



Nursing Self-Report Form

Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
320 W. Washington Street, 3rd Floor
Springfield, Illinois 62786

I. As set forth in the **Nurse Practice Act** 225 ILCS 65/et seq (“Act”), nurses are required to report the following:

A. An adverse final action taken against by any of the following entities (adverse final actions can include, but are not limited to, termination from employment, discipline against a license, a court judgment, etc.):

1. Another licensing jurisdiction (any other U.S. state or territory, or any foreign country)
2. Any peer review body
3. Any healthcare institution
4. Any professional nursing society or association
5. Another governmental agency (state or federal)
6. Any law enforcement agency; or
7. Any court, including a judgment resulting from a nursing liability claim related to conduct which would constitute grounds for discipline as defined in Section 70-5(b) of the Nurse Practice Act.

B. Surrender of a license or authorization to practice in another state or jurisdiction.

C. Surrender of a membership on nursing staff or in any nursing or professional association or society when the following conditions exist:

1. The licensee is under disciplinary investigation by those authorities or bodies AND
2. The investigation is related to conduct that would constitute grounds for discipline as defined in Section 70-5(b) of the Nurse Practice Act.

II. Nurses may also report addiction or chemical dependence, drug diversion, and/or testing positive for illicit or illegal drugs. If you self-report your addiction or chemical dependence, drug diversion, or positive drug test to the Department, you may be eligible for a Care, Counseling, & Treatment Agreement, which is not a disciplinary action.

III. Email complete signed forms to fpr.ciu@illinois.gov within sixty (60) days.

Failure to submit any required report may result in disciplinary action under the Act. Please review the Department’s FAQs at www.idfpr.illinois.gov or call the Department at 1-888-473-4858 for more information.



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Nurse Name:	License Number:
Nurse Email:	Telephone Number:

Nurse Address, City, State, Zip Code:

check if address changed

REPORT INFORMATION

Date and Time of Occurrence:

Description:

Please use additional pages if needed and attach all relevant documentation.

CERTIFICATION

Under penalty of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I herein certify that this Nursing Adverse Final Action Reporting Form and the information herein are true and accurate. Failure to provide such a report to the Division shall be grounds for discipline as set forth in 225 ILCS 65/70-5.

Signature:

Date: