

Date of request	<p align="center"><b>Unique Identifier Authorization Form</b>          Illinois Division of Professional Regulation  <u><a href="mailto:FPR.drugcomplianceunit@illinois.gov">FPR.drugcomplianceunit@illinois.gov</a></u></p>	 <b>IDFPR</b>
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Pharmacy Name	Name of Pharmacy Operating System	
Requestors Name	Requestors Title	
Address		
City	Zip Code	Phone Number

**Authorization Questions**

**225 ILCS 85/3 (v) provides:** "Unique identifier" means an electronic signature, handwritten signature or initials, thumb print, or other acceptable biometric or electronic identification process as approved by the Department.

The following questions are necessary to evaluate and approve utilizing a unique identifier in lieu of a pharmacist signature for controlled substance prescriptions.

1) Describe the unique identifier utilized to identify the pharmacist(s) performing verification steps for controlled substance prescriptions.

2) Describe the physical and system processes to assure the security of the pharmacist's personal unique identifier used in the verification process.

3) Describe the system security measures to prevent alteration of the unique identifier on each controlled substance prescription record. (Audit log may be acceptable).

Providing supporting documents will assist the Department in the approval process.

**Signature**

\_\_\_\_\_  
Pharmacy Representative

\_\_\_\_\_  
Pharmacy Representative Title

\_\_\_\_\_  
Contact E-mail

\_\_\_\_\_  
Date