

**Please fill out in blue or black ink.**

<p>IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p>	<p>RETURN APPLICATION TO:</p> <p>STATE OF ILLINOIS  DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  DIVISION OF PROFESSIONAL REGULATION  P.O. Box 7007  Springfield, Illinois 62791</p>	<p>FOR OFFICIAL USE ONLY</p> <p>_____ Approved by  _____ No. of Hours  _____ Denied  _____ Date</p>
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**OUT-OF-STATE CONTINUING EDUCATION APPROVAL UNDER THE  
BARBER, COSMETOLOGY, ESTHETICS, HAIR BRAIDING AND NAIL TECHNOLOGY ACT**

**INSTRUCTIONS**

The application and the following documentation and fee MUST be submitted within 90 days after completion of the course.

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| 1. A \$10.00 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 vita of the instructor(s). |
|  | 5. A copy of the certificate of attendance.        |

*NOTE: A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated. **Items numbered 2, 3, 4 and 5 above must be provided by the provider of the CE program.***

**A. ILLINOIS LICENSEE INFORMATION**

1. NAME OF ILLINOIS LICENSEE	2. ILLINOIS LICENSE NUMBER	3. E-MAIL ADDRESS (REQUIRED)
4. ILLINOIS LICENSEE MAILING ADDRESS - Street, City, State and ZIP Code		5. ILLINOIS LICENSEE TELEPHONE NUMBER

**B. CONTINUING EDUCATION (CE) ORGANIZATION INFORMATION**

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 CE PROGRAM	
	5. TITLE	
6. TITLE OF PROGRAM	7. NUMBER OF CLOCK (CE) HOURS REQUESTED	8. IS THIS PROGRAM OPEN TO ALL LICENSEES?
9. SITE(S) OF PROGRAM		10. DATE(S) ATTENDED

11. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION?

<p>_____</p> <p>_____</p>
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<p>_____</p> <p>Signature of Person Submitting Application</p>	<p>_____</p> <p>Date</p>
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**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.