

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 110/1 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:

Illinois Department of Financial and Professional Regulation
 Attn: Division of Professional Regulation
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786

**OUT-OF-STATE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
 CONTINUING EDUCATION APPROVAL**

INSTRUCTIONS

Submit the following with this application:

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| 1. A \$25.00 fee made payable to the Illinois Department of Financial and Professional Regulation. | 3. A schedule of the program. |
| 2. An outline of the content of the program. | 4. A brief biography or vitae of the instructor(s). |
| | 5. A copy of the certificate of attendance (if applicable). |

This form may be submitted prior to participation in the program, or 90 days prior to the expiration of the license. If a licensee fails to submit the form within the required time frame, late approval may be obtained by submitting the approval request form with the \$25 processing fee plus a \$10 per hour late fee not to exceed \$150.

NOTE: A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated or it can be downloaded from the IDFPF Web site at: www.idfpr.illinois.gov

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 (C.E.) HOURS REQUESTED	8. IS THIS PROGRAM OPEN TO ALL SPEECH-LANGUAGE PATHOLOGISTS AND/OR AUDIOLOGISTS?	
9. SITE(S) OF PROGRAM		10. DATE(S) ATTENDED	

11. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY ?

_____	_____
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.