

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 225 of the Illinois Compiled Statutes 60/23. Disclosure of this information is REQUIRED. Failure to provide any required information shall result in a Class A Misdemeanor.

RETURN TO:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
ENFORCEMENT ADMINISTRATION UNIT
Mandatory Report File Custodian
320 West Washington Street
Springfield, Illinois 62786

Mark envelope "Personal and Confidential"

CLINICAL TRAINING PROGRAM
MEDICAL MANDATORY REPORT
MEDICAL DISCIPLINARY BOARD

GENERAL INSTRUCTIONS

The program director of any post-graduate clinical training program shall report to the Medical Disciplinary Board if a person engaged in a post-graduate clinical training program at the institution, including, but not limited to, a residency or fellowship, separates* from the program **for any reason** prior to its conclusion.

Reports must be filed with the Medical Disciplinary Board in writing within 60 days after the separation of the licensed individual.

This report contains two parts.

Part 1 seeks basic information concerning the person making the report, the licensed individual who is the subject of the report, and the post-graduate clinical training program.

Part 2 seeks specific information concerning the separation of the licensed individual from the post-graduate clinical training program.

Both parts must be filled out completely. Where requested, **identify and attach explanatory documentation** which will be helpful to the Medical Disciplinary Board in determining whether further investigation is warranted, except that no medical records may be revealed without the written consent of the patient.

The law requires that this report be kept strictly confidential. All communications regarding this report should be addressed only to authorized persons.

The law further provides that any individual or organization acting in good faith, and not in a willful and wanton manner, in complying with this law by providing any report or other information to the Board, or assisting in the investigation or preparation of such information, or by participating in proceedings of the Board, shall not, as a result of such actions, be subject to criminal prosecution or civil damages.

* "Separation", as used in this Section, means any absence from a post-graduate clinical training program exceeding 45 days, whether continuous or in the aggregate, in any 365 day period; any suspension from a post-graduate clinical training program, regardless of length or reason; or any termination from a post-graduate clinical training program. Separation includes a program's decision not to renew a person's contract to participate in the program prior to the conclusion of the full term for which the person was originally engaged. **Separation does not include approved leaves of absence for training, maternity or paternity leave, or vacation, sick or personal leave.**

**CLINICAL TRAINING PROGRAM
MEDICAL MANDATORY REPORT**

Official Use Only

PART 1 – BASIC INFORMATION

Code

Mandatory Report Number

1.5

MR --

A. SOURCE OF INFORMATION – (Individual making report)

NAME (Last, First, MI): _____

PROFESSIONAL TITLE AND/OR JOB TITLE: _____

ADDRESS: _____

Street Address

City

State

ZIP Code

TELEPHONE NO.: _____ EMAIL ADDRESS: _____

Include Area Code

B. PROGRAM INFORMATION – (Institution operating the program)

CLINICAL TRAINING PROGRAM: _____

NAME OF HEALTH CARE INSTITUTION: _____

NAME OF DIRECTOR OF PROGRAM (Last, First, MI): _____

ADDRESS: _____

Street Address

City

State

ZIP Code

TELEPHONE NO.: _____ EMAIL ADDRESS: _____

Include Area Code

C. SUBJECT OF REPORT – (Individual licensed under the Medical Practice Act. Please complete a separate report for each individual)

NAME (Last, First, MI): _____

ADDRESS: _____

Street Address

City

State

ZIP Code

TELEPHONE NO.: _____ EMAIL ADDRESS: _____

Include Area Code

PROFESSIONAL LICENSE NO.: _____

D. TYPE OF ACTION

Termination from Program

Withdrawal from Program

Leave of Absence

PART 2. – SPECIFIC INFORMATION

A. REASON FOR SEPARATION FROM PROGRAM – Please provide below a comprehensive description of the reason for the separation from the clinical program, including any act or acts with dates of any occurrences directly contributing to the separation. **(Identify and attach any appropriate documents, such as correspondence or action reports).**

Date of final determination or acceptance of separation from clinical program: _____

Was individual in good standing upon separation of the program? Yes No

PART 3 - SIGNATURE

OFFICIAL USE ONLY

NAME

TITLE

DATE