

# INSTRUCTIONS FOR APPLICATION FOR ILLINOIS CONTROLLED SUBSTANCES REGISTRATION FOR EUTHANASIA AGENCY

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the application and required fee unless otherwise directed in the instructions.*

1. A separate Controlled Substances Registration is required for each agency.
2. Federal registration is mandatory before any activity relating to or the use of controlled substances is permitted.
3. A State Controlled Substances Registration is a prerequisite for Federal Controlled Substances Registration. For information concerning Federal registration contact:

Drug Enforcement Administration  
230 S. Dearborn, Suite 1200  
Chicago, IL 60604  
312/353-7875  
Web site: [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

4. The required fee, made payable with check or money order to IDFPR, must accompany this application. The required fee is: **\$5**

If you currently hold an Illinois Controlled Substances license and are requesting a change of address or change of name, the required fee of \$20 must accompany this application along with the original, incorrect license and pocketcard.

5. Item 6 on the application will be the address to which the license will be issued and must be the address where the activity will be conducted.

6. Send completed application to:  
Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791

**Additional application forms can be downloaded from the IDFPR Web site at [idfpr.illinois.gov](http://idfpr.illinois.gov).**

<b>APPLICATION FOR ILLINOIS CONTROLLED SUBSTANCES REGISTRATION FOR EUTHANASIA AGENCY</b>		<b>FOR OFFICIAL USE ONLY</b>	
NOTICE: Completion of this form is required for licensure under 720 ILCS 570/302. Disclosure of this information is mandatory. Failure to provide requested information will result in this form not being processed.			
If you currently hold an Illinois Controlled Substance License, indicate reason for filing application: <input type="checkbox"/> Change of Address <input type="checkbox"/> New Application <input type="checkbox"/> Change in Schedule of Drugs <input type="checkbox"/> Change of Name <input type="checkbox"/> Additional Location		Current Illinois License No.: _____	
1. PROFESSION CODE <b>328</b>	2. TYPE OF BUSINESS OWNERSHIP <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government Owned Facility		
3. NAME OF AGENCY APPLYING FOR LICENSURE		4. AGENCY LICENSE NUMBER <b>2 2 8 -</b>	5. BUSINESS TELEPHONE (w/Area Code)
6. NAME OF OWNER			
7. BUSINESS ADDRESS    STREET, CITY, STATE, ZIP CODE, COUNTY		8. E-MAIL ADDRESS	
		9. IF INDIVIDUAL OWNER, COMPLETE 9a THROUGH 9c.	
		9a. SSN or ITIN	9b. Date of Birth
10. NAME OF CERTIFIED EUTHANASIA TECHNICIAN RESPONSIBLE FOR DRUGS		11. CERTIFIED EUTHANASIA TECHNICIAN LICENSE NUMBER <b>235 -</b>	
12. HOME ADDRESS OF EUTHANASIA TECHNICIAN RESPONSIBLE FOR DRUGS		13. HOME TELEPHONE (Include Area Code)	
14. Have you (the applicant) applied for or do you have registration under the Federal Controlled Substances Act? Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No      Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Check all applicable schedules and list each specific drug handled. Any license issued pursuant to this application applies only to the schedules checked.			
	SCHEDULE	LIST SPECIFIC DRUGS	
	Schedule II (Non-Narcotic)		
	Schedule III (Non-Narcotic)		
16. NAME AND ADDRESS OF SOURCE OF CONTROLLED SUBSTANCES			
17. Has applicant, or any names therein listed, ever been charged in a court of law, hearing, or other administrative procedure with any violation of the laws of the United States or of any individual state relating to drugs, liquor, poisonous substances or any felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If "Yes," state all particulars, dates, places and present status on separate sheet.)			
18. Has applicant, or any of the persons listed above, ever had any disciplinary action taken against him/her or been convicted of any violation of the laws of the United States or of any individual state, relating to the manufacture, distribution, or dispensing of Controlled Substances? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If "Yes," state all particulars, dates, places, and present status on separate sheet.)			
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. <b>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b>			
_____ Signature of Certified Euthanasia Technician		_____ Date	

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