

336 [redacted] 76

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

FOR OFFICIAL USE ONLY

Lic#: SMID, MARCELA
336 Cred #3316800 05/16/2013
By:NON-EXAM
SSN: [redacted]

IMPORTANT NOTICE: Completion of this form is required by 720 ILCS 570/1 et. seq. (Illinois Compiled Statutes). 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.

Disclosure of your U.S. social security number, if you have one, is **mandatory**, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

1. PROFESSIONAL NAME Controlled Substances	2. PROFESSIONAL CODE - Check applicable box <input type="checkbox"/> 319 Dentist <input type="checkbox"/> 316 Podiatrist <input checked="" type="checkbox"/> 336 Physician <input type="checkbox"/> 390 Veterinarian	3. LICENSURE METHOD Registration	4. FEE \$5
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PART II: Applicant Identifying Information

1. NAME LAST FIRST MIDDLE SMID MARCELA	2. TITLE (e.g., M.D., O.D., etc.) MD	3. UNITED STATES SOCIAL SECURITY NO. [redacted]
4. PERMANENT MAILING ADDRESS CITY STATE/COUNTRY ZIP CODE COUNTY [redacted]		

5. NAME OF BUSINESS AND LOCATION (STREET / CITY / STATE / ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED

RECEIVED CASH SECTION

MAY 06 2013

6. If you will **not** be storing or dispensing controlled substances, check the box below. Your license will be issued to your permanent mailing address.

I will **not** be storing or dispensing controlled substances, including samples.

7. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)
IDPR
Div. of Professional Regulation

8. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY
Work (773) 834-0598 FAX (773) 702-0840
Home [redacted] FAX ()

PART III: Drug Schedule

Circle the schedules for which you are applying:

(II) (IIN) (III) (IIN) (IV) (V)

PART IV: Professional Activity

Practitioner--Check and complete one of the following:

Professional License Number

Dentist 019 - _____

Physician 036 - 132507

Podiatrist 016 - _____

Veterinarian 090 - _____

