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# (336) Physician Controlled Substance License Application

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# General Information

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## Instructions:

1. If your professional application is pending or in process, you will still be able to apply for a licensed. A controlled substances registration will not be issued until your professional license has been issued. A controlled substances registration will not be issued to individuals holding a temporary license.
2. It is mandatory that the permanent mailing address and/or business address be a street address. P.O. boxes are not acceptable. Your controlled substances registration must be issued to a street address.
3. Disclosure of your U.S. Social Security Number (SSN), if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. If you do not have a Social Security Number, you must submit the SSN affidavit. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any Tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.
4. You must select the drug schedules for which you are applying for. Drug schedules include:
  - Schedule II
  - Schedule III
  - Schedule IV
  - Schedule V
5. You have three (3) years from the date your application is received by the Department to complete the application process. If the process is not completed in three (3) years, your application will be denied and the fee forfeited.
6. Application fees for controlled substance licenses are \$5.00 and are non-refundable.
7. A State controlled substances registration is a prerequisite for Federal controlled substances registration. The address on your Illinois controlled substances registration must be exactly the same address as your Federal registration. For information concerning Federal registration, you must contact:

Drug Enforcement Administration  
230 South Dearborn, Suite 1200  
Chicago, Illinois 60604  
Telephone: 312/353-7875  
Web site: [www.dea diversion.usdoj.gov](http://www.dea diversion.usdoj.gov)

# Application Requirements

Designation	Requirements	Submitted:
<p><b>Controlled Substance License Application</b></p>	<ol style="list-style-type: none"> <li>1. Completed online application including all of the following required information:               <ul style="list-style-type: none"> <li>• Public and Mailing Address</li> <li>• Social Security Number or an SSN Affidavit</li> <li>• Name Change Information</li> <li>• Date of Birth</li> </ul> </li> <li>2. Personal Information including:               <ul style="list-style-type: none"> <li>• Birth City</li> <li>• Birth State</li> <li>• Birth Country</li> <li>• Gender</li> <li>• Ethnicity</li> </ul> </li> <li>3. The Drug Schedules you will be applying for:               <ul style="list-style-type: none"> <li>• Schedule II</li> <li>• Schedule III</li> <li>• Schedule IV</li> <li>• Schedule V</li> </ul> </li> <li>4. If you are storing or dispensing controlled substances including samples you will be required to provide the business address where they will be stored or dispensed.</li> <li>5. If you are not storing or dispensing controlled substances including samples your controlled substance license will be issued the public address on file in section 2 of the application "Public and Mailing Address".</li> <li>6. Personal History questions related to the Health Care Workers Charged with or Convicted of Criminal Acts including:               <ul style="list-style-type: none"> <li>• Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act as a part of a criminal sentence?</li> <li>• Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?</li> <li>• Are you currently charged with or have you been convicted of a forcible felony?</li> </ul> </li> </ol>	<p>ONLINE PORTAL</p>

	<p>7. If you answered yes to any of the above statements, please attach a certified copy of the court records regarding your conviction, description of the nature of the offense, date of discharge, if applicable, and a statement from the probation or parole office.</p> <p>8. Personal History Information including:</p> <ul style="list-style-type: none"> <li>• Criminal History</li> <li>• Felony Convictions</li> <li>• Dishonorable discharge from military service</li> <li>• Disease or conditions that may interfere with professional work</li> <li>• Denial of a prior professional license</li> </ul> <p>9. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes.</p>	
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## Application Fees

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<b><i>Fees collected through the licensing process are NOT REFUNDABLE OR TRANSFERABLE.</i></b>		
<b>Complete</b>	<b>License Type</b>	<b>Submitted:</b>
	(336) Physician Controlled Substance License ..... \$5.00	ONLINE PORTAL
<b><i>NOTES: All major credit and debit cards as well as ACH and eCheck are accepted.</i></b>		