

# INSTRUCTION SHEET

## PODIATRIC PHYSICIANS

*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.*

### 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 [www.idfpr.com](http://www.idfpr.com).**

## 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.***

**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 **must** 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 must have school seal affixed.
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.
5. 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](http://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,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
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 **must** 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 must have school seal affixed.
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.
5. 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,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
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 **must** 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 must have school seal affixed. **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,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
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 **must** 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.

# 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.**"

## 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

<u>Profession Name</u>	<u>Profession Code</u>	<u>Licensure Method</u>	<u>Test Fees</u>
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: [www.continentaltesting.net](http://www.continentaltesting.net) 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 [www.aplme.com](http://www.aplme.com). 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-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
4-page Application for Licensure and/or Examination	
Application Fee--refer to Reference Sheet for licensure method to determine fee.	
Supporting Document CCA <b>must</b> be completed and submitted with each application. Your application will not be processed without completion of this form.	
<b>ED</b> Form completed by a school official of the Podiatric Medicine college/ university, with the school seal affixed.	
<b>CT</b> (Certification of Licensure) Form completed by state of <b>original</b> licensure and state of <b>current</b> 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).	
<b>VE</b> (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 DD214 if restoring from active military service.	
<b>Restoration Applicants:</b> Submit proof of having completed 50 hours of continuing education during the two years prior to restoration.	

All supporting documents ***may not be required***. Please refer to application instructions





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  No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION

\_\_\_\_ / \_\_\_\_  
Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8

Graduated?

 Yes  No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)

LOCATION (City and State or Country)

DATES OF ATTENDANCE

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

- |  | YES | NO |
|--|-----|----|
| 1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <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 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"/> Advanced Practice Nurses | <input type="checkbox"/> Dentists                | <input type="checkbox"/> Physical Therapists  |
| <input type="checkbox"/> Audiologists             | <input type="checkbox"/> Occupational Therapists | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Clinical Psychologists   | <input type="checkbox"/> Optometrists            | <input type="checkbox"/> Physicians (036)     |
| <input type="checkbox"/> Clinical Social Workers  | <input type="checkbox"/> Pharmacists             | <input type="checkbox"/> Registered Nurses    |
| <input type="checkbox"/> Dental Hygienists        | <input type="checkbox"/> Podiatrists             | <input type="checkbox"/> Speech Pathologists  |

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

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *  | <b>Yes</b>               | <b>No</b>                |
|   | <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"/> |

*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 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.



**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		Signature
		Title		Date
		Agency/Board Street Address		Area Code (    )
		City, State, ZIP Code		Telephone Number

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

**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**

NAME (Last, First, MI):

SS#:

Profession:





O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

NAME (Last, First, MI):

SS#:

Profession:

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

\_\_\_\_\_

Print Name of School Official

\_\_\_\_\_

Signature of School Official

\_\_\_\_\_

Title

\_\_\_\_\_

Date

SCHOOL SEAL OR NOTARY SEAL

**NOTE:** If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Date of Expiration

\_\_\_\_\_

Signature of Notary Public

**SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT**

**ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.**

**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 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. DATES OF TRAINING From ____/____/____ To ____/____/____ Month Day Year                      Month Day Year	8. ILLINOIS TEMPORARY LICENSE NUMBER                      ISSUANCE DATE	
9. NAME OF RESIDENCY/PRECEPTORSHIP TRAINING PROGRAM PARTICIPATED IN OR COMPLETED	10. RESIDENCY PROGRAM DIRECTOR/PRECEPTOR NAME	

### RESIDENCY PROGRAM DIRECTOR/PRECEPTOR

**Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.**

A. RESIDENCY PROGRAM DIRECTOR/PRECEPTOR NAME	B. OFFICE/FACILITY NAME
C. TELEPHONE NUMBER OF ABOVE Area Code ( ____ )      ____ - ____	D. OFFICE/FACILITY STREET ADDRESS
E. APPLICANT'S TRAINING DATES From ____/____/____ To ____/____/____ Month Day Year                      Month Day Year	F. OFFICE/FACILITY CITY, STATE, ZIP CODE
G. WAS RESIDENCY/PRECEPTORSHIP TRAINING PROGRAM SATISFACTORILY COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If No, attach a detailed explanation.</i>	H. INDICATE FACILITY NAME WHERE RESIDENCY/PRECEPTORSHIP WAS COMPLETED

I certify that the information recorded herein is true and correct according to the official records of this office/facility.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Residency Program Director/Preceptor

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

## 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, SUBMIT THE APPLICATION AND FEE WITH YOUR PROFESSIONAL APPLICATION.**

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 accordance 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](http://www.deadiversion.usdoj.gov)

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



NAME (Last, First, MI):

SS#:

Profession:

PART V: Personal History Information ( <i>This part must be completed by all Applicants</i> )	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <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? 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 VI: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)
<p>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. <b>Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</b></p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>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.)</p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p>

PART VII: Certifying Statement
<p>I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.</p> <p>_____</p> <p style="text-align: center;">Date of Application</p> <p>_____</p> <p style="text-align: center;">Signature of Applicant</p>
<p><b>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b> 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.</p>
<p><b><i>Application must be completed in its entirety. If not completed, it will be returned to the address noted on front of application.</i></b></p>