

**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

SUPPORTING DOCUMENT

# CT

**FOR EXAM USE ONLY**

**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  4. ADDRESS    STREET, CITY, STATE, ZIP CODE  6. MAIDEN OR GIVEN SURNAME	2. DATE OF BIRTH  ____ / ____ / ____ Month      Day      Year	3. SOCIAL SECURITY NUMBER  ____ - ____ - ____
5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  <div style="text-align: center;">           _____            Profession Name                      Profession Code         </div>	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 authorize \_\_\_\_\_ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

Name of Licensing Agency or Board

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 <input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)													
<div style="float: right;"> <input type="checkbox"/> Reciprocity with (State) _____  <input type="checkbox"/> Waiver/Grandfather  <input type="checkbox"/> Credentials  <input type="checkbox"/> Other (Describe) _____         </div>													
F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	G. IF LICENSURE BY EXAMINATION, RECORD SCORES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Type of Examination</td> <td style="width: 20%; text-align: center;">Score</td> </tr> <tr> <td>Written</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Practical</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Received no Grade Below</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Examination Period ____ days ____ hours</td> <td></td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____	_____	Received no Grade Below	_____	Examination Period ____ days ____ hours	
Type of Examination	Score												
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  
(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.

<b>SEAL</b>		Print Name		Signature
		Title		Date
		Agency/Board Street Address		Area Code (     )
		City, State, ZIP Code		Telephone Number

**ATTENTION APPLICANT--RETURN EXAM CT TO:** Continental Testing Services, Inc.  
P.O. Box 100  
LaGrange, Illinois 60525-0100

NAME (Last, First, MI):

SS#:

Profession: