page Ap	oplication for Licensure and/or Examination					
Applicatio	n Feerefer to Reference Sheet for licensure method to determine fee.					
	Supporting Document CCA <u>must</u> be completed and submitted with each applica- tion. Your application will not be processed without completion of this form.					
	completed by a school official of the Podiatric Medicine college/ with the school seal affixed.					
<b>CT</b> (Certification of Licensure) Form completed by state of <i>original</i> licensure and state of <i>current</i> licensure where you have most recently been practicing.						
<b>TN-POD</b> Form verifying one year post-graduate training approved by the Council on Podiatric Medical Education Association (effective July 1, 1992) (applicable that date and forward).						
VE (Verification of Employment) Form (if applicable).						
· ·	<b>RS</b> (Restoration) Form (if applicable). If this form was not included in the application packet, you must obtain one by contacting the Department at 217/782-0458.					
Copy of D	Copy of DD214 if restoring from active military service.					
	on Applicants: Submit proof of having completed 50 hours of continuing during the two years prior to restoration.					

FOR OFFICIAL USE ONLY

ADDRESS(ES)[If available]

# **APPLICATION FOR** LICENSUREAND/OR EXAMINATION

Work: (\_\_\_\_)

Fax: 

(Area Code)

(Area Code)

\_)

IMPORTANT NOTICE: Completion of this form is under 225 of the Illinois Compiled Statutes. Disc However, failure to comply may result in this for	osure of this information	n is VOLUNTARY.		
The following materials are required to ma Licensure and/or Examination in Illinois:	ake Application for	Carefully follow all ste addition, note the foll		STRUCTION SHEET. In
1. Four page APPLICATION FOR LICE	ENSURE AND/OR	A Type or print legib	ly with black ink only.	
EXAMINATION.	a atan bu atan	B. FEESARENOTRE		
<ol> <li>INSTRUCTION SHEET, which give application instructions for your profe</li> </ol>				mber, if you have one, is Compiled Statutes 100/
3. REFERENCE SHEET, which gives	detailed coding	10-65 to obtain a	license. The social s	security number may be
information for your profession. 4. SUPPORTING DOCUMENTS, forms	and/or any other			lic Aid to identify persons n complying with a child
documentation you may be required t		support order, or	to the Illinois Departme	nt of Revenue to identify
application.	ling desuments is			turn, pay tax, penalty or any final assessment or
<ol><li>If the name shown on your suppor different from that shown on your appression</li></ol>		tax penalty or inte	rest, as required by any	/ tax Act administered by
submit PROOF OF LEGAL NAME cha		the Illinois Departn of identification.	nent of Revenue, or to ot	her entities for verification
riage license, divorce decree, affidavit PART I: Application Category Information	or court order.	of identification.		
A. SEE REFERENCE SHEET, CHARTI, OR INST	RUCTIONS PRIOR TOC	OMPLETING ITEMS 1 THRC	DUGH4	
1. PROFESSION NAME	2. PROFESSIONCO			4. FEE
		_		\$
<ul> <li>B. CHECKBOXINDICATINGTHEAPPROPRIATE II</li> <li>This is the first time I have made profession in Illinois.</li> <li>I have previously made application Illinois. However, my previous application now reapplying.</li> </ul>	application for this for this profession in	My applica denied in additional	Illinois. I am reapplyir requirements. viously made applicatio	n had previously been ng since I have fulfilled on for this profession in ing under new statutory
Other:		language.		
PART II: Applicant Identifying Informat of Professional Regulation ar application in order to receive	d/or Continental Te	sting Service in writing		
1. NAME LAST FIRST M	AIDDLE 2.	TITLE (e.g., M.D., D.D.S., e	etc.) 3. UNITEDSTATE	SSOCIAL SECURITY NO.
4. PERMANENT MAILING ADDRESS STREET	CITY STATE/C	OUNTRY	ZIP CODE	COUNTY
5. BUSINESS ADDRESS STREET	CITY STATE/C	OUNTRY	ZIP CODE	COUNTY
		_	<b>_</b>	
6. MAIDEN, GIVEN SURNAME, OR ANY NAME DOCUMENTS WILL BE SUBMITTED. (SEE IN			7. MOTHER'SMAI	DENNAME
8. PLACE OF BIRTH CITY STATE/COU	NTRY	9. DATE OF BIRTH	_ /	10.AGE
		Month Day	Year	
11. TELEPHONE NUMBER WHERE YOU MAY BI	E REACHED		12. PRE	FERREDe-MAIL

APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 1 of 4 IL486-1019 03/06 (LT) Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

) (Area Code)

(Area Code)

Home: (

Fax: (

PART III: Education Information				
1. PRELIMINARY EDUCATION (Elemental 1 2 3 4 5 6 7 8 9 10 1	ry and High School or G.E.D. Circle number or <b>1 12</b> Graduated High School? Yes	Receiv		s ⊡No
2. NAME OF LAST PRELIMINARY SCHO ATTENDED	OL 3. LAST PRELIMINARY SCHOOL LOG (City and State)	CATION 4. D	ATE OF GRADU	JATION
			Month	Year
5. COLLEGE OR UNIVERSITY (Circle nu 1 2 3 4 5 6 7 8		s 🗆No		
6. COLLEGE OR UNIVERSITY NAME		DATES OF A		TYPE OF
(Undergraduate and Graduate)	(City and State or Country)	FROM Month/Year	TO Month/Year	DEGREE EARNED
7. SPECIALIZED TRAINING (Residency,	Professional Training, Vocational Training, Pra			1
INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF FROM	ATTENDANCE TO	Did You Complete Training?
		Month/Year	Month/Year	🗆 Yes 🗔 No
				🗆 Yes 🗔 No
				🗆 Yes 🗖 No
				🗆 Yes 🗖 No
				🗆 Yes 🗖 No

#### 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 any criminal offense in any state or in federal court (other than minor traffic violations)? 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? <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:		
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 rest following questions)	spond	o the
<ol> <li>In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include th Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the contempt of court.</li> </ol>	in comply	/ing
Are you more than 30 days delinquent in complying with a child support order?       Yes         (NOTE: If you are not subject to a child support order, answer "no.")	No	
2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed b Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or this State." (Proof of a satisfactory repayment record must be submitted.)	y the Illin wal if the	
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 submit connection therewith, and to the best of my knowledge, they are true, correct, and complete.	ted by	ne ir
Signature of Applicant Date		
I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial ar	nd Profe	ssion
Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater	if the an	nour

			SUPPORTING		NT
<b>IMPORTANT NOTICE:</b> 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.	CHARGED WIT	RE WORKERS H <i>OR</i> CONVICTED MINAL ACTS	CC		
1. NAME LAST FIRS	T MIDDLE	3. PROFESSIONAL LICENSE NUM	BER (if any)		
		·	_		
2. ADDRESS STREET, CITY, STATE	E, ZIP CODE	4. SOCIAL SECURITY NUMBER			
Pursuant to 20ILCS 2105-165(a), the tions pertaining to certain offenses	•	•	ose information reg	garding	convic-
Advanced Practice Nurs	ses 🗆 Dentis	sts	Physical Tl	herapis	sts
Audiologists	🗆 Occup	pational Therapists	Physician	Assista	nts
Clinical Psychologists	Optor	netrists	Physicians	(036)	
Clinical Social Workers	Pharr	nacists	Registered	Nurse	s
Dental Hygienists	🗆 Podia	trists	Speech Pa	thologi	sts
				-	
In order for your application	on to be evaluated, yo	u must respond to each of	the following c	questic	ons:
1) Are you currently charged with c the Sex Offender Registration A	•	d of a criminal act that requires r	egistration under	Yes	No □
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?					
3) Are you required, as part of a cr	iminal sentence, to registe	er under the Sex Offender Regis	stration Act? *		
If <b>YES</b> 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.					
	Certificatio	on Statement			
Under penalties of perjury, I declar submitted by me in connection the					
Signature of Applicant		Date			

IL486-2034 08/11 (crimacts)

#### **\* 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 91 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. **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

# СТ

result in this form not being processed.					
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         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.				
	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 authorizeName of Licensing Agency or Boa	to furnish to the Illinois Department of				
Name of Licensing Agency or Board Financial and Professional Regulation or its designated testing					
Signature	Date				
of certification provided all applic the certification. Please record N PART I - CERTIFICATION OF EXAMINATION STATUS	ial and Professional Regulation will accept other forms cable information requested on this form is contained in I/A in areas which are not applicable.				
A. The applicant $\Box$ has written $\Box$ is scheduled to wr	ite the following examination:				
Name of Examination B. The applicant has or will have written the above-named exam	Date of Examination number of times.				
PARTII - CERTIFICATION OF LICENSURE					
A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER				
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE				
E       LICENSURE METHOD         Examination (Administered in Your State)       Reciprocity with (State)         National (Name)       Waiver/Grandfather         State Constructed       Credentials         Other (Name)       Other (Describe)         Endorsement of License (State)       Other (Describe)         Acceptance of Examination Results       (Administered in Another State)					
F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES				
<ul> <li>Active</li> <li>Inactive</li> <li>Lapsed</li> <li>Other (Explain)</li> </ul>	Type of ExaminationScoreWrittenPracticalOther (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)						
	Scaled Sco	re			Raw Score		
	Standard De	eviation		·····	Corrected Score		
	National Me	ean		·····	Percent Score		
A 2	SUB	JECT	DATE	SCORE	SUBJECT	DATE	SCORE
_							
В.	State Construc		DATE	SCORE	SUBJECT	DATE	SCORE
							<u> </u>
Α.		or has there ev			menced against the app		]Yes 🗆 No
	record includi surrender, res	ng but not limi striction or lim	ted to fine, repri itation? (If yes,	mand, probatio	nst the applicant as a ma on, censure, revocation, s <b>ied copy of disciplinar</b>	suspension,	]Yes 🗆 No
	<b>T V</b> - RECIPROC/ s state □			t the same privi	lege of reciprocal registr	ation to Illinois registr	ants.
l ce	ertify that the in	formation con			ct according to the officia		
SF	EAL		Print Name				
			Title			Signature	
	Agency/Board Street Address		Area Code (	Date			
City, State, ZIP Code     Area Code ( )       Telephone Number							
		Attention	icensing Age	ncv/Board· RF	TURN THIS FORM TO 1		
				-			
		Atten	tion Applicant	: FOR INCLUS	ION WITH APPLICATIC	IN PACKET.	

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information failure to c not being

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information is VOLUNTARY. However, failure to comply may result in this form not being processed.						
APPLICANT: Complete the applicant section of this form, th of the form.	nen forward it to the school for completion of the remainder					
	. DATE OF BIRTH       3. SOCIAL SECURITY NUMBER        ///					
4. ADDRESS STREET, CITY, STATE, ZIP CODE 5	<ul> <li>REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</li> </ul>					
6. MAIDEN OR GIVEN SURNAME	Profession Name Profession Code					
7. NAME OF INSTITUTION ATTENDED 8	. DATE OF GRADUATION / COMPLETION / / / Month Day Year					
I hereby authorize a school official of the institution named abov Professional Regulation or its designated testing service the info	ormation requested below.					
Date	Signature of Applicant					
SCHOOL OFFICIAL: Complete the bottom portion of this pa FORM TO THE APPLICANT.	age and the reverse side. RETURN THE COMPLETED					
A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE					
C. DEPARTMENT OF INSTITUTION	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT					
E. MAJOR AREA OF STUDY OF THE APPLICANT	F. APPLICANT WAS (CHECK ONE):					
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE)	H. DATES OF ATTENDANCE From// To// Month Day Year Month Day Year					
<ul> <li>I Total academic years attended OR</li> <li>Total calendar years attended</li> <li>Years</li> <li>Months</li> <li>Days</li> </ul>	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)					
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED/// Month Day Year					
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE						
Applicant has graduated on// / Applicant has completed program on// /						
Applicant will graduate on/// Applicant will complete program on////						
N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:						

O. USE THIS SPACE TO RECORD ANY O APPLICANT'S EDUCATIONAL EXPERIEN	DTHER INFORMATION THAT YOU FEEL WOULI	D ASSIST THE DEPARTMENT IN EVALUAT	NAME (Last, First, MI):
I certify that the information record	led herein is true and correct according to	o the official records of this institutior	
Print Name of School		Signature of School Official	SS#
Title SCHOOL SEAL OR NOTARY SEAL	Subscribed and sworn before me th	Date ave a school seal, this form must be his day of	2
	OOL OFFICIAL: RETURN THIS		

**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 100/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

#### CERTIFICATION OF RESIDENCY/ PRECEPTORSHIP TRAINING

SUPPORTING DOCUMENT

**TN-POD** 

APPLICANT: Complete the applicant section of this form. Forward the form to the individual who will certify your training.					
1. NAME LAST FIRS	T MIDDLE	2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER		
		Month Day Year	<b>--</b>		
4. ADDRESS STREET, CITY, STATE	, ZIP CODE		EET. Record profession name and three digit are making Illinois application.		
6. MAIDEN OR GIVEN SURNAME		-			
		Profession Name	Profession Code		
7. DATES OF TRAINING		8. ILLINOIS TEMPORARY LICENS			
From / / To Month Day Year M	//	NUMBER	ISSUANCE DATE		
9. NAME OF RESIDENCY/PRECEPTORSH PARTICIPATED IN OR COMPLETED		10. RESIDENCY PROGRAM DIREC	TOR/PRECEPTOR NAME		
	RESIDENCY PROGRA	M DIRECTOR/PRECEPTOR			
Complete the remainder	of this form Doturn the	completed form to the appl	licent in a cooled envelope		
Complete the remainder of	of this form. <u>Return the</u>	completed form to the app	licant in a sealed envelope.		
A. RESIDENCY PROGRAM DIRECTOR/PRE	ECEPTOR NAME	B. OFFICE/FACILITY NAME			
C. TELEPHONE NUMBER OF ABOVE		D. OFFICE/FACILITY STREET ADI	DRESS		
Area Code ()	_ <b>-</b>				
E. APPLICANT'S TRAINING DATES		F. OFFICE/FACILITY CITY, STATE	E, ZIP CODE		
From / / To					
Month Day Year Mo G. WAS RESIDENCY/PRECEPTORSHIP TR	onth Day Year		IERE RESIDENCY/PRECEPTORSHIP WAS		
SATISFACTORILY COMPLETED?		COMPLETED			
☐ YES ☐ NO If No, attach a d	etailed explanation.				
		·			
I certify that the information record	led herein is true and corre	ect according to the official reco	ords of this office/facility.		
Date		Signature of Resider	ncy Program Director/Preceptor		
		Signature of Resider			
SCHOOL SEAL OR NOTARY SEAL	<b>NOTE:</b> If the institution	ion does not have a school sea	al, this form must be notarized.		
	Subscribed and swo	orn before me this day o	f, 20		
	Date of Expiration	on Signa	ature of Notary Public		

#### INSTRUCTIONS FOR CONTROLLED SUBSTANCES REGISTRATION

#### \*\*\*\*READ AND FOLLOW INSTRUCTIONS CAREFULLY\*\*\*\*

# If you hold a non-renewed controlled substances registration, you must reinstate that registration. Do not apply for a new registration.

#### To expedite the processing of your controlled substances application, <u>SUBMIT THE APPLICATION AND FEE WITH YOUR PROFESSIONAL APPLICATION</u>.

Every person who prescribes and/or stores and dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in acordance with the Illinois Controlled Substances Act.

A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or dispensed.

- 1. If you do not properly complete Parts I through VII (front and back) of the application, the application will be returned to you and licensure will be delayed.
- 2. It is *mandatory* that the permanent mailing address and/or business address be a street address. P.O. boxes are not acceptable.
- 3. If your professional application is pending, write "pending" in Part IV. A controlled substances registration *will not* be issued until your professional license has been issued. A controlled substances registration *will not* be issued to individuals holding a temporary license.
- 4. You *must* circle the drug schedules for which you are applying in Part III.
- 5. Submit the \$5 application fee. Make check or money order payable to the Department of Financial and Professional Regulation (IDFPR). **The fee is non-refundable**. Mail the completed application and fee to:

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

A State controlled substances registration is a **prerequisite** for Federal controlled substances registration. The address on your Illinois controlled substances registration must be exactly the same address as your Federal registration. For information concerning Federal registration, you must contact:

Drug Enforcement Administration 230 South Dearborn, Suite 1200 Chicago, Illinois 60604 Telephone: 312/353-7875 Web site: www.deadiversion.usdoj.gov

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

#### APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

**IMPORTANT NOTICE:** Completion of this form is required by 720 ILCS 570/1 et. seq. (Illinois Compiled Statutes). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application.

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 Cate	gory Information	l			
1. PROFESSIONAL NAME	2. PROFESSIONAL CO	DE - Check applicable box	3. LICENSURE METHOD	4. FEE	
Controlled Substances	□319 Dentist □316 Podiatrist	□336 Physician □390 Veterinarian	Registration	\$5	
PART II: Applicant Identi	fying Informatior	n			
1. NAME LAST FIRST	MIDDLE	2. TITLE (e.g., M.D., O.D., etc.)	3. UNITED STATES SOCIAL SE		
4. PERMANENTMAILING ADDRESS	CITY		ZIP CODE	COUNTY	
5. NAME OF BUSINESS AND LOCATION LICENSE IS TO BE ISSUED	N (STREET / CITY / STATE	/ ZIP CODE) WHERE DRUGS ARE STO	RED AND CONTROLLED SUBS	TANCES	
6. If you will <b>not</b> be storing or disp	ensing controlled	7. MAIDEN OR GIVEN SURNAME, OF			
substances, check the box below. Your license will be issued to your permanent mailing address.		7. MAIDEN OK GIVEN SUKNAME, OKANT NAME(S)			
I will <i>not</i> be storing or dispensing controlled substances, including samples.		8. TELEPHONE NUMBER WHERE YO Work ( ) Area Code		THE DAY	
		Home ( ) Area Code	FAX ( ) Area Code		
PART III: Drug Schedule		PART IV: Professional	Activity		
Circle the schedules for which you are applying: PractitionerCheck and complete one of the following:			ng:		
		Profess	sional License Number		
II IIN III IIIN	IV V	□ Dentist 019			
		□ Physician 036			
		□ Podiatrist 016			
		□ Veterinarian 090			

Application for State Controlled Substances Registration - Page 1 of 2

PART V: Personal History Information ( <i>This part must be completed by all Applicants</i> )	YES	NO
. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? 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.		
P. Have you been convicted of a felony?		
<ol> <li>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.</li> </ol>		
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.		
b. 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.		
B. 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 VI: Child Support and/or Student Loan Information (Every applicant is required by law to re following questions)	spond	to the
1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new licen include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or smore than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplina and making a false statement may subject the licensee to contempt of court.	she is no	ot
Are you more than 30 days delinquent in complying with a child support order? Yes (NOTE: If you are not subject to a child support order, answer "no.")	No	
2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or rene authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this Stat the Department may issue a license or renewal if the aforementioned persons have established a satisfactory record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency (Proof of a satisfactory repayment record must be submitted.)	scholar ate; how repayme	ever, ent
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 VII: Certifying Statement		
I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substa Act. I certify that I have answered all questions on this application to the best of my knowledge.	ances	
Date of Application Signature of Applicant		_
<b>UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b> My signature above authorizes the Department of Financial and Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done or mount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount \$50.	ly if the	

If not completed, it will be returned to the address noted on front of application.