



Continuing Education Credit Request Form

IDD & Mental Illness Conference – November 14, 2024

Individuals wishing to acquire Continuing Education Units for their attendance at this conference should complete this form. Please note, upon receiving this request, The Arc of Illinois will email (or mail, if requested) your certificate.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone (used to join): _____

QIDP

Clinical Professional Counselor License # _____

Clinical Social Worker License # _____

Nursing Home Administrator License # _____

Social Worker License # _____

Occupational Therapist

Physical Therapist

Certificate of Attendance

Special Note: Continuing Education Units WILL NOT BE GRANTED without a properly completed attendance form, nor will any partial hours be counted. The Arc of Illinois will maintain record of your certificate on file for five years, pursuant to the rules of the Illinois Department of Professional Regulation.

The Arc of Illinois
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