

**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 subject to discipline under the Act.

## PHYSICIAN ASSISTANT NOTICE OF WRITTEN COLLABORATIVE AGREEMENT

**COLLABORATING PHYSICIAN:** Complete and submit this form as official notification that you have entered into a written collaborative agreement with a physician assistant under the Physician Assistant Practice Act of 1987 (225 ILCS 95/). All forms must be typed or legibly printed in ink. The physician assistant listed below shall not perform any tasks or duties delegated by the collaborating physician until this form is completed and submitted to the Division.

Completed forms may be submitted to the Division as follows: Email form to [FPR.MedicalUnit@illinois.gov](mailto:FPR.MedicalUnit@illinois.gov); Fax form to 217-524-2169; or Mail form to IDFP - Division of Professional Regulation, 320 West Washington, 3rd Floor, Springfield, Illinois 62786.

Submitted forms will be processed by the Division in the order in which they are received. It may take at least 4-6 weeks for a submitted form to be processed by the Division. After the form is processed, the Division will email or fax an acknowledgment letter to the collaborating physician. The acknowledgment letter must be maintained by the collaborating physician along with the signed, written collaborative agreement. The collaborating physician shall provide a copy of such documentation to the Division upon request.

If the written collaborative agreement is terminated, the collaborating physician must, within 10 days of termination, complete and submit to the Division a NOTICE OF TERMINATION OF COLLABORATION form.

A written collaborative agreement is required for all physician assistants to practice in Illinois, except for physician assistants in hospitals, hospital affiliates, or ambulatory surgical treatment centers as set forth in Section 7.7 of the Physician Assistant Practice Act.

For physician assistants employed by a practice group or other entity employing multiple physicians, one of the physicians practicing at a location shall be designated the collaborating physician. The other physicians with the practice group or other entity who practice in the same general type of practice or specialty as the collaborating physician may collaborate with the physician assistant with respect to their patients.

Forms are periodically updated. To ensure that you are using the current form, visit the IDFP website at [www.idfp.com/profs/Physician-Assistant.asp](http://www.idfp.com/profs/Physician-Assistant.asp).

### COLLABORATING PHYSICIAN INFORMATION

1. COLLABORATING PHYSICIAN NAME	2. ILLINOIS LICENSE NUMBERS 036- _____ 336- _____	3. DATE AGREEMENT WILL BEGIN  ____ / ____ / ____
4. ILLINOIS PRACTICE ADDRESS (Street, City, State, Zip Code)	5. ILLINOIS PHONE NUMBER OF PRACTICE (Include Area Code) (    ) _____	
	6. ILLINOIS MEDICAL STAFF/CREDENTIALING OR PHYSICIAN Fax: (    ) _____ Email: _____	

### PHYSICIAN ASSISTANT INFORMATION

1. NAME OF PHYSICIAN ASSISTANT	2. ILLINOIS LICENSE NUMBERS 085- _____ 385- _____	3. EMPLOYMENT STATUS (See Below) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
4. CONTACT INFORMATION FOR PHYSICIAN ASSISTANT HOME/CELL TELEPHONE (    ) _____ PERSONAL EMAIL _____ REQUIRED _____ SIGNATURE _____		

The Physician Assistant Practice Act allows a collaborating physician to collaborate with a maximum of 7 full-time equivalent physician assistants. "Full-time equivalent" means the equivalent of 40 hours per week per individual. You must indicate the number of full-time physician assistants and part time physician assistants you currently have collaborative agreements with, including the physician assistant listed above.

Full-time physician assistants \_\_\_\_\_ Part-time physician assistants \_\_\_\_\_

Signature of Collaborating Physician \_\_\_\_\_ Date Signed \_\_\_\_\_