

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 65/65-65. 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"

STATE'S ATTORNEYS  
**NURSING MANDATORY REPORT**  
BOARD OF NURSING

**GENERAL INSTRUCTIONS**

The State's Attorney of each county shall report to the Board of Nursing all instances in which a person licensed under the Nurse Practice Act is convicted or otherwise found guilty of the commission of a felony.

Reports must be filed with the Board of Nursing in writing within 60 days after a determination that a report is required.

This report contains two parts.

Part 1 seeks basic information concerning the person making the report and the licensed individual who is the subject of the report.

Part 2 seeks specific information concerning the conduct or disability of the licensed individual which resulted in the judicial action taken.

Both parts must be filled out completely. Where requested, **identify and attach explanatory documentation** which will be helpful to the Board of Nursing in determining whether further investigation is warranted.

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.

**STATE'S ATTORNEYS  
NURSING MANDATORY REPORT**

**PART 1 – BASIC INFORMATION**

Official Use Only	
Code	Mandatory Report Number
4	<b>MR --</b>

**A. SOURCE OF INFORMATION – (Individual making report)**

NAME (Last, First, MI): \_\_\_\_\_

PROFESSIONAL TITLE AND/OR JOB TITLE: \_\_\_\_\_

JUDICIAL CIRCUIT AND COUNTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  

Street Address
City
State
ZIP Code

TELEPHONE NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  

Include Area Code

**B. SUBJECT OF REPORT – (Defendant in criminal action. Please enter below the information requested with respect to each individual (Defendant) against whom a felony conviction was entered. In the event of multiple Defendants, a separate report must be completed for each Defendant convicted of a felony. Reports are required to be made only on individuals licensed under the Nurse Practice Act as Advanced Practice Nurses. Licensure can be verified by contacting the Department of Professional Regulation at 217-785-0800.)**

NAME (Last, First, MI): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  

Street Address
City
State
ZIP Code

TELEPHONE NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  

Include Area Code

PROFESSIONAL LICENSE NO.: \_\_\_\_\_

**PART 2 – SPECIFIC INFORMATION**

**NATURE OF COURT ACTION - (Attach certified copies of the complaint, indictment, or information, all appearances, official statement of fact, and final judgment order.)**

CASE NAME: \_\_\_\_\_ DOCKET NUMBER: \_\_\_\_\_

COURT IN WHICH FILED: \_\_\_\_\_ DATE FILED: \_\_\_\_\_

DATE OF FINAL JUDGMENT (CONVICTION): \_\_\_\_\_

**PART 3 - SIGNATURE**

**OFFICAL USE ONLY**

NAME	TITLE	DATE	