

**HEALTH**  
**APPLICATION FOR STATE**  
**CONTROLLED SUBSTANCES REGISTRATION**  
**DEPARTMENT OF**  
**PROFESSIONAL REGULATION**  
*A Controlled Substances license will not be issued until  
your professional license has been issued.*

- A. Type or print legibly with black ink only.
- B. The fee is \$5 - Make check payable to the Department of Professional Regulation. The ~~STATE OF~~ fee is refundable.  
(Separate application/fee required for each registration.)
- C. Submit application and fee to:

FEB 20 1993

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

## Employee Initials and Number



**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? *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.*

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? *If yes, attach a detailed explanation.*

4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*

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? *If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.*

**PART V: 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.

BRENT BLUE, M.D.

Signature of Applicant

2/13/96

Date of Application

My signature above authorizes the Department of 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.

IL456-0500 11/95 (CS)

**Application must be completed in its entirety.**

**If not completed, it will be returned to the address noted on front of application.**