**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**
   - ___-____-____

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)**

---

**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.

**RETURN COMPLETED FORM TO APPLICANT**

**LICENSING AGENCY:** The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

**PART I - CERTIFICATION OF EXAMINATION STATUS**

A. The applicant ☐ has written ☐ is scheduled to write the following examination:

   - Name of Examination
   - Date of Examination

B. The applicant has or will have written the above-named examination _______ number of times.

**PART II - CERTIFICATION OF LICENSURE**

A. **NAME OF PROFESSION AS IT APPEARS ON LICENSE**

B. **LICENSE NUMBER**

C. **ISSUANCE DATE OF LICENSE**

D. **EXPIRATION DATE OF LICENSE**

**E. LICENSURE METHOD**

- ☐ Examination (Administered in Your State)
  - National (Name)
  - State Constructed
  - Other (Name)
  - Endorsement of License (State)
  - Acceptance of Examination Results (Administered in Another State)

- ☐ Reciprocity with (State) ______
  - Waiver/Grandfather
  - Credentials
  - Other (Describe)

**F. CURRENT LICENSURE STATUS**

- ☐ Active
- ☐ Inactive
- ☐ Lapsed
- ☐ Other (Explain) ______

**G. IF LICENSED BY EXAMINATION, RECORD SCORES**

- Type of Examination
  - Written
  - Practical
  - Other (Describe) ______

- Received no Grade Below ______

- Examination Period ______ days ______ hours
### PART III - CERTIFICATION OF EXAMINATION SCORES

**A1. National or other Profession Specific Examination**

*Date of Examination ___________________*

*Record all available information*

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### 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.

________________________  __________________________  __________________________
Print Name  Title  Signature

________________________  __________________________  __________________________
Agency/Board Street Address  Date  Area Code (               )
City, State, ZIP Code  Telephone Number