**INSTRUCTION SHEET**

**Licensed Clinical Professional Counselor**

- Examination
- Acceptance of Examination
- Endorsement
- Non-Examination
- Restoration

**In order for your application to be processed,**

**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**

with the application and required for unless otherwise directed in the instructions.

BEFORE COMPLETING THE APPLICATION, read through the requirements. This will aid you in determining if you are eligible for authorization to take the examination. All Permanent Clinical Professional Counselors must submit their application every odd-numbered year.

You may apply for licensure under the rule of the College of Licensed Professional Counselors. The application which you submit is valid for 3 years.

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</table>

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
There are five different ways to apply:
Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Applicant has taken a National Exam, referred to by Illinois Statute, in any state. Applicant may or may not be licensed in another state.

You will have to take 2 exams, the NCE and the NCMHCE.
In order for your application to be processed, all required documentation must be submitted within 90 days of the date of receipt. A 30-day extension may be granted by contacting Unit 229 at 782-8000 ext. 2303. Failure to comply with any of the instructions as they apply in processing, will delay in processing, or result in a denied year.

You may apply for the following:

Acceptance of Examination
Endorsement of Licensure
Non-Examination
Restoration

Approved Examinations/Certifications
Supporting Documentation to be Sent with Application
Endorsement of Licensure
Education and Experience Qualifications
Supporting Documentation to be Sent with Application
Non-Examination
Application
Restoration

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

DPR-I-LCP - Instructions Revised 4/14
Packet updated 10/25/16
Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.
Applicant has previously been licensed in Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
All materials must be completed to submit this application. Exam scores and transcripts may be submitted separately.
If you don’t take the exam, or pass the exam, within 3 years you will need to re-apply to take the exam.
These are the sections of the application
How long is too long to wait to renew/restore my license?

If your license has been inactive, or in non-renewed status for less than five years, contact the Department of Financial and Professional Regulation at 1-800-560-6420.
This is the address that you will need to send the application and additional documents to when you are finished:

Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007, HSS-4
Springfield, Illinois 62791
This specifies who you should make out a check or money order to to pay your fee: Department of Financial and Professional Regulation
The profession code for all LCPCs is 180.
The code for an LPC is 178.
All fees to apply are $150.
We will re-visit this when we get to the application.
Application for Examination

In order for your application to be processed, ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED with the application and required fee unless otherwise directed in the instructions.

Education/Experience Qualification

Each individual seeking original licensure under Section 35 of the Act shall file an application with the Department on forms provided by the Department. The education and experience qualifications shall include the following:

1. A certification of education from a master's degree in counseling, rehabilitation counseling, or psychology from a regionally accredited institution, or certification of education and an official transcript from a similar master's degree program and the equivalent of 2 units of acceptable experience (2 years full-time satisfactory supervised employment working as a clinical professional counselor under the direction of a qualified supervisor;

2. A certification of education from a master's degree or doctoral degree program in professional counseling that has been accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or the Council on Rehabilitation Education (CORE). All doctoral programs in psychology accredited by the American Psychological Association or the Council for the National Register of Health Service Providers in Psychology are also approved. If your program is not accredited through one of the above agencies you are required to submit official transcripts, course descriptions and the Academic Criteria form. You must also submit verification of 2 years of full-time satisfactory supervised experience working as a clinical professional counselor under the direction of a qualified supervisor.

3. Individuals may also qualify by submitting a certification of education and an official transcript from a doctoral degree in counseling, rehabilitation counseling, psychology or similar degree program and the equivalent of 2 units of acceptable experience (2 years of full-time satisfactory supervised experience working as a clinical professional counselor under the direction of a qualified supervisor.

4. Experience shall be documented as follows:

   a. Certification of experience signed by applicant's supervisor. A qualified supervisor means any person who is a licensed clinical professional counselor, licensed clinical social worker, licensed clinical psychologist, or psychiatrist as defined in Section 1-121 of the Mental Health and Developmental Disabilities Code. If supervision took place outside Illinois, the supervisor shall be a master's level or doctoral level counselor engaged in clinical professional counseling. The supervisor shall hold a license in the jurisdiction in which the supervisor practices requires licensure.

All documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

If you submit original or official documents that you want returned to you, you must also provide a photocopy of the document(s) and a self-addressed stamped envelope.

If applying on the basis of a Masters degree, the program must be at least 2 academic years in length and require an individual to graduate from a program with a minimum of 48 semester hours or 72 quarter hours.
Application for Examination

In order for your application to be processed, ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED with the application and required fee unless otherwise directed in the instructions.

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If you are submitting transcripts in a foreign language, they must be accompanied by an original official, notarized translation that has been written by someone other than the applicant that is fluent in both English and the aforementioned foreign language. If you would like your documents returned to you, please include a photo-copy of the documents and a self-addressed stamped envelope.
If you are applying with a Masters Degree, the program must be at least two academic years in length and require an individual to graduate from a program with a minimum of 48 semester hours or 72 quarter hours.

More info on degrees can be found on imhca.org
A unit of experience is 1,680 hours of work with 960 face to face hours.
Two units of experience is 3,360 hours of work and 1,920 face to face hours.
Face to face is physically in person. Without internet or a phone.

A 24 hour residency is required for the LCPC license. This means taking 24 credit hours in person at the university. This does not apply to a CACREP program.

What if: My degree is in something else?

As long as you have the correct classes in counseling and include an internship/residency these degrees can also work: Art Therapy Dance Therapy, and Pastoral Counseling.

A non-clinical degree will NOT qualify you for licensure regardless of the classes.
What if: My degree is not clinical?

Non-clinical degrees are not qualified for the LCPC license.

What if: My degree is online and not CACREP approved?

An online degree that is not CACREP approved is not qualified for the LCPC license.

What if: I have a CACREP accredited degree, do I have to check my classes?

If your degree is CACREP accredited, your class has already been pre-approved.
What if: I have a CACREP accredited degree, do I need to have check my classes?

If you degree is CACREP accredited, your class list doesn’t matter.

What if: My supervised experience was independent and/or off site?

Supervised experience can be independent and off site. However, it must be clinically supervised by a LCPC, LCSW, Licensed Psychologist, or Psychiatrist.

What if: I got married and changed my name and it doesn’t match the one on my transcript?

There is a part of the application that asks for your maiden name or any other name that your transcript may be under, just put your respective name there.

2 years is the minimum experience. You can earn the experience over as many years as you want.
What if my supervisor moved away or died?
If that happens, contact a staff member that was connected to your experience.

What if my supervisor won’t sign the form?
Call 815-787-0515 for clarification on what to do.

What if I had multiple supervisors?
You can have multiple supervisors, and each of them will have to complete the form.
Supporting Document CCA is a form that requires you to disclose any and all information about your criminal history.

See current laws on past criminal convictions: ????????
This relates to being licensed now or previously in another state.
The department Chair or your registrar will do this.
Here are the links to CACREP (CACREP and CORE recently merged into one group):
http://www.cacrep.org/
Supporting Documentation To be Sent With Application

To apply to take the examination for licensure as a Clinical Professional Counselor, the following Supporting Documents must be submitted with the 4-page Application for Licensure and/or Examination (see page 1):

1. Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. CT (Certification of Licensure)—If you have ever held a license, this document must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary.

3. ED (Certification of Education)—This document must be completed in its entirety by an official of the college or university from which your degree was received and must have school seal affixed.

4. Clinical Professional Counselor Academic Criteria—This document must be completed if you are applying on the basis of similar degree program and it is not accredited by CACREP or CORE. Include copies of course descriptions for each course.

5. Transcript—If applying on the basis of similar degree program and it is not accredited by CACREP or CORE, submit an official transcript with school seal affixed.

6. VE-LPC (Verification of Employment Experience)—This document must be completed to document the equivalent of two (2) units of acceptable experience (two (2) years full-time satisfactory supervised employment working as a clinical professional counselor under the direction of a qualified supervisor.

To get your transcript, contact your university’s registrar.
1 unit of acceptable experience is: 1680 hours of work with 960 face to face hours. You must complete both units of experience to apply to be an LCPC.
This part of the application instructions apply to those who are a CCMHC or CRC. An NCC from the NBCC is not applicable to the LCPC License.
If you have already taken the exam, you still need to provide the proof of experience.
Non clinical degrees, and degrees less than 48 hours are not enough to apply to be an LCPC. If you have a 44 hour degree, take some extra classes to get up to a 48 hour degree. If you have a 36 hour degree, you will have to go back to school to get a 48 hour degree for an LCPC license.
These steps are exactly the same as those previously described for the examination type of application.
LCSW and Psychologists can become an LCPC with this application and the fee.

LMFT does not qualify.
This is the part where you could apply to restore your license if it has lapsed or expired.
**LICENSURE METHODS AND DEFINITIONS**

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

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<td>Restoration</td>
<td>Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.</td>
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<td>Grandfather/Waiver</td>
<td>Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).</td>
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<td>Endorsement: You are licensed elsewhere. You still need the experience, correct degree, classes and the exam(s).</td>
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DPR-I-DEFINE D 7/06
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**Acceptance of Examination:** This refers to Illinois accepting your examination results for the NCE / NCMHCE if you have taken it elsewhere.

Non-examination: Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.
LICENSURE METHODS AND DEFINITIONS

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Restoration: Your licensed lapsed for over 5 years.
# LICENSURE METHODS AND DEFINITIONS

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**Grandfather/Waiver: Doesn’t exist.**
**LICENSURE METHODS AND DEFINITIONS**

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Non-examination: This applies to licensed social workers and psychologists.
IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to DEPARTMENT ON AGING AT 1-800-252-8966."

________________________

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse."

Required notice.
REFERENCE SHEET - A
ALL FEES ARE NONREFUNDABLE
Department reserves the right to change examination dates, filing deadlines and fees
if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<table>
<thead>
<tr>
<th>PROFESSION NAME</th>
<th>PROFESSION CODE</th>
<th>LICENSURE METHOD</th>
<th>APPLICATION FEE</th>
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<tr>
<td>Licensed Clinical Professional Counselor</td>
<td>180</td>
<td>Exam</td>
<td>$150.00</td>
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<tr>
<td>Licensed Clinical Professional Counselor</td>
<td>180</td>
<td>Acceptance of Exam</td>
<td>$150.00</td>
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CHART II - EXAMINATION CODES AND FEES

NOTE: Since the application for examination is a dual application process, this information will only be provided upon approval of your application for examination. An examination fee and registration fee will be required when registering for an examination.

CHART III - EXAMINATION DATES

The National Counselor Examination (NCE) and the National Clinical Mental Health Counseling Examination (NCMHCE) are computer administered. Generally there are no application deadlines and a candidate must complete and submit a Department Licensure/Examination Application for Department approval.

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LICENSED CLINICAL PROFESSIONAL COUNSELOR
ENTER N/A IN PART VII c) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

REQUEST FOR ASSISTANCE

???
**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

**Application Checklist for Licensed Clinical Professional Counselors**

*In order for your application to be processed, ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

<table>
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<tr>
<th>FOUR-PAGE APPLICATION REVIEW</th>
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<td>Part I. Application Category Information</td>
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<td>Part II. Applicant Identifying Information</td>
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<td>Part III. Education Information</td>
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<td>Part IV. Record of Licensure Information</td>
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<td>Part V. Record of Examination</td>
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<td>Part VI. Personal History Information</td>
<td></td>
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<tr>
<td>Part VII. Examination Coding Information (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Part VIII. Child Support and/or Student Loan Information</td>
<td></td>
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<tr>
<td>Part IX. Certifying Statement--Signed and Dated</td>
<td></td>
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<tr>
<th>SUPPORTING DOCUMENTS</th>
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<td>Supporting Document CCA <strong>must</strong> be completed and submitted with each application. Your application will not be processed without completion of this form.</td>
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**NCE/NCMHCE Scores**

**ED Form**

**Official Transcripts** (if applicable)

**Course Descriptions** (if applicable)

**Academic Criteria Form** (if applicable)

**CT Form** from the *original* state of licensure and the *current* state

**VE-LPC** verifying supervised experience (if applicable)

**VSE-LPC** verifying self-employment (if applicable)

**RS Form** (if applicable) **(NOTE:** if restoring)

**Proof of 30 hours of Approved Continuing Education** (if applicable)

**Copy of DD214** if restoring from active military service

*All supporting documents **may not be required.** Please refer to application instructions for your specific method of licensure.*

---

This is the the form to check off that you have everything included in the application. When in doubt –include it!
If you are not accepted you don’t get your money back.
If you are not accepted you don’t get your money back.

Licensure method choices are explained in instructions on a previous page. They include: Examination, Acceptance, Endorsement, Non-Examination, Restoration.
APPLICATION FOR LICENSURE AND/OR EXAMINATION

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.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four-page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your professional.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

A. Type or print legibly with black ink only.
B. FEES ARE NOT REFUNDABLE.
C. Disclosure of your U.S. social security number, if you have one, is mandatory in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order. Or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART 1, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME
2. PROFESSION CODE
3. LICENSURE METHOD
4. FEE

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ This is the first time I have made application for this profession in Illinois.
☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
☐ Other:

Fee is $150.

PART II: Applicant Identifying Information—You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME
   LAST
   FIRST
   MIDDLE
2. TITLE (e.g., M.D., D.D.S., etc.)
3. UNITED STATES SOCIAL SECURITY NO.
   _____ _____ _____
   _____ _____ _____
   _____ _____ _____

4. PERMANENT MAILING ADDRESS
   STREET
   CITY
   STATE/COUNTRY
   ZIP CODE
   COUNTY
      _____ _____ _____
      _____ _____ _____
      _____ _____ _____

5. BUSINESS ADDRESS
   STREET
   CITY
   STATE/COUNTRY
   ZIP CODE
   COUNTY
      _____ _____ _____
      _____ _____ _____
      _____ _____ _____

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)

7. MOTHER’S MAIDEN NAME

8. PLACE OF BIRTH
   CITY
   STATE/COUNTRY
   __ ___ / __ ___ / __ ___
   Month Day Year

9. DATE OF BIRTH
   Month
   Day
   Year

10. AGE
   Female
   Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

   Work: (_______) _______ _______ _______
   Home: (_______) _______ _______ _______
   Fax: (_______) _______ _______ _______
   (Area Code)
   (Area Code)
   (Area Code)

12. REQUIRED E-MAIL ADDRESS

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
If you are not accepted you don’t get your money back.

**Profession Name**

### PART I: Application Category Information

<table>
<thead>
<tr>
<th>1. PROFESSION NAME</th>
<th>2. PROFESSION CODE</th>
<th>3. LICENSURE METHOD</th>
<th>4. FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$</td>
</tr>
</tbody>
</table>

**B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION**

- [ ] This is the first time I have made application for this profession
- [ ] My application for this profession has previously been denied

### PART II: Applicant Identifying Information—You must notify the Department of Financial, and Professional Regulation - Division of Professional Regulation and/or Continential Testing Service in writing, of any address changes after you file this application in order to receive any further information.

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>2. TITLE (e.g., M.D., D.D.S., etc.)</th>
<th>3. UNITED STATES SOCIAL SECURITY NO.</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4. PERMANENT MAILING ADDRESS</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE/COUNTRY</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. BUSINESS ADDRESS</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE/COUNTRY</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6. MAIDEN, GIVEN, SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)</th>
<th>7. MOTHER’S MAIDEN NAME</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8. PLACE OF BIRTH</th>
<th>CITY</th>
<th>STATE/COUNTRY</th>
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<tbody>
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<table>
<thead>
<tr>
<th>9. DATE OF BIRTH</th>
<th>Month / Day / Year</th>
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<tbody>
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<thead>
<tr>
<th>10. AGE</th>
<th>Female</th>
<th>Male</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED</th>
<th>12. REQUIRED E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work: (___ <em><strong>) <em><strong>-</strong></em>-</strong></em></td>
<td>Home: (___ <em><strong>) <em><strong>-</strong></em>-</strong></em></td>
</tr>
<tr>
<td>(Area Code)</td>
<td>(Area Code)</td>
</tr>
<tr>
<td>Fax: (___ <em><strong>) <em><strong>-</strong></em>-</strong></em></td>
<td>Fax: (___ <em><strong>) <em><strong>-</strong></em>-</strong></em></td>
</tr>
<tr>
<td>(Area Code)</td>
<td>(Area Code)</td>
</tr>
</tbody>
</table>

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.
**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D.) Circle number of years completed

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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</tbody>
</table>

   Graduated High School? □ Yes □ No

   Received OR G.E.D.? □ Yes □ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION
   
   Month / Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</tr>
</tbody>
</table>

   Graduated? □ Yes □ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)

<table>
<thead>
<tr>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>TYPE OF DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM Month/Year</td>
<td>TO Month/Year</td>
</tr>
</tbody>
</table>

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>Did You Complete Training?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM Month/Year</td>
<td>TO Month/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
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<td>□ Yes □ No</td>
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IL498-1019

APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 2 of 4
**PART IV: Record of Licensure Information**

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS (Active, Lapsed, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Original Licensure</td>
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<tr>
<td>State of Current Licensure where you most recently have been practicing.</td>
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<tr>
<td>Other States of Licensure</td>
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</tbody>
</table>

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS (Passed, Failed, Absent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

*(If additional space is needed, attach a separate sheet.)*
**PART VI: Personal History Information (This part must be completed by all applicants)**

1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. If yes, attach a personal statement describing the circumstances of the conviction and certified copies or court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.

2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.

3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.

4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.

5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.

6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.

**PART VII: Examination Coding Information (This part is for examination applicants only)**

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes.  

b) CHART III - Select the examination site you desire and enter Test Center Code:  

c) CHART IV - Find your School of Graduation and enter school code:  

d) Record the number of times you have taken this exam in Illinois or any other state:  

**PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)**

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant’s Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

   Are you more than 30 days delinquent in complying with a child support order?  
   (NOTE: If you are not subject to a child support order, answer "no.")  

   Yes ☐ No ☐  

2. In accordance with 20 Illinois Compiled Statutes 2105/2-105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State, however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

   Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?  

   Yes ☐ No ☐  

**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

____________________________  __________________________
Signature of Applicant 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.
**PART VI: Personal History Information** *(This part must be completed by all applicants)*

1. Have you been convicted of or pled guilty or no contest to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.

2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.

3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.

4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.

5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit

---

**Re: Below boxes: No charts exist, leave blank**

---

**PART VII: Examination Coder Information** *(This part is for examination applicants only)*

Refer to the **REFERENCE SHEET** enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes.

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

---

**PART VIII: Child Support or Student Loan Information** *(Every applicant is required by law to respond to the following questions)*

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

   Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no").
   Yes ☐  No ☐

2. In accordance with 20 Illinois Compiled Statutes 2105/2-105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

   Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?
   Yes ☐  No ☐

---

**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

__________________________  __________________________
Signature of Applicant      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.
This form is for applicants licensed in another state or country.
This form is for applicants licensed in another state or country.
**CERTIFICATION OF EDUCATION**

**APPLICANT:** Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

<table>
<thead>
<tr>
<th><strong>1. NAME</strong></th>
<th><strong>LAST</strong></th>
<th><strong>FIRST</strong></th>
<th><strong>MIDDLE</strong></th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th><strong>2. DATE OF BIRTH</strong></th>
<th><strong>3. SOCIAL SECURITY NUMBER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>/__/</em>______</td>
<td>_--<em>--</em>--<em>--</em>--<em>--</em>--<em>--</em>--*--</td>
</tr>
<tr>
<td>Month Day Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>4. ADDRESS</strong></th>
<th><strong>STREET,</strong> <strong>CITY,</strong> <strong>STATE,</strong> <strong>ZIP CODE</strong></th>
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<tbody>
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<table>
<thead>
<tr>
<th><strong>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</strong></th>
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</table>

<table>
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<tr>
<th><strong>6. MAIDEN OR GIVEN SURNAME</strong></th>
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<tr>
<th><strong>7. NAME OF INSTITUTION ATTENDED</strong></th>
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</table>

**I hereby authorize a school official of the institution name above to release all data necessary for certification.**

Date

**SCHOOL OFFICIAL:** Complete the bottom portion of this form to the applicant.

<table>
<thead>
<tr>
<th><strong>A. NAME OF INSTITUTION</strong></th>
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<table>
<thead>
<tr>
<th><strong>B. DEPARTMENT OF INSTITUTION</strong></th>
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<table>
<thead>
<tr>
<th><strong>C. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT</strong></th>
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<tbody>
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<thead>
<tr>
<th><strong>D. APPLICANT WAS (CHECK ONE):</strong></th>
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<tbody>
<tr>
<td><em>Part-time</em></td>
</tr>
<tr>
<td><em>Co-op</em></td>
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<table>
<thead>
<tr>
<th><strong>E. MAJOR AREA OF STUDY OF THE APPLICANT</strong></th>
</tr>
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<tbody>
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<thead>
<tr>
<th><strong>G. CREDIT HOURS ENTERED IN TOTAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>DETAILS:</em></td>
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<td></td>
</tr>
</tbody>
</table>

**I certify that the information I have submitted is true to the best of my knowledge, and that my academic training and education meet or exceed the requirements set forth by the Board.**

Date

<table>
<thead>
<tr>
<th><strong>H. CERTIFICATE AWARDED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., B.A., M.A., M.D., Ph.D.)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>I. TOTAL ACADEMIC YEARS OR TOTAL CALENDAR YEARS ATTENDED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Years</td>
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<tr>
<td>-------</td>
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</table>

<table>
<thead>
<tr>
<th><strong>J. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET</strong></th>
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<tbody>
<tr>
<td><em>/__/</em>______</td>
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</table>

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<thead>
<tr>
<th><strong>K. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>/__/</em>______</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Applicant has graduated on</em> <em>/__/</em>______ _</td>
</tr>
<tr>
<td><em>Applicant will graduate on</em> <em>/__/</em>______ _</td>
</tr>
<tr>
<td><em>Applicant has completed program on</em> <em>/__/</em>______ _</td>
</tr>
<tr>
<td><em>Applicant will complete program on</em> <em>/__/</em>______ _</td>
</tr>
</tbody>
</table>

**N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:**

**Above Choices are:**

- Professional Counselor code 178
- Clinical Professional Counselor Code 180

**Your school can send this directly to IDFPR or back to you to include.**
0. Use this space to record any other information that you feel would assist the department in evaluating the applicant's educational experiences.

I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official  Signature of School Official

Title  Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of ____________, 20____.

Date of Expiration  Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.
**APPLICATION:** Complete the section of this form, then forward it to your employer. You are authorized to photocopy this form as necessary if you had multiple sites and/or multiple supervisors.

One year of full-time experience equals 1680 clock hours obtained in not less than 52 weeks.

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>2. DATE OF BIRTH</th>
<th>Month / Day / Year</th>
<th>3. SOCIAL SECURITY NUMBER</th>
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<thead>
<tr>
<th>4. ADDRESS</th>
<th>STREET, CITY, STATE, ZIP CODE</th>
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</table>

5. MAIDEN OR GIVEN SURNAME

180 Licensed Clinical Professional Counselor

**SUPERVISOR:** Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.

**PART I. - SUPERVISION INFORMATION**

A. IMMEDIATE/DIRECT SUPERVISOR'S NAME

B. PROFESSIONAL DESIGNATION Date Awarded

- Counselor (Master's or Doctorate Level)
- Licensed Clinical Professional Counselor
- Certified Social Worker
- Licensed Clinical Social Worker
- Licensed/Registered Clinical Psychologist
- Psychiatrist
- Certified Rehabilitation Counselor

C. LICENSE NUMBER

D. STATE OF LICENSE

E. BUSINESS/INSTITUTION NAME

F. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE

G. BUSINESS TELEPHONE NUMBER
   Area Code (__ __ __) __ __ __ __ __ __

H. SUPERVISOR'S EMAIL ADDRESS

**PART II. - APPLICANT EMPLOYMENT INFORMATION**

A. APPLICANT'S JOB TITLE AT TIME OF EMPLOYMENT/EXPERIENCE

B. DATES OF APPLICANT'S EMPLOYMENT/EXPERIENCE
   From __ / __ / __ / __ / __ / __ To __ / __ / __ / __ / __

C. NUMBER OF HOURS APPLICANT WORKED PER WEEK

D. NUMBER OF HOURS YOU MET WITH THE APPLICANT PER WEEK

IL489-1730 09/17 (LPC)
### PART II - APPLICANT EMPLOYMENT INFORMATION (Continued)

#### E. INDICATE YOUR OVERALL EVALUATION OF THE APPLICANT’S PERFORMANCE UNDER YOUR DIRECT SUPERVISION

<table>
<thead>
<tr>
<th>Circle One</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Poor</th>
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<td>5</td>
<td>4</td>
<td>3</td>
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</tbody>
</table>

#### F. CLOCK HOURS:

- **TOTAL CLOCK HOURS IN EXPERIENCE:**

- **TOTAL CLOCK HOURS OF DIRECT FACE TO FACE IN PERSON SERVICE TO CLIENTS:**

#### G. COMMENTS ABOUT APPLICANT’S JOB PERFORMANCE:

---

The above indicated experience has been performed by the applicant pursuant to my order, control, and full professional and legal responsibility as a supervisor. I do hereby declare that the information contained herein is true and correct.

__________________________
Signature

__________________________
Date

__________________________
Title
**PROFESSIONAL COUNSELOR ACADEMIC CRITERIA**

**APPLICANT:** Complete a separate form for each institution in which you have completed graduate coursework. You may copy this form as needed.

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>2. DATE OF BIRTH</th>
<th>___ / ___ / ___</th>
<th>3. SOCIAL SECURITY NUMBER</th>
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<tr>
<th>4. ADDRESS STREET, CITY, STATE, ZIP CODE</th>
<th>5. PROFESSION (Check One):</th>
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<tbody>
<tr>
<td></td>
<td>Licensed Professional Counselor (178)</td>
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<tr>
<td></td>
<td>Licensed Clinical Professional Counselor (180)</td>
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</table>

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<tr>
<th>6. MAIDEN OR GIVEN SURNAME</th>
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<tr>
<th>7. NAME OF COLLEGE/INSTITUTION</th>
<th>8. DEPARTMENT</th>
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<tr>
<th>9. ADDRESS OF COLLEGE/INSTITUTION</th>
<th>10. PROGRAM (AREA OF SPECIALIZATION AS IT APPEARS ON TRANSCRIPT):</th>
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</table>

**ACADEMIC CRITERIA:**

All applicants shall complete a 48 semester hour or equivalent quarter hour program with one 3 semester hour or equivalent quarter hour course in each of the following core areas. You may refer to Section 1375, Appendix A of the Rules in Administrative Code for assistance in completing this form. **Please submit a photocopy of the course description as it appears in the course catalog for each core area.**

<table>
<thead>
<tr>
<th>AREA</th>
<th>COURSE TITLE</th>
<th>COURSE NO.</th>
<th>YEAR</th>
<th>COURSE CREDIT</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Human Growth and Development</td>
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<tr>
<td>Counseling Theory</td>
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<td>Counseling Techniques</td>
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<td>Group Dynamics, Processing and Counseling</td>
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<td>Appraisals of Individuals</td>
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<td>Research and Evaluation</td>
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<td>Professional, Legal &amp; Ethical - Responsibilities</td>
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<td>Social and Cultural Foundations</td>
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<td>Life-styles and Career Development</td>
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<td>Practicum / Internship</td>
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<td>Substance Abuse</td>
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<td>Maladaptive Behavior and Psychopathology</td>
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<td>Family Dynamics</td>
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**Link to course descriptions**

**Appendix A**
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### Health Care Workers Charged with or Convicted of Criminal Acts

**Important Notice:** Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

<table>
<thead>
<tr>
<th>1. Name</th>
<th>Last</th>
<th>First</th>
<th>First</th>
<th>3. Professional License Number (if any)</th>
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<th>2. Address</th>
<th>Street, City, State, Zip Code</th>
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<tr>
<th>4. Social Security Number</th>
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Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. **Please check applicable profession.**

- Acupuncturists
- Advanced Practice Nurses
- Athletic Trainers
- Audiologists
- Clinical Psychologists
- Clinical Social Workers
- Dental Hygienists
- Dentists
- Genetic Counselors
- Licensed Clinical Professional Counselors
- Licensed Practical Nurses
- Licensed Social Workers
- Marriage and Family Therapists
- Nurse Practitioners
- Occupational Therapists
- Occupational Therapy Assistants
- Optometrists
- Orthotists
- Pedoists
- Pharmacist
- Physical Therapists
- Physical Therapy Assistants
- Physician Assistants
- Podiatrists
- Prosthetists
- Registered Nurses
- Registered Surgical Assistants
- Registered Surgical Technologists
- Respiratory Care Practitioners
- Speech Pathologists
- Professional Counselors
- Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.)

Any other license issued by the Department under the Acts listed in this section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

### In Order for Your Application to be Evaluated, You Must Respond to Each of the Following Questions:

1. Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *
   - Yes
   - No

2. Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?
   - Yes
   - No

3. Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *
   - Yes
   - No

4. Are you currently charged with or have you been convicted of a forcible felony? *
   - Yes
   - No

**Certification Statement**

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant: ____________________________ Date: ____________

IL486-2034 02/13 (Crimacts)
Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. Please check applicable profession.

- Acupuncturists
- Advanced Practice Nurses
- Athletic Trainers
- Audiologists
- Clinical Psychologists
- Clinical Social Workers
- Dental Hygienists
- Dentists
- Genetic Counselors
- Licensed Clinical Professional Counselors
- Licensed Practical Nurses
- Licensed Social Workers
- Marriage and Family Therapists
- Naprapaths
- Nursing Home Administrators
- Occupational Therapists
- Occupational Therapy Assistants
- Optometrists
- Orthotists
- Pedorthists
- Perfusionists
- Pharmacists
- Physical Therapists
- Physical Therapy Assistants
- Physicians, including Medical Doctors and Osteopathic Medicine (D.O.) Physicians (D.C.)
- Physician Assistants
- Podiatrists
- Professional Counselors
- Prosthetists
- Registered Nurses
- Registered Surgical Assistants
- Registered Surgical Technologists
- Respiratory Care Practitioners
- Speech Pathologists

Any other license issued by the Department under the Acts listed in 205 ILCS 40, except for pharmacy technicians, issued to a person such professions.

In order for your application to be evaluated, you must answer the following questions:

1) Are you currently charged with or have you been convicted of a crime under the Sex Offender Registration Act? *

2) Are you currently charged with or have you been convicted of a criminal offense at the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?

3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *

4) Are you currently charged with or have you been convicted of a forible felony? *

If YES to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

Date

Forcible felony list (also on the following definition page)
Note these do not include DUI or simple drug possession.
### *DEFINITIONS*

730 ILCS 150 et. seq.—Acts that require Sex Offender Registration:

(B) As used in this Article, “sex offense” means:

1. A violation of any of the following Sections of the Criminal Code of 1961:
   - 11-20.1 (child pornography),
   - 11-20.3 (aggravated child pornography),
   - 11-6 (indecent solicitation of a child),
   - 11-9.1 (sexual exploitation of a child),
   - 11-9.2 (custodial sexual misconduct),
   - 11-9.5 (sexual misconduct with a person with a disability),
   - 11-15.1 (soliciting for a juvenile prostitute),
   - 11-18.1 (patronizing a juvenile prostitute),
   - 11-17.1 (keeping a place of juvenile prostitution),
   - 11-19.1 (juvenile pimping),
   - 11-19.2 (exploitation of a child),
   - 11-25 (grooming),
   - 11-26 (traveling to meet a minor),
   - 12-13 (criminal sexual assault),
   - 12-14 (aggravated criminal sexual assault),
   - 12-14.1 (precatory criminal sexual assault of a child),
   - 12-15 (criminal sexual abuse),
   - 12-16 (aggravated criminal sexual abuse),
   - 12-33 (ritualized abuse of a child).

An attempt to commit any of those offenses:

1. A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:
   - 10-1 (kidnapping),
   - 10-2 (aggravated kidnapping),
   - 10-3 (unlawful restraint),
   - 10-3.1 (aggravated unlawful restraint).

1. First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

1. (Blank).

1. A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

1. Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

1. A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1989:
   - 10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
   - 11-6.5 (indecent solicitation of an adult),
   - 11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
   - 11-16 (pandering, if the victim is under 18 years of age),
   - 11-18 (patronizing a prostitute, if the victim is under 18 years of age),
   - 11-19 (pimping, if the victim is under 18 years of age).

1. A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:
   - 11-9 (public indecency for a third or subsequent conviction).

1. A violation or attempted violation of Section 5-1.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

1. A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.
A “forcible felony”, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

a) First Degree Murder (Section 9-1);
b) Intentional Homicide of an Unborn Child (Section 9-1.2);
c) Second Degree Murder (Section 9-2);
d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
e) Drug-induced Homicide (Section 9-3.3);
f) Kidnapping (Section 10-1);
g) Aggravated Kidnapping (Section 10-2);
h) Unlawful Restraint (Section 10-3);
i) Aggravated Unlawful Restraint (Section 10-3.1);
j) Forcible Detention (Section 10-4);
k) Involuntary Servitude (Section 10-9(b));
l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
m) Trafficking in Persons (Section 10-9(d));
n) Criminal Sexual Assault (Section 11-1.20);
o) Aggravated Criminal Sexual Assault (Section 11-1.30);
p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
q) Criminal Sexual Abuse (Section 11-1.50);
r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
s) Aggravated Battery (Section 12-3.05);
t) Compelling Organization Membership of Persons (Section 12-6.5);
u) Compelling Confession or Information by Force or Threat (Section 12-7);
v) Home Invasion (Section 12-11);
w) Robbery (Section 18-1);
x) Armed Robbery (Section 18-2);
y) Vehicular Hijacking (Section 18-3);
z) Aggravated Vehicular Hijacking (Section 18-4);
aa) Aggravated Robbery (Section 18-5);
bb) Terrorism (Section 29D-14.9);
cc) Causing a Catastrophe (Section 29D-15.1);
dd) Possession of a Deadly Substance (Section 29D-15.2);
ee) Making a Terrorist Threat (Section 29D-20);
ff) Falsely Making a Terrorist Threat (Section 29D-25);
gg) Material Support for Terrorism (Section 29D-29.9);
hh) Hindering Prosecution of Terrorism (Section 29D-35);
i) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
jj) Armed Violence (Section 33A-2); and
kk) Attempt (Section 8-4) of any of the above specified offenses.