

INSTRUCTION SHEET

Certified 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.***

To apply for a Certified Euthanasia Agency license, read the following requirements and follow the instructions as they apply to your agency. The application which you submit is valid for 3 years from date of receipt. If you are issued a license, please be advised that it will expire on April 30 of even-numbered years.

Requirements of an Euthanasia Agency

1. Euthanasia may only be performed in a certified agency by a certified euthanasia technician, a licensed veterinarian or an instructor during an approved course in humane euthanasia.
2. An Illinois Controlled Substance license issued by the Department of Financial and Professional Regulation and a Federal Drug Enforcement Administration (DEA) license is required to purchase, store and possess Schedule II and Schedule III (non-narcotic) drugs to euthanize animals.
3. The agency shall designate a person who is responsible for ordering the euthanasia drugs and who is responsible for the security of the agency's euthanasia drugs. A certified technician may only euthanize in a certified euthanasia agency or under the supervision of a licensed veterinarian. The technician may not personally possess, order or administer a controlled substance except as an agent of the euthanasia agency.
4. The agency shall notify the Department in writing within 30 days after termination of an euthanasia technician from the agency.
5. The agency shall notify the Department when the location of a facility is changing.
6. The agency shall comply with the requirements of the Illinois Food, Drug and Cosmetic Act, Federal Controlled Substances Act and the Illinois Controlled Substances Act.
7. The agency shall comply with the requirements for the handling and storage of drugs as listed in the Rules for the Administration of the Humane Euthanasia in Animal Shelters Act.
8. An agency shall be inspected by the Department prior to issuance of a controlled substances license. (A separate inspection fee is required.)

NOTE: A certified euthanasia agency is required to submit to the Department of Financial and Professional Regulation the number of dogs, cats, puppies, kittens and other species euthanized each calendar year by January 31 of the next year. The report shall also include the total amount of drugs used for the year and the amount of drugs wasted. This information is to be recorded on the supporting document Euthanasia and Controlled Substances Record and submitted to the Department.

General Instructions

1. Complete the 1-page application. Type or print legibly with black ink only.
2. Submit proof of an active and unencumbered license under the Animal Welfare Act as an Animal Control Facility or an Animal Shelter from the Illinois Department of Agriculture (217/782-6657).
3. The required fee, made payable to the Department of Financial and Professional Regulation, must accompany this application. Mail application, fee, and documentation to:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

For assistance call the DPR Call Center at: 1-800-560-6420
TTY: 1-866-325-4949

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et.seg. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

FOR OFFICIAL USE ONLY

CERTIFIED EUTHANASIA AGENCY

New Agency
 Change of Ownership
 Change of Location

PART I: Application Category Information

1. TYPE OF OWNERSHIP <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government Owned	2. PROFESSION CODE <p style="text-align: center;"><u>228</u></p>	3. FEE(S) SUBMITTED <input type="checkbox"/> \$200 New Agency <input type="checkbox"/> \$50 Inspection fee for Controlled Substances <input type="checkbox"/> \$200 Change of Owner <input type="checkbox"/> \$200 Change of Location
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Type or print legibly with black ink only.

PART II: Agency Identifying Information

A. NAME OF AGENCY (As it is to appear on Certificate of Registration)	B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER	
C. AGENCY ADDRESS (Include Street Address, City, State and ZIP Code)	D. ILLINOIS CONTROLLED SUBSTANCE LICENSE NUMBER <p style="text-align: center;">328-</p>	
	E. TELEPHONE NUMBER (Include Area Code)	F. FAX NUMBER (Include Area Code)
G. DATE AGENCY WILL BE READY FOR INSPECTION	H. E-MAIL ADDRESS	
I. NAME OF EUTHANASIA TECHNICIAN OR VETERINARIAN	J. TECHNICIAN LICENSE NUMBER <p style="text-align: center;">235-</p>	

PART III: Owner and Stock Holder Information - *Record data for all owners, partners, officers, or if corporation, all persons owning 10% or more of corporate stock.*

NAME	STREET ADDRESS CITY, STATE, ZIP CODE	TITLE	PERCENTAGE OF OWNERSHIP

PART IV: Certifying Statement

Under penalties of perjury, I declare that I have examined this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

_____ Date

_____ Signature of Owner, Partner, or Corporate Officer of Agency

I UNDERSTAND THAT FEES ARE 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.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Certified 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.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Agency Identifying Information	
Part III. Owner and Stock Holder Information	
Part IV. Certifying Statement	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee(s)	
Certified Euthanasia Technician Information	
Certified Euthanasia Agency Information	
If you are going to purchase and administer Schedule II and/or Schedule III drugs, you must submit the enclosed Controlled Substance application and fee. The facility will be subject to a Department inspection.	
You must submit the enclosed Euthanasia record identifying the number and type of animals euthanized each calendar year by January 31 of the next year.	

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

CERTIFIED EUTHANASIA TECHNICIAN EMPLOYMENT NOTIFICATION

INSTRUCTIONS

A Certified Euthanasia Technician shall not perform any euthanasia procedure until written notice is made to the Department. If a Certified Euthanasia Technician ceases employment the Agency shall give written notice to the Department **within 30 days** of termination. This form must be typed or printed and submitted by the Agency to:

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

This notice, as well as other forms required for Certified Euthanasia Technician, can be downloaded from the IDFPR Web site at: www.idfpr.com.

CERTIFIED EUTHANASIA TECHNICIAN INFORMATION

1. NAME OF CERTIFIED EUTHANASIA TECHNICIAN	2. LICENSE NUMBER 235 -
3. HOME ADDRESS OF CERTIFIED EUTHANASIA TECHNICIAN	4. TELEPHONE NUMBER OF CERTIFIED EUTHANASIA TECHNICIAN

Signature of Certified Euthanasia Technician: _____

CERTIFIED EUTHANASIA AGENCY INFORMATION

1. NAME OF CERTIFIED EUTHANASIA AGENCY	2. LICENSE NUMBER 228 - _____
3. NAME AND ADDRESS OF AGENCY (Street, City, State Zip Code)	4. AGENCY TELEPHONE NUMBER (Include Area Code)
	5. FAX NUMBER (Include Area Code)

Date to **begin** as Certified Euthanasia Technician: _____

Signature of Certified Euthanasia Technician: _____

Signature of Person in Charge of Certified Euthanasia Agency: _____

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

Certified Euthanasia Technician Employment Notification of Termination

INSTRUCTIONS

This form is to be used for notifying the Department of employment termination of a Certified Euthanasia Technician.

When a Certified Euthanasia Technician is terminated or is terminating his or her status as a Certified Euthanasia Technician of a Certified Euthanasia Agency, the Euthanasia Agency must notify the Department of the termination within 30 business days.

This form must be typed or printed and submitted to:

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

This notice, as well as other forms required for Certified Euthanasia Technician, can be downloaded from the IDFPR Web site at: www.idfpr.com.

CERTIFIED EUTHANASIA TECHNICIAN INFORMATION

1. NAME OF PERSON WHOSE EMPLOYMENT AS A CERTIFIED EUTHANASIA TECHNICIAN WITH YOUR AGENCY WAS TERMINATED

2. LICENSE NUMBER

235 -

EUTHANASIA AGENCY INFORMATION

1. NAME OF EUTHANASIA AGENCY

2. LICENSE NUMBER

228 - _____

3. NAME AND ADDRESS OF AGENCY (Street, City, State Zip Code)

4. BUSINESS TELEPHONE NUMBER (Include Area Code)

5. FAX NUMBER (Include Area Code)

Date the above named person's employment was terminated as Certified Euthanasia Technician:

Signature of Person in Charge of Euthanasia Agency: _____

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

EUTHANASIA AND CONTROLLED SUBSTANCES RECORD

Instructions

1. Complete the 1-page Euthanasia and Controlled Substance Record each calendar year by January 31 of the next year. Type or print in black ink only. You are authorized to photocopy this form if needed.
2. Mail the form to: Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
Drug Compliance Unit
9511 Harrison Street, Suite LL50
Des Plaines, IL 60016-1563

NOTE: For the purposes of Section 1248.40 of the Rules for the Administration of the Humane Euthanasia in Animal Shelters Act, puppies are dogs younger than 4 months of age, kittens are cats younger than 4 months of age, dogs are canines 4 months of age or older and cats are felines 4 months of age or older.

This report is for the calendar year of 20_____.

PART I: Agency Identifying Information

1. NAME OF AGENCY (As it appears on your Certification of Registration.)	2. FEIN NUMBER
3. AGENCY ADDRESS (Include street address, city, state and zip code.)	4. ILLINOIS CONTROLLED SUBSTANCE LICENSE NUMBER 328- _____
5. PHONE NUMBER (Include area code)	6. CERTIFIED EUTHANASIA AGENCY LICENSE NUMBER 228- _____

PART II: Euthanasia Record

TYPE OF ANIMAL EUTHANIZED	TOTAL NUMBER OF ANIMALS EUTHANIZED

PART III: Controlled Substances Record

TOTAL AMOUNT OF DRUGS USED FOR THE YEAR		TOTAL AMOUNT OF DRUGS WASTED FOR THE YEAR	
SCHEDULE II (Non-Narcotic)	SCHEDULE III (Non-Narcotic)	SCHEDULE II (Non-Narcotic)	SCHEDULE III (Non-Narcotic)

I hereby certify that the foregoing information is correct to the best of my knowledge.

Print Name of Certified Euthanasia Technician

Date

Signature of Certified Euthanasia Technician

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 Substance 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.dea diversion.usdoj.gov

4. The required fee, made payable to the Department of Financial and Professional Regulation, must accompany this application. The required fee is: **\$5**

If you currently hold an Illinois Controlled Substance license and are requesting a (1) change of address; or (2) 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 www.idfpr.com.

APPLICATION FOR ILLINOIS CONTROLLED SUBSTANCES REGISTRATION FOR EUTHANASIA AGENCY

IMPORTANT NOTICE: Completion of this form is required by 720 of the Illinois Compiled Statutes. Disclosure of this information is "Mandatory." Failure to comply could result in a fine up to \$30,000.

If you currently hold an Illinois Controlled Substance License, indicate reason for filing application:
 Change of Address New Application Change in Schedule of Drugs
 Change of Name Additional Location

Current Illinois License No.: _____

1. PROFESSION CODE: **3028**
2. TYPE OF BUSINESS OWNERSHIP: Individual Partnership Corporation Government Owned Facility

3. NAME OF AGENCY APPLYING FOR LICENSURE
4. AGENCY LICENSE NUMBER: **228 -**
5. BUSINESS TELEPHONE (w/Area Code)

6. NAME OF OWNER
7. FAX # (w/Area Code)

8. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE, COUNTY
9. E-MAIL ADDRESS
10. IF INDIVIDUAL OWNER, COMPLETE 8a THROUGH 8c.
10a. Social Security Number 10b. Date of Birth 10c. Sex

11. NAME OF CERTIFIED EUTHANASIA TECHNICIAN RESPONSIBLE FOR DRUGS
12. CERTIFIED EUTHANASIA TECHNICIAN LICENSE NUMBER: **235 -**

13. HOME ADDRESS OF EUTHANASIA TECHNICIAN RESPONSIBLE FOR DRUGS
14. HOME TELEPHONE (Include Area Code)

15. Have you (the applicant) applied for or do you have registration under the Federal Controlled Substances Act?
Applied: Yes No Registered: Yes No

16. Check all applicable schedules and list each specific drug handled. Any license issued pursuant to this application applies only to the schedules checked.

<input checked="" type="checkbox"/>	SCHEDULE	LIST SPECIFIC DRUGS
	Schedule II (Non-Narcotic)	
	Schedule III (Non-Narcotic)	

17. NAME AND ADDRESS OF SOURCE OF CONTROLLED SUBSTANCES

18. 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? Yes No (If "Yes," state all particulars, dates, places and present status on separate sheet.)

19. 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? Yes No (If "Yes," state all particulars, dates, places, and present status on separate sheet.)

I hereby certify that I personally completed this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this business.

Signature of Certified Euthanasia Technician Date

I UNDERSTAND FEES ARE 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.