

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.

RESTORATION

SUPPORTING DOCUMENT

RS

APPLICANT: Complete this form, and return it with your Application for Licensure/Examination. If additional space is required for recording of information, use the reverse side of this form.

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.
--	--

6. MAIDEN OR GIVEN SURNAME	_____ Profession Name	_____ Profession Code
----------------------------	--------------------------	--------------------------

7. NAME AS IT APPEARS ON EXPIRED/INACTIVE LICENSE	8. ISSUANCE DATE OF EXPIRED OR INACTIVE LICENSE	9. DATE EXPIRED OR PLACED INACTIVE
---	---	------------------------------------

10. EXPIRED OR INACTIVE LICENSE NUMBER	OFFICIAL USE ONLY	
	License No.: _____	Fees: \$ _____
	Issuance Date: _____	On CRT: <input type="checkbox"/> Yes <input type="checkbox"/> No

11. STATE WHY YOU FAILED TO RENEW YOUR LICENSE.

12. EXPLAIN WHY YOU WANT YOUR LICENSE RESTORED AT THIS TIME.

13. LIST SPECIFIC EDUCATIONAL ACTIVITIES, I.E., COURSES, CONTINUING EDUCATION CLASSES, WORKSHOPS, READING, ETC., DURING THE PAST FIVE YEARS THAT UPDATED YOUR PROFESSIONAL/OCCUPATIONAL KNOWLEDGE.

14. LIST THE STATE(S) AND DATES WHERE YOU HAVE BEEN PRACTICING SINCE YOUR ILLINOIS LICENSE EXPIRED OR WAS PLACED ON INACTIVE STATUS. INCLUDE A BRIEF DESCRIPTION OF DUTIES PERFORMED.

STATE	NAME OF BUSINESS/INSTITUTION	DATES		DESCRIPTION OF DUTIES
		From Mo/Yr	To Mo/Yr	

I do hereby declare that the information contained herein is true and correct.

_____ Date _____ Signature

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of 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.