



**LICENSED CLINICAL PSYCHOLOGIST - BEHAVIOR INTERVENTION
 and TREATMENT - LEVEL 1 LICENSE VERIFICATION: CHECKLIST E**

Directions: Please complete the information below and submit to:

Illinois Department of Human Services
 Division of Developmental Disabilities
 Quality Enhancement Section
 Licensed Clinical Psychologist Review
 600 East Ash, Building 400, Mail Stop 2 North
 Springfield, IL 62703
 Fax: (217) 782-9444

Last Name	First Name	Middle Initial	Social Security Number
Affiliation: _____		Phone Number: _____	
Address: _____		Fax Number: _____	
City, State & Zip: _____		Date: _____	
Email: _____			

Information to be provided:

A copy of your Clinical Psychologist license

The Illinois Department of Human Services has my permission to release my name, affiliation, and phone number in order to facilitate professional contact.

Signature	Date
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