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 (Prescribing Psychologist)

COLLABORATING PHYSICIAN: **Complete this form as official notification you are terminating the delegated prescriptive authority for controlled substances for the prescribing psychologist 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 Prescribing Psychologist Licensure and for the Mid-level Practitioner Controlled Substance License, can be downloaded from the IDFPR Web site at: idfpr.illinois.gov

1. PRESCRIBING PSYCHOLOGIST NAME (Last. First, Middle)	2. DATE OF BIRTH	3. SSN OR ITIN
	__ __ / __ __ / __ __ __ __ Month Day Year	__ __ __-__ __-__ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE		5. LICENSE NUMBER OF PRESCRIBING PSYCHOLOGIST

This is to certify that I, _____, hereby terminate the
(Collaborating Physician)

prescriptive authority delegated to _____ Illinois Licensed
(Prescribing Psychologist)

Prescribing Psychologist, 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 idfpr.illinois.gov.