An Illinois prescribing psychologist controlled substances license may be issued to a licensed prescribing psychologist who has been delegated prescriptive authority by a collaborating physician for non-narcotic Schedule III, IV, and/or V controlled substances.

1. Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

2. Complete Parts II through V of application and the supplemental documentation.

3. Submit the appropriate $5 licensure fee. Make check or money order payable to the Department of Financial and Professional Regulation. Fee is not refundable.

4. Return application, supporting documents and fee to the below noted Springfield, Illinois, address. Delegation of Prescriptive Authority must be submitted.

5. Failure to properly complete the application will delay licensure.

NOTE:

● A mid-level practitioner controlled substances license will not be issued until your prescribing psychologist license has been issued.

● If the collaborating physician has delegated prescriptive authority to the prescribing psychologist, the written collaborative agreement shall include a statement indicating that the collaborating physician has delegated prescriptive authority for non-narcotic Schedule III, IV, and V controlled substances. The delegation must be within the physician's scope of practice and within the scope of the prescribing psychologist's training. A prescribing psychologist may only prescribe and dispense medications for the treatment of mental health disease or illness the collaborating physician generally provides to his or her patients in the normal course of his or her clinical practice. The following may not be included in any written delegation of prescriptive authority by the collaborating physician:

   1) Patients who are less than 17 years of age or over 65 years of age;
   2) Patients during pregnancy;
   3) Patients with serious medical conditions, such as heart disease, cancer, stroke, or seizures, and with developmental and intellectual disabilities;
   4) Prescriptive authority for Schedule III benzodiazepine controlled substances;
   5) Prescriptive authority for any controlled substance to be delivered by injection;
   6) Prescriptive authority for any Schedule II substance; and
   7) Prescriptive authority for any narcotic drug as defined by Section 102 of the Illinois Controlled Substances Act.

● The written collaborating agreement shall be signed by both the physician and the prescribing psychologist and a copy maintained at each location where the prescribing psychologist practices and shall be provided to the Illinois Department of Financial and Professional Regulation upon request. A copy of the prescribing psychologist Illinois and federal controlled substances licenses numbers shall be kept with the agreement.

● If collaborating with more than one physician, a separate notice of delegation of prescriptive authority shall be submitted when prescriptive authority is delegated. If prescriptive authority includes non-narcotic Schedule III, IV and/or V controlled substances, the prescribing psychologist will be required to apply for a mid-level practitioner controlled substances license in accordance with the Illinois Controlled Substances Act; however, only one controlled substances license will be issued regardless of the number of collaborating physicians. A prescribing psychologist shall inform each collaborating physician of all collaborative agreements he or she has signed and provide a copy of these to any collaborating physician. No collaborating physician shall enter into more than 3 collaborative agreements.

Should you have any questions relative to completing the application, contact:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62786
1-800-560-6420

An Illinois prescribing psychologist controlled substances license is a prerequisite for federal controlled substances registration. For information concerning federal registration, you must contact:

Drug Enforcement Administration
230 South Dearborn, Suite 1200
Chicago, Illinois 60604
312/353-7875

Your Illinois prescribing psychologist controlled substances license number will expire at the same time your professional license expires.
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# Application for Prescribing Psychologist License

**PART I: Application Category Information**

<table>
<thead>
<tr>
<th>1. PROFESSION NAME</th>
<th>2. PROFESSION CODE</th>
<th>3. LICENSURE METHOD</th>
<th>4. FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing Psychologist Mid-Level Practitioner Controlled Substances License</td>
<td>374</td>
<td>Non-examination</td>
<td>$5</td>
</tr>
</tbody>
</table>

1. A prescribing psychologist may only prescribe and dispense medications for the treatment of mental health disease or illness the collaborating physician generally provides to his or her patients in the normal course of his or her clinical practice.

2. An Illinois Prescribing Psychologist Mid-Level Practitioner Controlled Substances License is a prerequisite to a Federal Mid-Level Practitioner Controlled Substances Registration (DEA).

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**PART II: Applicant Identifying Information**

1. NAME LAST FIRST MIDDLE

2. ILLINOIS PRESCRIBING PSYCHOLOGIST LICENSE NO. (If unknown, leave blank.)

3. UNITED STATES SOCIAL SECURITY NO.

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

5. NAME AND LOCATION (STREET/CITY/ZIP CODE) WHERE PRESCRIBING PSYCHOLOGIST MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED.

6. MAIDEN OR GIVEN SURNAME

7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY

   Work (___ ___ ___) ___ ___ - ___ ___ ___  
   Home (___ ___ ___) ___ ___ - ___ ___ ___  

8. E-MAIL ADDRESS (REQUIRED)

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**IMPORTANT NOTICE:** Completion of this form is required by 720 ILCS 570/301, et.seq. of the 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.

The fee is $5. Make check payable to the Department of Financial and Professional Regulation. THIS FEE IS NOT REFUNDABLE!

Disclosure of your U.S. Social Security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. 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.

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

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).
### PART III: Personal History Information (This part must be completed by all Applicants)

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.**

2. Have you been convicted of a felony? **In general, a felony conviction by itself does not usually result in denial of licensure.**

3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? **If yes, attach a detailed explanation.**

4. Do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? **If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.**

5. Has any previous registration held by you under the Illinois Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? **If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.**

### PART IV: Child Support and/or Tax Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

   Are you more than 30 days delinquent in complying with a child support order? Yes [ ] No [x]

   *(NOTE: If you are not subject to a child support order, answer "no.")*

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

   Are you delinquent in the filing of state taxes? Yes [ ] No [x]

### PART V: Certifying Statement

I hereby apply for an Illinois Prescribing Psychologist Mid-level Practitioner Controlled Substances License in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

Print Name of Applicant

Date of Application

Signature of Applicant

I UNDERSTAND THAT THE FEE IS NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

**Application must be completed in its entirety. If not completed, it will be returned to the address noted on front of application.**
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.

This notice, as well as other forms required for Prescribing Psychologist Licensure and for the Mid-level Practitioner Controlled Substance License, can be downloaded from the IDFPR Web site at: [www.idfpr.com](http://www.idfpr.com).

<table>
<thead>
<tr>
<th>1. NAME OF PRESCRIBING PSYCHOLOGIST (Last, First, Middle Initial)</th>
<th>2. DATE OF BIRTH</th>
<th>3. SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month / Day / Year</td>
<td>___ ___ - ___ - ___ - ___</td>
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<tr>
<th>4. ADDRESS STREET, CITY, STATE, ZIP CODE</th>
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<table>
<thead>
<tr>
<th>5. Prescribing Psychologist Mid-level Practitioner Controlled Substances License</th>
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<tbody>
<tr>
<td><strong>Profession Name</strong></td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. LICENSE NUMBER OF PRESCRIBING PSYCHOLOGIST</th>
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</thead>
<tbody>
<tr>
<td>(If unknown, leave blank.)</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>7. MAIDEN OR GIVEN SURNAME</th>
</tr>
</thead>
</table>

This is to certify that I, ___________________________________________, have delegated prescriptive authority to ___________________________________________ in order to prescribe and/or 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 Prescribing Psychologist named herein-above may prescribe and/or dispense (please check appropriate box(es)):

III ☐  IV ☐  V ☐

*SUCH DELEGATION SHALL BE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN SECTION 303.05 a4) 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

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**

**Prescribing Psychologist**

Complete this form as official notification you are terminating the delegated prescriptive authority for controlled substances for the prescribing psychologist named herein and submit it to:

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

This notice, as well as other forms required for Prescribing Psychologist Licensure and for the Mid-level Practitioner Controlled Substance License, can be downloaded from the IDFPR Web site at: [www.idfpr.com](http://www.idfpr.com)

1. **PRESCRIBING PSYCHOLOGIST NAME** (Last. First, Middle)

2. **DATE OF BIRTH**

   __ __ / __ __ / __ __ __ __  
   Month  Day  Year

3. **SOCIAL SECURITY NUMBER**

   __ __ __ - __ __ __ __ __ __ __ __ __

4. **ADDRESS STREET, CITY, STATE, ZIP CODE**

5. **LICENSE NUMBER OF PRESCRIBING PSYCHOLOGIST**

This is to certify that I, ________________________________, hereby terminate the prescriptive authority delegated to ________________________________ Illinois Licensed Psychologist, 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

__________________________
Illinois License Number of Collaborating Physician

__________________________
Date of Termination of Prescriptive Authority

Additional forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).