

APPLICATION FOR APR 2 0 2015
LICENSURE AND/OR EXAMINATION

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.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

- Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
- INSTRUCTION SHEET, which gives step by step application instructions for your profession.
- REFERENCE SHEET, which gives detailed coding information for your profession.
- SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
- If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A Type or print legibly with black ink only.
- B. FEESARENOTREFUNDABLE.
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to 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.

FANTER Application Category information			AND PARKET AND SAME A	Mark Arms Sept. Mark 1998 (Sept. 1988)	
A. SEE REFERENCE SHEET, CHARTI, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4					
1. PROFESSION NAME	2. PROFESSIONCODE	3. LICENSURE METH	IOD	4. FEE	
Temporary Physician	1 2 5	Non-Exami	nation	\$ 230.00	
B. CHECKBOXINDICATINGTHEAPPROPRIATE II This is the first time I have made profession in Illinois. I have previously made application Illinois. However, my previous application ow reapplying. Other: PART II: Applicant Identifying Information of Professional Regulation and application in order to receive	application for this for this profession in ation expired and I am tion—You must notify in	My application denied in Illinois additional requirement of Financia in Service in writing, of a	y made application for r, I am now applying ur and Professional Regi	ce I have fulfilled this profession in der new statutory	
AND DESCRIPTION OF THE PARTY AND AND AND ADDRESS OF THE PARTY AND ADDRE	own commence of	TTLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOC	IAL SECURITYNO.	
Stanton Taylor Alis	e I	MD			
4. PERMANENT MAILING ADDRESS STREET	CITY STATE/CO	UNTRY ZI	P CODE CO	UNTY	
5. BUSINESS ADDRESS STREET	CITY STATE/CO	UNTRY ZI	P CODE CO	DUNTY	
5841 S. Maryland Ave., N	MC 1052, Chic	ago, IL 6063	<u></u>	<u></u>	
MAIDEN, GIVEN SURNAME, OR ANY NAME(DOCUMENTS WILL BE SUBMITTED. (SEE IN			7. MOTHER'SMAIDENN	AME	
8. PLACE OF BIRTH CITY STATE/COUR	NTRY 9). DATE OF BIRTH	10).AGE	
				☐ Female	
		Month Day	Year	☐ Male	
11. TELEPHONE NUMBER WHERE YOU MAY BE Work: (773) 702 _ 6760	Home:		12. PREFERRE ADDRESS	EDe-MAIL (ES) [If available]	
(Area Code) Fax: ()	Fax: ()			
(Area Code)	(Are	ea Code)	l l		

PART III: Education Information			XI VI			AME (
1. PRELIMINARY EDUCATION (Elementary 1 2 3 4 5 6 7 8 9 10 11	Graduated	R	eceiv			Last, F
1 2 3 4 5 6 7 6 9 10 11	High School? ☑ Yes ☐ N	o OR	G.E	E.D.? □ Y	es 🔲 No	First,
NAME OF LAST PRELIMINARY SCHOOL ATTENDED	LAST PRELIMINARY SCHOOL LOCAL (City and State)	TION		DATE OF GRAD		
Fauguick High School	waternton, VA			Month	2 <u>0</u> <u>0</u> <u>5</u>	
5. COLLEGE OR UNIVERSITY (Circle num 1 2 3 4 5 6 7 (8)	ber of years completed) Graduated? ✓ Yes	□No				MI): Stanton
COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES FROM		TTENDANCE TO	TYPE OF DEGREE EARNED	
Eartham College	Richmond, IN	Month/Y 08 200	. 1	Month/Year 05/2009	BA	Jaylor
university of Illinois college of Medicine at Rockfood	fockford, IL	08/20	li	05/2015	MD Rending	10%
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	-					
	,					SS#:
7. SPECIALIZED TRAINING (Residency, Pro	ofessional Training, Vocational Training, Practic					
INSTITUTION NAME	LOCATION (City and State or Country)	DATE		ATTENDANCE TO	Did You Complete Training?	Î
		Month		Month/Year		Prof
	NA				☐ Yes ☐ No	Profession:
					☐ Yes ☐ No	TEMF
					☐ Yes ☐ No	TEMPORPY PHYSICIAN LICENSURE
	•				☐ Yes ☐ No	SKARE
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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. 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.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSESTATUS (Active, Lapsed, etc.)
State of Original Licensure	NA	/		
-State of Current Licensure where you most recently have been practicing.	7 7 7			
Other States of Licensure				

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

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
NBME Parthology	11	04/2013	
NBME Microtriology	11	0-12013	-
NBME Pharmacology	1L	04/2013	
usmie stop 1	ルル	06/2013	
USMLE STEP 2 CX	11	04/2019	
USMUE Step 2 CS	IL	12/2014	
(If additional space is need	ded attach a senarate	sheet)	

PART VI: Personal History Information (<i>This part must be completed by all applicants</i>) 1. Have you been convicted of or pide guily not ocontendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driming When Intoxicated (With charges if yes, artisch a compiled 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 partie office. 2. Have you been convicted of a fetony? 3. If yes, have you been issued a Certificate of Relate from Disabilities by the Prisoner Review Board? If yes, artisch a copy of the certificate. 4. Have you have nissued a Certificate of Relate from Disabilities by the Prisoner Review Board? If yes, artisch a copy of the certificate or condition, glorable and or one of the certificate of the condition and the certificate of the condition and the certificate of	1. Have you been connicted of or pled guilty or noto contendere to any criminal olfense in any state or in federal court? Please do not give detain on minor staffic charges. It is do induce information relating to Chring White Intolocated (DW) charges. If yes, affect a certified copy of the court records regarding your conniction, the nature of the offense and date of distancy. If applicable, as well as a statement of the probability of the proba			
details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. If yes, attach a certified copy of the out records reparating your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office. 2. Have you been convicted of a fellon? 3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate. 4. Have you been do do you now have any disease or condition that interferse with your ability to perform the essential functions of your profession, including any disease or condition prisoners on conditions of the probation of th	details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. If yes, attach a certified copy of the out records reparating your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office. I have you been convicted of a fellon? If yes, have you been issued a Certificate of Reiself from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate. I have you been issued a Certificate of Reiself from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate or condition, (2) alcohol or other substaince abuse. (3) physical disease or condition, that presently interferes with your ability to pardion profession, including any disease abuse. (3) physical disease or condition, that presently interferes with your ability to pardion your profession, including any disease abuse. (3) physical disease or condition, that presently interferes with your ability to pardion your profession? If yes, attach a detailed statement, including an explanation whether or not your arcumental or condition disease or condition, that presently interferes with your ability to pardion your profession? If yes, attach a detailed statement, including an explanation, that presently interferes with your ability to pardion your profession? If yes, attach a detailed explanation. PART VII: Examination Coding Information, (This part is for examination or had a professional license or permit disciplinary and the professional disciplinary and professional disciplinary and professional disciplinary and professional for examination applicants only). Refer to the REFERENCE SHEET enclosed with this application package and complete the following. a) CHART III. Select examination (S) you desire and enter Test Center Code: c) CHART IV. Find your School of Graduation and enter school code: c) CHART IV. Find your School of Graduation and enter school code: d) Record the number of	PART VI: Personal History Information (This part must be completed by all applicants)	YES	NO.
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate. 4. 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 permit yegarded as chronic by the medical community, i.e., (i) mental or emoliand disease or condition, (2) alcohol or other substaince abuse, (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement. 5. 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 observate? If yes, attach a detailed explanation. 6. 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. 7. PART VII: Examination Coding Information (This part is for examination applicants only) 7. Refer to the REFERENCE SHEET enclosed with this application package and complete the following. 8. CHART II. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART IVII: 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 Complied 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, answer "no.") 1. In accordance with 5 Illinois Complied Statutes 100/10-65(c), "The Department shall deny any license or nenewal authorized by the Civil Administrative Code of Illinois to	3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate. 4. 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 permit yegarded as chronic by the medical community, i.e. (I) mental or emolitoral disease or condition, (2) alcohol or other substaince abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed diseasement, including an explanation whether or not you are currently under treatment. 5. 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. 6. 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. 7. PART VII: Examination Coding Information (This part is for examination applicants only) 7. Refer to the REFERENCE SHEET enclosed with this application package and complete the following: 8. CHART III	details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. 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		√ √
4. 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, that presently interferes with your ability to perform the essential functions of your profession, including any disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment. 5. Have you been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation. 6. 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. 7. 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. 7. 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. 7. 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. 7. 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. 7. 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. 8. CHART III	4. 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, that provides a characteristic provides and the provides an	2. Have you been convicted of a felony?	-	
profession, including any disease or condition, generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition, they go also shot or they substance abuse, (2) physical disease or condition, they presently interfers with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment. 5. 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 desverher? If yes, attach a detailed explanation. 6. Have you were been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation. 7. PART VII. Examination Coding Information (This part is for examination applicants only) 8. Refer to the REFERENCE SHEET enclosed with this application package and complete the following: 9. CHART III. Select the examination site you desire and enter Test Codes: 9. CHART III. Select the examination site you desire and enter Test Content Code: 9. CHART III. Select the examination site you desire and enter Test Content Code: 9. CHART III. 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 Completed Statutes 100/10-85c), applications for renewal of a itemse or a rew license shall include the applicant social Security number, and the itemses shall entify, under nearly operation, and making a false statement may subject the licenses or contempt of content or certify, under resulty of permy. Intel the or she is not not 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 license or contempt of coor contempt of coor contempt of coor content or content or content or content o	profession, including any disease or condition generally regarded as chronic by the medical community, I.e. (1) mental or emotional disease or condition, that presently interfers with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment. 5. 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. 6. Have you were been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation. 7. PART VIII. Examination Coding Information (This part is for examination applicants only) 7. Refer to the REFERENCE SHEET enclosed with this application package and complete the following: 8. CHART III. Select the examination site you desire and enter Test Context and enter Test Codes: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the examination site you desire and enter Test Center Code: 9. CHART III. Select the complete Statutes 100/105/105/105/105/105/105/105/105/105/	3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.		/
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-400-1019 AFFLICATION FOR LICENSURE AND/OR EXAMINATION -Page 4014	400-1019 APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 4014			
		400-1019 APPLICATION FOR LICENSORE AND/OR EXAMINATION	OIN-Fag	j e 4 014

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION PERSONAL HISTORY INFORMATION

SUPPORTING DOCUMENT

In order for your application to be evaluated, you must respond to each of the following questions: 1 Have you ever been disciplined (including but not limited to restricted, suspended, or terminated) by any hospital or health care entity? If yes, attach a separate sheet with complete and accurate explanation. 2. Have you ever resigned in lieu of discipline or while under investigation that could lead to any restriction, suspension, or termination by any hospital or health care entity? If yes, attach a separate sheet with complete and accurate explanation. 3. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges involuntarily reduced, limited, placed on probation, relinquished, denied, revoked or suspended? You must answer yes if any of these actions are currently pending or if you have withdrawn or failed to proceed with an application for privileges/memberships. If yes, attach a separate sheet with complete and accurate explanation AND request the hospital or health care facility to submit a report directly to the Department regarding the action. 4. Has your provider status ever been restricted, suspended or terminated by any insurance carrier, including but not limited to Medicare, Medicaid, Tricare or any private carrier? If yes, attach a separate sheet with complete and accurate explanation AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Department. 6. Have you ever withdrawn an application for alicense to practice medicine or any temporary/resident license in any other state, country, or U.S. federal jurisdiction? If yes, attach a separate sheet with complete and accurate explanation AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Department. 7. Have you ever been admonished, reprimanded, censured and/or disciplinary documen	NAM	I i								
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Signature of Applicant Date		Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information								
	_	Signature of Applicant Date								

* DEFINITIONS

A "forcible felony", for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

- a) First Degree Murder (Section 9-1);
- b) Intentional Homicide of an Unborn Child (Section 9-1.2);
- c) Second Degree Murder (Section 9-2);
- d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
- e) Drug-induced Homicide (Section 9-3.3);
- f) Kidnapping (Section 10-1);
- g) Aggravated Kidnapping (Section 10-2);
- h) Unlawful Restraint (Section 10-3):
- i) Aggravated Unlawful Restraint (Section 10-3.1);
- j) Forcible Detention (Section 10-4);
- k) Involuntary Servitude (Section 10-9(b));
- I) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
- m) Trafficking in Persons (Section 10-9(d));
- n) Criminal Sexual Assault (Section 11-1.20);
- o) Aggravated Criminal Sexual Assault (Section 11-1.30);
- p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
- q) Criminal Sexual Abuse (Section 11-1.50);
- r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
- s) Aggravated Battery (Section 12-3.05);
- t) Compelling Organization Membership of Persons (Section 12-6.5);
- u) Compelling Confession or Information by Force or Threat (Section 12-7);
- v) Home Invasion (Section 12-11);
- w) Robbery (Section 18-1);
- x) Armed Robbery (Section 18-2);
- y) Vehicular Hijacking (Section 18-3);
- z) Aggravated Vehicular Hijacking (Section 18-4):
- aa) Aggravated Robbery (Section 18-5);
- bb) Terrorism (Section 29D-14.9);
- cc) Causing a Catastrophe (Section 29D-15.1);
- dd) Possession of a Deadly Substance (Section 29D-15.2);
- ee) Making a Terrorist Threat (Section 29D-20);
- ff) Falsely Making a Terrorist Threat (Section 29D-25):
- gg) Material Support for Terrorism (Section 29D-29.9);
- hh) Hindering Prosecution of Terrorism (Section 29D-35);
- ii) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
- jj) Armed Violence (Section 33A-2); and
- kk) Attempt (Section 8-4) of any of the above specified offenses.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS

SUPPORTING DOCUMENT

CCA

	being processed.						
1.	NAME LAST	FIRST	MIDDLE	3. PROFESSIONAL LICENS	SE NUMBER (if any)		
	Stanton	Taylo	NL Alise				
2.	ADDRESS STREET	CITY STATE	ZID CODE	4. SOCIAL SECURITY NUM	MBER		
F	Pursuant to 20ILCS	2105-165(a), t	the Department requires t	ne following professionals	to disclose information re	egarding	convic-
t	Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. Please check applicable profession.						
	☐ Acupuncturists		Naprapaths		Physician Assistant	s	
	Advanced Practic	e Nurses	Nursing Home Ad	ministrators	Podiatrists		
	Athletic Trainers		Occupational The	•	☐ Professional Counse	elors	
닏	Audiologists	ainta	Occupational The	rapy Assistants	☐ Prosthetists☐ Registered Nurses		
┝	Clinical Psycholo Clinical Social Wo	•	☐ Optometrists☐ Orthotists		Registered Surgical	Assista	nts
	Dental Hygienists		☐ Pedorthists		☐ Registered Surgical		
	☐ Dentists		☐ Perfusionists		☐ Respiratory Care Pra		ers
	Genetic Counseld		Pharmacists		Speech Pathologists	•	
L	Licensed Clinical	Professional	☐ Physical Therapis				
_	Counselors		☐ Physical Therapy				
	Licensed Practica		Physicians, includ	•			
┝	☐ Licensed Social \ ☐ Marriage and Far		, ,	Osteopathic Medicine			
_	_ Warnage and rai	iny riiciapist	(D.O.), and Chirop	oractic Physicians (D.C.)			
	Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.						
	-		*			ances A	ct [740
	ILCS 40], except	for pharmacy	*	person subject to the Coo	de and this Part.		
1)	ILCS 40], except	for pharmacy r application	technicians, issued to a point to be evaluated, your have you been convicted	u must respond to ea	de and this Part.		
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* DEFINITIONS

- 730 ILCS 150 et. seg:-Acts that require Sex Offender Registration:
 - (B) As used in this Article, "sex offense" means:
 - (1) A violation of any of the following Sections of the Criminal Code of 1961:
 - 11-20.1 (child pornography).
 - 11-20.3 (aggravated child pornography),
 - 11-6 (indecent solicitation of a child),
 - 11-9.1 (sexual exploitation of a child),
 - 11-9.2 (custodial sexual misconduct).
 - 11-9.5 (sexual misconduct with a person with a disability),
 - 11-15.1 (soliciting for a juvenile prostitute).
 - 11-18.1 (patronizing a juvenile prostitute),
 - 11-17.1 (keeping a place of juvenile prostitution),
 - 11-19.1 (juvenile pimping),
 - 11-19.2 (exploitation of a child),
 - 11-25 (grooming),
 - 11-26 (traveling to meet a minor),
 - 12-13 (criminal sexual assault),
 - 12-14 (aggravated criminal sexual assault),
 - 12-14.1 (predatory criminal sexual assault of a child),
 - 12-15 (criminal sexual abuse),
 - 12-16 (aggravated criminal sexual abuse),
 - 12-33 (ritualized abuse of a child).

An attempt to commit any of these offenses.

- (1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:
 - 10-1 (kidnapping).
 - 10-2 (aggravated kidnapping),
 - 10-3 (unlawful restraint),
 - 10-3.1 (aggravated unlawful restraint).
- (1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.
- (1.8) À violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.
- (1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.
- (1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:
 - 10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
 - 11-6.5 (indecent solicitation of an adult),
 - 11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
 - 11-16 (pandering, if the victim is under 18 years of age),
 - 11-18 (patronizing a prostitute, if the victim is under 18 years of age),
 - 11-19 (pimping, if the victim is under 18 years of age).
- (1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:
 - 11-9 (public indecency for a third or subsequent conviction).
- (1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.
- (2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section. (C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 60/1 et. seg. (Illinois Compiled

CERTIFICATE OF ACCEPTANCE

SUPPORTING DOCUMENT

Stanton, Taylor Alise 4. ADDRESS STREET, CITY, STATE, ZIP CODE 5. REFER TO REFERENCE SHEET. Record profession digit profession code for which you are making Illinois 6. MAIDEN OR GIVEN SURNAME Temporary Physician Profession Name ADMINISTRATOR: Complete the remainder of this form and return it to the applicant. A. HOSPITALINSTITUTION NAME University of Chicago Medical Center Description: Month Day Year Temporary Physician Profession Name B. BEGINNING DATE C. ENDING DAT University of Chicago Medical Center 06 / 24 / 2015 06 / 23	MED	CA-ME	OR DENCY PROGRAM	SPECIALTY/RE	sure of this information is wever, failure to comply may not being processed.	Statutes). Disclosure
you for specialty/residency training, for completion of the remainder of the form. 1. NAME LAST FIRST MIDDLE Stanton, Taylor Alise 1. ADDRESS STREET, CITY, STATE, ZIP CODE 1. Month Day Year HeleT. Record profession digit profession code for which you are making Illinois digit profession code for which you are making Illinois digit profession code for which you are making Illinois home. ADMINISTRATOR: Complete the remainder of this form and return it to the applicant. A. HOSPITALINISTITUTION NAME University of Chicago Medical Center D. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE 5841 S. Maryland Ave., MC 1052, Chicago, IL 60637 D. BUSINESS TELEPHONE NUMBER Area Code (773) 702 — 6760 I do hereby declare that the above named applicant will be accepted for specialty/residency training as indicasubsequent to the evaluation of medical education and/or clinical skills by the Department of Financial and Regulation, the applicant is found to be eligible for licensure.	nancial and	epartment of Financia	is application from the Dep	ice of the approval o tion.	receives written notice. Professional Regulation	
Stanton, Taylor Alise # ADDRESS STREET, CITY, STATE, ZIP CODE 5. REFER TO REFERENCE SHEET. Record profession digit profession code for which you are making Illinois ## Temporary Physician Profession Name	is accepted	institution that has acce the form.	n forward it to the hospital/ins letion of the remainder of the	nt section of this form, idency training, for co	 Complete the applicant you for specialty/resid 	APPLICANT: C
A ADDRESS STREET, CITY, STATE, ZIP CODE 5. REFER TO REFERENCE SHEET. Record profession digit profession code for which you are making Illinois Temporary Physician Profession Name ADMINISTRATOR: Complete the remainder of this form and return it to the applicant: A. HOSPITAL/INSTITUTION NAME University of Chicago Medical Center D. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE 5841 S. Maryland Ave., MC 1052, Chicago, IL 60637 D. BUSINESS TELEPHONE NUMBER Area Code (773) 702 — 6760 I do hereby declare that the above named applicant will be accepted for specialty/residency training as indicasubsequent to the evaluation of medical education and/or clinical skills by the Department of Financial and Regulation, the applicant is found to be eligible for licensure.	ITY NUMBER	3. SOCIAL SECURITY NU		MIDDLE		
ADMINISTRATOR: Complete the remainder of this form and return it to the applicant: A. HOSPITAL/INSTITUTION NAME University of Chicago Medical Center D. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE 5841 S. Maryland Ave., MC 1052, Chicago, IL 60637 D. BUSINESS TELEPHONE NUMBER Area Code (773) 702 — 6760 I do hereby declare that the above named applicant will be accepted for specialty/residency training as indicase subsequent to the evaluation of medical education and/or clinical skills by the Department of Financial and Regulation, the applicant is found to be eligible for licensure.			REFER TO REFERENCE SHEET.	CODE	STREET, CITY, STATE, ZIP C	4. ADDRESS STR
A. HOSPITAL/INSTITUTION NAME University of Chicago Medical Center Description of Chicago Medic	1 2 5 Profession Code	ne 1 Profess			GIVEN SURNAME	6. MAIDEN OR GIV
University of Chicago Medical Center \[\begin{array}{c ccccccccccccccccccccccccccccccccccc			d return it to the applicant:	remainder of this form	ATOR: Complete the re	ADMINISTRATO
S841 S. Maryland Ave., MC 1052, Chicago, IL 60637 Obstetrics and Gynecology G. YEAR OF POSTGRADUATE TRAINING 1 Area Code (773) 702	/ 2018	l ——'——'—-	06 / 24 / 2015			
Area Code (773) 702 — 6760 I do hereby declare that the above named applicant will be accepted for specialty/residency training as indicasubsequent to the evaluation of medical education and/or clinical skills by the Department of Financial and Regulation, the applicant is found to be eligible for licensure.	· · · · · · · · · · · · · · · · · · ·	ME				
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Signature of Program Director And Blanchad.	ated above if, Professional	y training as indicated ab t of Financial and Profes	epted for specialty/residency tr cal skills by the Department of	dical education and/or	t to the evaluation of medi	subsequent to
Anta Blanchad.	•	A A				
Print Name of Program Director Program Director Title 3/3/15 Date	mD	lanchard, M.D. Program Director Director itte	Print Name of Program S Title		SEAL	s

MAY 0 5 2015

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the

requirements outlined in 225 ILCS 60/1 et.seq. Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	CERTIFICATION (Current Year Gra COCA-Accredit	OF GRADUATION ED - MED and CUIC LUIVIT					
APPLICANT: Complete the app of the form.	licant section of this form	, then forward it to the school for completion of the remainder					
1. NAME LAST FIRST	MIDDLE	2. DATE OF RIRTH 3. SOCIAL SECURITY NUMBER					
Stanton Taylor	plise	Month Day Year					
4. ADDRESS STREET, CITY, STATE, ZIP	CODE	REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.					
6. MAIDEN OR GIVEN SURNAME							
NIA		Temporary Mysician Licensure 1 2 5 Profession Name Profession Code					
I hereby authorize a school official of Professional Regulation or its design		ove to furnish to the Illinois Department of Financial and formation requested below.					
03/25/15 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Signature					
SCHOOL OFFICIAL: Complete the transcript. DO NOT certify this form		e and return <u>ALONG</u> with a current official medical school the graduation date.					
A. MEDICAL SCHOOL INFORMATION Name: The University of Illinois C Address: 1601 Parkview Avenue City. State, Zip: Rockford, IL 6110 Phone: 815-395-5581 Fax: 815-395-5979 email:	7-1897	B. DATESOFATTENDANCE ord Start:					
Applicant will complete all requirements for the medical degree as of $\frac{0.4}{\text{Month}}$ / $\frac{2.6}{\text{Day}}$ / $\frac{2.0.1.5}{\text{Year}}$ and will graduate on $\frac{0.5}{\text{Month}}$ / $\frac{1.0}{\text{Day}}$ / $\frac{2.0.1.5}{\text{Year}}$							
When this form is certified prior to the actual graduation of the applicant, the school official is responsible for notifying the Department of Financial and Professional Regulation of any failure on the part of the applicant to complete the requirements for graduation.							
I certify that the information recorde	d herein is true and correct	according to the official records of this institution.					
. Sagar	A 11 7	Signature of School Official					
SCHOOL	Allena J	J. Fortson					
SEAL	Rock	Print Name of School Official ford Registrar					
White the same of	0	Title 04/24/2015					
Matsuna		Date					