



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

**INSTRUCTIONS FOR FILING A PETITION FOR
RESTORATION FROM A DISCIPLINARY STATUS**

In response to your request for restoration of your license, attached is a Petition for Restoration form that must be completed in accordance with 68 IAC 1110.30.

If you meet the above requirements, you must:

- ✓ Include all information requested in the form
- ✓ Attach documentation that may be relevant
- ✓ If you provide information/documentation regarding medical treatment, psychotherapy, or counseling please provide under a separate attachment
- ✓ Sign the form
- ✓ Forward the completed form to:

Illinois Department of Financial & Professional Regulation
Clerk of the Court
James R. Thompson Center
100 West Randolph Street, Suite 9-300
Chicago, Illinois 60601

As the Petitioner, you have the burden to prove that you have been rehabilitated and your license should be issued or restored. Each Petitioner has the right to retain an attorney to represent him/her in this matter and the Department strongly encourages you to seek counsel from an attorney.

Please see the **Frequently Asked Questions** (FAQs) available on the Department's website idfpr.com for more information regarding the Petition for Review process.

List any prior adverse action(s) taken against you, including dates imposed, by hospitals, health care facilities, residency programs, employers, or insurance providers:

List any prior arrests or conviction(s):

List any prior Petition(s) for Restoration you have filed, including dates and whether the Petition(s) was granted or denied:

List any corrective action(s) you have taken, treatment sought, restitution paid, or evidence of other rehabilitation since the grounds for discipline action(s) taken by the Department, which would bear upon your Petition for Restoration:

Other Required Information

Please provide all continuing or remedial education completed since the discipline(s) was ordered:

Please provide all dates and types of employment you have held since your discipline(s):

Please provide a statement about your future plans if your license is restored:

CERTIFICATION

Under penalty of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I certify that this Petition for Restoration and the information herein are true and accurate.

Signature:

Date: