

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 65/70-10. 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"

RN/LPN INTOXICATION AND DRUG USE
NURSING MANDATORY REPORT
BOARD OF NURSING

GENERAL INSTRUCTIONS

Any nurse who is an administrator or officer in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge of any action or condition which reasonably indicates that a registered professional nurse or licensed practical nurse is impaired due to the use of alcohol or mood altering drugs to the extent that such impairment adversely affects such nurse's professional performance, or unlawfully possesses, uses, distributes or converts mood altering drugs belonging to the place of employment, shall promptly report the individual to the Department or designee of the Department; provided however, an administrator or officer need not file the report if the nurse participates in a course of remedial professional counseling or medical treatment for substance abuse, as long as such nurse actively pursues such treatment under monitoring by the administrator or officer or by the hospital, nursing home, health care agency or facility, or nurse agency and the nurse continues to be employed by such hospital, nursing home, health care agency or facility, or nurse agency.

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 impairment and the program of rehabilitation, if applicable.

Both parts must be filled out completely. Where requested, **identify and attach explanatory documentation** which will be helpful to the Board of Nursing in evaluating the intoxication and/or drug use, including, if applicable, any counseling or treatment programs undergone by the licensed individual.

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 participating in mandatory reporting to the Department or in good faith assisting another person in making such a report shall have immunity from any liability, either criminal or civil, that might result by reason of such action.

**RN/LPN INTOXICATION AND DRUG USE
NURSING MANDATORY REPORT**

PART 1 – BASIC INFORMATION

Official Use Only

Code

Mandatory Report Number

6

MR --

A. SOURCE OF INFORMATION – (Individual making report)

NAME (Last, First, MI): _____

PROFESSIONAL TITLE AND/OR JOB TITLE: _____

NAME OF HEALTH CARE INSTITUTION: _____

ADDRESS: _____

Street Address

City

State

ZIP Code

TELEPHONE NO.: _____ EMAIL ADDRESS: _____

Include Area Code

B. SUBJECT OF REPORT – (Individual licensed under the Nurse 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.: _____

C. DESCRIPTION OF IMPAIRMENT

Drug Abuse

Alcohol Abuse

PART 2 – SPECIFIC INFORMATION

A. COUNSELING/TREATMENT PROGRAM - (If the subject of the report is/was in a program of counseling or treatment, provide the information requested below. Any further information deemed necessary by the Board of Nursing will be obtained directly from the licensed individual.)

NAME OF PROGRAM: _____

NAME OF PERSON RESPONSIBLE
FOR PROGRAM (Last, First, MI): _____

PROFESSIONAL TITLE AND/OR JOB TITLE: _____

ADDRESS: _____

Street Address

City

State

ZIP Code

TELEPHONE NO.: _____ EMAIL ADDRESS: _____

Include Area Code

START DATE OF PROGRAM: _____ END DATE OF PROGRAM: _____

B. INTOXICATION AND/OR DRUG USE NECESSITATING REPORT – In the space below, provide a detailed description of the intoxication and/or drug use which gave cause to file the mandatory report, including the dates of any occurrences, cooperative agreements, and counseling or treatment programs initiated (**identify and attach any appropriate documents**, if applicable):

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C. TERMS AND CONDITIONS – In the space below, provide a brief description of any terms or conditions of the subject’s monitoring, if any, including any specific restrictions or limitations on practice (attach any appropriate documentation setting forth the terms or conditions).

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PART 3 - SIGNATURE			OFFICAL USE ONLY
NAME	TITLE	DATE	