



# Nursing Self-Report Form

Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation  
320 W. Washington Street, 3rd Floor  
Springfield, Illinois 62786

- I. As set forth in the [Nurse Practice Act](#) 225 ILCS 65/et seq (“Act”), nurses are required to report the following:
- A. An adverse final action taken against by any of the following entities (adverse final actions can include, but are not limited to, termination from employment, discipline against a license, a court judgment, etc.):
    - 1. Another licensing jurisdiction (any other U.S. state or territory, or any foreign country)
    - 2. Any peer review body
    - 3. Any healthcare institution
    - 4. Any professional nursing society or association
    - 5. Another governmental agency (state or federal)
    - 6. Any law enforcement agency; or
    - 7. Any court, including a judgment resulting from a nursing liability claim related to conduct which would constitute grounds for discipline as defined in Section 70-5(b) of the Nurse Practice Act.
  - B. Surrender of a license or authorization to practice in another state or jurisdiction.
  - C. Surrender of a membership on nursing staff or in any nursing or professional association or society when the following conditions exist:
    - 1. The licensee is under disciplinary investigation by those authorities or bodies AND
    - 2. The investigation is related to conduct that would constitute grounds for discipline as defined in Section 70-5(b) of the Nurse Practice Act.
- II. Nurses may also report addiction or chemical dependence, drug diversion, and/or testing positive for illicit or illegal drugs. If you self-report your addiction or chemical dependence, drug diversion, or positive drug test to the Department, you may be eligible for a Care, Counseling, & Treatment Agreement, which is not a disciplinary action.
- III. Email complete signed forms to [FPR.DPREAU@illinois.gov](mailto:FPR.DPREAU@illinois.gov) within sixty (60) days.

**Failure to submit any required report may result in disciplinary action under the Act. Please review the Department’s FAQs at <https://idfpr.illinois.gov> or call the Department at 1-888-473-4858 for more information.**



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Nurse Name:

License Number:

Nurse Email:

Telephone Number:

Nurse Address, City, State, Zip Code:

*check if address changed*

## REPORT INFORMATION

Date and Time of Occurrence:

Description:

*Please use additional pages if needed and attach all relevant documentation.*

## CERTIFICATION

Under penalty of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I herein certify that this Nursing Adverse Final Action Reporting Form and the information herein are true and accurate. Failure to provide such a report to the Division shall be grounds for discipline as set forth in 225 ILCS 65/70-5.

Signature:

Date: