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021-089058

IMPORTANT NOTICE: Completion of this form is required by 720 of the Illinois Compiled Statutes (Chapter 1/2, of the Ill. Rev. Stat. 1985). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application. This form has been approved by the Forms Management Center.

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

A Controlled Substances license will not be served if your professional license has been issued.

- Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Professional Regulation in accordance with the Illinois Controlled Substances Act.
- A separate controlled substance registration is required for each place of professional practice or business where controlled substances are stored or located.
- A State Controlled Substances Registration is prerequisite to a Federal Controlled Substances Registration.

- Type or print legibly with black ink only.
- The fee is \$5 - Make check payable to the Department of Professional Regulation. The fee is not refundable. (Separate application/fee required for each registration.)
- Submit application and fee to:
Department of Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62786

CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION. (Do not use this form to renew existing Registration)

First Time Applicant Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1. PROFESSIONAL NAME Controlled Substances	2. PROFESSIONAL CODE 003	3. LICENSURE METHOD Registration	4. FEE \$5
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PART II: Application Identifying Information

1. NAME LAST: Fernandez, Louis FIRST: Manuel MIDDLE: [blank] 2. TITLE (e.g. M.D., D.D.S., etc.) M.D.	3. SOCIAL SECURITY NUMBER [redacted]
4. LOCATION WHERE DRUGS ARE STORED Columbia - Palmer Medical Center 830 W. Drexel Parkway	
5. STREET Chicago, IL 60614	CITY STATE COUNTRY ZIP CODE COUNTY
6. MOTHER OR GIVEN SURNAME (if applicable) [initials]	7. PLACE OF BIRTH [redacted]
8. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY Work: (312) 281-2563 Area Code	9. DATE OF BIRTH [redacted] Month Day Year

PART III: Professional Activity

1. CHECK AND COMPLETE ONE OF THE FOLLOWING
Practitioner (Give Professional License No.)

Physician 036 - 089058
 Dentist 019 - _____
 Podiatrist 010 - _____
 Veterinarian 090 - _____

8-5-94

2. DRUG SCHEDULES (Circle the schedule for which you are applying)

II III IIII IV V