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APR 30 2008

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

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.

**APPLICATION FOR STATE OF ILLINOIS PROFESSIONAL REGULATION
CONTROLLED SUBSTANCES REGISTRATION**

CONTROLLED SUBSTANCES LICENSE WILL NOT BE ISSUED TO A TEMPORARY LICENSE HOLDER!

1. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.
2. A separate controlled substances registration is required for each place of professional practice or location is tances

Lic#: **KENNEDY, SARA LYNNE**
336 Cred #2823531 05/06/2008
By: **NON-EXAM**
SSN: [REDACTED]

A. Type or print legibly with black ink only.
B. The fee is \$5 - Make check payable to the Department of Financial and Professional Regulation. **THIS FEE IS NOT REFUNDABLE!** (Separate application/fee is required for each registration.)
C. 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.

CHECK A 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 - Check applicable box <input type="checkbox"/> 319 Dentist <input checked="" type="checkbox"/> 336 Physician <input type="checkbox"/> 316 Podiatrist <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 2. TITLE (e.g., M.D., O.D., etc.) 3. UNITED STATE SOCIAL SECURITY NO.
Kennedy, Sara L. MD [REDACTED]

4. PERMANENT MAILING ADDRESS CITY STATE/COUNTRY ZIP CODE COUNTY
[REDACTED]

5. NAME OF BUSINESS AND LOCATION (STREET/CITY /ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED
Northwestern Memorial Hospital
250 E Superior Street
Chicago IL 60611 +

6. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)
7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY
Work (312) 472.4673 FAX ()
Area Code Area Code
Home [REDACTED] FAX ()
Area Code Area Code

PART III: Professional Activity

Practitioner - Check and complete one of the following.
Professional License Number
 Dentist 019 - _____
 Physician 036 - Reading 121259
 Podiatrist 016 - _____
 Veterinarian 090 - _____
Drug Schedule: (Circle the schedules for which you are applying)
(II) (IIN) (III) (IIIN) (IV) (V)

FOR OFFICIAL USE ONLY

FEE \$5

BND Number: [] [] [] [] [] [] [] []
Type: Suffix:
Additional Function: **A** Card Code: **K**
Schedule Codes: [] [] [] [] [] []
Issuance Date (Month/Day/Year)
[] [] [] [] [] [] [] []

PART IV: Personal History Information (This part must be completed by all Applicants)	YES	NO
1. Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? <i>If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.</i>		✓
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		✓
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		✓
5. Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? <i>If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.</i>		✓

PART V: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes No

PART VI: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

4/16/08 Date of Application

Sara Kenney Print Name of Applicant

[Redacted Signature] Signature of Applicant

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

**Application must be completed in its entirety.
If not completed, it will be returned to the address noted on front of application.**

NAME (Last, First, MI):

Kennedy Sara L.

SS#:

Profession:

Physician/Surgeon