

INSTRUCTION SHEET

ILLINOIS PROFESSIONAL COUNSELOR AND CLINICAL PROFESSIONAL COUNSELOR CONTINUING EDUCATION SPONSOR APPLICATION

C.E. APPROVED SPONSOR

In order for Professional Counselors and Clinical Professional Counselors to obtain credit for attendance at continuing education (C.E.) programs/courses, the program/course must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Professional Counselor and Clinical Professional Counselor Continuing Education Sponsor Application. The application which you submit is valid for 3 years from date of receipt.
2. Forward a fee of \$500 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. (State agencies, state colleges and state universities in Illinois are exempt from paying this fee.)
3. Enclose a sample "Certificate of Attendance," which contains the following:
 - a) the name, address and license number of sponsor;
 - b) the name and address of the participant;
 - c) a brief statement of the program/workshop subject matter;
 - d) the number of hours attended for each program/workshop;
 - e) the date and place of the program; and
 - f) the signature of the sponsor.
4. Enclose a sample C.E. program with course materials (i.e. outline of program and brief biography of instructors.)

Sponsor means an accredited school, college or university, state agency, or person, firm, or association approved by the Department.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Illinois Professional Counselor Licensing and Disciplinary Board. Subsequent to Board review, you will be advised of their recommendation.

The following is a list of automatic approved sponsors. These entities need not apply for a license as an approved provider

of CE for Professional Counselors and Clinical Professional Counselors:

- A. National Board for Certified Counselors or its affiliates;
- B. American Counseling Association or its affiliates;
- C. Commission on Rehabilitation Counselor or its affiliates;
- D. American Association for Marriage and Family Therapy or its affiliates;
- E. Employee Assistance Professional Association (EAPS) and Employee Assistance Society of North America (EASNE) or its affiliates;
- F. Social Work Continuing Education Sponsors approved by the Department in accordance with the rules for the administration of Clinical Social Work and Social Work Practice Act; and
- G. American psychological Association.

LICENSURE C.E. RENEWAL REQUIREMENTS

Beginning with the March 31, 2001, renewal and every renewal thereafter, each person who applies for renewal of a license as a Professional Counselor or Clinical Professional Counselor shall complete 30 hours of C.E. relevant to the practice of professional counseling during the prerenewal period.

C.E. COURSE CONTENT

All C.E. courses shall:

- a) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the practice of professional counseling or clinical professional counseling.
- b) Foster the enhancement of general or specialized counseling or clinical counseling practice and values.
- c) Be developed and presented by persons with education and/or experience in the subject matter of the program;
- d) Specify the course objectives, course content and teaching methods to be used; and
- e) Specify the number of C.E. hours that may be applied to fulfilling the Illinois C.E. requirements for license renewal.

SPONSOR RESPONSIBILITY AND APPROVAL

1. The sponsor shall be responsible for verifying full time continuous attendance at each program.
2. Upon request by the Department, a sponsor will submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with the Rules. Evidence shall be required when the Department has reason to believe that there is not full compliance with the Rules and that the information is necessary to ensure compliance.
3. Each C.E. program shall provide a mechanism for evaluation of the program by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.

4. An approved sponsor may subcontract with individuals and organizations to provide approved programs.
5. All programs given by approved sponsors shall be open to all Licensed Professional Counselors and Licensed Clinical Professional Counselors and not be limited to members of a single organization or group.
6. The sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years.

C.E. SPONSOR RENEWAL REQUIREMENTS

To maintain approval as a sponsor, each sponsor shall submit to the Department by March 31 of each odd-numbered year a renewal application, a \$250 fee, and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given by the sponsor and by any subcontractor.

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.

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

FOR OFFICIAL USE ONLY
 _____ Approved
 _____ Denied
 _____ Deferred
 _____ Date

**Illinois Professional Counselor and Clinical Professional Counselor
 Continuing Education Sponsor Application**

INSTRUCTIONS

Submit the following with this application:

- 1. A \$500 fee.
- 2. Sample Certificate of Attendance.
- 3. A copy of a sample program with faculty, course materials and syllabi.

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Include Street, City, State, and ZIP Code)	4. FEIN OR SSN OR ITIN
5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)	6. TITLE
7. ADDRESS (Include Street, City, State, and ZIP Code)	8. EMAIL ADRESS (REQUIRED)

9. SPONSOR IS:

<input type="checkbox"/> School, College or University	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Individual	<input type="checkbox"/> State Agency
<input type="checkbox"/> Firm	<input type="checkbox"/> Other (Describe) _____

10. ORGANIZATIONAL PURPOSE AND OBJECTIVES

11. SPONSOR'S BACKGROUND IN PROFESSIONAL COUNSELOR/CLINICAL PROFESSIONAL COUNSELOR EDUCATION

12. Specify length of time Sponsor maintains records: _____

13. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)

 Signature of Person Submitting Application

 Title

 Type or Print Name of Person Submitting Application

 Date

AFFIDAVIT

NAME OF CE SPONSOR:

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with the criteria in 68 Ill. Adm. Code, Section 1375.220 c) 3) and all other criteria in 68 Ill. Adm. Code, Section 1375.220; and
2. That this sponsor will be responsible for verifying full-time continuous attendance at each program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1375.220 c) 2); and
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1375.220; and
4. That each C.E. program shall provide a mechanism for evaluation of the program by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.
5. That this sponsor may subcontract with individuals and organizations to provide approved programs.
6. That all programs given by this sponsor shall be open to all Licensed Professional Counselors and Licensed Clinical Professional Counselors and not be limited to members of a single organization or group.
7. That this sponsor will submit by March 31 of each odd-numbered year to the Department, a list of all courses and programs offered within the last 24 months, which includes a brief description, location, date, and time of each course given by the sponsor and by any subcontractor.
8. That this sponsor will maintain attendance records for not less than five (5) years.
9. That this sponsor will be responsible for assuring that no renewal applicant shall receive C.E. credit for time not actually spent attending the program.
10. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1375.220) may result in disapproval of this sponsor by the Department; and
11. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

Profession:

NOTARY

SEAL

Signature of Person Responsible for Continuing Education Program

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public