Illinois Board of Examiners

Request For Receipt of Fees Paid to Illinois Board of Examiners

Mailing Address: 100 Trade Centre Drive, Suite 403 ● Champaign IL 61820-7233 ● 217-531-0950
● Toll free (U.S.) 866-782-7230 ● FAX 217-531-0960 ● Web address: http://www.ilboa.org ● E-mail: help@ilboa.org

Complete this form and mail or fax to the Illinois Board of Examiners.

Name _____
First Middle Family/Last Previous name(s)

Current mailing address _____
Street or P.O. Box City State/Province/Country Zip/Postal Code

Daytime phone: _____ Email: _____

Date of Birth _____ U.S. Social Security number (optional)_____

Please check all applicable boxes for the information you need:

- ☐ Receipt for Credentials Evaluation Fee
- ☐ Receipt for Total Transfer of Credit application fee
- ☐ Receipt for Reciprocal application fee
- ☐ Receipt for Certification fee sent to (State Board or individual) _____
- ☐ Receipt for Application Fee(s) to take the exam:

All Exam Sections paid _____ (✓ if applicable)
OR
Individual applications submitted:

Exam Section(s)_____ Month/year of Application _____
Exam Section(s)_____ Month/year of Application _____
Exam Section(s)_____ Month/year of Application _____
Exam Section(s)_____ Month/year of Application _____
Exam Section(s)_____ Month/year of Application _____
Exam Section(s)_____ Month/year of Application _____
Exam Section(s)_____ Month/year of Application _____
Exam Section(s)_____ Month/year of Application _____

Please send the fee letter to the following address if different from above:

Name _____

Address _____

_____

_____

_____ _____
Signature of Applicant Date

Note: This is not for examination fees paid to NASBA. Contact them directly for a receipt for exam fees. Call 866-MY-NASBA for assistance.