



Application to Classify Records as Confidential (Permanent Revocation/Denial Due to Forcible Felony)

Illinois Department of Financial and Professional Regulation Division of Professional Regulation
320 West Washington Street, 3rd Floor Springfield, Illinois 62786 | 1-800-560-6420

GENERAL INFORMATION

1. Pursuant to Department of Professional Regulation Law as mandated by P.A. 100-262, 20 ILCS 2105/2105-207(d) states that a licensed health care worker or applicant whose petition for review of a permanent revocation or denial of a license based upon a forcible felony conviction has been granted may file this Application to have the record classified as confidential, not for public release and considered expunged for reporting purposes.
2. You must be a Licensed Health Care Worker as defined in the Illinois Administrative Code (68 IAC 1130.110).
3. You were convicted of a forcible felony that did not: (1) require registration under the Sex Offender Registration Act; (2) involve involuntary sexual servitude of a minor; (3) involve a misdemeanor criminal battery against any patient in the course of patient care or treatment; or (4) require registration as a sex offender.
4. That your license was revoked based on your conviction of the forcible felony.
5. That you have petitioned the Department to restore your license and the petition for review has been granted.
6. There is no waiting period to file this once your petition for review is granted and there is no application fee.
7. 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 to the address at the top of this page..
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 www.idfpr.illinois.gov.



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PART I: Application Category Information

1. Profession Name	2. License Number	3. Non-Refundable Fee \$0.00
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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: _____