

**Application - LICENSED PHYSICIAN CONTROLLED SUBSTANCE**

Name AMY KRISTEN WHITAKER MD  
 Credential LICENSED PHYSICIAN CONTROLLED SUBSTANCE

**Fee Details**

INITIAL APPLICATION FEE	\$ 5.00
	\$ 5.00

**Physician Controlled Substance Application**

***Please review all of the information you provided in this application to ensure it is accurate. If there are any issues please be sure to make edits before proceeding to payment.***

**Public and Mailing Addresses****1. Please verify or enter your Public Address:**

**Attention Line** Planned Parenthood  
**Address Line 1** 17 N State Street  
**Address Line 2** Suite 500  
**City** Chicago  
**State** IL  
**Zip Code** 60602  
**County**  
**Country** UNITED STATES  
**Phone** [REDACTED]  
**Cell Phone**

**2. Please verify or enter your Mailing Address (address for license printout):**

**Attention Line** Planned Parenthood  
**Address Line 1** 17 N State Street  
**Address Line 2** Suite 500  
**City** Chicago  
**State** IL  
**Zip Code** 60602  
**County** COOK  
**Country** UNITED STATES  
**Phone** [REDACTED]  
**Cell Phone**

**Personal Information****3. Birth City:**

[REDACTED]

**4. Birth State (if foreign born choose UNKNOWN):**

[REDACTED]

**5. Birth Country**

[REDACTED]

**6. Gender:**

Female

**7. Which ethnicity best describes you?**

Caucasian

**Name Change**

11. Do any of your supporting documents have a different name than your current legal name?

No

12. If you answered "Yes" to the question above, please add proof of your name change in the grid below:

Previous Name on Document(s)	From	To	Supporting Document Type	Supporting Document Upload	Name Change Reason(s)

**Controlled Substance Drug Schedule**

13. Please select all controlled substance schedules that you will be applying for (You may choose more than one).

II  
III  
IV  
V

**Controlled Substance Storage**

14. Will you be storing or dispensing controlled substances including samples?

Yes, I will be storing or dispensing controlled substances.

**Controlled Substance Location**

15. Will you be storing controlled substances at the location listed below or at a different location?

No, a different location.

16. If you answered "Yes" to the question above, please confirm the information below is correct.

**Attention Line** Planned Parenthood

**Address Line 1** 17 N State Street

**Address Line 2** Suite 500

**City** Chicago

**State** IL

**Zip Code** 60602

**County**

**Country** UNITED STATES

**Phone** [REDACTED]

**Cell Phone**

**Controlled Substance Alternative Storage Location**

17. Please add the location of your controlled substance registration, the location where drugs will be stored and/or dispensed:

Address Name	Address Line 1	Address Line 2	City	State	Zip Code	Country	Phone
Planned Parenthood of Illinois	302 E Stoughton St		Champaign	Illinois	61820-5414	UNITED STATES	

**CCA**

Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

18. Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act as a part of a criminal sentence?

No

19. Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?

No

20. Are you currently charged with or have you been convicted of a forcible felony?

No

21. If you answered yes to any of the above statements, please attach a certified copy of the court records regarding your conviction, description of the nature of the offense, date of discharge, if applicable, and a statement from the probation or parole

office.

### Controlled Substance Personal History Pt. 1

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22. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.

No

23. If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.

24. Have you been convicted of a felony? (In general, a felony conviction by itself does not usually result in denial of licensure.)

No

25. If yes, attach a detailed explanation or a copy of the Certificate of Relief from Disabilities by the Prisoner Review Board.

26. Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position?

No

27. If yes, attach a detailed explanation.

### Controlled Substance Personal History Pt. 2

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Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

28. Do you now have any disease or condition that presently limits 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?

No

29. If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.

30. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere?

No

31. If yes, attach a detailed explanation.

32. Has your authority to prescribe or dispense controlled substances granted by either the U.S. Drug Enforcement Administration (DEA) or any state/territory of the U.S. (including Illinois) ever been voluntarily or involuntarily reduced, limited, placed on probation, relinquished, denied, revoked or suspended or otherwise disciplined? You must answer yes if any of the above actions are currently pending or if you have withdrawn or failed to proceed with an application for any controlled substances license.

No

33. If yes to the question above, please attach a complete and accurate explanation and certified documentation from the appropriate entity regarding the action.

### Child Support and Tax History

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34. In accordance with 5 ILCS 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.

Are you more than 30 days delinquent in complying with a child support order?

No

35. If yes, upload a detailed explanation.

36. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

No

37. If yes, upload a detailed explanation.

**Certifying Statements**

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**38. I attest that I will respond to the Division's requests for supplemental information.**

Yes

**39. I understand that the fees for this application are not refundable.**

Yes

**40. By entering my full legal name and today's date in the fields below I certify and attest under penalty of perjury that the information provided to the Department in this application is true and accurate to the best of my knowledge.**

Amy Whitaker

**41. Today's Date**

05/13/2022

**Review**

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