



Department of Financial and Professional Regulation
Division of Professional Regulation
Reinstatement/Late Renewal for Nurse Professions Only

Note: This form is only applicable to nursing licenses that expired on September 30, 2020.

PLEASE PRINT

RN License #: 041. _____ APRN License #: 209. _____ APRN-FPA: 277. _____
APRN Controlled Sub License #: 309. _____ FPA Controlled Sub License #: 377. _____
SSN (Last four only): _____ Date of Birth: _____ Email Address: _____
First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____

_____ CHECK HERE IF NAME OR ADDRESS CHANGE.

A name change must be accompanied by documentary proof. Proof must be a certified copy with an official stamp or seal and be one of the following: Marriage Certificate, Divorce Decree or Court Order.

LICENSE RENEWAL QUESTIONS: You must respond to ALL the following questions to reinstate your license. Failure to answer ALL these questions will result in the form(s) being returned to you for proper completion.

Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? * ___Yes ___No

Are you currently charged with or have you been convicted of a criminal battery against any patient *in the course of patient care or treatment*, including any offense based on sexual conduct or sexual penetration? * ___Yes ___No

Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * ___Yes ___No

Are you currently charged with or have you been convicted of a forcible felony? * ___Yes ___No

If YES to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.

CHECK THE APPROPRIATE ANSWER BELOW:

Are you more than 30 days delinquent in complying with a child support order? Note: If you are not subject to a child support order, answer "No". ___Yes ___No

INCOMPLETE REINSTATEMENT: Incomplete forms will be returned and result in a substantial delay in the reissuance of your license. Please assure your reinstatement includes the following:

- Fee must be a check or money order, payable to the Illinois Department of Financial and Professional Regulation. Do not mail cash (see attached reference chart).
- Include proof of CE hours (see attached reference chart).
- Include proof of 3 hours of CE for safe opioid prescribing for Controlled Substance License.

I understand if I provide false or fraudulent information, I could lose my license, be fined and/or be assessed other penalties. I also understand the FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form, and to the best of my knowledge, all statements are true, correct and complete.

Signature: _____ 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, but in no event shall such reduction be made in an amount greater than \$50.

SEND ALL REQUIRED INFORMATION AND PAYMENT TO:

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION
POST OFFICE BOX 7450
SPRINGFIELD, IL 62791-7450**

Reference Chart 2020

Nurse Reinstatement

Fees below include late fees, if applicable

Fee - Status	RN	APRN	APRN – FPA
Fee - Non- renewed	\$130	\$130	\$130
Fee - Inactive only	\$80	\$80	\$80
Fee -Controlled Sub	\$10	\$10	\$10
Continued Education	20 Hours	80 Hours (RN and APRN)	80 Hours (RN and APRN)

License status can be checked by visiting the 'License LookUp' page on the Department's website:

<https://ilesonline.idfpr.illinois.gov/DFPR/Lookup/LicenseLookup.aspx>

Links to Act and Rules are available online at: <https://www.idfpr.com/profs/Nursing.asp>