



Request to Update Drug Schedule for Controlled Substances License

DS-Update

IMPORTANT NOTICE: Completion of this form is required by 720 ILCS 570/1 et. seq. (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.

Use this form if you have a controlled substance license in one of the professions listed in Box 2 and need to update the drug schedules associated with your license.

Completed forms may be emailed to: fpr.lmu@illinois.gov or mailed to:

IDFPR
Division of Professional Regulation,
320 West Washington Street, 3rd Floor, Springfield, IL 62786.
ATTN: LMU

PART I: Application Category Information

1. PROFESSION NAME Controlled Substances	2. PROFESSION CODE - Check applicable box and provide your CS license number <input type="checkbox"/> 319 Dentist <input type="checkbox"/> 346 Optometrist <input type="checkbox"/> 316 Podiatrist <input type="checkbox"/> 390 Veterinarian <input type="checkbox"/> 336 Physician <input type="checkbox"/> 377 APRN-FPA	_____ Illinois CS License Number
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PART II: Applicant Identifying Information

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., O.D., etc.)	3. SSN OR ITIN
4. ADDRESS THAT APPEARS ON YOUR CONTROLLED SUBSTANCE REGISTRATION CITY, STATE, COUNTRY, ZIP CODE, COUNTY (P.O. Boxes are not acceptable)		
5. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)		
6. STORING OR DISPENSING <input type="checkbox"/> No, I will not be storing or dispensing controlled substances, including samples at the address in Part II, #4 above. <input type="checkbox"/> Yes, I will be storing or dispensing controlled substances, including samples at the address in Part II, #4 above.	7. EMAIL ADDRESS TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY Email Address _____ Work (Area Code) _____ FAX (Area Code) _____ Home (Area Code) _____ FAX (Area Code) _____	

PART III: Drug Schedule

Select all schedules you are applying for:

II III IV V

Signature:

Date: