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.

FOR OFFICIAL USE ONLY

RETURN APPLICATION TO:

Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

OUT-OF-STATE ORTHOTICS, PROSTHETICS, AND PEDORTHICS CONTINUING EDUCATION APPROVAL

INSTRUCTIONS

This application MUST be submitted for Board review prior to participation in the program or within 90 days prior to expiration of the license.

If not submitted within the required time frame, late approval may be obtained by submitting a $10 per hour late fee, not to exceed $150.

A separate application must be submitted for **each** program for which you are seeking approval. This form may be duplicated. *Please print or type in **BLACK** ink only.*

Submit the following with this form:

1. A $20 fee made payable to the Illinois Department of Financial and Professional Regulation
2. An outline of the content of the program.
3. A schedule of the program.
4. A brief biography or vitae of the instructor(s).
5. A copy of the certificate of attendance (if applicable).

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)	
3. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, and ZIP Code)	4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM	
	5. TITLE	
6. TITLE OF PROGRAM	7. NUMBER OF CLOCK HOURS REQUESTED	8. IS THIS PROGRAM OPEN TO ALL LICENSED ORTHOTITS, PROSTHETISTS, AND PEDORTHTIST?

9. SITE(S) OF PROGRAM	10. DATE(S) ATTENDED

11. HOW DOES THIS PROGRAM RELATE TO THE PRACTICE OF ORTHOTICS, PROSTHETICS, AND PEDORTHICS?

_____

Email Address (Required)

Signature of Person Submitting Application

Illinois License Number

Type or Print Name of Person Submitting Application

Date

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.

OFFICIAL USE ONLY

☐ Approved ☐ Denied ☐ Deferred No. of Approved Hours _____

COMMENTS: _____