

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 Authority for Prescription Drugs

PHA-RX

No formal application or fee is required if a supervising physician is delegating authority to prescribe and/or dispense prescriptive drugs which are not categorized as Schedule II, III, IV, V, as defined in Article II of the Illinois Controlled Substances Act. The NOTICE OF SUPERVISORY CONTROL and the delegation form must be submitted prior to authority being processed. A license for prescription drugs only is not issued.

SUPERVISING PHYSICIAN OF RECORD: Complete this form as official notification you are delegating limited prescriptive drug authority to the physician assistant named herein. Mail forms to:

IDFPR - Division of Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62786

Should you cease supervisory control and/or terminate delegated prescriptive authority, you must notify the Division within **10** days of termination by completing the NOTICE OF TERMINATION OF SUPERVISION AND/OR DELEGATED PRESCRIPTIVE AUTHORITY.

All forms must be typed or legibility printed in black ink. Forms are periodically updated. Visit the IDFPR Web site at www.idfpr.com to ensure you are using the current forms. **Please allow 4-6 weeks for processing of new applications and changes in supervision and/or delegation.**

1. NAME OF PHYSICIAN ASSISTANT (Last, First, Middle Initial)	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. HOME ADDRESS STREET, CITY, STATE, ZIP CODE	5. MAIDEN OR GIVEN SURNAME	
	6. TELEPHONE NUMBER () _____	
	7. LICENSE NUMBER OF PHYSICIAN ASSISTANT 085 - _____	

This is to certify I am the supervising physician and have delegated limited prescriptive authority to my physician assistant, _____, to prescribe and/or dispense prescriptive drugs which are not categorized as Schedule II, III, IV, V, as defined in Article II of the Illinois Controlled Substances Act.
(Printed name of physician assistant)

I further certify the delegation of prescriptive authority is appropriate to my practice and within the scope of the physician assistant's training. The delegated prescriptive authority guidelines will be outlined and maintained, along with the acknowledgment letter in the physician assistant's written supervisory agreement.

Printed Name of Delegating Physician

036- _____ **336-** _____

Signature of Delegating Physician

Date Signed

Date of Delegated Prescribed Authority