

INSTRUCTIONS FOR ADVANCED PRACTICE NURSE MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCES LICENSE

****READ AND FOLLOW INSTRUCTIONS CAREFULLY****
FAILURE TO DO SO WILL DELAY ISSUANCE!

An Illinois advanced practice nurse mid-level practitioner controlled substances license may be issued to a licensed advanced practice nurse who has been delegated prescriptive authority by a collaborating physician for Schedule III, IIIN, IV, and/or V controlled substances.

1. Complete Parts II through V of application and the supplemental documentation.
2. Submit the appropriate \$5 licensure fee. Make check or money order payable to the Department of Financial and Professional Regulation - **Fee is not refundable.**
3. Return application, supporting documents and fee to the below noted Springfield, Illinois, address.
4. Failure to properly complete the application will delay licensure.

- NOTE:**
- A mid-level practitioner controlled substances license will not be issued until your advanced practice nurse license has been issued.
 - The collaborating physician shall submit a notice of prescriptive authority indicating the advanced practice nurse has been delegated prescriptive authority. If the advanced practice nurse is in collaboration with more than one physician, a separate notice of prescriptive authority shall be submitted by each collaborating physician delegating prescriptive authority.
 - If the collaborating physician has delegated prescriptive authority to the advanced practice nurse, the written collaborative agreement shall include a statement indicating that the collaborating physician has delegated prescriptive authority for legend drugs and/or Schedule III, IIIN, IV, and V controlled substances. The delegation must be within the physician's scope of practice and within the scope of the advanced practice nurse's training.
 - The written collaborating agreement shall be signed by both the physician and the advanced practice nurse and a copy maintained at each location where the advanced practice nurse practices and shall be provided to the Illinois Department of Financial and Professional Regulation upon request. A copy of the advanced practice nurse Illinois and federal controlled substances licenses numbers shall be kept with the agreement.
 - **If collaborating with more than one physician, a separate notice of delegation of prescriptive authority shall be submitted when prescriptive authority is delegated.** If prescriptive authority includes Schedule III, IV and/or V controlled substances, the advanced practice nurse will be required to apply for a mid-level practitioner controlled substances license in accordance with the Illinois Controlled Substances Act; however, only one controlled substances license will be issued regardless of the number of collaborating physicians.

Should you have any questions relative to completing the application, contact:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62786
217/782-8556

An Illinois advanced practice nurse mid-level practitioner controlled substances license is a **prerequisite** for federal controlled substances registration. For information concerning federal registration, you must contact:

Drug Enforcement Administration
230 South Dearborn, Suite 1200
Chicago, Illinois 60604
312/353-7875

Your Illinois advanced practice nurse mid-level practitioner controlled substances license number will expire at the same time your professional license expires.

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

IMPORTANT NOTICE: Completion of this form is required by 720 ILCS 570/301, et.seq. of the Illinois Compiled Statutes. Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application.

**APPLICATION FOR
ADVANCED PRACTICE NURSE
MID-LEVEL PRACTITIONER
ILLINOIS CONTROLLED SUBSTANCES LICENSE**

1. An advanced practice nurse may only prescribe or dispense prescriptions or orders for drugs and medical supplies within the scope of practice of the collaborating physician.
2. An Illinois Advanced Practice Nurse Mid-Level Practitioner Controlled Substances License is a prerequisite to a Federal Mid-Level Practitioner Controlled Substances Registration (DEA).

- A. Type or print legibly with black ink only.
- B. The fee is \$5 - 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 100/10-65 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.

Submit application and fee to: Department of Financial and Professional Regulation
 ATTN: Division of Professional Regulation
 320 West Washington, 3rd Floor
 Springfield, Illinois 62786

PART I: Application Category Information

1. PROFESSION NAME Advanced Practice Nurse Mid-Level Practitioner Controlled Substances License	2. PROFESSION CODE 309	3. LICENSURE METHOD Non-examination	4. FEE \$5
---	----------------------------------	---	----------------------

PART II: Applicant Identifying Information

1. NAME LAST FIRST MIDDLE	2. ILLINOIS ADVANCED PRACTICE NURSE LICENSE NO. (If unknown, leave blank.)	3. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - _____
---------------------------	--	---

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY _____ _____ + _____
--

5. NAME AND LOCATION (STREET/CITY/ZIP CODE) WHERE ADVANCED PRACTICE NURSE MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED. IL _____ + _____	6. MAIDEN OR GIVEN SURNAME
	7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY Work (_____) _____ - _____ Area Code Home (_____) _____ - _____ Area Code

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

NAME (Last, First, MI):

SS#:

Profession:

PART III: Personal History Information (This part must be completed by all Applicants)	YES	NO
1. Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? <i>If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and, if applicable, the date of discharge from any penalty imposed.</i>		
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? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		
5. Has any previous registration held by you under the Illinois Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? <i>If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.</i>		

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

<p>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.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>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.)</p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p>

PART V: Certifying Statement

I hereby apply for an Illinois Advanced Practice Nurse Mid-level Practitioner Controlled Substances License in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

Print Name of Applicant

Date of Application

Signature of Applicant

I UNDERSTAND THAT THE FEE IS 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.

**Application must be completed in its entirety.
If not completed, it will be returned to the address noted on front of application.**

IMPORTANT NOTICE: Completion of this form is required by 225 ILCS 95/1, et.seq. of the Illinois Compiled Statutes. Disclosure of this information is mandatory. Any person who is found to have knowingly violated any provision of this Act is guilty of a Class A misdemeanor.

Notice of Termination of Delegated Prescriptive Authority for Controlled Substances (Advanced Practice Nurse)

COLLABORATING PHYSICIAN: Complete this form as official notification you are terminating the delegated prescriptive authority for controlled substances for the advanced practice nurse named herein and submit it to:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62786

This notice, as well as other forms required for Advanced Practice Nurse
Licensure and for the Mid-level Practitioner Controlled Substance License,
can be downloaded from the IDFPR Web site at: www.idfpr.com

1. ADVANCED PRACTICE NURSE NAME (Last, First, Middle)	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. LICENSE NUMBER OF ADVANCED PRACTICE NURSE	

This is to certify that I, _____, hereby terminate the
(Collaborating Physician)
prescriptive authority delegated to _____ Illinois Licensed
(Advanced Practice Nurse)
Advanced Practice Nurse, License No. _____, effective _____. This
person is no longer delegated authority to prescribe and/or dispense controlled substances by this
collaborating physician:

Print Name of Collaborating Physician

Signature of Collaborating Physician

Illinois License Number of Collaborating Physician

Date of Termination of Prescriptive Authority

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