

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.		CERTIFICATION BY LICENSING AGENCY / BOARD		SUPPORTING DOCUMENT CT	
APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.					
1. NAME LAST FIRST MIDDLE <u>Waddell Jonathan Edwin</u>		2. DATE OF BIRTH <u>11/30/1991</u> Month Day Year		3. SOCIAL SECURITY NUMBER <u>431-81-3747</u>	
4. ADDRESS STREET, CITY, STATE, ZIP CODE <u>5804 Petit Jean River Rd, NLR, AR, 72116</u>		5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <u>LCSW</u> <u>149</u> Profession Name Profession Code			
6. MAIDEN OR GIVEN SURNAME		7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (<u>501</u>) <u>352-0744</u>			
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)		8b. LICENSE NUMBER (If applicable) <u>8906-C</u>		8c. ISSUANCE DATE OF LICENSE (If applicable)	
I hereby authorize <u>Arkansas Social Work Licensing Board</u> to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below. Signature <u>[Signature]</u> Date <u>10/15/24</u>					
RETURN COMPLETED FORM TO APPLICANT LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.					
PART I - CERTIFICATION OF EXAMINATION STATUS A. The applicant <input type="checkbox"/> has written <input type="checkbox"/> is scheduled to write the following examination: Name of Examination _____ Date of Examination _____ B. The applicant has or will have written the above-named examination _____ number of times.					
PART II - CERTIFICATION OF LICENSURE					
A. NAME OF PROFESSION AS IT APPEARS ON LICENSE		B. LICENSE NUMBER			
C. ISSUANCE DATE OF LICENSE		D. EXPIRATION DATE OF LICENSE			
E. LICENSURE METHOD <input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results (Administered in Another State) _____ <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____					
F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____		G. IF LICENSED BY EXAMINATION, RECORD SCORES Type of Examination _____ Score _____ Written _____ Practical _____ Other (Describe) _____ Received no Grade Below _____ Examination Period _____ days _____ hours			

PART III - CERTIFICATION OF EXAMINATION SCORES**A1. National or other Profession Specific Examination**
(Record all available information)

Date of Examination _____

NAME (Last, First, MI): _____

Scaled Score _____

Raw Score _____

Standard Deviation _____

Corrected Score _____

National Mean _____

Percent Score _____

A2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

SS#: _____

PART IV - FORMAL ACTIONSA. Is there now or has there ever been any formal action commenced against the applicant? ☐ Yes ☐ NoB. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.) ☐ Yes ☐ No**PART V - RECIPROCAL REGISTRATION**This state ☐ does ☐ does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

Print Name_____
Title_____
Agency/Board Street Address_____
City, State, ZIP Code_____
Signature_____
Date_____
Area Code ()_____
Telephone Number

Profession: _____

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**