

Location of Non-Binding Advisory Opinion Information Sheets and Forms:

1. Go to the Illinois Department of Financial & Professional Regulation website at <http://www.ildpr.com> .
2. On the left hand side of the page under Information about click on "Professional Regulation".
3. On the right hand side of the page under "Division Features" click on "Non-Binding Advisory Opinion". This will lead you to the instruction sheets and forms.

Location of Non-Binding Advisory Opinion Act:

1. Go to the Illinois Department of Financial & Professional Regulation website at <http://www.ildpr.com> .
2. On the left hand side of the page under Information about click on "Professional Regulation".
3. On the right hand side of the page under "Division Features" click on "Act & Rules". Then click on "For all IDFPR related Acts click here".
4. Scroll down until you see "Non-Binding Advisory Opinions on Criminal Convictions Act" – (20 ILCS 2105/2105 15 (9)(i))

(20 ILCS 2105/2105-15)

Sec. 2105-15. General powers and duties.

(i) Within 180 days after December 23, 2009 (the effective date of Public Act 96-852), the Department shall promulgate rules which permit a person with a criminal record, who seeks a license or certificate in an occupation for which a criminal record is not expressly a per se bar, to apply to the Department for a non-binding, advisory opinion to be provided by the Board or body with the authority to issue the license or certificate as to whether his or her criminal record would bar the individual from the licensure or certification sought, should the individual meet all other licensure requirements including, but not limited to, the successful completion of the relevant examinations.

(Source: P.A. 96-459, eff. 8-14-09; 96-852, eff. 12-23-09; 96-1000, eff. 7-2-10; 97-650, eff. 2-1-12.)

INSTRUCTION SHEET**FOR MAKING A REQUEST FOR A NON-BINDING ADVISORY OPINION**

*In order for your request to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the request. No fee is required to make the request.*

BEFORE COMPLETING THE PACKAGE. read each of the steps below in the order that they are listed, then follow the instructions as they apply to you. This will aid you in accurately completing your request and eliminate any delay in response. Incomplete information may delay or alter any response. A request may be made for any profession, but requests for different professions will require completion of a separate form.

- Step 1. Complete all applicable information requested on all 3 pages of the request for non-binding advisory opinion.
- Step 2. Attach copies of all documents required by the request form.
- Step 3. When the request form is complete, mail the completed form, with any attachments to:

**Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Office of the General Counsel
320 W. Washington - 3rd Floor
Springfield, IL 62786**

The Department will attempt to provide the most accurate information and response that can be provided at the time of your request; however, please be advised that any response provided is considered advisory and should not be considered as a final decision by this Department.

Illinois Department of Financial and Professional Regulation Non-Binding Advisory Opinion		FOR OFFICIAL USE ONLY	
IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.			
GENERAL INSTRUCTIONS			
Please read the instructions carefully as this is a form for individuals wishing to request a Non-Binding Advisory Opinion whether a criminal record would bar the individual from the licensure or certification sought should the individual meet all other licensure requirements for licensure. Type or print legibly with blue or black ink. If an area does not apply, please indicate as "N/A". Incomplete request forms or forms completed incorrectly will be returned to the requestor. All signature areas must contain an original signature (<i>digital or copied signatures are not acceptable</i>). <u>Currently there are NO fees required for the submission of this form.</u>			
PART A: Applicant Identifying Information:			
1. TODAY'S DATE		2. OFFICE USE ONLY - Date Received	
3. NAME LAST FIRST MI		4. TELEPHONE NUMBER () - - - -	
5. PERMANENT MAILING ADDRESS CITY STATE ZIP CODE			
6. BUSINESS MAILING ADDRESS CITY STATE ZIP CODE			
7. E-MAIL ADDRESS		8. SIGNATURE OF APPLICANT	
9. Do You Hold An Illinois License Issued By the Department of Financial and Professional Regulation? If Yes, List License Held By Number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do you currently have a license application on file with the Department?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PART B: Indicate the Intended Action:			
CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION			
1 - Is this the first time you have made a request for a Non-Binding Advisory Opinion in Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please indicate the profession and date for which you sought a Non-Binding Advisory Opinion _____			
2 - Have you received or obtained a Certificate of Relief From Disabilities? If Yes, please attach a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No			
PART C: Name of the Profession You Intend to Seek Licensure For:			
A list of professions may be obtained on the Department website at www.idfpr.com . A separate Form must be completed for each profession for which you seek a Non-Binding Advisory Opinion. _____ _____			

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois; however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

	Profession/License Name	License Number	Date of Issuance	Dates License Maintained	License Status (Active, Lapsed, Probation, etc.)	Any Disciplinary Actions Taken or Pending
State of Original Licensure						
State of Most Current Licensure						
All Other States						

Please list any prior conviction of or entry of a plea of guilty or nolo contendere to any crime that is a felony or misdemeanor under the laws of the United States or any state or territory thereof or a misdemeanor of which an essential element is dishonesty or that is directly related to the practice of the profession for which you seek a Non-Binding Advisory Opinion. Please attach a copy of all convictions or plea agreements for the convictions set forth below.

(If additional space is needed, attach a separate sheet.)

[illegible]

Please provide a description of the offense/conviction for which you seek a Non-Binding Advisory Opinion. In addition, you may also provide a description of any mitigating factors surrounding the offense/conviction as well as any mitigating factors occurring after the offense/conviction. Please note that any statement of mitigation should include, at a minimum, information indicating when the offense occurred; any direct relationship between multiple or previous criminal offenses and/or convictions; the age of the individual at the time of occurrence of the criminal offenses, any education obtained or attempted; and, any other information you believe may show rehabilitation and good conduct. (If additional space is needed, attach a separate sheet.)

[illegible]

Under penalties of perjury, I declare that I have examined this Request Form and all supporting documents submitted by me in connection therewith and, to the best of my knowledge, they are true, correct, and complete. By signing below, I hereby acknowledge that I understand that this is a request for a Non-Binding Advisory Opinion as to the effect of any conviction/offense set forth herein, and I further acknowledge that I understand that any response received by me in response to the submission of this Form is advisory and non-binding upon the Department.

Date _____