

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Registered Nurses

*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!

FOUR-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. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
ED-NUR Form with seal and signature affixed; or Nursing transcripts with seal affixed.	
CGFNS or CES Report	
CT-NUR Form (<i>original and current state</i>)	
CT-NUR Form from states practicing within last 5 years	
Verification requested from NURSYS (if applicable)	
VE Form (if applicable)	
Proof of Name Change (if applicable)	
Criminal Background Check Requested	
Proof of Fingerprint Submission	
TP-NUR Form (if applicable)	
Copies of Active Licenses (temporary permit only)	
RS Form (restoration method only)	
Refresher Course (restoration method only) if applicable	

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