

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 (Advanced Practice Nurse)

COLLABORATING PHYSICIAN: Complete this form as official notification you are terminating the delegated prescriptive authority for controlled substances for the advanced practice nurse 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 Advanced Practice Nurse Licensure and for the Mid-level Practitioner Controlled Substance License, can be downloaded from the IDFPR Web site at: www.idfpr.com

1. ADVANCED PRACTICE NURSE 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 ADVANCED PRACTICE NURSE

This is to certify that I, _____, hereby terminate the
(Collaborating Physician)
prescriptive authority delegated to _____ Illinois Licensed
(Advanced Practice Nurse)
Advanced Practice Nurse, License No. _____, effective _____. This
person is no longer delegated authority to prescribe and/or dispense controlled substances by this collaborating 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.illinois.gov.