

**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 Authority for Prescription Drugs

# PHA-RX

A physician assistant controlled substances license is not required if a collaborating physician is only delegating prescriptive authority for prescriptive drugs not categorized as Schedule II, III, IV or V, as defined in the Illinois Controlled Substances Act. The collaborating physician must submit a NOTICE OF WRITTEN COLLABORATIVE AGREEMENT and a NOTICE OF DELEGATED AUTHORITY FOR PRESCRIPTION DRUGS to the Department.

Completed forms may be Emailed to: **FPR.MedicalUnit@illinois.gov**; Faxed to 217-524-2169; or Mailed to: IDFPR - Division of Professional Regulation, 320 West Washington Street, 3rd Floor, Springfield, IL 62786.

All forms must be typed or legibility printed in black ink. Forms are periodically updated. Visit the IDFPR Web site at [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov) to ensure you are using the current forms. **Please allow 4-6 weeks for processing of new applications and changes in collaboration and/or delegation.**

1. NAME OF PHYSICIAN ASSISTANT (Last, First, Middle Initial)	2. DATE OF BIRTH ____ / ____ / ____ Month    Day    Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. HOME ADDRESS    STREET, CITY, STATE, ZIP CODE	5. MAIDEN OR GIVEN SURNAME	
	6. TELEPHONE NUMBER (    ) _____	
	7. LICENSE NUMBER OF PHYSICIAN ASSISTANT <b>0 8 5 -</b> _____	

This is to certify that I am a collaborating physician and have delegated limited prescriptive authority to physician assistant, \_\_\_\_\_, to prescribe and/or dispense prescriptive drugs which are not categorized as Schedule II, III, IV, V, as defined in Article II of the Illinois Controlled Substances Act.  
(Printed name of physician assistant)

I further certify the delegation of prescriptive authority is appropriate to my practice and within the scope of the physician assistant's training. The delegated prescriptive authority guidelines will be outlined and maintained in the physician assistant's written collaborative agreement.

Printed Name of Collaborating Physician	<b>036-</b> _____ <b>336-</b> _____
Signature of Collaborating Physician	Date Signed
Date of Delegated Prescriptive Authority	