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# (309) Advance Practice Nurse Controlled Substance License

## Contents

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General Information .....	2
Advance Practice Nurse Mid-Level Practitioner .....	2
Overview of Requirements .....	2
In Order to Obtain a Mid-Level Practitioner Controlled Substance License .....	3
Authority to Prescribe or Dispense Legend Drugs .....	3
Instructions: .....	4
Additional Information: .....	5
Application Requirements .....	6
Application Fees .....	7

# General Information

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## Advance Practice Nurse Mid-Level Practitioner

**Pursuant to Section 1300.430 of the Rules for the Administration of the Illinois Nurse Practice Act:** A collaborating physician who delegates limited prescriptive authority to an advanced practice nurse shall include such delegation in the written collaborative agreement. The prescriptive authority may include prescription and dispensing of legend drugs and controlled substances categorized as Schedule II, III, IV, or V controlled substances, as defined in the Illinois Controlled Substances Act. An APN who has been given controlled substances prescriptive authority shall be required to obtain a mid-level practitioner controlled substances license in accordance with 77 Ill. Admin. Code Part 3100. The physician shall file a notice of delegation of prescriptive authority with the Department. The delegation of authority form shall be submitted to the Department prior to the issuance of a controlled substances license. The APN may only prescribe and dispense within the scope of practice of the collaborating physician. All prescriptions written and signed by an advanced practice nurse shall indicate the name of the collaborating physician. The collaborating physician's signature is not required. The advanced practice nurse shall sign his/her own name. An APN may receive and dispense samples per the collaborative agreement. Medication orders shall be reviewed periodically by the collaborating physician.

## Overview of Requirements

- If the collaborating physician has delegated prescriptive authority to the advanced practice nurse, the written collaborative agreement shall include a statement indicating the supervising physician has delegated prescriptive authority for legend drugs and/or Schedule II, III, IV, or V controlled substances. The collaborating physician may delegate authority for any or all of these schedules. The delegation must be within the physician's scope of practice and within the scope of the advanced practice nurse's training. The written collaborative agreement shall be signed by both the physician and the advanced practice nurse and a copy maintained at each location where the advanced practice nurse practices.
- In addition to the requirements above, if the advanced practice nurse is delegated prescriptive authority of Schedule II controlled substances the following guidelines apply. Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated. This delegation must identify specific Schedule II controlled substance by either brand or generic name and must be attached to the collaborative agreement. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated. Evidence of completion of at least 45 graduate contact hours in pharmacology must be submitted to obtain Schedule II prescriptive authority. The collaborating physician may only delegate controlled substances that he or she prescribes. Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician.
- If the collaborating physician wishes to terminate the delegated prescriptive authority for Schedule II, III, IV, or V Controlled Substances, you are instructed to provide the collaborating physician with the Notice of Termination of Delegated Prescriptive Authority for Controlled Substances form for his/her completion. The form should be returned to the Department's Springfield address.

## In Order to Obtain a Mid-Level Practitioner Controlled Substance License

- The collaborating physician shall submit a notice of prescriptive authority indicating the advanced practice nurse has been delegated prescriptive authority. If the advanced practice nurse is collaborating with more than one physician, a separate notice of prescriptive authority shall be submitted by each collaborating physician. If prescriptive authority includes Schedule II, III, IV, or V controlled substances, the advanced practice nurse will be required to apply for a mid-level practitioner controlled substances license in accordance with the Illinois Controlled Substances Act.
- The collaborating physician is required to complete the Notice of Delegated Prescriptive Authority for Controlled Substances, which must be on file with the Department, prior to the issuance of a mid-level practitioner's controlled substances license.

## Authority to Prescribe or Dispense Legend Drugs

- There is no form required to be filed with the Department to prescribe or dispense legend drugs. Any delegation for prescriptive authority for legend drugs should be included in the written collaborative agreement.

## Instructions:

1. A mid-level practitioner controlled substances license will not be issued until your advanced practice nurse license has been issued.
2. ***If applying for schedule II prescriptive authority, submit an official transcript with school seal affixed to document and completion of 45 graduate hours in pharmacology.***
3. 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.
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. Your Illinois advanced practice nurse mid-level practitioner controlled substances license number will expire at the same time your professional license expires.
8. 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.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

## Additional Information:

- If the collaborating physician has delegated prescriptive authority to the advanced practice nurse, the written collaborative agreement shall include a statement indicating that the collaborating physician has delegated prescriptive authority for legend drugs and/or Schedule II, III, IV, and V controlled substances. The delegation must be within the physician's scope of practice and within the scope of the advanced practice nurse's training.
- The written collaborating agreement shall be signed by both the physician and the advanced practice nurse and a copy maintained at each location where the advanced practice nurse practices and shall be provided to the Illinois Department of Financial and Professional Regulation upon request. A copy of the advanced practice nurse Illinois and federal controlled substances licenses numbers shall be kept with the agreement.
- If the advanced practice nurse is delegated prescriptive authority of Schedule II controlled substances the following guidelines apply. Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated. This delegation must identify specific Schedule II controlled substance by either brand or generic name and must be attached to the collaborative agreement. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated. Evidence of completion of at least 45 graduate contact hours in pharmacology must be submitted to obtain Schedule II prescriptive authority. The collaborating physician may only delegate controlled substances that he or she prescribes. Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician.
- 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 Schedule II, III, IV and/or V controlled substances, the advanced practice nurse 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.

# Application Requirements

Designation	Requirements	Submitted:
Controlled Substance License Application	<ol style="list-style-type: none"> <li>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>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>Select your delegating Physician from the grid and add the drug schedules they will be delegating to you: <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>Would you like your controlled substance license to be issued to the business address of your delegating physician or would you like it to be issued to a different location?</li> <li>If it is not issued to the location of your delegated physician enter the public address where it should be issued to.</li> <li>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>	ONLINE PORTAL

	<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

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

**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  
(Advanced Practice Nurse)**

**APN-CS**

**COLLABORATING PHYSICIAN:**

**Complete this form as official notification you are delegating prescriptive authority for controlled substances for the advanced practice nurse 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 Advanced Practice Nurse Licensure and for the Mid-level Practitioner Controlled Substance License, can be downloaded from the IDFP Web site at:**

**1. NAME OF ADVANCED PRACTICE NURSE (Last, First, Middle Initial)** **2. DATE OF BIRTH** **3. SOCIAL SECURITY NUMBER**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**4. ADDRESS STREET, CITY, STATE, ZIP CODE**

**5. Advanced Practice Nurse Mid-level Practitioner  
Controlled Substances License** **3 0 9**  
Profession Name Profession Code

**6. LICENSE NUMBER OF ADVANCED PRACTICE NURSE**  
(If unknown, leave blank.)

**7. MAIDEN OR GIVEN SURNAME**

**8. APN CONTROLLED SUBSTANCE NUMBER**

This is to certify that I, \_\_\_\_\_, have delegated  
(Collaborating Physician)  
prescriptive authority to \_\_\_\_\_ in order to prescribe and/or  
(Advanced Practice Nurse)  
dispense controlled substances categorized as Schedule II, 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 ap-  
propriate to my practice and within the scope of the advanced practice nurse's training. The advanced practice  
nurse named hereinabove may prescribe and/or dispense (please check appropriate box(es)):

**Schedule(s) II ☐\* III ☐ IV ☐ V ☐**

**\*Such delegation shall be in accordance with the provisions set forth in Section 303.05 a)2)B of the Illinois Controlled Sub-  
stances 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 (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.illinois.gov](http://www.idfpr.illinois.gov)

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](http://www.idfpr.illinois.gov).