

00400000312

(DO NOT WRITE IN THESE SPACES) ADDANTE, AMY N 049 Cred #2267917 12/29/2006 By: NON-EXAM SSN: [REDACTED]	EXISTING LICENSE) NSURE older to apply.	FOR OFFICIAL USE ONLY
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IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 85/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

- A. Type or print legibly with black ink only.
- B. The fee is \$40 - Make check payable to the Department of Financial and Professional Regulation. **THIS FEE IS NOT REFUNDABLE!**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/1.065. You may obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

Forward application, supporting documentation and fee payment to:

Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

If assistance is needed, direct your request to the following telephone number: 217-782-8556

PART I: Application Category Information

1. PROFESSION NAME PHARMACY TECHNICIAN	2. PROFESSION CODE 049	3. LICENSURE METHOD Non-examination	4. FEE \$40
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5. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- This is the first time I have made application for this profession in Illinois.
- My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
- I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

PART II: Applicant Identifying Information

1. NAME LAST Addante	FIRST Amy	MIDDLE N	2. TITLE (e.g., Ph.D, RN) N/A	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
4. PERMANENT MAILING ADDRESS [REDACTED]		CITY [REDACTED]	STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]
5. MAIDEN, GIVEN, OR OTHER USED NAME(S) [REDACTED]		6. PLACE OF BIRTH (CITY, STATE/COUNTRY) [REDACTED]	7. DATE OF BIRTH [REDACTED]	8. <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work (630) 935-0388 (Area Code)				
10. PREFERRED e-MAIL ADDRESS(ES) (if available) [REDACTED]				

PART III: Education Information/Work History Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed) 1 2 3 4 5 6 7 8 9 10 11 (12) Graduated High School? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OR Received G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. NAME OF LAST HIGH SCHOOL ATTENDED Addison Trail H.S.	3. LAST HIGH SCHOOL LOCATION (City and State) Addison, IL	4. DATE OF GRADUATION 06/2006 Month Year		

Additional application forms can be downloaded from the IDFPF Web site at www.idfpr.com.

NAME (Last, First, MI):

Aldante, Amy N

SS#

Profession:

PHARMACY TECHNICIAN

PART IV: Record of Licensure Information

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. 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.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
Other States of Licensure including state where you most recently have been practicing.				

PART V: Personal History Information (This part must be completed by all applicants)

	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.		X
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation of whether or not you are currently under treatment.		X
3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		X
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		X

PART VI: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No
 (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes No

PART VII: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

 Signature of Applicant 12/15/00
Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.