INSTRUCTIONS FOR CONTROLLED SUBSTANCES REGISTRATION

****READ AND FOLLOW INSTRUCTIONS CAREFULLY****

If you hold a non-renewed controlled substances registration, you must reinstate that registration. Do not apply for a new registration.

Every person who prescribes and/or stores or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.

A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or dispensed.

- 1. If you do not properly complete Parts I through VII (front and back) of the application, the application will be returned to you and licensure will be delayed.
- 2. It is *mandatory* that the permanent mailing address and/or business address be a street address. P.O. boxes are not acceptable. Your Controlled Substances registration must be issued to a street address.
- 3. If your professional application is pending, write "pending" in Part IV. A controlled substances registration *will not* be issued until your professional license has been issued. A controlled substances registration *will not* be issued to individuals holding a temporary license.
- 4. You *must* circle each drug schedule for which you are applying in Part III.
- 5. You *must* complete and submit the PHQ Form. Your application will not be processed without completion of this form.
- 6. Submit the \$5 application fee. Make check or money order payable to the Department of Financial and Professional Regulation (IDFPR). **The fee is non-refundable**. Mail the completed application and fee to:

Department of Financial and Professional Regulation ATTN: Division of Professional Regulation P.O. Box 7007 Springfield, Illinois 62791

A State controlled substances registration is a **prerequisite** for Federal controlled substances registration. The address on your Illinois controlled substances registration must be exactly the same address as your Federal registration. For information concerning Federal registration, you must contact:

Drug Enforcement Administration 230 South Dearborn, Suite 1200 Chicago, Illinois 60604 Telephone: 312/353-7875 Web site: <u>www.deadiversion.usdoj.gov</u>

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov.

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is required by 720 ILCS 570/1 et. seq. (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.

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.

PART I: Application Category Information											
1. PROFESSION NAME Controlled Substances	□39	6 Optometrist 0 Veterinarian	3. LICENSURE METHOD 4. FEE Registration \$5								
	□336 Physician		□377 APRN-FPA Registration								
PART II: Applicant Identifying Information											
1. NAME LAST FIRST MIDDLI		E 2. TITLE (e.g., M.D., O.D., etc.)		c.) 3. SSN OR ITIN							
4. PERMANENT MAILING ADDRESS CITY		STATE/COUNTRY Z		ZIP CODE COUNTY							
+											
 NAME OF BUSINESS AND LOCATION (STREET / CITY / STATE / ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES REGISTRATION IS TO BE ISSUED 											
			6. EMAIL ADDRESS (REQUIRED)								
7. If you will <i>not</i> be storing or dispe	8. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)										
substances, check the box below be issued to your permanent mailing											
	9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY										
I will <i>not</i> be storing or dis substances, including sam	Work () FAX () Area Code Area Code										
	Home () FAX () Area Code										
Area Code Area Code											
PART III: Drug Schedule		PART	V: Professio	nal Activity							
Circle the schedules for which	PractitionerCheck and complete one of the following: Professional License Number										
			Dentist	019							
II III IV	V		Optometrist	046							
			Physician	036							
			Podiatrist	016							
			Veterinarian	090							
		APN-FP	277								

Application for State Controlled Substances Registration - Page 1 of 2

-	ART V:	Personal History Information (This part must be completed by all Applicants)	YES	NO		
1.	Have you been convicted of or pled guilty or nolo contendere 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 Driving While Intoxicated (DWI) charges. If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.					
		en convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.				
	If yes, have of the certific	you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy ate.		<u> </u>		
4.	fession, incl emotional di	have any disease or condition that presently limits your ability to perform the essential functions of your pro- uding any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or sease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a</i> <i>ement, including an explanation whether or not you are currently under treatment.</i>				
5.	-	en denied a professional license or permit, or privilege of taking an examination, or had a professional license ciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.				
6.	Have you ev	er been discharged other than honorably from the armed service or from a city, county, state or federal position?				
	Has your au istration (DE placed on pr the above ac substances	thority to prescribe or dispense controlled substances granted by either the U.S. Drug Enforcement Admin- A) or any state/territory of the U.S. (including Illinois) ever been voluntarily or involuntarily reduced, limited, obation, relinquished, denied, revoked or suspended or otherwise disciplined? You must answer yes if any of tions are currently pending or if you have withdrawn or failed to proceed with an application for any controlled icense. If yes, attach a separate sheet with complete and accurate explanation and certified documentation ropriate entity regarding the action.				
1.	Social Sec with a chil contempt	nce with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall inc surity number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delin d support order. Failure to certify shall result in disciplinary action, and making a false statement may sub-	nquent in com			
	Are ver					
	-	of court. ore than 30 days delinquent in complying with a child support order? Yes 'you are not subject to a child support order, answer "no.")				
PA	-	ore than 30 days delinquent in complying with a child support order? Yes				
I	(NOTE: In RT VII: hereby ap	ore than 30 days delinquent in complying with a child support order? Yes You are not subject to a child support order, answer "no.")	olled Sub-			
I	(NOTE: In RT VII: hereby ap	ore than 30 days delinquent in complying with a child support order? Yes 'you are not subject to a child support order, answer "no.") Yes Certifying Statement Image: Statement oply for an Illinois Controlled Substances Registration in accordance with the Illinois Control Yes	olled Sub-			
I UI Rej	(NOTE: In ART VII: hereby ap stances Ac NDERSTAN gulation to n	ore than 30 days delinquent in complying with a child support order? Yes 'you are not subject to a child support order, answer "no.") Yes Certifying Statement Image: Statement uply for an Illinois Controlled Substances Registration in accordance with the Illinois Control Image: Statement t. I certify that I have answered all questions on this application to the best of my knowledge	olled Sub- ge.	essional mount		

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IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 20 ILCS 2105 of the Civil Administrative Code. Disclosure of this information is REQUIRED.	DRY	SUPPORTING I		ENT						
1. NAME LAST FIRS	ST MIDDLE	3. PROFESSIONAL LICE	INSE NUMBE	ER (if any)						
2. ADDRESS STREET, CITY, STATE, ZIP CODE		4. SOCIAL SECURITY NUMBER OR ITIN								
Pursuant to 20 ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding charges or convictions pertaining to certain offenses. Please check applicable profession.										
 Acupuncturist Advanced Practice Registered Advanced Practice Registered Nurse - Full Practice Authority Athletic Trainer Audiologist Behavior Analyst Behavior Analyst Assistant Certified Midwife Chiropractic Physicians (D.C.) Dental Hygienist Dentist Genetic Counselor Licensed Practical Nurse Marriage and Family Therapist Marriage and Family Therapist 	 Occupationa Occupationa Occupationa Optometrist Orthotist Pedorthist Perfusionist Pharmacist Physical The Physical The Physicians, i Doctors (M.I. Osteopathic Physician As 	al Therapy Assistant erapist erapy Assistant including Medical D.), Doctors of Medicine (D.O.)	 Podia Prosti Regis Regis Regis Respis Respis Sex 0 Sex 0 Sex 0 Sex 0 Socia 		Assistar Technol actitione ate ate itor nent Pro	nt logist er ovider				
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.										
In order for your application	on to be evaluated, yo	u must respond to e	ach of the	e following qu	uestior	ıs:				
 Are you currently charged with under the Sex Offender Registr 	•	ed of a criminal act that	requires reg	gistration	Yes	No				
 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the</i> course of patient care or treatment, including any offense based on sexual conduct or sexual penetration? 										
,				•						
 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * 4) Are you currently charged with or have you been convicted of a forcible felony? * 										
, , , , , , , , , , , , , , , , , , , ,	-			harge or convic	tion and	 ≁				
If YES to any of the above, attach a personal statement describing the circumstances of the charge or conviction and a certified copy of the court records regarding your charge or conviction, including the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.										
Certification Statement										
Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.										
Signature of Applicant	Email			Date						

* **DEFINITIONS**

730 ILCS 150 et. seq:-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. (1.7) (Blank).

(1.8) A 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.

* **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.