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.

FOR OFFICIAL USE ONLY

RETURN APPLICATION TO:

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

Approval for Out-of-State Continuing Education for Massage Therapists

INSTRUCTIONS

This application MUST be submitted prior to participation in the program or within 90 days prior to expiration of the license.

A separate application must be submitted for **each** program for which you are seeking approval. This form may be duplicated. *Please print or type in **BLACK** ink only.*

If not submitted within the required time frame, late approval may be obtained by submitting a $25 processing fee plus a $50 per hour late fee, not to exceed $300.

Submit the following with this form:

1. A $25 fee made payable to the Illinois Department of Financial and Professional Regulation
2. An outline of the content of the program.
3. A schedule of the program.
4. A brief biography or vitae of the instructor(s).
5. A copy of the certificate of attendance.

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 CONTRIBUTE TO THE PROFESSIONAL SKILLS AND KNOWLEDGE OF MASSAGE THERAPISTS IN THE PRACTICE OF MASSAGE?

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.

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☐ Approved ☐ Denied ☐ Deferred No. of Approved Hours _____

COMMENTS: _____

IL486-1973 08/06 (MT)