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. This form has been approved by the Forms Management Center.	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 _____ No. of Hours _____ Denied _____ Date

Approval for Out-of-State Continuing Education for Acupuncturists

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 CE hour late fee not to exceed $150.

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 HOURS REQUESTED

8. SITE(S) OF PROGRAM	9. DATE(S) ATTENDED

10. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF ACUPUNCTURE?

Signature of Person Submitting Application	Illinois License Number
Type or Print Name of Person Submitting Application	Date

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: _____