



**SCHEDULE E/MEDICAL DIRECTOR, PHYSICIAN
OR PHYSICIAN EXTENDERS**

Facility Name: _____

Name: _____ Sex: _____

Social Security No.*: _____ Position: _____

Date of Birth: _____ Place of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Professional Registration Numbers:

Is registration in good standing? Yes No

Illinois Professional Medical License Number: _____

Illinois Physician Extender License Number: _____

Illinois Controlled Substances License Number: _____

Drug Enforcement Administration Registration Number: _____

Professional Certification Number: _____

Are you engaged in other professional practice? Yes No

If so, where? _____

Summarize other or previous experience with substance use disorder treatment. Include name, location, and dates.

(Continued on reverse)

Schedule E/Medical Director, Physician or Physician Extenders

Describe any practical work experience you have with the clinical application of the American Society of Addiction Medicines' Treatment Criteria for Addictive, Substance Related and Co-Occurring Conditions (ASAM).

Have you been convicted of a felony under any law of the United States or any state within the past two years preceding this date?

Yes No

Have you had your federal registration to distribute methadone, suspended or revoked (if applicable) or any governmental license relating to the operation of this facility?

Yes No

Have you read 77 Illinois Administrative Code, Rule Part 2060, - Alcoholism and Substance Abuse Treatment and Intervention Licenses?

Yes No

The specimen signature and initials specified below will be used to verify compliance with the signatory authorizations mandated in 77 Illinois Administrative Code, Parts 2060.417(c)(2), 2060.421(b) and 2060.423(b)(5).

Physician Signature (Specimen)

Physician Extender Signature (Specimen)

Physician Initials (Specimen)

Physician Extender Initials (Specimen)

Date

Date

**An individual's social security number is solicited for the purpose of verifying his or her identity and related personal information required under these regulations. The disclosure of an individual's social security number is voluntary and its solicitation by the department is authorized by Illinois Revised Statutes, 20 ILCS 301.*