

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 450/1 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: STATE OF ILLINOIS
 DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
 ATTN: DIVISION OF PROFESSIONAL REGULATION
 P.O. Box 7007
 Springfield Illinois 62791

Out-of-State Public Accountant Continuing Professional Education Approval

INSTRUCTIONS

NOTE: A separate application must be submitted for EACH program for which you are seeking approval. This form may be duplicated. You may seek individual program approval prior to participation in the course or program.

- For EACH program, you must submit:
1. An outline of the contents of the program.
 2. A schedule of the program
 3. A brief biography or vitae of the instructor(s)
 4. A copy of the certificate of attendance (if applicable)

In addition to the above you must also submit the appropriate fee as follows:

- If the application for approval is submitted **at least 90 days prior to the expiration of your license**, you must remit a \$25 processing fee.
- If the application for approval is submitted **later than 90 days prior to the expiration of your license**, you must remit the \$25 processing fee **PLUS** a \$10 per CPE hour late fee not to exceed \$150.

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| 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 CPE PROGRAM | |
| | 5. TITLE | |
| 6. TITLE OF PROGRAM | 7. NUMBER OF CLOCK HOURS REQUESTED | 8. IS PROGRAM OPEN TO ALL PUBLIC ACCOUNTANTS? |
| 9. SITE(S) OF PROGRAM | | 10. DATE(S) ATTENDED |
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11. HOW DOES THIS PROGRAM CONTRIBUTE TO THE PROFESSIONAL SKILLS AND KNOWLEDGE IN THE PRACTICE OF PUBLIC ACCOUNTING.

 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.

OFFICIAL USE ONLY

Approved Denied Deferred No. of Approved Hours _____

COMMENTS: _____

_____ Date: _____