

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 30/1 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
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786

Approval For Out-of-State Dietitian Nutritionist Continuing Education

INSTRUCTIONS

Submit the following with this application 90 days prior to expiration of the license:

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| 1. A \$20 fee made payable to the: 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). |

NOTE: A separate application must be submitted for each program for which you are seeking approval. This form may be duplicated. If a licensee fails to submit an out of state CE approval form within the required time frame, late approval may be obtained by submitting the approval request form with the \$20 processing fee plus a \$10 per 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 C.E. PROGRAM |
| | 5. TITLE |
| 6. TITLE OF PROGRAM | 7. NUMBER OF CLOCK HOURS REQUESTED |
| 8. SITE(S) OF PROGRAM | 9. DATE(S) ATTENDED |
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10. HOW DOES THIS PROGRAM RELATE TO THE PROFESSIONS OF DIETITIANS AND NUTRITION COUNSELORS?

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|---|-------------------------|
| 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.

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| OFFICIAL USE ONLY | | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> Deferred | No. of Approved Hours _____ |
| COMMENTS: _____ | | | |