

00500005018

STATE OF ILLINOIS

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

DEPARTMENT OF REGISTRATION AND EDUCATION  
Controlled Substances Section

Springfield, Illinois 62786

Controlled Substances Registration - Every person who manufactures, distributes, prescribes or dispenses any controlled substance within the State shall obtain annually a registration issued by the Department of Registration and Education in accordance with the State Controlled Substances Act and must be renewed annually, prior to the expiration date of their registration certificate.

A State Controlled Substances Registration is a prerequisite to a Federal Controlled Substances Registration.

Name Germana C. Ventura Business Address 515 W. Wrightwood #314  
City Chicago, Ill Zip Code 60614 County Cook

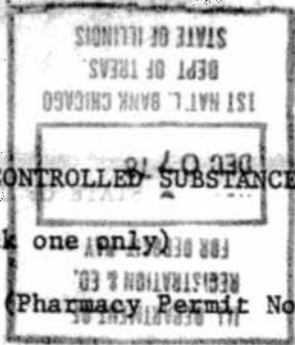
I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act, Revised Statutes 1975, Chapter 56 1/2 - Section 1100 to 1603. I certify that I have answered all questions on the reverse side of this application to the best of my knowledge.

Fee: Practitioner \$ 5.00  
Non Practitioner \$ \_\_\_\_\_  
Make check or money order payable to: Department of Registration and Education

[Redacted Signature]  
Signature of Applicant

Office use only  
State No. 30-58183  
Receipt No. \_\_\_\_\_

OK



APPLICATION FOR CONTROLLED SUBSTANCES LICENSE

1. Professional Activity: (Check one only)
- B.  Retail Pharmacy (Pharmacy Permit No. \_\_\_\_\_)
  - C.  Practitioner
    - 1. Physician (Professional License No. 36-58183)
    - 2. Dentist (Professional License No. \_\_\_\_\_)
    - 3. Podiatrist (Professional License No. \_\_\_\_\_)
    - 4. Veterinarian (Professional License No. \_\_\_\_\_)
    - E.  Hospital (Pharmacy Permit No. \_\_\_\_\_)
- \*Hospitals with Drug Rooms, use Drug Enforcement Administration Number.
- F.  \*Teaching Institution (Drug Enforcement Administration No. \_\_\_\_\_)

2. Drug Schedules: (Check all applicable)
- |                                     |                          |                                     |                                     |                          |                          |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| II                                  | IIN                      | III                                 | IIIN                                | IV                       | V                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Have you ever been convicted of a felony under any State or Federal law relating to controlled substances?      yes       no
4. Has any previous registration held by the applicant, under the Controlled Substances Act been surrendered, revoked, denied or is it pending action?      yes       no

If answer to questions 3 or 4 is yes, attach a letter explaining.