



Application to Classify Records as Confidential

Illinois Department of Financial and Professional Regulation Division of Professional Regulation
320 West Washington Street, **ATTN: LEGAL**, 2nd Floor, Springfield, Illinois 62786
1-800-560-6420

GENERAL INFORMATION

1. Pursuant to Department of Professional Regulation Law, 20 ILCS 2105/2105-207, a licensee who has been subject to a licensing act administered by the Division of Professional Regulation and who has been subject to disciplinary action by the Illinois Department of Financial and Professional Regulation (“Department”) may file this application to have the records classified as confidential, not for public release and considered expunged for reporting purposes, for an offense or action relating to:
 - a. failure to pay taxes or student loans;
 - b. continuing education;
 - c. failure to renew a license on time;
 - d. failure to obtain or renew a certificate of registration or ancillary license;
 - e. advertising;
 - f. disciplined based on criminal charges or convictions that:
 - i. did not arise from licensed activity or was unrelated to licensed activity; or
 - ii. were dismissed or have been sealed or expunged;
 - g. past probationary status issued to new applicants on sole or partial basis of prior convictions; or
 - h. any grounds for discipline removed from the licensing Act.
2. If a licensee has multiple disciplines that arise from the same offense or action, then those disciplines will be treated as a combined, single discipline. Additional forms can be found on the Department’s website: <https://idfpr.illinois.gov>.
3. An application will be considered only if it is submitted more than three (3) years after the disciplinary offense(s) occurred or after restoration of the license, whichever is later.
4. Submission of a **non-refundable** \$175.00 fee per application is required for the Department to consider your application.
5. Filing of this Application and the required fee does not guarantee that the records will be classified as confidential. The Department is not required to report the removal of any disciplinary record to any national database.

APPLICATION INSTRUCTIONS

1. Complete the application on the next page. Type or print legibly with blue or black ink.
2. If a question does not apply, please indicate as “N/A.” Do not leave any blanks.
3. Incomplete applications or applications completed incorrectly will be returned.
4. All signatures must be original (i.e., digital or copied signatures are unacceptable).
5. Submit the completed application and **non-refundable** \$175.00 fee to the address at the top of this page. Checks, money order, or cashier’s checks shall be made payable to the Illinois Department of Financial and Professional Regulation.
6. It is your responsibility to notify the Department of any change of address or email address after submitting an application. You can change your address of record or email address by visiting <https://idfpr.illinois.gov>.



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PART I: Application Category Information

1. Profession Name	2. License Number	3. Non-Refundable Fee \$175.00
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PART II: Applicant Identifying Information

1. NAME (Mr/Ms/Mrs) LAST	FIRST	MI	2. TELEPHONE NUMBER
3. PERMANENT MAILING ADDRESS	CITY	STATE	ZIP CODE
4. BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE
5. E-MAIL ADDRESS	6. Any Other Name(s) Under Which the Order Was Entered		

PART III. Records to be Classified as Confidential

1. Department Case No. Where Discipline(s) Arise From:	2. Date of Order(s) To Be Classified Confidential (Date the Order(s) was Entered/Signed)
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1. Is this the first time you have made a request to classify any record as confidential with the Department? If no, indicate the profession(s) and date(s) on which you previously submitted an application:	YES	NO
2. Since the date of the Order of the disciplinary offense(s) you seek to classify as confidential occurred, has any license issued to you by the Department been disciplined? If Yes, indicate the profession, license number, case number, and date of the disciplinary order for which you were disciplined:	YES	NO
3. To the best of your knowledge, are there any pending investigation(s) or disciplinary case(s) pending against you by the Department? If yes, please indicate the profession, license number, and case number for each pending investigation(s) or case(s):	YES	NO
4. Are any licenses issued to you by the Department currently in a disciplinary status? If yes, please indicate the profession, license number and case number for each discipline:	YES	NO

5. **Certification**
 Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Applicant Signature: _____ Date: _____