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 Delegated Prescriptive Authority for Controlled Substances (Prescribing Psychologist)

PP-CS

COLLABORATING PHYSICIAN:

Complete this form as official notification you are delegating prescriptive authority for controlled substances for the prescribing psychologist named herein. Submit form to:

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

Upon your decision to terminate the delegated prescriptive authority for controlled substances for this individual, you must notify the Department of your intent by completing a Notice of Termination of Delegated Prescriptive Authority.

Authority.	Authority.	
This notice, as well as other forms required for Prescribing Psychologist Licensure and for the Mid-level		
Practitioner Controlled Substance License, can be downl		
NAME OF PRESCRIBING PSYCHOLOGIST (Last, First, Middle Initial)	2. DATE OF BIRTH 3. SSN OR ITIN	
4. ADDRESS STREET, CITY, STATE, ZIP CODE	Month Day Year	
i. Abbriess Chief, Siri, Chief, Eli Sobe	Controlled Substances License 3 7 4	
	Profession Name Profession Code	
	LICENSE NUMBER OF PRESCRIBING PSYCHOLOGIST (If unknown, leave blank.)	
7. MAIDEN OR GIVEN SURNAME		
7. WAIDEN ON GIVEN GONNAME		
This is to certify that I,	, have delegated	
This is to certify that I,, have delegated (Collaborating Physician)		
prescriptive authority to	in order to prescribe and/or	
prescriptive authority to in order to prescribe and/or (Prescribing Psychologist)		
dispense controlled substances categorized as non-narcotic Schedule III, IV, or V controlled substances, as		
defined in Article II of the Illinois Controlled Substances Act. I further certify the delegation of prescriptive		
authority is appropriate to my practice and within the scope of the prescribing psychologist's training. The Pre-		
scribing Psychologist named hereinabove may prescribe and/or dispense (please check appropriate box(es)):		
Schedule(s) III □ IV □ V □		
*Such delegation shall be in accordance with the provisions set forth in Section 303.05 a)4) of the Illinois Controlled Substances Act.		
Print Name of Collaborating Physician	Signature of Collaborating Physician	
Illinois License Number of Collaborating Physician	Illinois Controlled Substance Number	
Date of Delegation of Prescriptive Authority	Business Street Address of Collaborating Physician	
	City, State, Zip Code	