

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Advanced Practice Nurse

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

TWO-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Child Support and/or Student Loan Information	
Part VIII. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
2-page Application for Licensure and/or Examination	
Application Fee--\$125; Temporary Permit Fee--Additional \$25	
OFFICIAL TRANSCRIPTS OF ADVANCED PRACTICE NURSING-- with school seal affixed.	
CT-APN (Certification of Licensure) Form completed by state of original licensure, state of current licensure where you have been practicing within the last five (5) years.	
CURRENT COPY OF NATIONAL CERTIFICATION	
TP-APN (Temporary Permit) --if applicable	

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.