

# INSTRUCTION SHEET

## Controlled Substances Registration

**IMPORTANT NOTICE:** Every person who prescribes, dispenses, or stores any controlled substances within the State of Illinois must obtain a registration issued by the Department of Financial and Professional Regulation in accordance with Section 302 of the Illinois Controlled Substances Act [720 ILCS 570].

**A separate registration is required for each place of business or professional practice where controlled substances are located, stored, or dispensed.** A separate registration is not required at each place of business or professional practice where a registrant prescribes controlled substances.

Use the **Application for State Controlled Substances Registration** when applying for a new controlled substances registration **OR** when applying for reinstatement of an existing controlled substances registration to active status. Reinstatement applications must include proof of three (3) continuing medical education hours in the topic of safe opioid prescribing practices.

NOTE: If you were issued a controlled substances registration in the past, you are required to apply for reinstatement of that registration prior to applying for a new registration. Please visit the department's website at <https://idfpr.illinois.gov> to check your Illinois controlled substances registration information.

### **Step I - Application**

1. Submit a completed APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION - This must include the street address for your place of business or professional practice in Part II, 4 if you will be storing or dispensing controlled substances, including samples. A controlled substances registration will not be issued to a P.O. Box. For reinstatement applications, you must include the 9-digit controlled substances registration number in Part I, 3 for the registration that you are reinstating to active status. The registration number begins with 336.
2. Submit a completed **Health Care Workers Additional Personal History Questions (PHQ)**.
3. 3. For reinstatement applications, submit a copy of your certificate verifying completion of three (3) CME hours in the topic of safe opioid prescribing practices.

### **STEP II - Fee**

The fee for a new controlled substances registration is \$5. The fee for reinstatement of a controlled substances registration is \$15. Payment must be the form of a check or money order payable to IDFPR.

### **STEP III - Mail Application**

Mail your application for reinstatement, supporting documents, and payment to:

Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
PO Box 7047  
Springfield, IL 62791

### **Need Assistance**

If you need assistance, please contact The Department of Financial and Professional Regulation at:

1-800-560-6420 TTY: 1-866-325-4949

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for double-sided printing.**

**FOR OFFICIAL USE ONLY**

Disclosure of your U.S. social security number, if you have one, is **mandatory**, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

1. PROFESSION NAME	2. PROFESSION CODE - Check applicable box	3. LICENSURE METHOD	4. FEE
<b>Controlled Substances</b>	<input type="checkbox"/> 319 Dentist	<input type="checkbox"/> 346 Optometrist	\$5
	<input type="checkbox"/> 316 Podiatrist	<input type="checkbox"/> 390 Veterinarian	\$15
	<input type="checkbox"/> 336 Physician	<input type="checkbox"/> 377 APRN-FPA	
		<input type="checkbox"/> New Registration	
		<input type="checkbox"/> Reinstatement	
		<input type="checkbox"/> Registration #: _____	

1. NAME	LAST	FIRST	MIDDLE	2. TITLE (e.g., M.D., O.D., etc.)	3. SSN OR ITIN
4. BUSINESS NAME AND ADDRESS (P.O. Boxes are not acceptable)				CITY	STATE/COUNTRY
				ZIP CODE	COUNTY
5. PERMANENT ADDRESS (STREET / CITY / STATE / ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES REGISTRATION IS TO BE ISSUED					
6. EMAIL ADDRESS (REQUIRED)					

<p>7. STORING OR DISPENSING</p> <p><input type="checkbox"/> <b>No, I will not be</b> storing or dispensing controlled substances, including samples at the address in Part II, 4.</p> <p><input type="checkbox"/> <b>Yes, I will be storing or dispensing</b> controlled substances, including samples at the address in Part II, 4.</p>	<p>8. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)</p>
	<p>9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY</p> <p><b>Work</b> (      ) _____ <b>FAX</b> (      ) _____  Area Code Area Code</p> <p><b>Home</b> (      ) _____ <b>FAX</b> (      ) _____  Area Code Area Code</p>

## PART V: Professional Activity

II                      III                      IV                      V

Professional License Number

- |                                       |             |
|---------------------------------------|-------------|
| <input type="checkbox"/> Dentist      | 019 - _____ |
| <input type="checkbox"/> Optometrist  | 046 - _____ |
| <input type="checkbox"/> Physician    | 036 - _____ |
| <input type="checkbox"/> Podiatrist   | 016 - _____ |
| <input type="checkbox"/> Veterinarian | 090 - _____ |
| <input type="checkbox"/> APN-FP       | 277 - _____ |

<b>PART VI: Personal History Information (This part must be completed by all Applicants)</b>		<b>YES</b>	<b>NO</b>
1.	Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2.	Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3.	If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.		
4.	Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5.	Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		
6.	Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		
7.	Has your authority to prescribe or dispense controlled substances granted by either the U.S. Drug Enforcement Administration (DEA) or any state/territory of the U.S. (including Illinois) ever been voluntarily or involuntarily reduced, limited, placed on probation, relinquished, denied, revoked or suspended or otherwise disciplined? You must answer yes if any of the above actions are currently pending or if you have withdrawn or failed to proceed with an application for any controlled substances license. If yes, attach a separate sheet with complete and accurate explanation and certified documentation from the appropriate entity regarding the action.		
<b>PART III: Child Support, Tax Information, Workers' Compensation (Every applicant is required by law to respond to the following questions)</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. <b>Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</b></p> <p>Are you more than 30 days delinquent in complying with a child support order? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p><i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p> </div> <div style="width: 15%; text-align: center; font-size: small;"> <b>SSN OR ITIN:</b> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."</p> <p>Are you delinquent in the filing of state taxes? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> </div> <div style="width: 15%; text-align: center; font-size: small;"> <b>SSN OR ITIN:</b> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."</p> <p>Are you delinquent in complying with workers' compensation obligations? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> </div> <div style="width: 15%; text-align: center; font-size: small;"> <b>Profession:</b> </div> </div>			
<b>PART VII: Certifying Statement</b>			
<p>I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.  <b>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>             Date of Application         </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>             Signature of Applicant         </div> </div>			
<p><b><i>Application must be completed in its entirety.</i></b></p> <p><b><i>If not completed, it will be returned to the address noted on front of application.</i></b></p>			