

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

IN RE:

THE PETITION FOR HEARING OF:

(Name of Petitioner)

(~~License~~ or Social Security #)

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DPR Case No.: _____

PETITION FOR HEARING

Please provide the full name, current address and telephone number of Petitioner:

Please provide the date of your Notice of Intent to Deny Application for Licensure:

Please provide all dates and types of employment currently held:

(Attach additional sheet if necessary)

Please provide all continuing or remedial education completed in the last three years if required by your profession: (attach additional sheet if necessary)

Please provide any information evidencing rehabilitation, which would bear upon the request for a license.

Please provide information regarding any arrests or convictions ever received.

Please provide a statement regarding the future plans of the Petitioner.

Please provide information regarding the date and disposition of any other petitions for hearing filed.

Dated: _____

(Petitioner's Name)

(Signature must be notarized)

SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____ DAY OF
_____, 20' ____.

NOTARY PUBLIC