



Physician Adverse Action Report

Illinois Department of Financial and Professional Regulation - Division of Professional Regulation
320 West Washington Street, Springfield, Illinois 62786

1. As set forth in the [Medical Practice Act](#) ("Act"), physicians are required to complete this report for the following:
 - a. Adverse final action taken against you by any of the following:
 - another licensing jurisdiction (any other state or any territory of the United States or any foreign state or country),
 - peer review body,
 - health care institution,
 - professional society or association related to practice under the Act,
 - governmental agency,
 - law enforcement agency,
 - court for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in the Act, or
 - state or federal agency that restricts or prohibits you from providing services to the agency's participants.
 - b. Surrender of a license or authorization to practice as a medical doctor, a doctor of osteopathy, a doctor of osteopathic medicine, or doctor of chiropractic in another state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society, while under disciplinary investigation by any of those authorities or bodies, for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in the Act; or
 - c. Adverse judgment, settlement, or award arising from a liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for action as defined in the Act.
2. Email complete signed forms to FPR.MedicalAdverse@Illinois.gov within **60 days**.

Physician Name:	Physician License No.:
Physician Email:	Physician Phone No.:
Physician Address: (City, State, Zip Code)	
<input type="checkbox"/> <i>check if address changed</i>	
PHYSICIAN ADVERSE ACTION INFORMATION	
Date of Occurrence:	
Description:	
<i>Please use additional pages if needed and attach all relevant documentation (including, but not limited to a copy of an adverse final action taken against you).</i>	
CERTIFICATION	
Under penalty of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I herein certify that this Physician Mandatory Reporting Form and the information herein are true and accurate. Failure to provide such a report to the Division shall be grounds for discipline as set forth in 225 ILCS 60/22.	
Signature:	Date: