



# Illinois General Assembly

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## PROFESSIONS, OCCUPATIONS, AND BUSINESS OPERATIONS (225 ILCS 65/) Nurse Practice Act.

(225 ILCS 65/Art. 65 heading)

ARTICLE 65. ADVANCED PRACTICE REGISTERED NURSES

(Article scheduled to be repealed on January 1, 2028)

(Source: P.A. 100-513, eff. 1-1-18.)

(225 ILCS 65/65-5) (was 225 ILCS 65/15-10)

(Text of Section before amendment by P.A. 102-786)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-5. Qualifications for APRN licensure.

(a) Each applicant who successfully meets the requirements of this Section is eligible for licensure as an advanced practice registered nurse.

(b) An applicant for licensure to practice as an advanced practice registered nurse is eligible for licensure when the following requirements are met:

(1) the applicant has submitted a completed application and any fees as established by the Department;

(2) the applicant holds a current license to practice as a registered professional nurse under this Act;

(3) the applicant has successfully completed requirements to practice as, and holds and maintains current, national certification as, a nurse midwife, clinical nurse specialist, nurse practitioner, or certified registered nurse anesthetist from the appropriate national certifying body as determined by rule of the Department;

(4) the applicant has obtained a graduate degree appropriate for national certification in a clinical advanced practice registered nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice registered nursing specialty;

(5) (blank);

(6) the applicant has submitted to the criminal history records check required under Section 50-35 of this Act; and

(7) if applicable, the applicant has submitted verification of licensure status in another jurisdiction, as provided by rule.

(b-5) A registered professional nurse seeking licensure as an advanced practice registered nurse in the category of certified registered nurse anesthetist who does not have a graduate degree as described in subsection (b) of this Section shall be qualified for licensure if that person:

(1) submits evidence of having successfully completed a nurse anesthesia program described in item (4) of subsection (b) of this Section prior to January 1, 1999;

(2) submits evidence of certification as a registered nurse anesthetist by an appropriate national certifying body; and

(3) has continually maintained active, up-to-date recertification status as a certified registered nurse anesthetist by an appropriate national recertifying body.

(b-10) The Department may issue a certified registered nurse anesthetist license to an APRN who (i) does not have a graduate degree, (ii) applies for licensure before July 1, 2023, and (iii) submits all of the following to the Department:

(1) His or her current State registered nurse license number.

(2) Proof of current national certification, which includes the completion of an examination from either of the following:

(A) the Council on Certification of the American Association of Nurse Anesthetists; or

(B) the Council on Recertification of the American Association of Nurse Anesthetists.

(3) Proof of the successful completion of a post-basic advanced practice formal education program in the area of nurse anesthesia prior to January 1, 1999.

(4) His or her complete work history for the 5-year period immediately preceding the date of his or her application.

(5) Verification of licensure as an advanced practice registered nurse from the state in which he or she was originally licensed, current state of licensure, and any other state in which he or she has been actively practicing as an advanced practice registered nurse within the 5-year period immediately preceding the date of his or her application. If applicable, this verification must state:

(A) the time during which he or she was licensed in each state, including the date of the original issuance of each license; and

(B) any disciplinary action taken or pending concerning any nursing license held, currently or in the past, by the applicant.

(6) The required fee.

(c) Those applicants seeking licensure in more than one advanced practice registered nursing specialty need not possess multiple graduate degrees. Applicants may be eligible for licenses for multiple advanced practice registered nurse licensure specialties, provided that the applicant (i) has met the requirements for at least one advanced practice registered nursing specialty under paragraph (3) of subsection (b) of this Section, (ii) possesses an additional graduate education that results in a certificate for another clinical advanced practice registered nurse specialty and that meets the requirements for the national certification from the appropriate nursing specialty, and (iii) holds a current national certification from the appropriate national certifying body for that additional advanced practice registered nursing specialty.

(Source: P.A. 102-558, eff. 8-20-21.)

(Text of Section after amendment by P.A. 102-786)  
 (Section scheduled to be repealed on January 1, 2028)  
 Sec. 65-5. Qualifications for APRN licensure.

(a) Each applicant who successfully meets the requirements of this Section is eligible for licensure as an advanced practice registered nurse.

(b) An applicant for licensure to practice as an advanced practice registered nurse is eligible for licensure when the following requirements are met:

- (1) the applicant has submitted a completed application and any fees as established by the Department;
- (2) the applicant holds a current license to practice as a registered professional nurse under this Act;
- (3) the applicant has successfully completed requirements to practice as, and holds and maintains current, national certification as, a nurse midwife, clinical nurse specialist, nurse practitioner, or certified registered nurse anesthetist from the appropriate national certifying body as determined by rule of the Department;
- (4) the applicant has obtained a graduate degree appropriate for national certification in a clinical advanced practice registered nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice registered nursing specialty;
- (5) (blank);
- (6) the applicant has submitted to the criminal history records check required under Section 50-35 of this Act; and
- (7) if applicable, the applicant has submitted verification of licensure status in another jurisdiction, as provided by rule.

(b-5) A registered professional nurse seeking licensure as an advanced practice registered nurse in the category of certified registered nurse anesthetist who does not have a graduate degree as described in subsection (b) of this Section shall be qualified for licensure if that person:

- (1) submits evidence of having successfully completed a nurse anesthesia program described in item (4) of subsection (b) of this Section prior to January 1, 1999;
- (2) submits evidence of certification as a registered nurse anesthetist by an appropriate national certifying body; and
- (3) has continually maintained active, up-to-date recertification status as a certified registered nurse anesthetist by an appropriate national recertifying body.

(b-10) The Department may issue a certified registered nurse anesthetist license to an APRN who (i) does not have a graduate degree, (ii) applies for licensure before July 1, 2028, and (iii) submits all of the following to the Department:

- (1) His or her current State registered nurse license number.
- (2) Proof of current national certification, which includes the completion of an examination from either of the following:
  - (A) the Council on Certification of the American Association of Nurse Anesthetists; or
  - (B) the Council on Recertification of the American Association of Nurse Anesthetists.
- (3) Proof of the successful completion of a post-basic advanced practice formal education program in

the area of nurse anesthesia prior to January 1, 1999.

(4) His or her complete work history for the 5-year period immediately preceding the date of his or her application.

(5) Verification of licensure as an advanced practice registered nurse from the state in which he or she was originally licensed, current state of licensure, and any other state in which he or she has been actively practicing as an advanced practice registered nurse within the 5-year period immediately preceding the date of his or her application. If applicable, this verification must state:

(A) the time during which he or she was licensed in each state, including the date of the original issuance of each license; and

(B) any disciplinary action taken or pending concerning any nursing license held, currently or in the past, by the applicant.

(6) The required fee.

(c) Those applicants seeking licensure in more than one advanced practice registered nursing specialty need not possess multiple graduate degrees. Applicants may be eligible for licenses for multiple advanced practice registered nurse licensure specialties, provided that the applicant (i) has met the requirements for at least one advanced practice registered nursing specialty under paragraph (3) of subsection (b) of this Section, (ii) possesses an additional graduate education that results in a certificate for another clinical advanced practice registered nurse specialty and that meets the requirements for the national certification from the appropriate nursing specialty, and (iii) holds a current national certification from the appropriate national certifying body for that additional advanced practice registered nursing specialty.

(Source: P.A. 102-558, eff. 8-20-21; 102-786, eff. 1-1-23.)

(225 ILCS 65/65-10) (was 225 ILCS 65/15-13)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-10. APRN license pending status.

(a) A graduate of an advanced practice registered nursing program may practice in the State of Illinois in the role of certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist for not longer than 6 months provided he or she submits all of the following:

(1) An application for licensure as an advanced practice registered nurse in Illinois and all fees established by rule.

(2) Proof of an application to take the national certification examination in the specialty.

(3) Proof of completion of a graduate advanced practice education program that allows the applicant to be eligible for national certification in a clinical advanced practice registered nursing specialty and that allows the applicant to be eligible for licensure in Illinois in the area of his or her specialty.

(4) Proof that he or she is licensed in Illinois as a registered professional nurse.

(b) License pending status shall preclude delegation of prescriptive authority.

(c) A graduate practicing in accordance with this Section must use the title "license pending certified clinical nurse specialist", "license pending certified nurse midwife", "license pending certified nurse practitioner", or "license pending certified registered nurse anesthetist", whichever is

applicable.

(Source: P.A. 100-513, eff. 1-1-18.)

(225 ILCS 65/65-15)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-15. Expiration of APRN license; renewal.

(a) The expiration date and renewal period for each advanced practice registered nurse license issued under this Act shall be set by rule. The holder of a license may renew the license during the month preceding the expiration date of the license by paying the required fee. It is the responsibility of the licensee to notify the Department in writing of a change of address.

(b) On and after May 30, 2020, except as provided in subsections (c) and (d) of this Section, each advanced practice registered nurse is required to show proof of continued, current national certification in the specialty.

(c) An advanced practice registered nurse who does not meet the educational requirements necessary to obtain national certification but has continuously held an unencumbered license under this Act since 2001 shall not be required to show proof of national certification in the specialty to renew his or her advanced practice registered nurse license.

(d) The Department may renew the license of an advanced practice registered nurse who applies for renewal of his or her license on or before May 30, 2016 and is unable to provide proof of continued, current national certification in the specialty but complies with all other renewal requirements.

(e) Any advanced practice registered nurse license renewed on and after May 31, 2016 based on the changes made to this Section by this amendatory Act of the 99th General Assembly shall be retroactive to the expiration date.

(Source: P.A. 99-505, eff. 5-27-16; 100-513, eff. 1-1-18.)

(225 ILCS 65/65-20)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-20. Restoration of APRN license; temporary permit.

(a) Any license issued under this Act that has expired or that is on inactive status may be restored by making application to the Department and filing proof of fitness acceptable to the Department as specified by rule to have the license restored and by paying the required restoration fee. Such proof of fitness may include evidence certifying active lawful practice in another jurisdiction.

(b) A licensee seeking restoration of a license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Department, and submit the restoration or renewal fees set forth by the Department. The licensee shall also submit proof of fitness to practice as specified by rule.

(c) Any advanced practice registered nurse license issued under this Act that expired while the licensee was (1) in federal service on active duty with the Armed Forces of the United States or in the State Militia called into service or training or (2) in training or education under the supervision of the United States preliminary to induction into the military service may have the license restored without paying any lapsed renewal fees if, within 2 years after honorable termination of such service, training, or education, the applicant furnishes the Department with satisfactory evidence to the effect that the applicant has been so engaged and that the individual's service, training, or education has been so terminated.

(d) Any licensee who engages in the practice of advanced practice registered nursing with a lapsed license or while on

inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 70-5 of this Act.

(e) Pending restoration of an advanced practice registered nurse license under this Section, the Department may grant an applicant a temporary permit to practice as an advanced practice registered nurse if the Department is satisfied that the applicant holds an active, unencumbered license in good standing in another jurisdiction. If the applicant holds more than one current, active license or one or more active temporary licenses from another jurisdiction, the Department shall not issue a temporary permit until it is satisfied that each current active license held by the applicant is unencumbered. The temporary permit, which shall be issued no later than 14 working days after receipt by the Department of an application for the permit, shall be granted upon the submission of all of the following to the Department:

(1) A signed and completed application for restoration of licensure under this Section as an advanced practice registered nurse.

(2) Proof of (i) a current, active license in at least one other jurisdiction and proof that each current, active license or temporary permit held by the applicant is unencumbered or (ii) fitness to practice nursing in Illinois, as specified by rule.

(3) A signed and completed application for a temporary permit.

(4) The required permit fee.

(5) Other proof as established by rule.

(f) The Department may refuse to issue to an applicant a temporary permit authorized under this Section if, within 14 working days after its receipt of an application for a temporary permit, the Department determines that:

(1) the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession;

(2) within the last 5 years, the applicant had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for disciplinary action under this Act; or

(3) the Department intends to deny restoration of the license.

(g) The Department may revoke a temporary permit issued under this Section if:

(1) the Department determines that the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession;

(2) within the last 5 years, the applicant had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction, if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds in Illinois; or

(3) the Department intends to deny restoration of the license.

(h) A temporary permit or renewed temporary permit shall expire (i) upon issuance of an Illinois license or (ii) upon

notification that the Department intends to deny restoration of licensure. Except as otherwise provided in this Section, a temporary permit shall expire 6 months from the date of issuance. Further renewal may be granted by the Department in hardship cases that shall automatically expire upon issuance of the Illinois license or upon notification that the Department intends to deny licensure, whichever occurs first. No extensions shall be granted beyond the 6-month period unless approved by the Secretary. Notification by the Department under this Section must be by certified or registered mail to the address of record or by email to the email address of record.

(Source: P.A. 100-513, eff. 1-1-18.)

(225 ILCS 65/65-25)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-25. Inactive status of a APRN license. Any advanced practice registered nurse who notifies the Department in writing on forms prescribed by the Department may elect to place his or her license on inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until notice is given to the Department in writing of his or her intent to restore the license.

Any advanced practice registered nurse requesting restoration from inactive status shall be required to pay the current renewal fee and shall be required to restore his or her license, as provided by rule of the Department.

Any advanced practice registered nurse whose license is on inactive status shall not practice advanced practice registered nursing, as defined by this Act in the State of Illinois.

(Source: P.A. 100-513, eff. 1-1-18.)

(225 ILCS 65/65-30)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-30. APRN scope of practice.

(a) Advanced practice registered nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based on knowledge and skills acquired throughout an advanced practice registered nurse's nursing education, training, and experience.

(b) Practice as an advanced practice registered nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.

(c) The scope of practice of an advanced practice registered nurse includes, but is not limited to, each of the following:

(1) Advanced nursing patient assessment and diagnosis.

(2) Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice registered nurse or another health care professional.

(3) Ordering treatments, ordering or applying appropriate medical devices, and using nursing medical, therapeutic, and corrective measures to treat illness and improve health status.

(4) Providing palliative and end-of-life care.

(5) Providing advanced counseling, patient education, health education, and patient advocacy.

(6) Prescriptive authority as defined in Section 65-40 of this Act.

(7) Delegating selected nursing interventions to a licensed practical nurse, a registered professional nurse, or other personnel.

(Source: P.A. 100-513, eff. 1-1-18.)

(225 ILCS 65/65-35) (was 225 ILCS 65/15-15)  
(Section scheduled to be repealed on January 1, 2028)  
Sec. 65-35. Written collaborative agreements.

(a) A written collaborative agreement is required for all advanced practice registered nurses engaged in clinical practice prior to meeting the requirements of Section 65-43, except for advanced practice registered nurses who are privileged to practice in a hospital, hospital affiliate, or ambulatory surgical treatment center.

(a-5) If an advanced practice registered nurse engages in clinical practice outside of a hospital, hospital affiliate, or ambulatory surgical treatment center in which he or she is privileged to practice, the advanced practice registered nurse must have a written collaborative agreement, except as set forth in Section 65-43.

(b) A written collaborative agreement shall describe the relationship of the advanced practice registered nurse with the collaborating physician and shall describe the categories of care, treatment, or procedures to be provided by the advanced practice registered nurse. A collaborative agreement with a podiatric physician must be in accordance with subsection (c-5) or (c-15) of this Section. A collaborative agreement with a dentist must be in accordance with subsection (c-10) of this Section. A collaborative agreement with a podiatric physician must be in accordance with subsection (c-5) of this Section. Collaboration does not require an employment relationship between the collaborating physician and the advanced practice registered nurse.

The collaborative relationship under an agreement shall not be construed to require the personal presence of a collaborating physician at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician in person or by telecommunications or electronic communications as set forth in the written agreement.

(b-5) Absent an employment relationship, a written collaborative agreement may not (1) restrict the categories of patients of an advanced practice registered nurse within the scope of the advanced practice registered nurses training and experience, (2) limit third party payors or government health programs, such as the medical assistance program or Medicare with which the advanced practice registered nurse contracts, or (3) limit the geographic area or practice location of the advanced practice registered nurse in this State.

(c) In the case of anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, a physician, a dentist, or a podiatric physician must participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.

(c-5) A certified registered nurse anesthetist, who provides anesthesia services outside of a hospital or ambulatory surgical treatment center shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the podiatric physician performing the procedure. Outside of a hospital or ambulatory surgical treatment center, the certified registered nurse anesthetist may provide only those services that the collaborating podiatric physician is authorized to provide pursuant to the Podiatric Medical Practice Act of 1987 and rules adopted thereunder. A certified registered nurse anesthetist may select, order, and administer medication, including controlled



substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or the operating physician or operating podiatric physician.

(c-10) A certified registered nurse anesthetist who provides anesthesia services in a dental office shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the operating dentist performing the procedure. The agreement shall describe the working relationship of the certified registered nurse anesthetist and dentist and shall authorize the categories of care, treatment, or procedures to be performed by the certified registered nurse anesthetist. In a collaborating dentist's office, the certified registered nurse anesthetist may only provide those services that the operating dentist with the appropriate permit is authorized to provide pursuant to the Illinois Dental Practice Act and rules adopted thereunder. For anesthesia services, an anesthesiologist, physician, or operating dentist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the operating dentist.

(c-15) An advanced practice registered nurse who had a written collaborative agreement with a podiatric physician immediately before the effective date of Public Act 100-513 may continue in that collaborative relationship or enter into a new written collaborative relationship with a podiatric physician under the requirements of this Section and Section 65-40, as those Sections existed immediately before the amendment of those Sections by Public Act 100-513 with regard to a written collaborative agreement between an advanced practice registered nurse and a podiatric physician.

(d) A copy of the signed, written collaborative agreement must be available to the Department upon request from both the advanced practice registered nurse and the collaborating physician, dentist, or podiatric physician.

(e) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons in accordance with Section 54.2 of the Medical Practice Act of 1987. Nothing in this Act shall be construed to limit the method of delegation that may be authorized by any means, including, but not limited to, oral, written, electronic, standing orders, protocols, guidelines, or verbal orders.

(e-5) Nothing in this Act shall be construed to authorize an advanced practice registered nurse to provide health care services required by law or rule to be performed by a physician. The scope of practice of an advanced practice registered nurse does not include operative surgery. Nothing in this Section shall be construed to preclude an advanced practice registered nurse from assisting in surgery.

(f) An advanced practice registered nurse shall inform each collaborating physician, dentist, or podiatric physician of all collaborative agreements he or she has signed and provide a copy of these to any collaborating physician, dentist, or podiatric physician upon request.

(g) (Blank).

(Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18; 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

(225 ILCS 65/65-35.1)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-35.1. Written collaborative agreement; temporary practice. Any advanced practice registered nurse required to enter into a written collaborative agreement with a collaborating physician is authorized to continue to practice for up to 90 days after the termination of a collaborative agreement provided the advanced practice registered nurse seeks any needed collaboration at a local hospital and refers patients who require services beyond the training and experience of the advanced practice registered nurse to a physician or other health care provider.

(Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

(225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-40. Written collaborative agreement; prescriptive authority.

(a) A collaborating physician may, but is not required to, delegate prescriptive authority to an advanced practice registered nurse as part of a written collaborative agreement. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as any Schedule III through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician must have a valid current Illinois controlled substance license and federal registration to delegate authority to prescribe delegated controlled substances.

(b) To prescribe controlled substances under this Section, an advanced practice registered nurse must obtain a mid-level practitioner controlled substance license. Medication orders shall be reviewed periodically by the collaborating physician.

(c) The collaborating physician shall file with the Department and the Prescription Monitoring Program notice of delegation of prescriptive authority and termination of such delegation, in accordance with rules of the Department. Upon receipt of this notice delegating authority to prescribe any Schedule III through V controlled substances, the licensed advanced practice registered nurse shall be eligible to register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act.

(d) In addition to the requirements of subsections (a), (b), and (c) of this Section, a collaborating physician may, but is not required to, delegate authority to an advanced practice registered nurse to prescribe any Schedule II controlled substances, if all of the following conditions apply:

(1) Specific Schedule II controlled substances by oral dosage or topical or transdermal application may be delegated, provided that the delegated Schedule II controlled substances are routinely prescribed by the collaborating physician. This delegation must identify the specific Schedule II controlled substances by either brand name or generic name. Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated.

(2) Any delegation must be controlled substances that the collaborating physician prescribes.

(3) Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only

after prior approval of the collaborating physician.

(4) The advanced practice registered nurse must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the delegating physician.

(5) The advanced practice registered nurse meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act.

(e) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons. Nothing in this Act shall be construed to limit the method of delegation that may be authorized by any means, including, but not limited to, oral, written, electronic, standing orders, protocols, guidelines, or verbal orders.

(f) Nothing in this Section shall be construed to apply to any medication authority including Schedule II controlled substances of an advanced practice registered nurse for care provided in a hospital, hospital affiliate, or ambulatory surgical treatment center pursuant to Section 65-45.

(g) (Blank).

(h) Nothing in this Section shall be construed to prohibit generic substitution.

(i) Nothing in this Section shall be construed to apply to an advanced practice registered nurse who meets the requirements of Section 65-43.

(Source: P.A. 100-513, eff. 1-1-18; 101-81, eff. 7-12-19.)

(225 ILCS 65/65-43)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-43. Full practice authority.

(a) An Illinois-licensed advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist shall be deemed by law to possess the ability to practice without a written collaborative agreement as set forth in this Section.

(b) An advanced practice registered nurse certified as a nurse midwife, clinical nurse specialist, or nurse practitioner who files with the Department a notarized attestation of completion of at least 250 hours of continuing education or training and at least 4,000 hours of clinical experience after first attaining national certification shall not require a written collaborative agreement. Documentation of successful completion shall be provided to the Department upon request.

Continuing education or training hours required by subsection (b) shall be in the advanced practice registered nurse's area of certification as set forth by Department rule.

The clinical experience must be in the advanced practice registered nurse's area of certification. The clinical experience shall be in collaboration with a physician or physicians. Completion of the clinical experience must be attested to by the collaborating physician or physicians or employer and the advanced practice registered nurse. If the collaborating physician or physicians or employer is unable to attest to the completion of the clinical experience, the Department may accept other evidence of clinical experience as established by rule.

(c) The scope of practice of an advanced practice registered nurse with full practice authority includes:

(1) all matters included in subsection (c) of Section 65-30 of this Act;

(2) practicing without a written collaborative agreement in all practice settings consistent with national certification;

(3) authority to prescribe both legend drugs and Schedule II through V controlled substances; this authority includes prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, and controlled substances categorized as any Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies;

(4) prescribing benzodiazepines or Schedule II narcotic drugs, such as opioids, only in a consultation relationship with a physician; this consultation relationship shall be recorded in the Prescription Monitoring Program website, pursuant to Section 316 of the Illinois Controlled Substances Act, by the physician and advanced practice registered nurse with full practice authority and is not required to be filed with the Department; the specific Schedule II narcotic drug must be identified by either brand name or generic name; the specific Schedule II narcotic drug, such as an opioid, may be administered by oral dosage or topical or transdermal application; delivery by injection or other route of administration is not permitted; at least monthly, the advanced practice registered nurse and the physician must discuss the condition of any patients for whom a benzodiazepine or opioid is prescribed; nothing in this subsection shall be construed to require a prescription by an advanced practice registered nurse with full practice authority to require a physician name;

(5) authority to obtain an Illinois controlled substance license and a federal Drug Enforcement Administration number; and

(6) use of only local anesthetic.

The scope of practice of an advanced practice registered nurse does not include operative surgery. Nothing in this Section shall be construed to preclude an advanced practice registered nurse from assisting in surgery.

(d) The Department may adopt rules necessary to administer this Section, including, but not limited to, requiring the completion of forms and the payment of fees.

(e) Nothing in this Act shall be construed to authorize an advanced practice registered nurse with full practice authority to provide health care services required by law or rule to be performed by a physician.

(Source: P.A. 101-13, eff. 6-12-19; 102-75, eff. 1-1-22.)

(225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-45. Advanced practice registered nursing in hospitals, hospital affiliates, or ambulatory surgical treatment centers.

(a) An advanced practice registered nurse may provide services in a hospital or a hospital affiliate as those terms are defined in the Hospital Licensing Act or the University of Illinois Hospital Act or a licensed ambulatory surgical treatment center without a written collaborative agreement pursuant to Section 65-35 of this Act. An advanced practice registered nurse must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of all advanced practice registered nurses granted

clinical privileges, including any care provided in a hospital affiliate. Authority may also be granted when recommended by the hospital medical staff and granted by the hospital or recommended by the consulting medical staff committee and ambulatory surgical treatment center to individual advanced practice registered nurses to select, order, and administer medications, including controlled substances, to provide delineated care. In a hospital, hospital affiliate, or ambulatory surgical treatment center, the attending physician shall determine an advanced practice registered nurse's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

(a-2) An advanced practice registered nurse privileged to order medications, including controlled substances, may complete discharge prescriptions provided the prescription is in the name of the advanced practice registered nurse and the attending or discharging physician.

(a-3) Advanced practice registered nurses practicing in a hospital or an ambulatory surgical treatment center are not required to obtain a mid-level controlled substance license to order controlled substances under Section 303.05 of the Illinois Controlled Substances Act.

(a-4) An advanced practice registered nurse meeting the requirements of Section 65-43 may be privileged to complete discharge orders and prescriptions under the advanced practice registered nurse's name.

(a-5) For anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatric physician shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions, unless hospital policy adopted pursuant to clause (B) of subdivision (3) of Section 10.7 of the Hospital Licensing Act or ambulatory surgical treatment center policy adopted pursuant to clause (B) of subdivision (3) of Section 6.5 of the Ambulatory Surgical Treatment Center Act provides otherwise. A certified registered nurse anesthetist may select, order, and administer medication for anesthesia services under the anesthesia plan agreed to by the anesthesiologist or the physician, in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.

(b) An advanced practice registered nurse who provides services in a hospital shall do so in accordance with Section 10.7 of the Hospital Licensing Act and, in an ambulatory surgical treatment center, in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act. Nothing in this Act shall be construed to require an advanced practice registered nurse to have a collaborative agreement to practice in a hospital, hospital affiliate, or ambulatory surgical treatment center.

(c) Advanced practice registered nurses certified as nurse practitioners, nurse midwives, or clinical nurse specialists practicing in a hospital affiliate may be, but are not required to be, privileged to prescribe Schedule II through V controlled substances when such authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over-the-counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II

through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies.

To prescribe controlled substances under this subsection (c), an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist must obtain a controlled substance license. Medication orders shall be reviewed periodically by the appropriate hospital affiliate physicians committee or its physician designee.

The hospital affiliate shall file with the Department notice of a grant of prescriptive authority consistent with this subsection (c) and termination of such a grant of authority, in accordance with rules of the Department. Upon receipt of this notice of grant of authority to prescribe any Schedule II through V controlled substances, the licensed advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist may register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act.

In addition, a hospital affiliate may, but is not required to, privilege an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist to prescribe any Schedule II controlled substances, if all of the following conditions apply:

(1) specific Schedule II controlled substances by oral dosage or topical or transdermal application may be designated, provided that the designated Schedule II controlled substances are routinely prescribed by advanced practice registered nurses in their area of certification; the privileging documents must identify the specific Schedule II controlled substances by either brand name or generic name; privileges to prescribe or dispense Schedule II controlled substances to be delivered by injection or other route of administration may not be granted;

(2) any privileges must be controlled substances limited to the practice of the advanced practice registered nurse;

(3) any prescription must be limited to no more than a 30-day supply;

(4) the advanced practice registered nurse must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the appropriate physician committee of the hospital affiliate or its physician designee; and

(5) the advanced practice registered nurse must meet the education requirements of Section 303.05 of the Illinois Controlled Substances Act.

(d) An advanced practice registered nurse meeting the requirements of Section 65-43 may be privileged to prescribe controlled substances categorized as Schedule II through V in accordance with Section 65-43.

(Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

(225 ILCS 65/65-50) (was 225 ILCS 65/15-30)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-50. APRN title.

(a) No person shall use any words, abbreviations, figures, letters, title, sign, card, or device tending to imply that he or she is an advanced practice registered nurse, including, but not limited to, using the titles or initials "Advanced Practice Registered Nurse", "Advanced Practice Registered Nurse", "Certified Nurse Midwife", "Certified Nurse Practitioner", "Certified Registered Nurse Anesthetist", "Clinical Nurse Specialist", "A.P.R.N.", "C.N.M.", "C.N.P.", "C.R.N.A.",

"C.N.S.", or similar titles or initials, with the intention of indicating practice as an advanced practice registered nurse without meeting the requirements of this Act. For purposes of this provision, the terms "advanced practice nurse" and "A.P.N." are considered to be similar titles or initials protected by this subsection (a). No advanced practice registered nurse licensed under this Act may use the title "doctor" or "physician" in paid or approved advertising. Any advertising must contain the appropriate advanced practice registered nurse credentials.

(b) No advanced practice registered nurse shall indicate to other persons that he or she is qualified to engage in the practice of medicine.

(c) An advanced practice registered nurse shall verbally identify himself or herself as an advanced practice registered nurse, including specialty certification, to each patient. If an advanced practice registered nurse has a doctorate degree, when identifying himself or herself as "doctor" in a clinical setting, the advanced practice registered nurse must clearly state that his or her educational preparation is not in medicine and that he or she is not a medical doctor or physician.

(d) Nothing in this Act shall be construed to relieve an advanced practice registered nurse of the professional or legal responsibility for the care and treatment of persons attended by him or her.

(Source: P.A. 100-513, eff. 1-1-18.)

(225 ILCS 65/65-55) (was 225 ILCS 65/15-40)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-55. Advertising as an APRN.

(a) A person licensed under this Act as an advanced practice registered nurse may advertise the availability of professional services in the public media or on the premises where the professional services are rendered. The advertising shall be limited to the following information:

(1) publication of the person's name, title, office hours, address, and telephone number;

(2) information pertaining to the person's areas of specialization, including, but not limited to, appropriate national certification or limitation of professional practice;

(3) publication of the person's collaborating physician's or dentist's name, title, if such is required, and areas of specialization;

(4) information on usual and customary fees for routine professional services offered, which shall include notification that fees may be adjusted due to complications or unforeseen circumstances;

(5) announcements of the opening of, change of, absence from, or return to business;

(6) announcement of additions to or deletions from professional licensed staff; and

(7) the issuance of business or appointment cards.

(b) It is unlawful for a person licensed under this Act to use claims of superior quality of care to entice the public. It shall be unlawful to advertise fee comparisons of available services with those of other licensed persons.

(c) This Article does not authorize the advertising of professional services that the offeror of the services is not licensed or authorized to render. Nor shall the advertiser use statements that contain false, fraudulent, deceptive, or misleading material or guarantees of success, statements that play upon the vanity or fears of the public, or statements that promote or produce unfair competition.

(d) It is unlawful and punishable under the penalty provisions of this Act for a person licensed under this Article to knowingly advertise that the licensee will accept as payment for services rendered by assignment from any third party payor the amount the third party payor covers as payment in full, if the effect is to give the impression of eliminating the need of payment by the patient of any required deductible or copayment applicable in the patient's health benefit plan.

(e) A licensee shall include in every advertisement for services regulated under this Act his or her title as it appears on the license or the initials authorized under this Act.

(f) As used in this Section, "advertise" means solicitation by the licensee or through another person or entity by means of handbills, posters, circulars, motion pictures, radio, newspapers, or television or any other manner.

(Source: P.A. 100-513, eff. 1-1-18.)

(225 ILCS 65/65-60) (was 225 ILCS 65/15-45)

(Section scheduled to be repealed on January 1, 2028)

Sec. 65-60. Continuing education. The Department shall adopt rules of continuing education for persons licensed under this Article as advanced practice registered nurses that require 80 hours of continuing education per 2-year license renewal cycle. Completion of the 80 hours of continuing education shall be deemed to satisfy the continuing education requirements for renewal of a registered professional nurse license as required by this Act.

The 80 hours of continuing education required under this Section shall be completed as follows:

(1) A minimum of 50 hours of the continuing education shall be obtained in continuing education programs as determined by rule that shall include no less than 20 hours of pharmacotherapeutics, including 10 hours of opioid prescribing or substance abuse education. Continuing education programs may be conducted or endorsed by educational institutions, hospitals, specialist associations, facilities, or other organizations approved to offer continuing education under this Act or rules and shall be in the advanced practice registered nurse's specialty.

(2) A maximum of 30 hours of credit may be obtained by presentations in the advanced practice registered nurse's clinical specialty, evidence-based practice, or quality improvement projects, publications, research projects, or preceptor hours as determined by rule.

The rules adopted regarding continuing education shall be consistent to the extent possible with requirements of relevant national certifying bodies or State or national professional associations.

The rules shall not be inconsistent with requirements of relevant national certifying bodies or State or national professional associations. The rules shall also address variances in part or in whole for good cause, including but not limited to illness or hardship. The continuing education rules shall assure that licensees are given the opportunity to participate in programs sponsored by or through their State or national professional associations, hospitals, or other providers of continuing education. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department.

(Source: P.A. 100-513, eff. 1-1-18.)



(225 ILCS 65/65-65) (was 225 ILCS 65/15-55)  
(Section scheduled to be repealed on January 1, 2028)

Sec. 65-65. Reports relating to APRN professional conduct and capacity.

(a) Entities Required to Report.

(1) Health Care Institutions. The chief administrator or executive officer of a health care institution licensed by the Department of Public Health, which provides the minimum due process set forth in Section 10.4 of the Hospital Licensing Act, shall report to the Board when an advanced practice registered nurse's organized professional staff clinical privileges are terminated or are restricted based on a final determination, in accordance with that institution's bylaws or rules and regulations, that (i) a person has either committed an act or acts that may directly threaten patient care and that are not of an administrative nature or (ii) that a person may have a mental or physical disability that may endanger patients under that person's care. The chief administrator or officer shall also report if an advanced practice registered nurse accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon conduct related directly to patient care and not of an administrative nature, or in lieu of formal action seeking to determine whether a person may have a mental or physical disability that may endanger patients under that person's care. The Department shall provide by rule for the reporting to it of all instances in which a person licensed under this Article, who is impaired by reason of age, drug, or alcohol abuse or physical or mental impairment, is under supervision and, where appropriate, is in a program of rehabilitation. Reports submitted under this subsection shall be strictly confidential and may be reviewed and considered only by the members of the Board or authorized staff as provided by rule of the Department. Provisions shall be made for the periodic report of the status of any such reported person not less than twice annually in order that the Board shall have current information upon which to determine the status of that person. Initial and periodic reports of impaired advanced practice registered nurses shall not be considered records within the meaning of the State Records Act and shall be disposed of, following a determination by the Board that such reports are no longer required, in a manner and at an appropriate time as the Board shall determine by rule. The filing of reports submitted under this subsection shall be construed as the filing of a report for purposes of subsection (c) of this Section.

(2) Professional Associations. The President or chief executive officer of an association or society of persons licensed under this Article, operating within this State, shall report to the Board when the association or society renders a final determination that a person licensed under this Article has committed unprofessional conduct related directly to patient care or that a person may have a mental or physical disability that may endanger patients under the person's care.

(3) Professional Liability Insurers. Every insurance company that offers policies of professional liability insurance to persons licensed under this Article, or any other entity that seeks to indemnify the professional liability of a person licensed under this Article, shall report to the Board the settlement of any claim or cause of action, or final judgment rendered in any cause of action,

that alleged negligence in the furnishing of patient care by the licensee when the settlement or final judgment is in favor of the plaintiff.

(4) State's Attorneys. The State's Attorney of each county shall report to the Board all instances in which a person licensed under this Article is convicted or otherwise found guilty of the commission of a felony.

(5) State Agencies. All agencies, boards, commissions, departments, or other instrumentalities of the government of this State shall report to the Board any instance arising in connection with the operations of the agency, including the administration of any law by the agency, in which a person licensed under this Article has either committed an act or acts that may constitute a violation of this Article, that may constitute unprofessional conduct related directly to patient care, or that indicates that a person licensed under this Article may have a mental or physical disability that may endanger patients under that person's care.

(b) Mandatory Reporting. All reports required under items (16) and (17) of subsection (a) of Section 70-5 shall be submitted to the Board in a timely fashion. The reports shall be filed in writing within 60 days after a determination that a report is required under this Article. All reports shall contain the following information:

(1) The name, address, and telephone number of the person making the report.

(2) The name, address, and telephone number of the person who is the subject of the report.

(3) The name or other means of identification of any patient or patients whose treatment is a subject of the report, except that no medical records may be revealed without the written consent of the patient or patients.

(4) A brief description of the facts that gave rise to the issuance of the report, including, but not limited to, the dates of any occurrences deemed to necessitate the filing of the report.

(5) If court action is involved, the identity of the court in which the action is filed, the docket number, and date of filing of the action.

(6) Any further pertinent information that the reporting party deems to be an aid in the evaluation of the report.

Nothing contained in this Section shall be construed to in any way waive or modify the confidentiality of medical reports and committee reports to the extent provided by law. Any information reported or disclosed shall be kept for the confidential use of the Board, the Board's attorneys, the investigative staff, and authorized clerical staff and shall be afforded the same status as is provided information concerning medical studies in Part 21 of Article VIII of the Code of Civil Procedure.

(c) Immunity from Prosecution. An individual or organization acting in good faith, and not in a willful and wanton manner, in complying with this Section by providing a report or other information to the Board, by assisting in the investigation or preparation of a report or information, by participating in proceedings of the Board, or by serving as a member of the Board shall not, as a result of such actions, be subject to criminal prosecution or civil damages.

(d) Indemnification. Members of the Board, the Board's attorneys, the investigative staff, advanced practice registered nurses or physicians retained under contract to assist and advise in the investigation, and authorized clerical staff shall

be indemnified by the State for any actions (i) occurring within the scope of services on the Board, (ii) performed in good faith, and (iii) not willful and wanton in nature. The Attorney General shall defend all actions taken against those persons unless he or she determines either that there would be a conflict of interest in the representation or that the actions complained of were not performed in good faith or were willful and wanton in nature. If the Attorney General declines representation, the member shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not performed in good faith or were willful and wanton in nature. The member shall notify the Attorney General within 7 days of receipt of notice of the initiation of an action involving services of the Board. Failure to so notify the Attorney General shall constitute an absolute waiver of the right to a defense and indemnification. The Attorney General shall determine within 7 days after receiving the notice whether he or she will undertake to represent the member.

(e) Deliberations of Board. Upon the receipt of a report called for by this Section, other than those reports of impaired persons licensed under this Article required pursuant to the rules of the Board, the Board shall notify in writing by certified or registered mail or by email to the email address of record the person who is the subject of the report. The notification shall be made within 30 days of receipt by the Board of the report. The notification shall include a written notice setting forth the person's right to examine the report. Included in the notification shall be the address at which the file is maintained, the name of the custodian of the reports, and the telephone number at which the custodian may be reached. The person who is the subject of the report shall submit a written statement responding to, clarifying, adding to, or proposing to amend the report previously filed. The statement shall become a permanent part of the file and shall be received by the Board no more than 30 days after the date on which the person was notified of the existence of the original report. The Board shall review all reports received by it and any supporting information and responding statements submitted by persons who are the subject of reports. The review by the Board shall be in a timely manner but in no event shall the Board's initial review of the material contained in each disciplinary file be less than 61 days nor more than 180 days after the receipt of the initial report by the Board. When the Board makes its initial review of the materials contained within its disciplinary files, the Board shall, in writing, make a determination as to whether there are sufficient facts to warrant further investigation or action. Failure to make that determination within the time provided shall be deemed to be a determination that there are not sufficient facts to warrant further investigation or action. Should the Board find that there are not sufficient facts to warrant further investigation or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported. The individual or entity filing the original report or complaint and the person who is the subject of the report or complaint shall be notified in writing by the Board of any final action on their report or complaint.

(f) (Blank).

(g) Any violation of this Section shall constitute a Class A misdemeanor.

(h) If a person violates the provisions of this Section, an action may be brought in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois, for an order enjoining the violation or for an order enforcing

compliance with this Section. Upon filing of a petition in court, the court may issue a temporary restraining order without notice or bond and may preliminarily or permanently enjoin the violation, and if it is established that the person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this subsection shall be in addition to, and not in lieu of, all other remedies and penalties provided for by this Section. (Source: P.A. 99-143, eff. 7-27-15; 100-513, eff. 1-1-18.)

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