

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 57/61 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:
 STATE OF ILLINOIS
 DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
 ATTN: DIVISION OF PROFESSIONAL REGULATION
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786

Out-of-State Massage Therapy Continuing Education (C.E.) Approval

INSTRUCTIONS

A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated.

This application must be submitted no later than 90 days after completion of the C.E. program or within 90 days of the expiration of your license. You may seek individual program approval prior to participation in the program.

If the out-of-state C.E. approval form is NOT submitted

within the required time frame, late approval may be obtained by submitting the approval request form with the \$25 processing fee plus a \$50 per hour late fee not to exceed \$300.

Submit the following with this application:

1. A \$25 fee.
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 PROGRAM OPEN TO ALL MASSAGE THERAPISTS?
9. SITE(S) OF PROGRAM		10. DATE(S) ATTENDED

11. HOW DOES THIS PROGRAM CONTRIBUTE TO THE PROFESSIONAL SKILLS AND KNOWLEDGE IN THE PRACTICE OF MASSAGE THERAPY?

Signature of Person Submitting Application	Illinois License Number
Type or Print Name of Person Submitting Application	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.

OFFICIAL USE ONLY

Approved
 Denied
 Deferred
 No. of Approved Hours _____

COMMENTS: