

## INSTRUCTIONS FOR PRESCRIBING PSYCHOLOGIST MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCES LICENSE

**\*\*\*\*READ AND FOLLOW INSTRUCTIONS CAREFULLY\*\*\*\*  
FAILURE TO DO SO WILL DELAY ISSUANCE!**

An Illinois prescribing psychologist controlled substances license may be issued to a licensed prescribing psychologist who has been delegated prescriptive authority by a collaborating physician for non-narcotic Schedule III, IV, and/or V controlled substances.

1. Supporting Document **CCA must** be completed and submitted with each application. Your application will not be processed without completion of this form.
2. Complete Parts II through V of application and the supplemental documentation.
3. Submit the appropriate \$5 licensure fee. Make check or money order payable to the Department of Financial and Professional Regulation. **Fee is not refundable.**
4. Return application, supporting documents and fee to the below noted Springfield, Illinois, address. Delegation of Prescriptive Authority must be submitted.
5. Failure to properly complete the application will delay licensure.

**NOTE:** ● A mid-level practitioner controlled substances license will not be issued until your prescribing psychologist license has been issued.

- If the collaborating physician has delegated prescriptive authority to the prescribing psychologist, the written collaborative agreement shall include a statement indicating that the collaborating physician has delegated prescriptive authority for non-narcotic Schedule III, IV, and V controlled substances. The delegation must be within the physician's scope of practice and within the scope of the prescribing psychologist's training. A prescribing psychologist may only prescribe and dispense medications for the treatment of mental health disease or illness the collaborating physician generally provides to his or her patients in the normal course of his or her clinical practice. **The following may not be included in any written delegation of prescriptive authority by the collaborating physician:**

- 1) Patients who are less than 17 years of age or over 65 years of age;
- 2) Patients during pregnancy;
- 3) Patients with serious medical conditions, such as heart disease, cancer, stroke, or seizures, and with developmental and intellectual disabilities;
- 4) Prescriptive authority for Schedule III benzodiazepine controlled substances;
- 5) Prescriptive authority for any controlled substance to be delivered by injection;
- 6) Prescriptive authority for any Schedule II substance; and
- 7) Prescriptive authority for any narcotic drug as defined by Section 102 of the Illinois Controlled Substances Act.

- The written collaborating agreement shall be signed by both the physician and the prescribing psychologist and a copy maintained at each location where the prescribing psychologist practices and shall be provided to the Illinois Department of Financial and Professional Regulation upon request. A copy of the prescribing psychologist Illinois and federal controlled substances licenses numbers shall be kept with the agreement.

- **If collaborating with more than one physician, a separate notice of delegation of prescriptive authority shall be submitted when prescriptive authority is delegated.** If prescriptive authority includes non-narcotic Schedule III, IV and/or V controlled substances, the prescribing psychologist will be required to apply for a mid-level practitioner controlled substances license in accordance with the Illinois Controlled Substances Act; however, only one controlled substances license will be issued regardless of the number of collaborating physicians. A prescribing psychologist shall inform each collaborating physician of all collaborative agreements he or she has signed and provide a copy of these to any collaborating physician. No collaborating physician shall enter into more than 3 collaborative agreements.

Should you have any questions relative to completing the application, contact:

Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
320 West Washington, 3rd Floor  
Springfield, Illinois 62786  
1-800-560-6420

An Illinois prescribing psychologist controlled substances license is a **prerequisite** for federal controlled substances registration. For information concerning federal registration, you must contact:

Drug Enforcement Administration  
230 South Dearborn, Suite 1200  
Chicago, Illinois 60604  
312/353-7875

Your Illinois prescribing psychologist controlled substances license number will expire at the same time your professional license expires.

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for double-sided printing.**



NAME (Last, First, MI):

SS#:

Profession:

PART III: Personal History Information <i>(This part must be completed by all Applicants)</i>	YES	NO
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. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
4. Do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Has any previous registration held by you under the Illinois Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? <i>If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.</i>		

**PART IV: Child Support and/or Tax Information (Every applicant is required by law to respond to the following questions)**

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. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes  No   
*(NOTE: If you are not subject to a child support order, answer "no.")*

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."

Are you delinquent in the filing of state taxes? Yes  No

**PART V: Certifying Statement**

I hereby apply for an Illinois Prescribing Psychologist Mid-level Practitioner Controlled Substances License 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.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

**I UNDERSTAND THAT THE FEE IS NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

***Application must be completed in its entirety.  
If not completed, it will be returned to the address noted on front of application.***

**IMPORTANT NOTICE:** Completion of this form is required by 225 ILCS 95/1, et.seq. of the Illinois Compiled Statutes. Disclosure of this information is mandatory. Any person who is found to have knowingly violated any provision of this Act is guilty of a Class A misdemeanor.

**Notice of Delegated Prescriptive Authority for Controlled Substances (Prescribing Psychologist)**

**PP-CS**

**COLLABORATING PHYSICIAN:**

**Complete this form as official notification you are delegating prescriptive authority for controlled substances for the prescribing psychologist named herein. Submit form to:**

**Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
320 West Washington, 3rd Floor  
Springfield, Illinois 62786**

**Upon your decision to terminate the delegated prescriptive authority for controlled substances for this individual, you must notify the Department of your intent by completing a Notice of Termination of Delegated Prescriptive Authority.**

**This notice, as well as other forms required for Prescribing Psychologist Licensure and for the Mid-level Practitioner Controlled Substance License, can be downloaded from the IDFP Web site at: [www.idfpr.com](http://www.idfpr.com).**

1. NAME OF PRESCRIBING PSYCHOLOGIST (Last, First, Middle Initial)		2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE		5. <b>Prescribing Psychologist Mid-level Practitioner Controlled Substances License</b> Profession Name <b>3 7 4</b> Profession Code	
		6. LICENSE NUMBER OF PRESCRIBING PSYCHOLOGIST (If unknown, leave blank.)	
7. MAIDEN OR GIVEN SURNAME			

This is to certify that I, \_\_\_\_\_, have delegated  
(Collaborating Physician)

prescriptive authority to \_\_\_\_\_ in order to prescribe and/or  
(Prescribing Psychologist)

dispense controlled substances categorized as non-narcotic Schedule III, IV, or V controlled substances, as defined in Article II of the Illinois Controlled Substances Act. I further certify the delegation of prescriptive authority is appropriate to my practice and within the scope of the **prescribing psychologist's** training. The **Prescribing Psychologist** named herein-above may prescribe and/or dispense (please check appropriate box(es)):

III  IV  V

**\*Such delegation shall be in accordance with the provisions set forth in Section 303.05 a)4) of the Illinois Controlled Substances Act.**

_____	_____
Print Name of Collaborating Physician	Signature of Collaborating Physician
_____	_____
Illinois License Number of Collaborating Physician	Illinois Controlled Substance Number
_____	_____
Date of Delegation of Prescriptive Authority	Business Street Address of Collaborating Physician
	_____
	City, State, Zip Code

**IMPORTANT NOTICE:** Completion of this form is required by 225 ILCS 95/1, et.seq. of the Illinois Compiled Statutes. Disclosure of this information is mandatory. Any person who is found to have knowingly violated any provision of this Act is guilty of a Class A misdemeanor.

## Notice of Termination of Delegated Prescriptive Authority for Controlled Substances (Prescribing Psychologist)

**COLLABORATING PHYSICIAN:** Complete this form as official notification you are terminating the delegated prescriptive authority for controlled substances for the prescribing psychologist named herein and submit it to:

Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
320 West Washington, 3rd Floor  
Springfield, Illinois 62786

This notice, as well as other forms required for Prescribing Psychologist Licensure and for the Mid-level Practitioner Controlled Substance License, can be downloaded from the IDFPR Web site at: [www.idfpr.com](http://www.idfpr.com)

1. PRESCRIBING PSYCHOLOGIST NAME (Last, First, Middle)	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE		5. LICENSE NUMBER OF PRESCRIBING PSYCHOLOGIST

This is to certify that I, \_\_\_\_\_, hereby terminate the  
(Collaborating Physician)  
prescriptive authority delegated to \_\_\_\_\_ Illinois Licensed  
(Prescribing Psychologist)  
**Prescribing Psychologist**, License No. \_\_\_\_\_, effective \_\_\_\_\_. This  
person is no longer delegated authority to prescribe and/or dispense controlled substances by this collabor-  
ating physician:

\_\_\_\_\_  
Print Name of Collaborating Physician

\_\_\_\_\_  
Signature of Collaborating Physician

\_\_\_\_\_  
Illinois License Number of Collaborating Physician

\_\_\_\_\_  
Date of Termination of Prescriptive Authority

Additional forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).