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 email form to fpr.nurseunit@illinois.gov or mail to:**

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
320 West Washington, 3rd Floor HSS - NURSE
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.illinois.gov

1. ADVANCED PRACTICE NURSE NAME (Last. First, Middle)	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SSN OR ITIN __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE		5. IL APN CONTROLLED SUBSTANCE LICENSE NUMBER **309 -**

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

336 - _____
IL Controlled Substance License Number of Collaborating Physician

_____
Date of Termination of Prescriptive Authority

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