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Editor’s Notes:

Issue 3 - January 10, 2003: Data through December 31, 2002 (Annual)
Issue 15 - April 11, 2003: Data through March 31, 2003 (1st Quarter)
Issue 28 - July 11, 2003: Data through June 30, 2003 (2nd Quarter)
Issue 41 - October 10, 2003: Data through September 29, 2003 (3rd Quarter)
Issue 2 - January 9, 2004: Data through December 29, 2003 (Annual)

May I draw your attention to the following?
Note: Key words being Text and Full Text

TITLE 1: GENERAL PROVISIONS
CHAPTER I: SECRETARY OF STATE
PART 100
RULEMAKING IN ILLINOIS

SUBPART D: PROPOSED RULES

100.420 Text of Proposed Rules

The text of proposed rules (see Section 100.220) shall begin on the next page following the last line of information required in Appendix A, Illustration A, shall contain the Register headings, the agency name and the action heading, i.e. NOTICE OF PROPOSED RULES (AMENDMENTS, REPEALER) (Section 5-40 of the IAPA requires a notice of rulemaking to contain the text), and shall contain the following information:

d) If the proposal is a repealer of a Section with no other changes to the Part: the headings, the complete table of contents, the authority note, the main source note, and the text of the Section being repealed. In the table of contents, the Section being repealed must have the word "(Repealed)" underscored immediately after the heading. No strike-outs shall appear either in the text or the table of contents for Section numbers and headings of proposed repealers. Subparts and their headings shall be shown in the text and Section source notes shall be included for each Section being repealed.

e) If the proposal is a repealer of a Part: the headings, the complete table of contents, the authority note, the main source note and the full text of the Part being repealed.

(Source: Amended at 17 Ill. Reg. 10414, effective July 1, 1993)

SUBPART E: ADOPTED RULES

100.540 Text of Adopted Rules

a) The text of the adopted rules shall begin on the next page following the last line of information required on the Notice by Section 100.530(a)(1) through (16) and Appendix B, Illustration A, shall contain the Register headings, the agency name and the action heading (NOTICE OF ADOPTED RULES (AMENDMENTS, REPEALER)), and shall include the following information for publication in the Register:

4) If the adopted rule is a repealer of a Part: the full text shall not be published but the file copy must show the headings of the Part with "(Repealed)"; a source note with the repeal citation to the Illinois Register shall replace the main source note if the Part is not being replaced by new text. When the entire Part is being repealed, strike-outs shall not be used. The last line of the required information on the Notice pursuant to Appendix B, Illustration A shall be omitted.

5) If the adopted rule is a repealer of a Section with no other changes to the Part: the full text shall not be published in the Register but a new complete table of contents for the Part showing the word "(Repealed)" following the heading of the
repealed Section must be filed along with a replacement page for the repealed Section. (See Section 100.500(d)) When an entire Section is being repealed with no other changes to the Part, strike-outs shall not be used. In this case, the last line of the required information on the Notice pursuant to Appendix B, Illustration A, shall be omitted.

(Source: Amended at 18 Ill. Reg. 13067, effective August 11, 1994)

100.APPENDIX B  Adopted Rules
100.ILLUSTRATION A  Notice of Adopted Rules

For detailed information on this Notice, please refer to Section 100.530.

The full text of the Adopted Rule(s) begins on the next page:

SUBPART E: ADOPTED RULES
1 Ill. Adm. Code 100.500 Requirements for Filing

d) The Chapter and its heading, the Section number and its heading or the text of the Section if the Section is longer than one page shall be located at least 2 inches from the top of the page to allow for the Code page header.

e) When a Section of a Part or a whole Part is repealed or renumbered so that no text remains, a replacement page must be filed: for that Section, when only one Section is involved; or for each Section, when more than one Section is involved; or for the Part, when a Part is totally repealed or renumbered. These replacement pages will carry the Code heading as specified in subsections (b) and (c) above, as well as the following information:

1) For Sections which have been repealed and no text remains:
   A) The Section number, the heading and the word "(Repealed)"
   B) A Section source note containing the Register citation for the repeal.

2) For Sections which have been renumbered or recodified and no text remains:
   A) The Section number, the heading and the word "(Renumbered)" or "(Recodified)"
   B) A Section source note containing the Section number to which the Section has been renumbered or recodified and the Register citation for the action.

3) For Parts which have been repealed:
   A) The Chapter and the General Act along with their respective headings;
   B) The Part number and its heading with the word "(REPEALED)"
   C) A source note containing the Register citation for the repeal.

4) For Parts which have been recodified and no text remains:
   A) The Chapter and General Act along with their respective headings;
   B) The Part number and its heading with the word "(RECODIFIED)"
   C) A source note containing the Register citation for the recodification action.
100.530 Notice of Adopted Rules

a) Each adopted rule submitted for Register publication shall be part of a Notice of Adopted Rules (Amendments, Repealers) (see Appendix B, Illustration A) at the beginning of which the information listed in subsections (a)(1) through (15) below shall appear. On the next page, the full text of the rules, amendments, or repealer and, if the adopted rulemaking is an amendment to an existing Part (except for a repeal of an entire Part or a repeal of one or more Sections of a Part with no other rulemaking action occurring at the same time), the text as it is on file in the Index Department with all changes indicated by strike-outs and/or underscoring:

(Source: Amended at 22 Ill. Reg. 11532, effective July 1, 1998)
INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. The Register will also contain the Cumulative Index and Sections Affected Indices will be printed on a quarterly basis. The printing schedule for the quarterly and annual indexes are the end of March, June, Sept, Dec.

Rulemaking activity consist of proposed or adopted new rules; amendments to or repeaters of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State statute; and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies; is also published in the Register.

The Register is a weekly update the Illinois Administrative code (a compilation of the rules adopted by State agencies). The most recent edition of the Code along with the Register comprise the most current accounting of State agencies' activities.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5ILCS 100/1-1 et seq.].

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Printed by authority of the State of Illinois

July 2001 - 675 - GA -82
DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

1) **Heading of the Part:**

2) **Code Citation:** Ill. Adm. Code

3) **Section Numbers**: **Proposed Action:**

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DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

504.440  Repeal
504.450  Repeal
504.460  Repeal
504.470  Repeal
504.480  Repeal
504.490  Repeal
504.500  Repeal
504.510  Repeal
504.600  Amend
504.602  Amend
504.610  Amend
504.620  Amend
504.630  Amend
504.660  Amend
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504.710  Amend
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504.800  Amend
504.802  Amend
504.810  Amend
504.820  Amend
504.830  Amend
504.840  Amend
504.850  Amend
504.860  Amend
504.870  Amend
504.900  Amend
504.905  Amend
504.920  Amend
504.930  Amend
504.940  Amend
APPENDIX A  Add
TABLE A  Amend
TABLE B  Amend
TABLE C  Repeal

4) Statutory Authority:
DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

5) **A Complete Description of the Subjects and Issues Involved:** This rulemaking combines the previous Subparts B and C with Subpart A to eliminate redundancy in the disciplinary process for all offenders within the Department. It also clarifies that the disciplinary process begins with service of the Disciplinary Report upon the offender and provides a new Appendix for consistent definitions of offenses and the Tables have been limited to the maximum penalties. Tables A and C have been combined for all adult offenders. New offenses have been added, other offenses have been clarified, and penalties have been adjusted. Where appropriate, language agreements pursuant to litigation have been added.

6) **Will this proposed rulemaking replace an emergency rule currently in effect?**

7) **Do these amendments contain an automatic repeal date?**

8) **Do these proposed rules contain any incorporation by reference?**

9) **Are there any other proposed rulemakings pending on this Part?**

10) **Statement of Statewide Policy Objectives:** This rulemaking does not create or expand any State mandate.

11) **Time, Place, and Manner in which interested persons may comment on these proposed amendments:** Interested persons may submit written comments during the 45-day First Notice Period which commences on the issue date of this publication of the Illinois Register to:

    Beth Kiel
    Illinois Department of Corrections
    1301 Concordia Court
    P. O. Box 19277
    Springfield, Illinois 62794-9277
    Phone: (217) 522-2666, extension 6512

    All written comments received after 45 days from the date of this publication will be considered, time permitting.

12) **Initial Regulatory Flexibility Analysis:**

    A) **Types of small businesses, small municipalities and not for profit corporations affected:** None
DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 2002

The full text of the proposed amendments begins on the next page:
DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

TITLE 20:  CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER I:  DEPARTMENT OF CORRECTIONS
SUBCHAPTER e:  OPERATIONS

PART 504
DISCIPLINE AND GRIEVANCES

SUBPART A:  ADMINISTRATION OF DISCIPLINE—ADULT

Section
504.10  Applicability
504.12  Definitions
504.15  Responsibilities
504.20  Offenses and Maximum Penalties
504.30  Preparation of Disciplinary Reports
504.40  Temporary Confinement
504.50  Review of Disciplinary Reports
504.60  Investigation of Major Disciplinary Reports
504.70  Adjustment Committee and Program Unit Composition
504.80  Adjustment Committee Hearing Procedures
504.90  New or Additional Proceedings
504.100 Program Unit Hearing Procedures
504.110 Computation of Discipline for Multiple Offenses
504.115 Indeterminate Segregation Placement of Adult Offenders
504.120 Reduction in Segregation Placement of Adult Offenders
504.130 Demotion and Restoration in Grade
504.140 Restitution Procedures
504.150 Restoration of Good Time

SUBPART B:  ADMINISTRATION OF DISCIPLINE - JUVENILE

Section
504.200  Applicability (Repealed)
504.202  Definitions (Repealed)
504.205  Responsibilities (Repealed)
504.210  Offenses and Maximum Penalties (Repealed)
504.220  Preparation of Disciplinary Reports (Repealed)
504.230  Temporary Confinement (Repealed)
504.240  Review of Disciplinary Reports (Repealed)
504.250  Adjustment Committee and Program Unit Composition (Repealed)
DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

504.260 Adjustment Committee Hearing Procedures (Repealed)
504.270 New or Additional Proceedings (Repealed)
504.275 Program Unit Hearing Procedures (Repealed)
504.280 Computation of Discipline for Multiple Offenses (Repealed)
504.290 Restitution Procedures (Repealed)
504.300 Restoration of Good Time (Repealed)

SUBPART C: ADMINISTRATION OF DISCIPLINE - COMMUNITY SERVICES

Section
504.400 Applicability (Repealed)
504.402 Definitions (Repealed)
504.405 Responsibilities (Repealed)
504.410 Offenses and Maximum Penalties (Repealed)
504.420 Preparation of Disciplinary Reports (Repealed)
504.430 Temporary Confinement (Repealed)
504.440 Review of Disciplinary Reports (Repealed)
504.450 Adjustment Committee and Program Unit Composition (Repealed)
504.460 Adjustment Committee Hearing Procedures (Repealed)
504.470 New or Additional Proceedings (Repealed)
504.480 Program Unit Hearing Procedures (Repealed)
504.490 Computation of Penalty for Multiple Offenses (Repealed)
504.500 Restitution Procedures (Repealed)
504.510 Restoration of Good Time (Repealed)

SUBPART D: SEGREGATION, INVESTIGATIVE CONFINEMENT AND ADMINISTRATIVE DETENTION - ADULT

Section
504.600 Applicability
504.602 Definitions
504.605 Responsibilities
504.610 Placement in Segregation Status
504.620 Segregation Standards
504.630 Investigative Confinement
504.640 Confinement Pending Transfer (Repealed)
504.650 Confinement in Control Segregation (Repealed)
504.660 Administrative Detention
504.670 Recreation for Persons in Segregation Status
DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED AMENDMENTS

SUBPART E: CONFINEMENT PROCEDURES - JUVENILE

Section
504.700 Applicability
504.710 Definitions
504.715 Responsibilities
504.720 Placement in Confinement
504.730 Confinement Procedures

SUBPART F: GRIEVANCE PROCEDURES FOR OFFENDERS COMMITTED PERSONS

Section
504.800 Applicability
504.802 Definitions
504.805 Responsibilities
504.810 Filing of Grievances
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SUBPART G: GRIEVANCE PROCEDURES FOR RELEASEES

Section
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APPENDIX A Offense Numbers and Definitions
TABLE A Offenses and Maximum Penalties for Adult Offenders - Adult Division
TABLE B Offenses and Maximum Penalties for Juvenile Offenders - Juvenile Division
TABLE C Offenses and Maximum Penalties - Community Services Division (Repealed)

AUTHORITY: Implementing the Americans With Disabilities Act of 1990 (42 USC 12101 et seq.) and implementing and authorized by Sections 3-2-2, 3-5-2, 3-6-3, 3-8-7, 3-8-8, 3-10-8, and
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3-10-9 of the Unified Code of Corrections [730 ILCS 5/3-2-2, 3-5-2, 3-6-3, 3-8-7, 3-8-8, 3-10-8, and 3-10-9]. Sections 504.70 and 504.450 are implementing a Consent Decree (U.S. Department of Justice vs. the State of Illinois, #S-CIV-76-0158, S.D. Ill., 1978). Sections 504.80 and 504.460 are also implementing a Consent Order (Arsberry vs. Sielaff, #74 C 1918 and Longstreet vs. Sielaff, #74 C 1951, N.D. Ill., 1982).


SUBPART A: ADMINISTRATION OF DISCIPLINE —ADULT

Section 504.10 Applicability

This Subpart applies to adult and juvenile offenders within the Adult Division of the Department of Corrections.

(Source: Amended at 27 Ill. Reg. _____, effective ____________)

Section 504.12 Definitions

"Chief Administrative Officer" means the highest ranking official of a correctional facility.

"Department" means the Department of Corrections.

"Director" means the Director of the Department of Corrections.

"Offender" means a person committed to the Department or to the custody of the Department.

(Source: Amended at 27 Ill. Reg. _____, effective ____________)

Section 504.20 Offenses and Maximum Penalties

Disciplinary offenses are defined in Appendix A. Maximum penalties for conduct that constitutes a disciplinary offense are set forth in Table A for adult offenders and in Table B for juvenile offenders.

a) No offender committed person shall be found guilty of any violation of these rules
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without a hearing before the Adjustment Committee or Program Unit. If an offender a committed person is transferred from one facility to another while pending a hearing, the individual shall be provided with an opportunity to present a defense at any subsequent disciplinary hearing held at the receiving facility that is comparable to that which would have been afforded, in accordance with this Subpart, at the sending facility.

b) In determining the appropriate sanctions, the Adjustment Committee or Program Unit, the Chief Administrative Officer, and the Director may consider, among other matters, mitigating or aggravating factors such as:

1) The offender's committed person's mental state at the time of committing the offense;
2) The extent and degree of participation in the commission of the offense;
3) The amount or nature of stolen property, contraband, or injury; and
4) The offender's committed person's prior disciplinary record.

c) Corporal punishment, and disciplinary restrictions on diet, medical or sanitary facilities, clothing, bedding, mail, or access to legal materials and reductions in the frequency of use of toilets, washbowls, and showers shall be prohibited.

d) Disciplinary restrictions on visitation, work, education, or program assignments and use of the library shall be related as closely as practicable to the abuse of such privileges. This subsection shall not apply to segregation or isolation of offenders for purposes of institutional control.

e) Offenders Committed persons are presumed to be responsible for any contraband or other property prohibited by this Part that which is located on their person, within their cell or within areas of their housing, work, educational, or vocational assignment that which are under their control. Areas under an offender's a committed person's control include, but are not limited to, the door track, window ledge, ventilation unit, plumbing, and the offender's committed person's desk, cabinet, shelving, storage area, bed, and bedding materials in his or her housing assignment; and desk, cubicle, work station, and locker in his or her work, educational, or vocational assignment. If the offender committed person-produces evidence that which convinces the Adjustment Committee or Program Unit that he or she did not commit the offense, the offender committed person shall be found not guilty.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.30 Preparation of Disciplinary Reports

a) Every employee has the duty to observe the conduct of offenders committed persons.
b) If an employee observes an adult offender a committed person committing an offense, discovers evidence of its commission, or receives information from a reliable witness of such conduct, the employee shall promptly prepare a disciplinary report. However, if the infraction is one of those listed in the 400 series in Table A and the employee determines a disciplinary report is not necessary to resolve the situation, the employee may orally reprimand the offender committed person.

c) If an employee observes a juvenile offender committing an offense, discovers evidence of its commission, or receives information from a reliable witness of such conduct, the employee shall promptly prepare a disciplinary report provided the conduct is such that it may result in disciplinary action that suspends privileges, involves the imposition of disciplinary confinement, delays referral to the Prisoner Review Board, or causes a change in work, education, or other program assignments of more than 7 days duration. When the rule infraction is minor, every effort should be made to take corrective action that is adapted to individual circumstances, administered immediately and consistently, and is understood by the offender through appropriate counseling efforts.

d) The disciplinary report must be fully completed. The reporting employee shall provide the following information to the extent known or available.
1) The name and register number of the offender committed person.
2) The place, time, and date of the offense.
3) The offense which the offender committed person is alleged to have committed.
4) A written statement of the conduct observed.
5) The names of offenders committed persons, employees, and visitors who were witnesses. The identity of witnesses may be withheld for reasons of security provided a statement to that effect and the information the confidential source provided are included on the disciplinary report to the extent the information can be included without jeopardizing security.
6) The signature of the reporting employee and the date and time the report is completed.

e) If an offender committed person is suspected of committing a disciplinary offense, an investigative disciplinary report, hereinafter referred to as an investigative report, may be issued that reasonably informs the offender committed person of the subject of the investigation to the extent that safety and security allow.

f) Service of a disciplinary report upon the offender shall commence the disciplinary proceeding. In no event shall a disciplinary report or investigative report be served upon an adult offender more than 8 days, or on a juvenile offender more than 6 days, after the commission of an offense or the discovery thereof unless the
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offender is unavailable or unable to participate in the proceeding.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.40  Temporary Confinement

a) The shift supervisor shall determine whether or not it is necessary to place the offender committed person in investigative status or in temporary confinement status pending a disciplinary hearing or a determination whether or not to issue a disciplinary or investigative report in accordance with Section 504.30. The Chief Administrative Officer shall also have the authority to release the offender from temporary confinement. The decision to place an offender committed person in temporary confinement may be based, among other matters, on:

1a) The aggressiveness of the offender committed person;
2b) The threat posed to the safety and security of the facility or any person;
3c) The need to restrict the offender committed person's access to general population to protect the individual from injury or to conduct the investigation; or
4d) The seriousness of the offense.

b) A juvenile offender shall not be placed in temporary confinement status pending a disciplinary hearing for more than 4 days unless the individual is in investigative status.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.50  Review of Disciplinary Reports

a) The Chief Administrative Officer of each facility shall designate one or more Reviewing Officers.

b) The Reviewing Officer shall review the decision to place an offender committed person in temporary confinement within 3 three days after of such placement, whenever possible, and may order release from or placement in temporary confinement. Among other matters, the factors listed in Section 504.40(a) may be considered. If a disciplinary or investigative report has not been written within 3 three days after of placement in temporary confinement, the Reviewing Officer shall inform the Chief Administrative Officer.

c) An offender committed person who receives an investigative report shall be interviewed by the Reviewing Officer in order to permit the offender committed person an opportunity to present his or her views regarding placement in investigative status. The interview shall be conducted within 14 days after initial
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placement of an adult offender in investigative status or within 3 days after initial placement of a juvenile offender in investigative status, whenever possible.

1) The Reviewing Officer shall recommend whether to continue placement of the offender in investigative status. Among other matters, factors listed in Section 504.40(a) may be considered. The Chief Administrative Officer shall make the final determination.

2) The offender shall be informed of the decision and the decision shall be documented in writing.

3) The offender may be detained in investigative status for up to 30 days for adults and up to 5 days for juveniles.

4) If the investigation does not indicate that the offender may be guilty of any disciplinary offense, placement in investigative status shall be terminated and the report shall be expunged from the offender's committed person's master record file. A copy shall be maintained in an expungement file. This decision shall be made by the Chief Administrative Officer and shall be documented in writing.

5) If, as a result of the investigation, it is necessary to amend or modify the original charges, the offender shall be issued a revised disciplinary report.

6) Upon completion of the investigation, the offender shall appear before the Adjustment Committee for a hearing on the disciplinary report unless the report has been expunged.

7) In the event that an investigation cannot be completed within 30 days for adults or 5 days for juveniles due to an institutional emergency, the Chief Administrative Officer may personally authorize, in writing, an extension of up to 30 days placement in confinement for adults and up to 5 days placement in confinement for juveniles pending investigation. As used in this Section, an institutional emergency includes riots, strikes, lockdowns, and natural disasters.

8) The Director may personally authorize, in writing, additional extensions of up to 30 days each if an institutional emergency prevents completion of the investigation within 60 days. The offender shall be informed of the decision in writing.

d) The Reviewing Officer shall review each disciplinary report and determine whether:

1) The reported facts justify a disciplinary hearing. If not, the report shall be expunged from the offender's committed person's master record file. A copy shall be maintained in an expungement file.

2) The disciplinary report has been completed properly. If not, the Reviewing Officer shall make the necessary corrections or direct the
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reporting employee to make the corrections. The offender committed person shall be provided with a copy of the corrected report. In the event the corrected report contains new charges, the offender committed person shall be provided a copy of the corrected report at least 24 hours prior to the hearing, unless the offender committed person waives this notice in writing.

3) The offense is major or minor in nature. Major offenses shall be assigned to the Adjustment Committee for a hearing and minor offenses shall be assigned to the Program Unit for a hearing.

A) Aiding and abetting, soliciting, attempting to commit, conspiring to commit, or committing any offense listed in the 100, 200, or 500 series of Table A or Table B shall be considered a major offense.

B) Those offenses listed in the 300 or 400 series or the aiding and abetting, soliciting, attempting to commit, or conspiring to commit any of these offenses shall be designated as major or minor based on the seriousness of the offense and factors enumerated in Section 504.20(b).

e) In adult correctional centers, the Reviewing Officer shall forward copies of all major disciplinary reports to the Hearing Investigator.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.60 Investigation of Major Disciplinary Reports

This Section only applies to adult correctional centers. This does not preclude use of Hearing Investigators at other facilities.

a) The Chief Administrative Officer shall appoint one or more Hearing Investigators who shall review all major disciplinary reports.

b) The Hearing Investigator may conduct an investigation into the charges as determined to be appropriate. This determination may be based, among other matters, upon the severity of the offense, the complexity of the charges, or the offender’s committed person’s admission of guilt. The investigation may include an investigation of additional charges.

c) The Hearing Investigator may correct or direct the reporting employee to correct any errors in the disciplinary report. The offender committed person shall be provided with a copy of the corrected report. In the event the corrected report contains new charges, the offender committed person shall be provided a copy of the corrected report at least 24 hours prior to the hearing unless the offender committed person waives this notice.

d) The Hearing Investigator may interview any person who may have information
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that which relates to the alleged violation and may inspect any physical evidence.

e) The Hearing Investigator shall determine whether or not to submit a report to the Adjustment Committee, based upon the results of the investigation. However, if the investigation reveals evidence of a convincing nature that the offender committed person did not commit the offense, that evidence must be reported to the Committee.

f) Any report may be submitted in writing or presented orally, as determined by the Hearing Investigator.

(Source: Amended at 27 Ill. Reg. ______, effective ___________)

Section 504.70 Adjustment Committee and Program Unit Composition

a) The Chief Administrative Officer shall appoint the Adjustment Committee, which shall be composed of at least two members.

1) For adult offenders, the Adjustment Committee shall include:
   A) To the extent possible, a person representing the counseling staff; and
   B) At least one member of the Committee shall be a minority staff member.

2) The Chief Administrative Officer shall designate a chairperson.

b) The Program Unit shall be composed of a group of employees appointed by the Chief Administrative Officer, who shall serve as Hearing Officers. For adult offenders, at least one member of the Unit shall be a minority staff member.

(Source: Amended at 27 Ill. Reg. ______, effective ___________)

Section 504.80 Adjustment Committee Hearing Procedures

a) The Adjustment Committee hearing shall be convened but need not be concluded within 14 days after the commission of the offense by an adult offender or within 7 days after the commission of the offense by a juvenile offender or its discovery, whenever possible, unless the offender committed person has received a continuance or is unable or unavailable for any reason to participate in the hearing. For purposes of this Section, when an investigation has taken place, an offense is considered to be discovered upon the conclusion of the investigation. Inability to participate includes the absence of the offender committed person from the facility for any reason or certification by health care staff that the offender committed person is unable to appear.

b) The offender committed person shall receive written notice of the facts and charges being presented against him or her no less than 24 hours prior to the
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Adjustment Committee hearing. The offender committed person may waive the 24-hour advance notice. The waiver shall be in writing.

c) The offender committed person shall be informed before or at the hearing of information that which would tend to show that the offender committed person was not guilty. If information is provided to him or her at the hearing, the offender committed person shall, upon request, be given a continuance.

d) Any person who initiated the allegations that which serve as the basis for the disciplinary report, or who conducted an investigation into those allegations, or who witnessed the incident, or who is otherwise not impartial shall not serve on the Adjustment Committee hearing that disciplinary report. An offender A committed person who objects to a member of the Committee based on a lack of impartiality must raise the matter at the beginning of the hearing. The Committee shall document the basis of the objection and the decision in the Adjustment Committee summary.

e) An offender A committed person may, upon written request and for good cause shown, be granted additional time to prepare his or her defense. If at the time of the hearing the Committee determines that the offender was unable to prepare a defense, because of a language barrier, the Committee shall automatically grant a request for a continuance for language assistance. The committee shall then make the necessary arrangements for language assistance. Inability to prepare a defense due to a language barrier includes, but is not limited to, a request for witnesses.

f) Any offender committed person charged with a violation of any rules shall have the right to appear before and address the Committee. Any refusal to appear shall be documented and provided to the Committee. However, failure to appear before or address the Committee may be adversely construed against the individual by the Adjustment Committee.

1) The offender committed person may make any relevant statement or produce any relevant documents in his or her defense.

2) Prior to the hearing, the offender committed person may request that witnesses be interviewed. The request shall be in writing on the space provided in the disciplinary report and shall include an explanation of what the witnesses would state. If the offender committed person fails to make the request in a timely manner before the hearing, the individual may be granted a continuance for good cause shown.

g) The Committee shall consider all material presented that which is relevant to the issue of whether or not the offender committed person committed the offense.

h) The Adjustment Committee shall consider any statements of witnesses with relevant knowledge of the incident who are reasonably available.

1) The Committee or its Hearing Investigator may interview witnesses and prepare or review summaries of their testimony prior to or at or
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subsequent to the hearing.

2) The offender committed person does not have the right to confront or cross-examine any witnesses but may submit questions for witnesses to the Committee prior to the hearing. These questions shall be asked by the Committee or its Hearing Investigator unless found to be cumulative, irrelevant, or a threat to the safety of individuals or the security of the facility.

3) A means shall be provided in each living unit for offenders committed persons to submit witness request slips. The Committee may disapprove witness requests that are not received prior to the hearing.

4) Requests by offenders committed persons for witnesses may be denied if their testimony would be, among other matters, irrelevant or cumulative or would jeopardize the safety or disrupt the security of the facility. If any witness request is denied, a written reason shall be provided.

5) At least one person who serves as an Adjustment Committee member shall hear the in-person testimony of the offender’s witnesses where the offender makes a timely request for the witnesses or is granted a continuance to request witness testimony. In-person testimony of the offender’s witnesses shall be defined as face-to-face contact or telephonic contact by the Adjustment Committee.

6) If the Adjustment Committee makes a written determination that the in-person testimony by the witness requested by the offender would undermine authority or would present potential disruption of the operations of the facility or a threat to the safety of any person or institutional safety or correctional goals, the Adjustment Committee may elect to accept the testimony through other legally permissible means, including, but not limited to, a sworn written summary of an interview of the witness or a sworn statement.

7) A sworn written statement or sworn written summary of a witness’ testimony is a reasonable alternative to in-person testimony if the witness’ testimony will be accepted as credible and it involves verification of alleged facts, including but not limited to a witness who will testify to the authenticity of contents of a record or document, cell location, work assignment, writ status, staff work schedule, or identification.

8) When testimony is presented to the Adjustment Committee in the form of a written summary or statement, a copy of the written summary or statement shall be given to the accused offender unless the Adjustment Committee finds that disclosure presents a threat to the safety of any person.

i) The offender committed person shall not have the right to either retained or
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appointed counsel. The offender committed person may request the assistance of a staff member in the preparation and presentation of his or her defense if he or she is illiterate or does not speak English or when other circumstances exist that preclude the individual from adequately preparing his or her defense.

j) The Adjustment Committee shall decide whether or not the offender committed person committed the offense based upon all relevant information and evidence.
   1) The Committee must be reasonably satisfied there is some evidence that the offender committed person committed the offense for the individual to be found guilty.
   2) Polygraph results may be considered but may not be the sole basis for finding the offender committed person guilty of the offense.

k) The Adjustment Committee shall take one of the following actions, based upon the evidence admitted:
   1) Find that the offender committed person did not commit the offense. In that case, the Committee shall order that the disciplinary report be dismissed and expunged from the offender's record committed person's master record file. A copy shall be maintained in an expungement file.
   2) Find that further investigation is necessary to determine if the offender committed person did or did not commit the offense and place the offender committed person in investigative status.
   3) Find that additional time is needed to obtain information relative to the charge. The hearing may be continued for a reasonable time. However, unless the offender committed person is placed in investigative status, the individual may not be confined for more than 1400 days for adult offenders or 7 days for juvenile offenders from the date of placement in temporary confinement.
   4) Find that the offender committed person did commit the offense or a lesser offense for which the elements were included in the original charge. The Committee may recommend one or more of the following disciplinary actions:
      A) Reprimand the offender committed person.
      B) Suspend or restrict one or more privileges of the offender committed person for a specific period of time.
      C) Reduce the offender's committed person's grade or level.
      D) Change the offender's committed person's program.
      E) Change the offender's committed person's housing assignment or transfer the individual to another correctional facility.
      F) Revoke the offender's committed person's statutory good time or good conduct credits.
      G) Increase the offender's committed person's security classification.
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H) Place the offender committed person in segregation or confinement. A juvenile offender may not be confined for more than 7 consecutive days nor more than 15 days within a 30 day period except in cases of violence or attempted violence in accordance with Section 504.730. Credit shall be given for any period of pre-hearing and investigative status confinement.

I) Require the offender committed person to make restitution.

J) Revoke the offender from a transition center. If revocation is recommended, the Committee may also recommend reduction in grade and placement in segregation.

K) Require forfeiture of items of contraband used in the offense or possessed in violation of this Part.

L) Delay referral of a juvenile offender to the Prisoner Review Board for recommended parole.

K) Restrict access to clothing, bedding, toilets, washbowls, and showers if related to abuse of that privilege. Restrictions must be personally reviewed and approved every three days by the Chief Administrative Officer or above.

5) This Part shall in no way be construed to restrict or limit the Department's ability to administratively change an offender committed person's job, educational, program, or housing assignment, to restrict privileges, or to transfer the offender committed person to another facility.

l) A written record shall be prepared and signed by all members of the Committee that contains:

1) A summary of oral and written statements and other evidence presented. If the Committee members find that the offender committed the offense, they shall provide a statement as to their reasons for the finding.

A) The Committee may consider information from confidential sources if:

i) It finds that his or her identity must be withheld for reasons of security; and

ii) The information is reliable.

B) Reliability may be established by one of the following:

i) The investigating officer has indicated, in writing and by his or her appearance before the Adjustment Committee, the truth of his or her report containing confidential information;

ii) Corroborating testimony such as statements from other sources or polygraph results; or

iii) A statement by a member of the Adjustment Committee or
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an oral or written statement to the Adjustment Committee by supervisory or administrative staff that the individual has firsthand knowledge of the sources of information and considers them reliable on the basis of their past record of reliability.

C) If the identity of a source is being withheld for reasons of security, a statement to that effect and a statement that the Committee finds the information reliable must be included. A summary of the information provided and the basis for the finding of reliability shall be documented, but need not be included in the summary based on safety and security concerns.

2) If the Committee members find that the offender committed person committed the offense, a statement as to their reasons for the finding. If exonerating evidence is presented and disregarded, the Committee must state the basis for disregarding the evidence.

3) The disposition of the charges, the disciplinary action recommended, and the reasons for recommending the disciplinary action.

m) If the safety or security of the facility or any person is jeopardized by certain references in the written record, they may be deleted but the fact that omissions have been made shall be noted on the summary, along with a finding that material is being deleted based on safety or security concerns.

n) If the offender committed person is found guilty, the individual shall be informed of the opportunity to appeal through the grievance procedures in 20 Ill. Adm. Code 504.Subpart F.

o) A copy of the disciplinary report and Adjustment Committee summary shall be forwarded to the Chief Administrative Officer for review and approval and a copy shall be filed in the offender's record committed person's master record file. The offender committed person shall be given a copy of the Adjustment Committee summary.

p) The Chief Administrative Officer shall review all Adjustment Committee dispositions. The Director shall review all Adjustment Committee dispositions in which it is recommended that the offender committed person lose statutory good time or good conduct credits. The Deputy Director of the Juvenile Division shall review any Adjustment Committee disposition of a juvenile offender when the Committee has recommended a delay in referral of the offender to the Prisoner Review Board for more than 30 days.

1) The Director, Deputy Director, or the Chief Administrative Officer may take the following actions:

A) Confirm the recommendation in whole or in part.
B) Order additional or new proceedings.
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C) Suspend or overturn the recommendation.
D) Offer the offender committed person a work assignment which, if accepted and satisfactorily completed, will result in reduction of original disciplinary sanctions.

2) The Director, Deputy Director, or the Chief Administrative Officer shall not increase, but may reduce, the sanctions recommended by the Adjustment Committee, but he or she may reduce them. The offender committed person shall be sent a copy of any modification to the Adjustment Committee recommendations.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.90 New or Additional Proceedings

a) The Director, Deputy Director, or the Chief Administrative Officer shall remand the decision to the Adjustment Committee for new proceedings if the proceedings are found to be defective due to:

1) Inadequate notice, including failure to state the correct date of the offense on the disciplinary report or failure to provide the offender committed person with 24-hour notice of the hearing and such notice was not waived.

2) Lack of impartiality of the Adjustment Committee.

3) Improper exclusion of witnesses.

4) Failure to provide exonerating information to the offender committed person prior to the hearing.

b) New or additional proceedings may be ordered in other circumstances, as determined by the Director, Deputy Director, or Chief Administrative Officer.

1) The offender committed person shall be provided with notice of the rehearing within a reasonable time after the Chief Administrative Officer's decision or the facility's receipt of the decision.

2) The rehearing shall commence within 14 days for an adult offender or 7 days for a juvenile offender after the Chief Administrative Officer's decision or the facility's receipt of the decision, whenever possible.

3) The procedures on remand shall be conducted in accordance with the procedures governing the hearing on the original charge.

c) The Director, Deputy Director, or the Chief Administrative Officer may remand the decision to the Adjustment Committee for additional documentation, correction, or clarification of the Adjustment Committee summary, including the statement of reasons for excluding witnesses, the basis for the finding of guilt and imposition of sanctions, statement of reasons for deeming sources to be confidential, or the failure to specify reasons for finding a confidential source to
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be reliable.
1) The offender committed person shall not have the right to a new hearing, but shall be notified of the decision.
2) After the Adjustment Committee has amended its summary, it shall be forwarded to the Chief Administrative Officer and then to the Director in accordance with the procedures applicable to review of the original disposition.

d) Upon remand, sanctions greater than those imposed at the original hearing shall not be permitted unless the offender committed person is charged with a different offense that which provides for a greater penalty than provided for under the original charge or new evidence is produced which was not available at the original hearing which justifies the imposition of greater punishment. However, this does not prohibit the offender committed person from being found guilty and disciplined on remand when the Adjustment Committee had erroneously dismissed the disciplinary report on procedural grounds.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.100 Program Unit Hearing Procedures

a) The Program Unit hearing shall be convened, but need not be concluded, within 14 days for adult offenders or 7 days for juvenile offenders after the commission of the offense or its discovery, whenever possible, unless the offender committed person is unable to participate in the hearing.
b) The offender committed person shall receive written notice of the facts and charges being presented against him or her prior to the hearing.
c) Any person who initiated the allegations that which serve as the basis for the disciplinary report, or who conducted a formal investigation into those allegations, or who witnessed the incident, or who is otherwise not impartial shall not conduct a hearing on that report.
d) The hearing may be continued to obtain additional information or upon the offender's committed person's written request and for good cause shown.
e) The offender committed person shall have the right to appear before and address the Program Unit Hearing Officer.
f) The Program Unit Hearing Officer may call witnesses and review any information relevant to the charge.
g) The offender committed person shall not have the right to retained or appointed counsel. The offender committed person may request the assistance of a staff member in the preparation of his or her defense if the individual is illiterate or does not speak English or when other circumstances exist that which preclude the
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individual from adequately preparing his or her defense.

h) The Program Unit Hearing Officer may return a disciplinary report to the Chief Administrative Officer with a recommendation for a hearing before the Adjustment Committee. The factors listed in Section 504.20(b) shall be considered when making this determination.

1) If approved by the Chief Administrative Officer, a hearing before the Adjustment Committee shall commence within 14 days for adult offenders or 7 days for juvenile offenders after the approval, whenever possible.

2) If not approved, the disciplinary report shall be referred back for a hearing before the Program Unit which shall commence within 14 days for adult offenders or 7 days for juvenile offenders after the decision not to approve the recommendation, whenever possible.

i) The Program Unit Hearing Officer may recommend any of the actions authorized in Section 504.80(k) of this Part except that the Officer may not recommend placement in segregation or confinement, revocation of good time, revocation of transition center status, delay in referral of a juvenile offender to the Prisoner Review Board for recommended parole, an increase in the offender's committed person's security classification, or transfer to another correctional facility.

j) A record shall be signed by the Hearing Officer that contains a summary of oral and written statements and other evidence presented, the decision, and the disciplinary action recommended.

k) The summary shall be processed in accordance with Sections 504.80(o) and (p) and 504.90 of this Part.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.110 Computation of Discipline for Multiple Offenses

a) When an offender a committed person has been found in violation of more than one offense arising from a single incident, the maximum penalty shall not exceed the maximum penalty for the most serious offense the individual is found to have committed.

b) When an offender a committed person has been found in violation of more than one offense arising from separate incidents, the maximum penalty for each offense may be imposed, and such penalties shall run consecutively. For example, an offender a committed person who is found guilty of assaulting several persons within a short period of time has committed multiple offenses that would be punishable consecutively.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)
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Section 504.115 Indeterminate Segregation Placement of Adult Offenders

a) Within the first year of placement of an adult offender in indeterminate segregation and no less frequently than once every 180 days thereafter, the Director, Deputy Director, or Assistant Deputy Director shall personally review the indeterminate placement of offenders committed persons in disciplinary segregation. This review shall include a face-to-face interview with the offender committed person by staff. The Director, Deputy Director, or Assistant Deputy Director may continue the offender committed person on an indeterminate segregation term or establish a specific segregation release date.

b) In determining whether to establish a specific segregation release date, the Director may consider, among other matters:
   1) The seriousness of the offense;
   2) The safety and security of the facility or any person;
   3) The offender's committed person's behavioral and disciplinary history;
   4) Reports and recommendations concerning the offender committed person;
   5) The interview and any submissions of relevant material and information;
   6) Institutional order; and
   7) Other legitimate penological interests.

c) A copy of the decision shall be provided to the offender committed person and the facility record office.

d) An offender A committed person in disciplinary segregation for an indeterminate term may seek a reduction in the segregation placement in accordance with Section 504.120.

(Source: Amended at 27 Ill. Reg. _______, effective ____________)

Section 504.120 Reduction in Segregation Placement of Adult Offenders

a) An adult offender A committed person shall receive credit against the term of segregation placement for time spent in temporary confinement or in investigative status.

b) An offender A committed person may petition the Adjustment Committee no more often than every 90 30 days to reduce the segregation term based on his or her conduct while in segregation.

c) The Adjustment Committee may either recommend reduction of the original segregation term imposed or deny the petition.

d) The Committee's recommendation shall be reviewed by the Chief Administrative Officer. A copy of the decision shall be provided to the offender committed person.
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person and the facility record office.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.130  Demotion and Restoration in Grade

a) Privileges shall be afforded to adult offenders assigned to correctional centers committed persons based upon their current grade, in the following manner:

1) Offenders committed persons in "A" grade shall be eligible to receive all institutional privileges. Newly admitted offenders committed persons shall be placed in "A" grade.

2) Offenders committed persons in "B" grade shall be eligible to receive all institutional privileges except for a day release program or a furlough other than a medical or funeral furlough.

3) Offenders committed persons in "C" grade shall be eligible to receive no privileges except yard, commissary, and visits. An offender committed person may purchase personal hygiene items and other items approved by the Chief Administrative Officer based on the committed person's institutional status from the commissary once each 30 day period while in "C" grade. The 30 day period shall commence on the date of placement into "C" grade.

b) An offender committed person who has been demoted to "B" or "C" grade as a result of a disciplinary infraction shall be automatically promoted to the next highest grade at the expiration of the time period specified by the Adjustment Committee.

c) An offender committed person who has been demoted to "C" grade and automatically placed in "B" grade after expiration of the time period specified by the Adjustment Committee shall be required to spend the same time period in "B" grade as in "C" grade. Upon expiration of this time period, the offender committed person shall be restored to "A" grade.

d) An offender committed person may petition the Adjustment Committee for restoration in grade based upon the individual's good conduct and institutional record no more often than every 90 days. A copy of the Committee's decision shall be provided to the offender committed person.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.140  Restitution Procedures

a) The Adjustment Committee or Program Unit may recommend that the offender
committed person—make restitution in any amount not to exceed costs incurred or damages sustained by any person, entity, or state as a result of the disciplinary offense, including expenses for investigating the matter and processing the disciplinary report actual out-of-pocket expenses or loss caused by the conduct of the committed person. The Adjustment Committee or Program Unit shall document the amount and the conditions of payment.

b) If the Adjustment Committee or Program Unit determines that restitution for damage to property or person is appropriate, it shall ask the offender committed person to authorize disbursement from his or her trust fund or from any other account.

1) If the offender committed person agrees to make restitution, the individual shall sign an authorization for disbursement of funds either to the State or to the appropriate individual.

2) If the offender committed person refuses to authorize disbursement of his or her current funds or future earnings in accordance with the Adjustment Committee's or Program Unit's recommendation, the Adjustment Committee or Program Unit may recommend that a hold be placed on the individual's account for such amount, and may further recommend that the individual's commissary privileges, other expenditures, or State pay or both be suspended in whole or in part for a definite period of time. However, the offender committed person shall be permitted to retain a sufficient amount of funds to purchase basic personal hygiene items if such items are not provided by the facility.

c) The Adjustment Committee or Program Unit may consider the offender committed person's willingness to make restitution in imposing any other disciplinary sanctions.

d) An offender committed person shall not be subjected to greater punishment because he or she is without funds and therefore unable to make restitution.

e) In the event an offender a committed person is released prior to full payment of restitution, arrangements shall be made for payment of the balance of the authorized restitution. If the offender committed person did not authorized restitution, all or a portion of the grant money provided for in 20 Ill. Adm. Code 502.320 may be suspended.

(Source: Amended at 27 Ill. Reg. _______, effective ____________)

SUBPART B: ADMINISTRATION OF DISCIPLINE - JUVENILE

Section 504.200 Applicability (Repealed)
This Subpart applies to the Juvenile Division of the Department of Corrections.

(Source: Repealed at 27 Ill. Reg. _____, effective ____________)

Section 504.202 Definitions (Repealed)

"Chief Administrative Officer" means the highest ranking official of a correctional facility.

"Department" means the Department of Corrections.

"Deputy Director" means the Deputy Director of the Juvenile Division of the Department of Corrections.

"Director" means the Director of the Department of Corrections.

(Source: Repealed at 27 Ill. Reg. _____, effective ____________)

Section 504.205 Responsibilities (Repealed)

a) Unless otherwise specified, the Director, Deputy Director or Chief Administrative Officer may delegate responsibilities stated in this Subpart to another person or persons or designate another person or persons to perform the duties specified.

b) No other individual may routinely perform duties whenever a Section in this Subpart specifically states the Director, Deputy Director or Chief Administrative Officer shall personally perform the duties. However, the Director, Deputy Director or Chief Administrative Officer may designate another person or persons to perform the duties during periods of his or her temporary absence or in an emergency.

(Source: Repealed at 27 Ill. Reg. _____, effective ____________)

Section 504.210 Offenses and Maximum Penalties (Repealed)

Maximum penalties for conduct which constitutes a disciplinary infraction are set forth in Table B.

a) No committed person shall be found guilty of any violation of this Part without a hearing before the Adjustment Committee or Program Unit. If a committed person is transferred from one facility to another pending a hearing, the individual shall be provided with an opportunity to present a defense at any subsequent
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disciplinary hearing held at the receiving facility that is comparable to that which would have been afforded, in accordance with this Subpart, at the sending facility.

b) In determining the appropriate sanctions, the Adjustment Committee or Program Unit, the Chief Administrative Officer, the Deputy Director, or the Director may consider, among other things, mitigating or aggravating factors such as:
   1) The committed person's mental state at the time of committing the offense;
   2) The extent and degree of participation in the commission of the offense;
   3) The amount or nature of stolen property, contraband, or injury; and
   4) The committed person's prior disciplinary record.

c) Corporal punishment; disciplinary restrictions on diet, medical or sanitary facilities, clothing, bedding, mail, or access to legal materials; and reductions in the frequency of use of toilets, washbowls, and showers are prohibited.

d) Disciplinary restrictions on visitation, work, education, or program assignments and the use of the library shall be related as closely as practicable to abuse of such privileges or facilities.

e) Committed persons are presumed to be responsible for any contraband or other property prohibited by this Part which is located on their person, within their cell, or within areas of their housing, work, educational, or vocational assignment which are under their control. Areas under a committed person's control include, but are not limited to, the door track, window ledge, ventilation unit, plumbing, and the committed person's desk, cabinet, shelving, storage area, bed, and bedding materials in his or her housing assignment; and desk, cubicle, work station, and locker in his or her work, educational, or vocational assignment. If the committed person produces evidence which convinces the Adjustment Committee that he or she did not commit the offense, the committed person shall be found not guilty.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.220 Preparation of Disciplinary Reports (Repealed)

a) Every employee has the duty to observe the conduct of committed persons.

b) Any rule infraction which may result in disciplinary action which suspends privileges, involves the imposition of disciplinary confinement, delays referral to the Prisoner Review Board, or causes a change in work, education, or other program assignment of more than seven days duration must be documented in the form of a disciplinary report by the employee who observes the committed person's behavior, discovers evidence of a rule infraction, or receives information of such behavior from a reliable witness.

e) When the rule infraction is minor, every effort should be made to take corrective action which is adapted to individual circumstances, administered immediately.
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and consistently, and is understood by the committed person through appropriate counseling efforts.

d) The disciplinary report must be promptly and fully completed. The following information shall be provided, to the extent known or available:

1) The name and number of the committed person.
2) The place, time, and date of the offense.
3) The offense which the committed person is alleged to have committed.
4) A written statement of the conduct observed.
5) The names of any committed persons, employees, and visitors who were witnesses. The identity of witnesses may be withheld for reasons of security provided a statement to that effect and the information the confidential source provided are included on the disciplinary report to the extent the information can be included without jeopardizing security.
6) A statement describing any immediate action taken.
7) The signature of the reporting employee and the date and time the report is completed.

e) The disciplinary report shall be prepared and forwarded to the shift supervisor or other person designated by the Chief Administrative Officer.

f) If a committed person is suspected of committing a disciplinary offense, an investigative disciplinary report, hereinafter referred to as an investigative report, may be issued which reasonably informs the committed person of the subject of the investigation to the extent that safety and security allow.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.230 Temporary Confinement (Repealed)

a) The shift supervisor shall determine whether or not it is necessary to place the committed person in investigative status or in temporary confinement status pending a disciplinary hearing or a determination whether or not to issue a disciplinary or an investigative report in accordance with Section 504.220. The decision may be based, among other matters, on:

1) The aggressiveness of the committed person;
2) The threat posed to the safety and security of the facility or any person;
3) The need to restrict the committed person's access to general population to protect the individual from injury or to conduct the investigation; or
4) The seriousness of the offense.

b) A committed person shall not be placed in temporary confinement status pending a disciplinary hearing for more than four days unless the individual is in investigative status.
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e) Committed persons may be confined in their cells or living areas or in any other area designated by the Chief Administrative Officer.

(Source: Repealed at 27 Ill. Reg. _______, effective ____________)

Section 504.240 Review of Disciplinary Reports (Repealed)

a) The Chief Administrative Officer of each facility shall designate one or more Reviewing Officers.

b) The Reviewing Officer shall review each disciplinary report to determine whether:

1) The reported facts justify a disciplinary hearing. If not, the report shall be expunged from the committed person’s master record file. A copy shall be maintained in an expungement file.

2) The disciplinary report has been completed properly. If not, the Reviewing Officer shall make the necessary corrections or direct the reporting employee to make the corrections. The committed persons shall be provided with a copy of the corrected report. In the event the corrected report contains new charges, the committed person shall be provided a copy of the corrected report at least 24 hours prior to the hearing unless the committed persons waives this notice in writing.

3) It is necessary to place or continue placement of the committed person in temporary confinement pending a disciplinary hearing. Among other matters, the factors listed in Section 504.230 may be considered. If a disciplinary or investigative report has not been written within three days of placement in temporary confinement, the Reviewing Officer shall inform the Chief Administrative Officer.

4) The offense is major or minor in nature. Major offenses shall be assigned to the Adjustment Committee for a hearing and minor offenses shall be assigned to the Program Unit for a hearing.

A) Aiding and abetting, soliciting, attempting to commit, conspiracy to commit, or committing any offense listed in the 100, 200 or 500 series of Table B shall be considered a major offense.

B) Those offenses listed in the 300 or 400 series or the aiding and abetting, soliciting, attempting to commit, or conspiring to commit any of these offenses shall be designated as major or minor based on the seriousness of the offense.

e) A committed person who receives an investigative report shall be interviewed by the Reviewing Officer in order to permit the committed person an opportunity to present his or her views regarding placement in investigative status. The
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interview shall be conducted within three days of initial placement in investigative status, whenever possible.

1) The Reviewing Officer shall recommend whether to continue placement of the committed person in investigative status. Among other matters, factors listed in Section 504.230(a) may be considered. The Chief Administrative Officer shall make the final determination.

2) The committed person shall be informed of the decision and the decision shall be documented in writing.

3) The committed person may be detained in investigative status for up to five days.

4) If the investigation does not indicate that the committed person may be guilty of any disciplinary offense, placement in investigative status shall be terminated and the report shall be expunged from the committed person's master record file. A copy shall be maintained in an expungement file. This decision shall be made by the Chief Administrative Officer and shall be documented in writing.

5) If, as a result of the investigation, it is necessary to amend or modify the original charges, the committed person shall be issued a revised disciplinary report.

6) Upon completion of the investigation, the committed person shall appear before the Adjustment Committee for a hearing on the disciplinary report unless the report has been expunged.

7) In the event that an investigation cannot be completed within 5 days due to an institutional emergency, the Chief Administrative Officer may personally authorize, in writing, extensions of up to 5 days each of placement in confinement pending an investigation. As used in this Section, an institutional emergency includes riots, strikes, lockdowns, and natural disasters.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.250 Adjustment Committee and Program Unit Composition (Repealed)

a) The Adjustment Committee shall be composed of at least 2 members appointed by the Chief Administrative Officer, one of whom shall be designated as the chairperson.

b) The Program Unit shall be composed of a group of employees appointed by the Chief Administrative Officer, who shall serve as Hearing Officers.

c) Any person who initiated a disciplinary charge against a committed person, or who conducted an investigation into those allegations, or who witnessed the
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incident, or who is otherwise not impartial shall not serve on the Adjustment Committee or Program Unit hearing the report. A committed person who objects to a member of the Committee based on a lack of impartiality must raise the matter at the beginning of the hearing. The Committee shall document the basis of the objection and the decision in the Adjustment Committee summary.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.260 Adjustment Committee Hearing Procedures (Repealed)

a) The Adjustment Committee hearing shall be convened but need not be concluded within 7 days after the commission of the alleged rule infraction or its discovery unless the committed person has received a continuance or is unable or unavailable for any reason to participate in the hearing. For purposes of this Section, where an investigation has taken place, an offense is considered to be discovered upon the conclusion of the investigation. Inability to participate includes the absence of the committed person from the facility for any reason or certification by health care staff that the committed person is unable to appear.

b) The committed person shall receive written notice of the facts and charges being presented against him or her no less than 24 hours prior to the Adjustment Committee hearing. The committed person may waive the 24-hour advance notice. The waiver shall be in writing.

c) The committed person shall be informed before or at the hearing of information which would tend to show that the committed person was not guilty. If information is provided to him or her at the hearing, the committed person shall, upon request, be given a continuance.

d) A committed person may, upon written request and for good cause shown, be granted additional time to prepare his or her defense.

e) Committed persons shall not have a right to either retained or appointed counsel to prepare their defense or appear on their behalf before the Adjustment Committee. A committed person shall, upon request, have the assistance of a staff member in the preparation and presentation of his or her defense.

f) Any committed person charged with a violation of any rule shall have the right to appear before and address the Committee. Any refusal to appear shall be documented and provided to the Committee. However, failure to appear before or address the Committee may be construed against the individual by the Adjustment Committee.

1) The committed person may make any relevant statement or produce any relevant documents in his or her defense.

2) Prior to the hearing, the committed person may request that witnesses by
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interviewed. The request shall be submitted in writing on the space provided in the disciplinary report and must include an explanation of what the witnesses would state. If the committed person fails to make the request in a timely manner before the hearing, the individual may be granted a continuance for good cause shown.

g) The Committee shall consider all material presented which is relevant to the issue of whether or not the committed person committed the offense.

h) The Adjustment Committee shall consider any statements of witnesses with relevant knowledge of the incident and who are reasonably available.

1) The Committee may interview witnesses and prepare or review summaries of their testimony prior to or at or subsequent to the hearing.

2) The committed person does not have the right to confront or cross-examine any witnesses but may submit questions for witnesses to the Committee prior to the hearing. These questions shall be asked by the Committee unless found to be cumulative, irrelevant, or a threat to the safety of individuals or the security of the facility.

3) A means shall be provided in each living unit for committed persons to submit witness request slips. The Committee may disapprove witness requests that are not received prior to the hearing.

4) Requests by committed persons for witnesses may be denied if their testimony would be, among other matters, irrelevant or cumulative or would jeopardize the safety or disrupt the security of the facility. If any witness request is denied, a written reason shall be provided.

i) The Adjustment Committee shall decide whether or not the committed person committed the offense based upon all relevant information and evidence.

1) The Committee must be reasonably satisfied there is some evidence that the committed person committed the offense for the individual to be found guilty.

2) Olygraph results may be considered but may not be the sole basis for finding the committed person guilty of the offense.

j) The Adjustment Committee shall take one of the following actions, based upon the evidence admitted:

1) Find that the committed person did not commit the offense. In that case, the Committee shall order that the disciplinary report be dismissed and expunged from the committed person’s master record file. A copy shall be maintained in an expungement file.

2) Find that further investigation is necessary to determine if the committed person did or did not commit the rule infraction and place the committed person in investigative status.

3) Find that additional time is needed to obtain information relative to the
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charge. The hearing may be continued for a reasonable time. However, unless the committed person is placed in investigative status, the individual may not be confined for more than seven days from the original placement in confinement.

4) Find that the committed person did commit the rule infraction or a lesser rule infraction for which the elements were included in the original charge. The Committee may recommend one or more of the following disciplinary actions:

A) Reprimand the committed person.
B) Suspend or restrict one or more privileges of the committed person for a specific period of time.
C) Change the committed person's program.
D) Change the committed person's housing assignment or transfer the individual to another facility.
E) Revoke good time for juvenile felons and habitual juvenile offenders.
F) Place or continue placement of the committed person in confinement. A committed person may not be confined for more than 7 consecutive days nor more than 15 days within a 30 day period except in cases of violence or attempted violence in accordance with Section 504.730. Credit shall be given for any period of prehearing and investigatory status confinement.
G) Delay referral of the committed person to the Prisoner Review Board for recommended parole.
H) Require the committed person to make restitution.
I) Require forfeiture of items of contraband used in the rule infraction or possessed in violation of this Part.

5) This Part shall in no way be construed or restrict or limit the Department's ability to administratively change a committed person's job, educational, program, or housing assignment, to restrict privileges, or to transfer the committed person to another facility.

k) A written record shall be prepared and signed by all the members of the Committee which contains:

1) A summary of oral and written statements and other evidence presented.
A) The Committee may consider information from confidential sources if:
   i) It finds that his or her identity must be withheld for reasons of security; and
   ii) The information is reliable.
B) Reliability may be established by one of the following:
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i) The investigating officer has indicated, in writing and by his or her appearance before the Adjustment Committee, the truth of his or her report containing confidential information;

ii) Corroborating testimony such as statements from other sources or polygraph results; or

iii) A statement by a member of the Adjustment Committee or an oral or written statement to the Adjustment Committee by supervisory or administrative staff that the individual has firsthand knowledge of the sources of information and considers them reliable on the basis of their past record of reliability.

C) If the identity of a source is being withheld for reasons of security, a statement to that effect and a statement that the Committee finds the information reliable must be included. A summary of the information provided and the basis for the finding of reliability shall be documented, but need not be included in the summary based on safety and security concerns.

2) If the Committee members find that the committed person committed the offense, a statement as to their reasons for the finding. If exonerating evidence is presented and disregarded, the Committee must state the basis for disregarding the evidence.

3) The disposition of the charges, the disciplinary action recommended, and the reasons for recommending the disciplinary action.

l) If the safety or security of the facility or any person is jeopardized by certain references in the written record, they may be deleted but the fact that omissions have been made shall be noted on the summary, along with a finding that material is being deleted based on safety or security concerns.

m) If the committed person is found guilty, the Committee shall inform the individual of the opportunity to appeal through the grievance procedures in accordance with 20 Ill. Adm. Code 504.Subpart F.

n) A copy of the Adjustment Committee summary and the disciplinary report shall be forwarded to the Chief Administrative Officer for review and approval and a copy shall be filed in the committed person's master record file. The committed person shall be given a copy of the Adjustment Committee summary.

o) The Chief Administrative Officer shall review the Adjustment Committee summary. The Director shall review the Adjustment Committee summary when it has been recommended that a committed person lose good time. The Deputy Director of the Juvenile Division shall review the Adjustment Committee summary when the Committee has recommended a delay in referral to the
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Prisoner Review Board for more than 30 days.

1) When reviewing the record, the Director, Deputy Director, or Chief Administrative Officer may take the following actions:
   A) Confirm the recommendation in whole or in part.
   B) Order additional or new proceedings.
   C) Suspend or overturn the recommendation.
   D) Offer the committed person a work assignment which, if accepted and satisfactorily completed, will result in reduction of original disciplinary sanctions.

2) The Director, Deputy Director, or the Chief Administrative Officer shall not increase, but may reduce, the sanctions recommended by the Adjustment Committee. The committed person shall be sent a copy of any modifications to the Adjustment Committee's recommendation.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.270 New or Additional Proceedings (Repealed)

a) The Director, Deputy Director, or the Chief Administrative Officer shall remand the decision to the Adjustment Committee for new proceedings if the proceedings are found to be defective due to:
   1) Inadequate notice, including failure to state the correct date of the offense or the failure to provide the committed person with 24-hour notice of the hearing and notice was not waived.
   2) Lack of impartiality of the Adjustment Committee.
   3) Improper exclusion of witnesses.
   4) Failure to provide exonerating information to the committed person prior to the hearing.

b) New or additional proceedings may be ordered in other circumstances, as determined by the Director, Deputy Director, or Chief Administrative Officer.
   1) The committed person shall be provided with notice of the rehearing as soon as possible after the Chief Administrative Officer's decision or the facility's receipt of the decision.
   2) The rehearing shall commence, whenever possible, within 7 days after the Chief Administrative Officer's decision or the facility's receipt of the decision.
   3) The procedures on remand shall be conducted in accordance with the procedures governing the hearing on the original charge.

e) The Director, Deputy Director, or Chief Administrative Officer may remand the decision to the Adjustment Committee for additional documentation, correction,
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or clarification of the Adjustment Committee summary, including the statement of reasons for excluding witnesses, the basis for the finding of guilt and imposition of sanctions, or the failure to specify reasons for finding a confidential informant to be reliable.

1) The committed person shall not have the right to a new hearing but shall be notified of the decision.

2) After the Adjustment Committee has amended its summary, it shall be forwarded to the Chief Administrative Officer and then to the Director or Deputy Director in accordance with the procedures applicable to review of the original disposition.

d) Upon remand, sanctions greater than those imposed at the original hearing shall not be permitted unless the committed person is charged with a different offense which provides for a greater penalty than provided for under the original charge or new evidence is produced which was not available at the original hearing which justifies the imposition of greater punishment. However, this does not prohibit the committed person from being found guilty and disciplined on remand when the Adjustment Committee had erroneously dismissed the disciplinary report on procedural grounds.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.275 Program Unit Hearing Procedures (Repealed)

a) The Program Unit shall be convened, but need not be concluded, within 7 days after the commission of the offense or its discovery unless the committed person is unable to participate in the hearing.

b) The committed person shall receive written notice of the facts and charges being presented against him or her prior to the hearing.

c) The hearing may be continued to obtain additional information or upon the committed person’s written request and for good cause shown.

d) The committed person shall have the right to appear before and address the Program Unit Hearing Officer.

e) The Program Unit Hearing Officer may call witnesses and review any information relevant to the charge.

f) The committed person shall not have the right to retained or appointed counsel, but he or she may request assistance of a staff member in the preparation of his or her defense.

g) The Program Unit Hearing Officer may return a disciplinary report to the Chief Administrative Officer with a recommendation for a hearing before the Adjustment Committee. The factors listed in Section 504.210(a) shall be
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considered when making this determination.

1) If approved by the Chief Administrative Officer, a hearing before the Adjustment Committee shall commence within 7 days after the approval.

2) If not approved, the disciplinary report shall be referred back for a hearing before the Program Unit which shall commence within 7 days after the decision not to approve the recommendation.

h) The Program Unit Officer may recommend any of the actions authorized in Section 504.260(j) of this Part except that the Officer may not recommend placement in confinement, revocation of good time, or delay in referral of the committed person to the Prisoner Review Board for recommended parole.

i) A record shall be signed by the Hearing Officer which contains a summary of oral and written statements and other evidence presented, the decision, and the disciplinary action recommended.

j) The summary shall be processed in accordance with Sections 504.260(n) and (o) and 504.270 of this Part.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.280 Computation of Discipline for Multiple Offenses (Repealed)

a) When a committed person has been found in violation of more than one offense arising from a single incident, the maximum penalty shall not exceed the maximum penalty for the most serious offense the individual is found to have committed.

b) When a committed person has been found in violation of more than one offense arising from separate incidents, the maximum penalty for each offense may be imposed, and such penalties shall run consecutively. For example, a committed person who is found guilty of assaulting several persons within a short period of time has committed multiple offenses which would be punishable consecutively.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.290 Restitution Procedures (Repealed)

a) The Adjustment Committee or Program Unit may recommend that the committed person make restitution in any amount not to exceed actual out-of-pocket expenses or loss caused by the conduct of the committed person. The Adjustment Committee or Program Unit shall determine the amount and the conditions of payment.

b) If the Adjustment Committee or Program Unit determines that restitution for
Section 504.300 Restoration of Good Time (Repealed)

Good time which has been revoked may be restored in accordance with 20 Ill. Adm. Code 107.160.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

SUBPART C: ADMINISTRATION OF DISCIPLINE – COMMUNITY SERVICES

Section 504.400 Applicability (Repealed)

This Subpart applies to the Community Services Division of the Department of Corrections.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)
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Section 504.402 Definitions (Repealed)

"Chief Administrative Officer" means the highest ranking official of a correctional facility.

"Department" means the Department of Corrections.

"Director" means the Director of the Department of Corrections.

(Source: Repealed at 27 Ill. Reg. _______, effective ____________)

Section 504.405 Responsibilities (Repealed)

a) Unless otherwise specified, the Director or Chief Administrative Officer may delegate responsibilities stated in this Subpart to another person or persons or designate another person or persons to perform the duties specified.

b) No other individual may routinely perform duties whenever a Section in this Subpart specifically states the Director or Chief Administrative Officer shall personally perform the duties. However, the Director or Chief Administrative Officer may designate another person or persons to perform the duties during periods of his or her temporary absence or in an emergency.

(Source: Repealed at 27 Ill. Reg. _______, effective ____________)

Section 504.410 Offenses and Maximum Penalties (Repealed)

Maximum penalties for conduct which constitutes a disciplinary infraction are set forth in Table C.

a) No committed person shall be found guilty of any violation of this Part without a hearing before the Adjustment Committee or Program Unit. If a committed person is transferred from one facility to another pending a hearing, the individual shall be provided with an opportunity to present a defense at any subsequent disciplinary hearing held at the receiving facility which is comparable to that which would have been afforded, in accordance with this Subpart, at the sending facility.

b) In determining the appropriate sanctions, the Adjustment Committee or Program Unit, the Chief Administrative Officer, and the Director may consider, among other matters, mitigating or aggravating factors such as:

1) The committed person's mental state at the time of committing the offense;

2) The extent and degree of participation in the commission of the offense;
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3) The amount or nature of stolen property, contraband, or injury; and
4) The committed person's prior disciplinary record.

c) Corporal punishment and disciplinary restrictions on diet, medical or sanitary facilities, mail, or access to legal materials shall be prohibited.
d) Committed persons are presumed to be responsible for any contraband or other property prohibited by this Part which is located on their person, within their cell, or within areas of their housing, work, educational, or vocational assignment which are under their control. Areas under a committed person's control include, but are not limited to, the door track, window ledge, ventilation unit, plumbing, and the committed person's desk, cabinet, shelving, storage area, bed, and bedding materials in his or her housing assignment; and desk, cubicle, work station, and locker in his or her work, educational, or vocational assignment. If the committed person produces evidence which convinces the Adjustment Committee or Program Unit that he or she did not commit the offense, the committed person shall be found not guilty.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.420 Preparation of Disciplinary Reports (Repealed)

a) Every employee has the duty to observe the conduct of committed persons.
b) If an employee observes a committed person committing an offense, discovers evidence of its commission, or receives information of such conduct from a reliable witness, the employee shall promptly prepare a disciplinary report.
c) However, if the infraction is one of those listed in the 400 series in Table C the employee may use discretion in regard to the preparation of a disciplinary report. If the employee determines that an oral reprimand will be sufficient to resolve the situation, preparation of a disciplinary report is not necessary.
d) The disciplinary report must be fully completed. The following information shall be provided to the extent known or available:
1) The name and register number of the committed person.
2) The place, time, and date of the offense.
3) The offense which the committed person is alleged to have committed.
4) A written statement of the conduct observed.
5) The names of committed persons, employees, and visitors who were witnesses. The identity of witnesses may be withheld for reasons of security provided a statement to that effect and the information the confidential source provided are included on the disciplinary report to the extent the information can be included without jeopardizing security.
6) The signature of the reporting employee and the date and time the report is
e) If a committed person is suspected of committing a disciplinary offense, an investigative disciplinary report, hereinafter referred to as an investigative report, may be issued which reasonably informs the committed person of the subject of the investigation to the extent that safety and security allow.

(Source: Repealed at 27 Ill. Reg. _______, effective ____________)

Section 504.430 Temporary Confinement (Repealed)

The Chief Administrative Officer shall determine whether or not it is necessary to place the committed person in investigative status or in temporary confinement status pending a disciplinary hearing or a determination whether or not to issue a disciplinary or investigative report in accordance with Section 504.420. The Chief Administrative Officer shall also have the authority to release the committed person from temporary confinement. The decision to place a committed person in temporary confinement may be based, among other matters, on:

a) The aggressiveness of the committed person;
b) The threat posed to the safety and security of the facility or any person;
c) The need to restrict the committed person's access to general population to protect the individual from injury or to conduct the investigation; or
d) The seriousness of the offense.

(Source: Repealed at 27 Ill. Reg. _______, effective ____________)

Section 504.440 Review of Disciplinary Reports (Repealed)

a) The Chief Administrative Officer of each facility shall designate one or more Reviewing Officers.
b) The Reviewing Officer shall review the decision to place a committed person in temporary confinement within 3 days after such placement, whenever possible, and may order release from or placement in temporary confinement. Among other matters, the factors listed in Section 504.430(a) may be considered. If a disciplinary or investigative report has not been written within 3 days after placement in temporary confinement, the Reviewing Officer shall inform the Chief Administrative Officer.

e) A committed person who receives an investigative report shall be interviewed by the Reviewing Officer in order to permit the committed person an opportunity to present his or her views regarding placement in investigative status. The interview shall be conducted within 14 days after initial placement in investigative status, whenever possible.
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1) The Reviewing Officer shall recommend whether to continue placement of a committed person in investigative status. Among other matters, factors in Section 504.430(a) may be considered. The Chief Administrative Officer shall make the final determination.

2) The committed person shall be informed of the decision and the decision shall be documented in writing.

3) The committed person may be placed in investigative status for up to 30 days.

4) If the investigation does not indicate that the committed person may be guilty of any disciplinary offense, placement in investigative status shall be terminated and the report shall be expunged from the committed person's records. A copy shall be maintained in an expungement file. This decision shall be made by the Chief Administrative Officer and shall be documented in writing.

5) If, as a result of the investigation, it is necessary to amend or modify the original charges, the committed person shall be issued a revised disciplinary report.

6) Upon completion of the investigation, the committed person shall appear before the Adjustment Committee for a hearing on the disciplinary report unless the report has been expunged.

7) In the event that an investigation cannot be completed within 30 days due to an institutional emergency, the Chief Administrative Officer may authorize in writing an extension of up to 30 days placement in confinement pending investigation. As used in this Section an institutional emergency includes riots, strikes, lockdowns, and natural disasters.

8) The Director may authorize, in writing, additional extensions of up to 30 days each if an institutional emergency prevents completion of the investigation within 60 days. The committed person shall be informed of the decision in writing.

d) The Reviewing Officer shall review each disciplinary report and determine whether:

1) The reported facts justify a disciplinary hearing. If not, the disciplinary report shall be expunged from the committed person's records. A copy shall be maintained in an expungement file.

2) The disciplinary report has been completed properly. If not, the Reviewing Officer shall make the necessary corrections or direct the reporting employee to make the corrections. The committed person shall be provided with a copy of the corrected report. In the event the corrected report contains new changes, the committed person shall be provided the...
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corrected report at least 24 hours prior to the hearing unless the committed person waives this notice in writing.

3) The offense is major or minor in nature. Major offenses shall be assigned to the Adjustment Committee for a hearing and minor offenses shall be assigned to the Program Unit for a hearing.
   A) Aiding and abetting, soliciting, attempting to commit, conspiring to commit, or committing any offense listed in the 100, 200, or 500 series of Table C shall be considered a major offense.
   B) Those offenses listed in the 300 or 400 series or the aiding and abetting, soliciting, attempting to commit, or conspiring to commit any of these offenses shall be designated as major or minor based on the seriousness of the offense and the factors enumerated in Section 504.410(b).

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.450 Adjustment Committee and Program Unit Composition (Repealed)

a) The Chief Administrative Officer shall appoint the Adjustment Committee, which shall be composed of at least 2 members.
   1) One member of the Adjustment Committee shall be designated by the Chief Administrative Officer as chairperson.
   2) One member of the Committee shall be a minority staff member.

b) The Program Unit shall be composed of a group of individuals appointed by the Chief Administrative Officer who shall serve as Hearing Officers. At least one member of the Unit shall be a minority staff member.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.460 Adjustment Committee Hearing Procedures (Repealed)

a) The Adjustment Committee hearing shall be convened but need not be concluded within 14 days following the commission of the alleged offense or its discovery, whenever possible, unless the committed person has received a continuance or is unable or unavailable for any reason to participate in the hearing. For purposes of this Section, when an investigation has taken place, an offense is considered to be discovered upon the conclusion of the investigation. Inability to participate includes the absence of the committed person from the facility for any reason, or certification by health care staff that the committed person is unable to appear.

b) The committed person must receive written notice of the facts and charges being presented against him or her no less than 24 hours prior to the Adjustment
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Committee hearing. The committed person may waive the 24 hours advance notice. The waiver shall be in writing.

c) The committed person shall be informed before or at the hearing of information which would tend to show that the committed person was not guilty. If information is provided to him or her at the hearing, the committed person shall, upon request, be given a continuance.

d) Any person who initiated the allegations which serve as the basis for the disciplinary report, or who conducted a formal investigation into those allegations, or who witnessed the incident, or who is otherwise not impartial shall not serve on the Adjustment Committee hearing that disciplinary report. A committed person who objects to a member of the Committee based on a lack of impartiality must raise the matter at the beginning of the hearing. The Committee shall document the basis of the objection and the decision in the Adjustment Committee summary.

e) A committed person may, upon written request and for good cause shown, be granted additional time to prepare his or her defense.

f) Any committed person charged with a violation of any rule being heard by the Adjustment Committee shall have the right to appear before and address the Committee. Any refusal to appear shall be documented and provided to the Committee. However, failure to appear before or address the Committee may be adversely construed against the individual by the Adjustment Committee.

1) The committed person may make any relevant statement or produce any relevant documents in his or her defense.

2) Prior to the hearing, the committed person may request that witnesses be interviewed. The request shall be in writing on the space provided in the disciplinary report and must include an explanation of what the witnesses would state. If the committed person fails to make the request in a timely manner before the hearing, the individual may be granted a continuance for good cause shown.

g) The Committee shall consider all material presented which is relevant to the issue of whether or not the committed person committed the offense.

h) The Adjustment Committee shall consider any statements of witnesses who may have relevant knowledge of the incident and who are reasonably available.

1) The Committee may interview witnesses and prepare or review summaries of their testimony prior to or at or subsequent to the hearing.

2) The committed person does not have the right to confront or cross-examine any witnesses but may submit questions for witnesses to the Committee prior to the hearing. These questions shall be asked by the Committee unless found to be cumulative, irrelevant, or a threat to the safety of individuals or the security of the facility.
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3) A means shall be provided in each living unit for committed persons to submit witness request slips. The Committee may disapprove witness requests that are not received prior to the hearing.

4) Requests by committed persons for witnesses may be denied if their testimony would be, among other matters, irrelevant or cumulative or might jeopardize the safety of the facility or disrupt security. If any witness is denied, a written reason shall be provided.

   i) Committed persons shall not have the right to either retained or appointed counsel. A committed person may request the assistance of a staff member in the preparation and presentation of his or her defense if he or she is illiterate or does not speak English or when other circumstances exist which preclude the individual from adequately preparing his or her defense.

   j) The Adjustment Committee shall decide whether or not the committed person committed the offense based upon all relevant information and evidence.

      1) The Committee must be reasonably satisfied that there is some evidence that the committed person committed the offense for the individual to be found guilty.

      2) Polygraph results may be considered but may not be the sole basis for finding the committed person guilty of the offense.

   k) The Adjustment Committee shall take one of the following actions based upon the evidence admitted:

      1) Find that the committed person did not commit the offense. In that case, the Committee shall order that the disciplinary report be dismissed and expunged from the committed person’s records. A copy shall be maintained in an expungement file.

      2) Find that further investigation is necessary to determine if the committed person did or did not commit the offense and place the committed person in investigative status.

      3) Find that additional time is needed to obtain information relative to the charge. The hearing may be continued for a reasonable time. However, unless the committed person is placed in investigative status, he or she may not be confined for more than 10 days from the date of placement in temporary confinement.

      4) Find that the committed person did commit the offense or a lesser offense for which the elements were included in the original charge. The Committee may recommend one or more of the following disciplinary actions:

         A) Reprimand the committed person.

         B) Suspend or restrict one or more privileges of the committed person for a specific period of time.
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C) Reduce the committed person's level.
D) Change the committed person’s program.
E) Require the committed person to make restitution.
F) Revoke the committed person's statutory good time or good conduct credits.
G) Revoke the committed person from the facility and transfer the individual to a reception and classification center. If revocation is recommended, the Committee may also recommend reduction in grade and placement in segregation.
H) Require forfeiture of items of contraband used in the offense or possessed in violation of this Part.
I) Restrict access to clothing, bedding, toilets, washbowls, and showers if related to abuse of that privilege. Restrictions must be personally reviewed and approved every 3 days by the Chief Administrative Officer or above.

A written record shall be prepared and signed by all members of the Committee which contains:

1) A summary of oral and written statements and other evidence presented.
A) The Committee may consider information from confidential sources if:
   i) It finds that his or her identity must be withheld for reasons of security; and
   ii) The information is reliable.
B) Reliability may be established by one of the following:
   i) The investigating officer has indicated, in writing or by his or her appearance before the Adjustment Committee, the truth of his or her report containing confidential information;
   ii) Corroborating testimony such as statements from other sources or polygraph results; or
   iii) A statement by a member of the Adjustment Committee or an oral or written statement to the Adjustment Committee by supervisory or administrative staff that the individual has firsthand knowledge of the sources of information and considers them reliable on the basis of their past record of reliability.
C) If the identity of a source is being withheld for reasons of security, a statement to that effect and a statement that the Committee finds the information reliable must be included. A summary of the information provided and the basis for the finding of reliability.
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shall be documented, but need not be included in the summary based on safety and security concerns.

2) If the Committee members find that the committed person committed the offense, a statement as to their reasons for the finding. If exonerating evidence is presented and disregarded, the Committee may state the basis for disregarding the evidence.

3) The disposition of the hearing and the disciplinary action recommended, and the reasons for recommending the disciplinary action.

m) This Part shall in no way be construed to restrict or limit the Department’s ability to administratively change a committed person’s job, educational, program, or housing assignment or to transfer the committed person to another facility.

n) If the safety or security of the facility or any person is jeopardized by certain references in the written record, they may be deleted but the fact that omissions have been made shall be noted on the summary, along with a finding that material is being deleted based on safety or security concerns.

o) If the committed person is found guilty, the individual shall be informed of the opportunity to appeal through the grievance procedures as established in 20 Ill. Adm. Code 504.Subpart F.

p) A copy of the disciplinary report and Adjustment Committee summary shall be forwarded to the Chief Administrative Officer for review and approval within a reasonable period of time. A copy shall be filed in the committed person’s facility file and a copy shall be sent to the record office of the parent institution in the Adult Division for inclusion in the committed person’s master record file. The committed person shall be given a copy of the Adjustment Committee summary.

q) The Chief Administrative Officer shall review all Adjustment Committee dispositions and written records. The Director shall review all Adjustment Committee dispositions and written records when it has been recommended that the committed person lose statutory good time or good conduct credits.

1) The Director of the Chief Administrative Officer may take the following actions:

A) Confirm the recommendation in whole or in part.
B) Order additional or new proceedings.
C) Suspend or overturn the recommendation.
D) Offer the committed person a work assignment, which, if accepted and satisfactorily completed, will result in reduction of original disciplinary sanctions.

2) The Director of the Chief Administrative Officer shall not increase the sanctions recommended by the Adjustment Committee, but may reduce them. The committed person shall be sent a copy of any modification to the Adjustment Committee recommendations.
Section 504.470 New or Additional Proceedings (Repealed)

a) The Director or the Chief Administrative Officer shall remand the decision to the Adjustment Committee for new proceedings if the proceedings are found to be defective due to:
   1) Inadequate notice, including failure to state the correct date of the offense on the disciplinary report or failure to provide the committed person with a 24-hour notice of the hearing, and notice was not waived.
   2) Lack of impartiality of the Adjustment Committee.
   3) Improper exclusion of witnesses.
   4) Failure to provide exonerating information to the committed person prior to the hearing.

b) New or additional proceedings may be ordered in other circumstances, as determined by the Director or Chief Administrative Officer.
   1) The committed person shall be provided with notice of the rehearing within a reasonable time after the Chief Administrative Officer's decision or the facility's receipt of the decision.
   2) The rehearing shall commence within 14 days of the Chief Administrative Officer's decision or the facility's receipt of the decision, whenever possible.
   3) The procedures on remand shall be conducted in accordance with the procedures governing the hearing on the original charge.

c) The Director or the Chief Administrative Officer may remand the decision to the Adjustment Committee for additional documentation, correction, or clarification of the Adjustment Committee summary, including the statement of reasons for excluding witnesses, the basis for the finding of guilt and imposition of sanctions of the failure to specify reasons for finding a confidential informant to be reliable.
   1) The committed person shall not have the right to a new hearing, but shall be notified of the decision.
   2) After the Adjustment Committee has amended its summary, it shall be forwarded to the Chief Administrative Officer and then to the Director in accordance with the procedures applicable to review of the original disposition.

d) Upon remand, sanctions greater than those imposed at the original hearing shall not be permitted unless the committed person is charged with a different offense which provides for a greater penalty than provided for under the original charge or new evidence is produced which was not available at the original hearing and
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justifies the imposition of greater punishment. However, this does not prohibit the committed person from being found guilty and disciplined on remand when the Adjustment Committee had erroneously dismissed the disciplinary report on procedural grounds.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.480 Program Unit Hearing Procedures (Repealed)

a) The Program Unit hearing shall be convened, but need not be concluded, within 14 days after the commission of the offense or its discovery, whenever possible, unless the committed person is unable to participate in the hearing.

b) The committed person shall receive written notice of the facts and charges being presented against him or her prior to the hearing.

c) Any person who initiated the allegations which serve as the basis for the disciplinary report, or who conducted a formal investigation into those allegations, or who witnessed the incident, or who is otherwise not impartial shall not conduct a hearing on that report.

d) The hearing may be continued to obtain additional information or upon the committed person's request and for good cause shown.

e) The committed person shall have the right to appear before and address the Program Unit.

f) The Program Unit Hearing Officer may call witnesses and review any information relevant to the charge.

g) The committed person shall not have the right to retained or appointed counsel. The committed person may request the assistance of a staff member in the preparation of his or her defense if the individual is illiterate or does not speak English or when other circumstances exist which preclude the individual from adequately preparing his or her defense.

h) The Program Unit Hearing Officer may return a disciplinary report to the Chief Administrative Officer with a recommendation for a hearing before the Adjustment Committee. The factors listed in Section 504.440(d)(3) shall be considered when making this determination.

1) If approved by the Chief Administrative Officer, a hearing before the Adjustment Committee shall commence within 14 days after the approval, whenever possible.

2) If not approved, the disciplinary report shall be referred back for a hearing before the Program Unit which shall commence within 14 days after the decision not to approve the recommendation, whenever possible.

i) The Program Unit Hearing Officer may take any of the actions authorized in
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Section 504.460(k) of this Part except that the Officer may not recommend revocation of the committed person from the center or revocation of good time.

j) A record shall be signed by the Hearing Officer which contains a summary of oral and written statements and other evidence presented, the decision, and the disciplinary action recommended.

k) The summary shall be processed in accordance with Sections 504.460(p) and (q) and 504.470 of this Part.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.490 Computation of Penalty for Multiple Offenses (Repealed)

a) When the committed person has been found in violation of more than one offense arising from a single incident, the maximum penalty shall not exceed the maximum penalty for the most serious offense the individual was found to have committed.

b) When the committed person has been found in violation of more than one offense arising from separate incidents, the maximum penalty for each offense may be imposed, and such penalties shall run consecutively. For example, a committed person who is found guilty of assaulting several persons within a short period of time has committed multiple offenses which would be punishable consecutively.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.500 Restitution Procedures (Repealed)

a) The Adjustment Committee or Program Unit may recommend that the committed person make restitution in any amount not to exceed actual out-of-pocket expenses or loss caused by the conduct of the committed person. The Adjustment Committee or Program Unit shall document the amount and the conditions of payment.

b) If the Adjustment Committee or Program Unit determines that restitution for damage to property or person is appropriate, it shall ask the committed person to authorize disbursement from his or her trust fund or from any other account.

1) If the committed person agrees to make restitution, he or she shall sign an authorization for disbursement of funds either to the State or designated person.

2) If the committed person refuses to authorize disbursement of his or her current funds or future earnings in accordance with the Adjustment Committee's or Program Unit's recommendation, the Adjustment
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Committee or Program Unit may recommend that a hold be placed on the individual's account for such amount and may further recommend that his or her expenditures or earnings be suspended in whole or in part for a definite period of time. However, the committed person shall be permitted to retain a sufficient amount of funds to purchase basic personal hygiene items if such items are not provided by the facility.

c) The Adjustment Committee or Program Unit may consider the committed person's willingness to make restitution in imposing any other disciplinary sanctions.

d) A committed person shall not be subjected to greater punishment because he or she is without funds and therefore unable to make restitution.

e) In the event a committed person is released prior to full payment of restitution, arrangements shall be made for payment of the balance of the authorized restitution. If the committed person did not authorize restitution, all or a portion of the grant money provided for in 20 Ill. Adm. Code 502.320 may be suspended.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

Section 504.510 Restoration of Good Time (Repealed)

Good time which has been revoked may be restored in accordance with 20 Ill. Adm. Code 107.160.

(Source: Repealed at 27 Ill. Reg. ______, effective ____________)

SUBPART D: SEGREGATION, INVESTIGATIVE CONFINEMENT AND ADMINISTRATIVE DETENTION - ADULT

Section 504.600 Applicability

This Subpart applies to the correctional facilities for adult offenders within the Adult Division of the Department of Corrections.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.602 Definitions

"Chief Administrative Officer" means the highest ranking official of a correctional facility.
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"Department" means the Department of Corrections.

"Director" means the Director of the Department of Corrections.

"Offender" means a person committed to the Department or to the custody of the Department.

(Source: Amended at 27 Ill. Reg. _____, effective ____________)

Section 504.610 Placement in Segregation Status

a) In accordance with this Part, offenders committed persons may be confined in segregation areas on segregation status. Segregation status includes:
   1) Temporary confinement pending a disciplinary hearing or investigation;
   2) Disciplinary segregation resulting from a disciplinary hearing; or
   3) Administrative detention.

b) Offenders Committed persons on segregation status shall be confined in segregation areas. Segregation areas include the segregation unit or any cell, living area, or other area designated by the Chief Administrative Officer to house offenders committed persons who are in segregation status.

(Source: Amended at 27 Ill. Reg. _____, effective ____________)

Section 504.620 Segregation Standards

Standards for living conditions in segregation areas shall include the following provisions:

a) Double celling shall be permitted upon approval of the Chief Administrative Officer. Prior to assigning offenders committed persons to a double cell, a review shall be conducted to determine whether there are reasons why the offenders committed persons should not be double celled. Medical and mental health concerns shall be considered in making this determination.

b) Minimally, each cell shall be furnished with:
   1) A bed for each offender committed person securely fastened to the cell;
   2) Clean bedding, including a mattress, blanket, sheets, pillow, and pillow case for each offender committed person;
   3) A wash basin with running water and flushable toilet facilities (controls may be located outside the cell); and
   4) Adequate lighting for reading and observation purposes.

c) Segregation cells shall be located at or above ground level and have heat and ventilation consistent with the climate.
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d) Each cell shall have a door and a food passage. Any solid cell door shall have a vision panel or shall be designed to permit observation.
e) The use of physical restraints to confine the offender's committed person's movements within the cell shall generally be prohibited.
f) Cleaning materials shall be made available on a regular basis.
g) Personal health and hygiene needs of the offender committed person shall be permitted as follows:
   1) A shower and shave no less than once per week.
   2) State issued toilet tissue, soap, towel, toothbrush, and toothpaste for daily use if the offender committed person has insufficient commissary funds to purchase these items.
   3) A weekly exchange of clean institutional clothes or availability of laundry services at least weekly.
   4) False teeth, eye glasses, and other essential items of personal hygiene and health shall be permitted unless they are a threat to safety or security.
h) Offenders committed persons in segregation status shall be permitted personal property as approved by the Chief Administrative Officer except for property prohibited by 20 Ill. Adm. Code 535.
i) Commissary privileges comparable to those applicable to the general population shall be allowed, according to grade (Section 504.130), except for restrictions on certain items which may be ordered by the Chief Administrative Officer for safety and security reasons or for other legitimate penological reasons.
j) Persons in segregation status shall receive nutritionally adequate food.
k) Visits shall be permitted in accordance with 20 Ill. Adm. Code 525.Subpart A.
l) Medical personnel shall visit the segregation unit daily to screen requests for medical attention, and a physician shall visit the unit on a weekly basis.
m) A chaplain designated by the Chief Administrative Officer shall visit the segregation area on a daily basis when a chaplain is present on institutional grounds, when possible, but not less than once a week.
n) Each offender committed person in segregation status shall be contacted by a correctional counselor at least once every 30 days.
o) Continued involvement in programs may be permitted on an individual basis on approval of the Chief Administrative Officer.
p) Offenders committed persons shall be afforded the opportunity for exercise outside their cells in accordance with Section 504.670.
q) Offenders committed persons who are not in "C" grade shall be permitted to make one collect telephone call per month for a period of no more than 15 minutes.
r) Offenders committed persons in segregation status shall have the same mail privileges as those provided for persons in the general population (20 Ill. Adm. Code...
Code 525.Subpart B).

s) **Offenders** Committed persons in segregation status shall be permitted reading materials and shall have access to materials from the facility library and legal library. Physical access to the library need not be provided.

t) Any equipment, personal property, or material provided or allowed in the cell of an offender a committed person in segregation status, in accordance with this Subpart, may be removed or restricted as approved by the Chief Administrative Officer if the offender a committed person destroys, damages, or abuses it in a manner that jeopardizes the safety of any person or disrupts institutional safety or the facility or order.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

**Section 504.630 Investigative Confinement**

Offenders Committed persons placed in confinement pending completion of an investigation shall be provided with the same conditions and services as those required for the segregation area.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

**Section 504.660 Administrative Detention**

Administrative detention is a nondisciplinary status of confinement which removes an offender a committed person from general population or restricts the individual's access to general population.

a) The Chief Administrative Officer may, with the approval of the Director, Deputy Director, or Assistant Deputy Director, place an offender a committed person in administrative detention for up to 90 days.

b) In determining whether to place an offender a committed person in administrative detention, the Chief Administrative Officer may consider, among other matters:
   1) The seriousness of the offense;
   2) The safety and security of the facility or any person;
   3) The offender's committed person's behavioral and disciplinary history;
   4) Reports and recommendations concerning the offender committed person;
   5) The interview and any submissions of relevant material and information;
   6) Institutional order; and
   7) Other legitimate penological interests.

c) The Chief Administrative Officer shall review the record of each offender committed person in administrative detention every 90 days to determine whether...
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continued placement is appropriate.
1) The offender committed person need not be interviewed during these reviews.
2) The Chief Administrative Officer shall document the decision in writing.

(Section: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.670 Recreation for Persons in Segregation Status

a) The Chief Administrative Officer shall determine the number of hours a week offenders committed persons in segregation status may recreate outside their cells. Unless restricted by the Chief Administrative Officer in accordance with this Section:
   1) Offenders Committed persons in segregation status for less than 90 consecutive days shall be afforded the opportunity to recreate outside their cells for a minimum of one hour per week.
   2) Offenders Committed persons who have been in segregation status for 90 consecutive days or more shall be afforded the opportunity to recreate outside their cells for a minimum of five hours per week.

b) Unless medically contraindicated, out of cell recreation may be temporarily restricted or suspended if the Chief Administrative Officer determines the activity to be a threat to the safety and security of the facility or any person. For example:
   1) Offenders Committed persons who are in segregation status and who are also under investigation may have their recreational opportunities restricted during the pendency of the investigation for a period not to exceed 90 days.
   2) Offenders Committed persons may have their recreation restricted or limited due to a medical or mental health condition as determined necessary by a health care professional.
   3) Offenders Committed persons who have been witnesses in criminal cases against other offenders inmates, who are informants, or who otherwise require precautions to ensure their protection may have their recreational opportunities restricted.
   4) Offenders Committed persons who are classified as high escape risks may have their recreational opportunities restricted.

c) Offenders Committed persons who are found guilty under 20 Ill. Adm. Code 504.Subpart A of:
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1) A violation of State or federal laws, or committing assault, dangerous contraband, dangerous disturbance, escape, sexual misconduct, arson, damage or misuse of property, or aiding or abetting, attempting, soliciting, or conspiring to commit any of those offenses while in segregation status may be:
   A) Restricted from recreational opportunities for up to 90 days for the first offense; and
   B) Restricted from recreational opportunities for up to 90 days or indefinitely placed on limited recreation or both for the second and subsequent offenses.

2) Any other major rule infraction which is yard-related and which was committed while the offender committed person was in segregation status may be restricted for up to 90 days for the first offense and up to 90 days for each subsequent major offense.

3) A minor disciplinary offense which is yard-related and which was committed while the offender committed person was in segregation status may be restricted for up to 15 days for the first offense and up to 30 days for each subsequent offense.

d) The period of restriction imposed under subsection (c) of this Section shall be served consecutive to the initial 90-day placement in segregation status and consecutive to any previously imposed recreational restrictions. This shall not limit the ability to restrict recreational opportunities for offenders committed persons who have not served 90 consecutive days in segregation.

e) Restrictions on recreational opportunities shall be documented, including the types, length, and reason for the restriction. A copy of the documentation shall be maintained by the facility, a copy shall be placed in the offender’s committed person’s master record file, and a copy shall be given to the offender committed person.

f) Whenever an offender’s recreation is restricted for more than 90 consecutive days, the restriction and any health concerns must be personally reviewed and approved in writing by an Assistant Chief Administrative Officer or above.

gf) Offenders committed persons whose recreational opportunities have been restricted or limited may grieve the determination in accordance with 20 Ill. Adm. Code 504.Subpart F.

hg) Recreational opportunities shall not be required during institutional lockdowns or during institutional emergencies, including, but not limited to, riots, strikes, fires, work stoppages, power outages, and natural disasters.

(Source: Amended at 27 Ill. Reg. ______, effective ___________)
Section 504.700 Applicability

This Subpart applies to juvenile offenders within the Juvenile Division of the Department of Corrections.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.710 Definitions

"Chief Administrative Officer" means the highest ranking official of a correctional facility.

"Confinement" means an extended period of restriction in a room, isolated from other offenders committed persons.

"Department" means the Department of Corrections.

"Director" means the Director of the Department of Corrections.

"Offender" means a person committed to the Department or to the custody of the Department.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.720 Placement in Confinement

a) Confinement may be imposed only under the following conditions:

1) When an offender committed person has committed or is under investigation for commission of a rule violation, as defined in Section 504.220;

2) When the behavior of the offender committed person poses a serious threat to his or her own or others’ safety, the safety of others, or the security of the facility; or

3) When an offender committed person is awaiting transfer to a more secure setting.

b) Offenders committed persons may be confined in their rooms or living areas or in any other area designated by the Chief Administrative Officer.
Section 504.730  Confinement Procedures

a) An offender A committed person confined to his or her room for 24 hours or more shall be interviewed daily by his or her counselor or any other staff member approved by the Chief Administrative Officer.

b) Confinement may not exceed 7 consecutive days or 15 days in any 30 day period except in cases of violence or attempted violence against another person, assault or attempted assault of a person, or damage or attempted damage of property. Under such circumstances, an additional period of confinement may be ordered by the Chief Administrative Officer.

c) Medical staff and the shift supervisor shall be notified of all confinement placements. Any medical complaint registered by the offender committed person while in confinement shall be reported immediately to the medical staff, if on duty, or to the shift supervisor who shall contact a member of the medical staff immediately.

d) Visual checks shall be made of all offenders committed persons in confinement no less than every 15 minutes and shall be documented.

e) Use of physical restraints on offenders committed persons in confinement must comply with 20 Ill. Adm. Code 501.Subpart B.

f) Offenders Committed persons in confinement shall be provided time outside the room for daily showers, personal grooming, and recreation.
   1) Offenders Persons confined for more than 24 hours shall be provided a minimum of 2 hours outside the room for every 24-hour period, whenever possible.
   2) Time outside a confinement room may be restricted on orders of the Chief Administrative Officer when release of the offender committed person poses a threat to the safety of the individual or others or to the security of the facility.

g) Offenders Committed persons in confinement shall be permitted to have family, attorney, and clergy visits. Family and clergy visits may be restricted by order of the Chief Administrative Officer when the offender committed person poses a threat to the physical safety of the individual or others or to the security of the facility.

h) Reading materials shall be provided to the offender committed person for use in the room provided the materials they are not abused. Offenders Committed persons shall be provided access to writing materials daily, outside the room. Any abuse of reading or writing materials must be documented on a disciplinary report and may result in temporary restriction except for communication to
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counsel or the court.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

SUBPART F: GRIEVANCE PROCEDURES FOR OFFENDERS COMMITTED PERSONS

Section 504.800 Applicability

This Subpart applies to offenders committed persons assigned to correctional facilities within the Department of Corrections.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.802 Definitions

"Chief Administrative Officer" means the highest ranking official of a correctional facility.

"Department" means the Department of Corrections.

"Director" means the Director of the Department of Corrections.

"Facility ADA Coordinator" means the person or persons designated by the Chief Administrative Officer to coordinate efforts of the facility in carrying out its responsibilities under Title II of the Americans With Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

"Offender" means a person committed to the Department or to the custody of the Department.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.810 Filing of Grievances

a) An offender A committed person shall first attempt to resolve incidents, problems, or complaints other than complaints concerning disciplinary proceedings through his or her counselor. If an offender a committed person is unable to resolve the complaint informally or if the complaint concerns a disciplinary proceeding, the individual may file a written grievance on a grievance form that shall be made available in all living units. A grievance shall be filed
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within 60 days after the discovery of the incident, occurrence, or problem that gives rise to the grievance. However, if an offender a committed person can demonstrate that a grievance was not timely filed for good cause, the grievance shall be considered. The grievance procedure shall not be utilized for complaints regarding decisions that are outside the authority of the Department, such as parole decisions, clemency, or orders regarding length of sentence or decisions that have been rendered by the Director.

b) The grievance form shall be addressed to the Grievance Officer and shall be deposited in the living unit mailbox or other designated repository. The grievance shall contain factual details regarding each aspect of the offender's complaint, including what happened, when, where, and the name of each person who is the subject of or who is otherwise involved in the complaint. This provision does not preclude an offender from filing a grievance when the names of individuals are not known, but the offender must include as much descriptive information about the individual as possible.

c) Staff assistance shall be available as requested by those offenders committed persons who cannot prepare their grievances unaided as determined by institutional staff.

1) All offenders committed persons shall be entitled to file grievances regardless of their disciplinary status or classification.

2) Each facility shall take reasonable steps to ensure that the grievance procedure is accessible to offenders committed persons who are impaired, disabled, or unable to communicate in the English language.

d) Offenders committed persons shall be informed of the grievance procedure at the admitting facility and may request further information regarding the procedure from their counselors.

1) The written procedure shall be available to all offenders committed persons.

2) An offender A committed person unable to speak or read the English language may request that the procedure be explained in the individual's own language.

e) Disciplinary action or reprisals may not be taken against a committed person solely for using the grievance procedure. A committed person may submit a grievance alleging that a reprisal has been made against him or her.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.820  Grievance Officer

a) The Chief Administrative Officer shall appoint 2 or more employees who may
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serve as a Grievance Officer to attempt to resolve problems, complaints, and grievances that offenders committed persons have been unable to resolve through routine channels.

b) No person who is directly involved in the subject matter of the grievance or who was a member of the Adjustment Committee that heard a disciplinary report concerning the grievance may serve as the Grievance Officer reviewing that particular case.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.830  Grievance Procedures

a) A Grievance Officer shall review grievances at least weekly, provided that one or more grievances have been filed. Grievances on issues that are deemed without merit may be returned as denied to the sender without further investigation. No merit grievances include grievances that:

1) Have previously been addressed for which there is no additional information; or

2) Are on issues that do not involve or affect the offender.

b) The Grievance Officer shall promptly submit a copy of any grievance alleging discrimination based on disability or a request for an accommodation based upon disability to the facility ADA Coordinator. The facility ADA Coordinator shall conduct such investigation as deemed appropriate and make written recommendations to the Chief Administrative Officer for resolution of the grievance.

c) An offender committed person may be afforded an opportunity to appear before the Grievance Officer unless the grievance is deemed without merit. The Officer may call witnesses as deemed appropriate.

d) The Grievance Officer shall consider the grievance and report his or her findings and recommendations in writing to the Chief Administrative Officer. The Chief Administrative Officer shall advise the offender committed person of the decision in writing within 2 months after receipt of the written grievance, where reasonably feasible under the circumstances. Responses to duplicate grievances on issues that are currently being grieved may be combined in one response.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.840  Emergency Procedures

An offender committed person may request a grievance be handled on an emergency basis by
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forwarding the grievance directly to the Chief Administrative Officer.

a) If the Chief Administrative Officer determines that there is a substantial risk of imminent personal injury or other serious or irreparable harm to the offender committed person, the grievance shall be handled on an emergency basis.

b) The Chief Administrative Officer shall expedite processing of the grievance and respond to the offender committed person, indicating what action shall be or has been taken.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.850 Appeals

a) If, after receiving the response of the Chief Administrative Officer, the offender committed person still feels that the problem, complaint or grievance has not been resolved to his or her satisfaction, he or she may appeal in writing to the Director within 30 days after the date of the decision. Copies of the Grievance Officer's report and the Chief Administrative Officer's decision should be attached.

b) The Director shall review the grievance and the responses of the Grievance Officer and Chief Administrative Officer and shall determine whether the grievance requires a hearing before the Administrative Review Board. If it is determined that the grievance is without merit or can be resolved without a hearing, the offender committed person shall be advised of this disposition, in writing.

c) An Administrative Review Board shall be appointed by the Director. One member of the Board may be a citizen from the community. A Department member shall be designated as chairperson.

d) The Administrative Review Board shall meet as frequently as necessary and may schedule hearings on grievances. Hearings may be conducted in person or via video or telephonic conference. The Board may call witnesses or examine records at its discretion.

e) The Administrative Review Board shall submit to the Director a written report of its findings and recommendations.

f) The Director shall review the findings and recommendations of the Board and make a final determination of the grievance within 6 months after receipt of the appealed grievance, where reasonably feasible under the circumstances. The offender committed person shall be sent a copy of the Director's decision.

g) In those instances where an offender committed person is appealing a grievance determined by the Chief Administrative Officer to be of an emergency nature, the Administrative Review Board shall expedite processing of the grievance.
Section 504.860  Records

Records regarding the filing and disposition of grievances shall be maintained in the offender's committed person's master file.

Section 504.870  Direct Review by Administrative Review Board

a) **Offenders** Committed persons shall submit grievances directly to the Administrative Review Board when grieving:
   1) Decisions regarding protective custody placement, including continued placement in or release from protective custody.
   2) Decisions regarding the involuntary administration of psychotropic medication.
   3) Decisions regarding disciplinary proceedings that which were made at a facility other than the facility where the offender committed person is currently assigned.
   4) Other issues except personal property issues that which pertain to a facility other than the facility where the offender committed person is currently assigned.

b) The Administrative Review Board shall review and process the grievance in accordance with Section 504.850.

Section 504.900  Applicability

This Subpart applies to committed persons committed to the Department of Corrections who have been released from correctional facilities and are under the supervision of the Department of Corrections.

Section 504.905  Definitions
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"Department" means the Department of Corrections.

"Director" means the Director of the Department of Corrections.

"Facility ADA Coordinator" means the person or persons designated by the Director to coordinate efforts of the facility in carrying out its responsibilities under Title II of the Americans With Disabilities Act (42 USC 12101 et seq.).

"Parole Supervisor" means the supervisor of a parole office or a geographic area within the Department.

"Releasee" means any committed person committed to the Department who has been released under conditional supervision in Illinois due to parole or mandatory supervised release, but who has not yet been discharged from a correctional facility.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.920 Filing of Grievances

a) Releasees who have been unable to resolve complaints or problems through parole staff may file a written grievance with the Parole Supervisor. A grievance shall be filed within 60 days after the discovery of the incident, occurrence, or problem which gives rise to the grievance. However, if a releasee committed person can demonstrate that a grievance was not timely filed for good cause, the grievance shall be considered. Complaints or problems regarding the revocation of release status, clemency, or orders regarding the length of sentence or decisions that have been rendered by the Director are not reviewable under this procedure.

b) The grievance shall contain factual details regarding each aspect of the releasee's complaint, including what happened, when, where, and the name of each person who is the subject of or who is otherwise involved in the complaint. This provision does not preclude a releasee from filing a grievance when the names of individuals are not known, but the offender must include as much descriptive information about the individual as possible.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 504.930 Review of Grievances

a) The Parole Supervisor shall promptly submit a copy of any grievance alleging
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discrimination or a request for an accommodation based on disability to the facility ADA Coordinator. The facility ADA Coordinator shall conduct such investigation as deemed appropriate and make written recommendations to the Parole Supervisor for resolution of the grievance.

b) The Parole Supervisor shall interview the releasee, unless the grievance is deemed without merit, and shall evaluate and respond to the grievance in writing within 2 months, where reasonably feasible under the circumstances. Grievances on issues that are deemed without merit may be returned to the sender as denied without further review. No merit grievances include grievances that have previously been addressed for which there is no additional information or that are on issues that do not involve or affect the releasee. Copies of the grievance and response shall be retained in the releasee's case file.

(Source: Amended at 27 Ill. Reg. ______, effective ___________)
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Section 504. APPENDIX A. Offense Numbers and Definitions

100. VIOLENT ASSAULT OF ANY PERSON
Causing a person or an object to come into contact with another person in a deadly manner or in a manner that results in or is likely to result in serious bodily injury.

101. ARSON
Setting fire in any location whether public or private, including, but not limited to, any part of the facility, its grounds, or State vehicles.

102. ASSAULTING ANY PERSON
Causing a person, substances, or an object to come into contact with another person in an offensive, provocative, or injurious manner or fighting with a weapon.

103. BRIBERY & EXTORTION
Demanding or receiving anything of value in exchange for protection, to avoid bodily injury, or through duress or pressure. Giving or receiving money or anything of value to violate State or federal law or to commit any act prohibited under this Part.

104. DANGEROUS CONTRABAND
Possessing, manufacturing, introducing, selling, supplying to others, or using without authorization any explosive, acid, caustic material for incendiary devices, ammunition, dangerous chemical, escape material, knife, sharpened instrument, gun, firearm, razor, glass, bludgeon, brass knuckles, cutting tools, tools which may be used to defeat security measures such as hacksaw blades, keys, and lock picks, any other dangerous or deadly weapon or substance of like character, or any object or instrument that is made to appear to be or could be used as a deadly or dangerous weapon or substance.

105. DANGEROUS DISTURBANCES
Causing, directing, or participating in any action or group activity that may seriously disrupt activities or endanger the facility, persons, or property, including the taking or holding of hostages by force or threat of force and engaging in prohibited group activities such as work stoppages or hunger strikes.

106. ESCAPE OR RUNAWAY
For escape of a felon or runaway of a juvenile delinquent, leaving or failing to return to lawful custody without authorization, including the failure to return from furlough, leave, or authorized absence within 2 hours after the designated time.

107. SEXUAL MISCONDUCT
Engaging in sexual intercourse, sexual conduct, or gesturing, fondling, or touching done to sexually arouse, intimidate, or harass either or both persons; or engaging in any of these activities with an animal.

108. SEXUAL ASSAULT
Causing unwilling contact between the sex organ of one person and the sex organ, mouth, or anus of another person or any intrusion of any part of the body of one person or object into the sex organ or anus of another person by use of force or threat of force, including
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pressure, threats, or any other actions or communications by one or more persons to force another person to engage in a partial or complete sexual act.

109. ELECTRONIC CONTRABAND
Possessing, selling, receiving, supplying to others, or using without authorization any electronic device, video recording device, computer, or cellular communications equipment, including, but not limited to, cellular telephones, cellular telephone batteries, pagers, computers, and computer peripheral equipment.

110. IMPEDING OR INTERFERING WITH AN INVESTIGATION
Obstructing, impeding, or refusing to provide information relevant to an investigation.

201. CONCEALMENT OF IDENTITY
Wearing a disguise or a mask, impersonating another, or otherwise concealing one’s identity.

202. DAMAGE OR MISUSE OF PROPERTY
Destroying, damaging, removing, altering, tampering with, or otherwise misusing property belonging to the State, another person, or entity, including the obstruction of locks or security devices, destroying or tampering with bar codes or identification cards, or the use of another person’s identification card.

203. DRUGS AND DRUG PARAPHERNALIA
Possessing, manufacturing, introducing, selling, supplying to others, or receiving alcohol, any intoxicant, inhalant, narcotic, syringe, needle, controlled substance, or marijuana; or being under the influence of any of the above substances; or refusing to be tested for drug or alcohol use, including failure to provide a specimen within 2 hours after the request; or destroying or tampering with drug or alcohol tests or testing equipment. This offense includes medication misuse, for example, the possession or use of unauthorized amounts of prescribed medication, or selling or supplying prescribed medication to others.

204. FORGERY
Forging, counterfeiting, or reproducing without authorization any document, article of identification, money, security, or official paper.

205. SECURITY THREAT GROUP OR UNAUTHORIZED ORGANIZATIONAL ACTIVITY
Engaging, pressuring, or authorizing others to engage in security threat group or unauthorized organizational activities, meetings, or criminal acts; displaying, wearing, possessing, or using security threat group or unauthorized organizational insignia or materials; or giving security threat group or unauthorized organizational signs. Unauthorized organizational activity shall include engaging in the above activities by or on behalf of an organization that has not been approved pursuant to 20 Ill. Adm. Code 445 or 450.

206. INTIMIDATION OR THREATS
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Expressing by words, actions, or other behavior an intent to injure any person or property that creates the reasonable belief that physical, monetary, or economic harm to that person or to another will result.

207. POSSESSION OF MONEY
Possessing or causing to be brought into the facility any coin, currency, or other negotiable instrument without authorization or for residents of transition centers, failure to promptly submit all income to center staff, including wages, tips, gifts, or any check for social security, disability, veteran’s benefits, grants, scholarships, or loans.

208. DANGEROUS COMMUNICATIONS
Engaging in verbal or written communication that is likely to encourage violence against persons or that is likely to disrupt or endanger the safety and security of the facility, including, but not limited to, escape plans and manufacture of weapons.

209. DANGEROUS WRITTEN MATERIAL
Possessing or causing to be brought into the facility written material that presents a serious threat to the safety and security of persons or the facility, including, but not limited to, written material relating to methods of escape and the manufacture of weapons.

210. IMPAIRMENT OF SURVEILLANCE
Using curtains, coverings, or any other matter or object in an unauthorized manner that obstructs or otherwise impairs the line of vision into an offender’s cell or room or which obstructs or otherwise impairs any viewing panel or surveillance equipment, both audio and visual, within the facility.

211. POSSESSION OR SOLICITATION OF UNAUTHORIZED PERSONAL INFORMATION
Possessing or soliciting unauthorized personal information regarding another offender, releasee, employee, or former employee, including, but not limited to, personnel files, master files, medical or mental health records, photographs, social security numbers, home addresses, financial information, or telephone numbers except as authorized by a court order or as approved in writing by the Chief Administrative Officer.

212. FRIVOLOUS LAWSUIT
A pleading, motion, or other paper filed by the offender for which the court, in accordance with 730 ILCS 5/3-6-3, has found to be frivolous.

213. FAILURE TO REVEAL ASSETS
For adult offenders and juvenile offenders tried as adults, failing to fully cooperate in revealing financial assets on the form provided, including tangible and intangible property and real and personal property; providing false or inaccurate information regarding financial assets or dependants on the forms provided; or refusing to cooperate in revealing financial assets on the form provided.

301. FIGHTING
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302. GAMBLING
Operating or playing a game of chance or skill for anything of value, making a bet upon the outcome of any event, or possessing any gambling device. This shall include participating in any lottery.

303. GIVING FALSE INFORMATION TO AN EMPLOYEE
Lying or knowingly providing false information to an employee, either orally or in writing.

304. INSOLENCE
Talking, touching, gesturing, or other behavior that harasses, annoys, or shows disrespect.

305. THEFT
Taking property belonging to another person or entity or the facility without the owner's authorization.

306. TRANSFER OF FUNDS
Causing money to be transferred from one trust fund to another or through an outside source to the account of another offender or entering into contracts or credit agreements without written approval from the Chief Administrative Officer.

307. UNAUTHORIZED MOVEMENT
Being anywhere without authorization or being absent from where required to be or returning late or not traveling directly to or from any authorized destination without prior staff approval.

308. CONTRABAND OR UNAUTHORIZED PROPERTY
Possessing, giving, loaning, receiving, or using property that an offender has no authorization to have or to receive and that was not issued to the individual through regular procedures, including the unauthorized possession of food or clothing or the possession of property in excess of that which is authorized by the facility; or property that has been altered from its original state.

309. PETITIONS, POSTINGS, AND BUSINESS VENTURES
Writing, signing, or circulating a petition without authorization; unauthorized distributing or posting of any printed or written materials, including surveys; engaging in an unauthorized business venture; or representing oneself as a corporation or official of a corporation without authorization.

310. ABUSE OF PRIVILEGES
Violating any rule regarding visits, mail, the library, yard, commissary, telephone, or recreational activities. This includes corresponding or communicating with a victim, a victim's family member, or any other person after the offender has received notice that such person has informed the Department that he or she does not wish to receive correspondence from the offender. However, if the conduct also constitutes a violation of federal or State law, a committed person may also be charged under #501.
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311. FAILURE TO SUBMIT TO MEDICAL OR FORENSIC TESTS
Willfully refusing to submit to, or cooperate with, testing, examinations, or the provision of samples required by court order, State law, or current standards of public health and safety, including the refusal to submit to annual tuberculosis screening and mandatory HIV or DNA testing.

402. HEALTH, SMOKING, OR SAFETY VIOLATIONS
Smoking in an unauthorized area; tattooing or body piercing, including, but not limited to, piercing of the ear, nose, or lip; or disregarding basic hygiene of any person, cell, living or work area, or other place in the facility or its grounds.

403. DISOBEYING A DIRECT ORDER
Willfully refusing or neglecting to comply with an order, including the refusal to participate in educational testing; to accept a work, educational, or housing assignment; or to perform a work assignment.

404. VIOLATION OF RULES
Willfully disobeying any rule of the facility. If the specific offense is stated elsewhere in this Part, a committed person may not be charged with this offense. The rule violated must be specified in the disciplinary report.

405. FAILURE TO REPORT
Failure to report for a work, educational, or program assignment or for transport.

406. TRADING OR TRAFFICKING
Trading or trafficking with any person.

501. VIOLATING STATE OR FEDERAL LAWS
Committing any act that would constitute a violation of State or federal law. If the specific offense is stated elsewhere in this Part, an offender may not be charged with this offense except as otherwise provided in this Section. The State or federal offense must be specified in the disciplinary report.

601. AIDING AND ABETTING, ATTEMPT, SOLICITATION, OR CONSPIRACY
Aiding and abetting any person in the commission of any of these offenses; attempting to commit any of these offenses; making plans to commit any of these offenses; soliciting another to commit any of these offenses; or conspiring to commit any of these offenses shall be considered the same as the commission of the offense itself and shall carry the penalty prescribed for the underlying offense.

(Source: Added at 27 Ill. Reg. _____, effective _____________.)
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<td>210. Impairment of Surveillance</td>
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<td>211. Possession or Solicitation of Unauthorized Personal Information</td>
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<td>212. Frivolous Lawsuit</td>
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<td>213. Failure To Reveal Assets</td>
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<td>301. Fighting</td>
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<td>302. Gambling</td>
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<td>304. Insolence</td>
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<td>305. Theft</td>
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<td>402. Health, Smoking, or Safety Violations</td>
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<td>404. Violation of Rules</td>
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<td>405. Failure to Report</td>
<td>1 month</td>
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<tr>
<td>406. Trading or Trafficking</td>
<td>2 months</td>
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<tr>
<td>501. Violating State or Federal Laws</td>
<td>1 year</td>
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<tr>
<td>601. Aiding and Abetting, Attempt, Solicitation, or Conspiracy</td>
<td>Same as underlying offense</td>
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Penalties -- Adult Division

OFFENSE ___________________________ MAXIMUM PENALTIES

_______________________ Loss of ______ B or C ______ Good Time ______
_______________________ Privileges ______ Grade ______ Revocation ______ Segregation

100. VIOLENT ASSAULT 1 year 1 year 1 year Indeterminate

OF ANY PERSON

Definition: Causing a person or an object to come into contact with another person in a deadly manner or in a manner which results in or is likely to result in serious bodily injury.
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101. ARSON ——— 1 year ——— 1 year ——— 1 year ——— 1 year

Definition: Setting fire in any location whether public or private, including but not limited to any part of the institution, its grounds, or State vehicles.

102. ASSAULTING ——— 1 year ——— 1 year ——— 1 year ——— 1 year
ANY PERSON

Definition: Causing a person or an object to come into contact with another person in an offensive, provocative, or injurious manner or fighting with a weapon.

103. BRIBERY & EXERTION ——— 1 year ——— 1 year ——— 1 year ——— 1 year

Definition: Demanding or receiving anything of value in exchange for protection, to avoid bodily injury, or through duress or pressure. Giving or receiving money or anything of value to violate State or federal law or to commit any act prohibited under this Part.

104. DANGEROUS CONTRABAND ——— 1 year ——— 1 year ——— 1 year ——— 1 year

Definition: Possessing, manufacturing, introducing, selling, supplying to others, or using without authorization any explosive, acid, caustic material for incendiary devices, ammunition, dangerous chemical, escape material, knife, sharpened instrument, gun, firearm, razor, glass, bludgeon, brass knuckles, cutting tools, tools which may be used to defeat security measures such as hacksaw blades, keys, and lock picks, any other dangerous or deadly weapon or substance of like character, or any object or instrument which is made to appear to be or could be used as a deadly or dangerous weapon or substance.

105. DANGEROUS DISTURBANCES ——— 1 year ——— 1 year ——— 1 year ——— 1 year

Definition: Causing, directing, or participating in any action which may seriously disrupt or endanger the institution, persons, or property, including the taking or holding of hostages by force or threat of force.

106. ESCAPE ——— 1 year ——— 1 year ——— 1 year ——— 1 year
NOTICE OF PROPOSED AMENDMENTS

Definition: Leaving or failing to return to lawful custody without authorization, including the failure to return from furlough within two hours of the designated time.

107. SEXUAL MISCONDUCT

Definition: Engaging in sexual intercourse, sexual conduct, or gesturing, fondling, or touching done to sexually arouse, intimidate, or harass either or both persons; or engaging in any of these activities with an animal.

108. SEXUAL ASSAULT

Definition: Causing unwilling contact between the sex organ of one person and the sex organ, mouth, or anus of another person or any intrusion of any part of the body of one person or object into the sex organ or anus of another person by use of force or threat of force, including pressure, threats, or any other actions or communications by one or more persons to force another person to engage in a partial or complete sexual act.

109. ELECTRONIC CONTRABAND

Definition: Possessing, selling, receiving, supplying to others, or using without authorization any electronic device, video recording device, computer, or cellular communications equipment, including but not limited to cellular telephones, cellular telephone batteries, pagers, computers, and computer peripheral equipment.

201. CONCEALMENT OF IDENTITY

Definition: Wearing a disguise or a mask, impersonating another, or otherwise concealing one's identity.

202. DAMAGE OR MISUSE OF PROPERTY

Definition: Destroying, damaging, removing, altering, tampering with, or otherwise misusing property belonging to the State, another person, or entity, including the
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obstruction of locks or security devices, destroying or tampering with bar codes or identification cards, or the use of another person's identification card.

203. DRUGS AND PARAPHERNALIA

Definition: Possessing, manufacturing, introducing, selling, supplying to others, or receiving alcohol, any intoxicant, inhalant, narcotic, syringe, needle, controlled substance, or marijuana; or being under the influence of any of the above substances; or refusing to be tested for drug or alcohol use, including failure to provide a specimen within 2 hours after the request; or destroying or tampering with drug or alcohol tests or testing equipment. This offense includes medication misuse, for example, the possession or use of unauthorized amounts of prescribed medication, or selling or supplying prescribed medication to others.

204. FORGERY

Definition: Forging, counterfeiting, or reproducing without authorization any document, article of identification, money, security, or official paper.

205. GANG OR UNAUTHORIZED ORGANIZATIONAL ACTIVITY

Definition: Engaging, pressuring, or authorizing others to engage in gang or unauthorized organizational activities, meetings, or criminal acts; displaying, wearing, possessing, or using gang or unauthorized organizational insignia or materials; or giving gang or unauthorized organizational signs. Unauthorized organizational activity shall include engaging in the above activities by or on behalf of an organization which has not been approved pursuant to 20 Ill. Adm. Code 445 or 450.

206. INTIMIDATION OR THREATS

Definition: Expressing by words, actions, or other behavior an intent to injure any person or property which creates the reasonable belief that physical, monetary, or economic harm to that person or to another will result.
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207. POSSESSION  6 months  6 months  6 months  6 months  6 months

Definition: Possessing or causing to be brought into the institution any coin, currency, or other negotiable instrument.

208. DANGEROUS  6 months  6 months  6 months  6 months  6 months

Definition: Engaging in verbal or written communication that is likely to encourage violence against persons or that is likely to disrupt or endanger the safety and security of the facility, including but not limited to escape plans and manufacture of weapons.

209. DANGEROUS  6 months  6 months  6 months  6 months  6 months

Definition: Possessing or causing to be brought into the facility written material which presents a serious threat to the safety and security of persons or the facility, including but not limited to written material relating to methods of escape and the manufacture of weapons.

210. IMPAIRMENT OF  6 months  6 months  6 months  6 months  6 months

Definition: Using curtains, cell coverings, or any other matter or object in a manner that obstructs or otherwise impairs the line of vision into a committed person’s cell or which obstructs or otherwise impairs any viewing panel or surveillance equipment, both audio and visual, within the facility.

301. FIGHTING  1 month  1 month  1 month  1 month  1 month

Definition: Fighting with another person which is not likely to cause serious bodily injury to one or the other and which does not involve the use of a weapon.

302. GAMBLING  2 months  2 months  1 month  1 month

Definition: Operating or playing a game of chance or skill for anything of value, making a bet upon the outcome of any event, or possessing any gambling device. This shall include participating in any lottery.
DEPARTMENT OF CORRECTIONS

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303. GIVING FALSE INFORMATION TO AN EMPLOYEE

Definition: Lying or knowingly providing false information to an employee.

304. INSOLENCE

Definition: Talking, touching, gesturing, or other behavior which harasses, annoys, or shows disrespect.

305. THEFT

Definition: Taking property belonging to another person or entity or the institution without the owner's authorization.

306. TRANSFER OF FUNDS

Definition: Causing money to be transferred from one trust fund to another or through an outside source to the account of another committed person.

307. UNAUTHORIZED MOVEMENT

Definition: Being anywhere without authorization or being absent from where required to be.

308. CONTRABAND/UNAUTHORIZED PROPERTY

Definition: Possessing, giving, loaning, receiving, or using property which a committed person has no authorization to have or to receive and which was not issued to the individual through regular procedures, including the unauthorized possession of food or clothing or the possession of property in excess of that which is authorized by the institution; or property which has been altered from its original state.

309. PETITIONS
NOTICE OF PROPOSED AMENDMENTS

POSTINGS, AND BUSINESS VENTURES

Definition: Writing, signing, or circulating a petition without authorization; unauthorized distributing or posting of any printed or written materials, including surveys; engaging in an unauthorized business venture; or representing oneself as a corporation or official of a corporation without authorization.

310. ABUSE OF PRIVILEGES

Definition: Violating any rule regarding visits, mail, the library, yard, commissary, telephone, or recreational activities. This includes corresponding or communicating with a victim, a victim’s family member, or other person after the committed person has received notice that such person has informed the Department that he or she does not wish to receive correspondence from the committed person. However, if the conduct also constitutes a violation of federal or State law, a committed person may also be charged under #501.

311. FAILURE TO SUBMIT TO MEDICAL OR FORENSIC TESTS

Definition: Willfully refusing to submit to, or cooperate with, testing, examinations, or the provision of samples required by court order, State law, or current standards of public health and safety, including the refusal to submit to annual tuberculosis screening and mandatory HIV or DNA testing.

402. HEALTH, SMOKING, OR SAFETY VIOLATIONS

Definition: Smoking in an unauthorized area; tattooing or body piercing, including, but not limited to, piercing of the ear, nose, or lip; or disregarding basic hygiene of person, cell, living or work area, or other place in the facility or its grounds.
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403. DISOBEYING A DIRECT ORDER

Definition: Willfully refusing to comply with an order, including the refusal to participate in educational testing; to accept a work, educational, or housing assignment; or to perform a work assignment.

404. VIOLATION OF RULES

Definition: Willfully disobeying any rule of the facility. If the specific offense is stated elsewhere in this Part, a committed person may not be charged with this offense. The rule violated must be specified in the disciplinary report.

405. FAILURE TO REPORT

Definition: Failure to report for a work, educational, or program assignment.

406. TRADING OR TRAFFICKING

Definition: Trading or trafficking with any person.

501. VIOLATING STATE OR FEDERAL LAWS

Definition: Committing any act which would constitute a violation of State or federal law. If the specific offense is stated elsewhere in this Part, a committed person may not be charged with this offense. The State or federal offense must be specified in the disciplinary report.

601. AIDING AND ABETTING, ATTEMPT, SOLICITATION, OR CONSPIRACY

Definition: Aiding and abetting any person in the commission of any of these offenses; attempting to commit any of these offenses; making plans to commit any of these
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offenses; soliciting another to commit any of these offenses; or conspiring to commit any of these offenses shall be considered the same as the commission of the offense itself and shall carry the penalty prescribed for the underlying offense.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)
**DEPARTMENT OF CORRECTIONS**

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Section 504. TABLE B  **Maximum Penalties for Juvenile Offenders** Offenses and Maximum Penalties—Juvenile Division

<table>
<thead>
<tr>
<th>Offense</th>
<th>Loss or Restriction of Privileges</th>
<th>Confinement</th>
<th>Good Time Revocation</th>
<th>Delay in Recommendation to PRB</th>
</tr>
</thead>
<tbody>
<tr>
<td>100. Violent Assault of any Person</td>
<td>1 year</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>101. Arson</td>
<td>1 year</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>102. Assaulting any Person</td>
<td>1 year</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>103. Bribery &amp; Extortion</td>
<td>6 months</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>104. Dangerous Contraband</td>
<td>2 months</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>105. Dangerous Disturbance</td>
<td>6 months</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>106. Escape or Runaway</td>
<td>1 year</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>107. Sexual Misconduct</td>
<td>6 months</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
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<tr>
<td>108. Sexual Assault</td>
<td>1 year</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>109. Electronic Contraband</td>
<td>6 months</td>
<td>1 month</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>110. Impeding or Interfering with an Investigation</td>
<td>6 months</td>
<td>1 month</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>201. Concealment of Identity</td>
<td>6 months</td>
<td>1 month</td>
<td>1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>202. Damage or Misuse of Property</td>
<td>1 month</td>
<td>1 month</td>
<td>1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>203. Drugs and Drug Paraphernalia</td>
<td>2 months</td>
<td>1 month</td>
<td>3 months</td>
<td>3 months</td>
</tr>
<tr>
<td>204. Forgery</td>
<td>1 month</td>
<td>1 month</td>
<td>1 month</td>
<td>1 month</td>
</tr>
</tbody>
</table>
### NOTICE OF PROPOSED AMENDMENTS

**Maximum Penalties for Juvenile Offenders**

<table>
<thead>
<tr>
<th>Offense</th>
<th>Loss or Restriction of Privileges</th>
<th>Confinement</th>
<th>Good Time Revocation</th>
<th>Delay in Recommendation to PRB</th>
</tr>
</thead>
<tbody>
<tr>
<td>205. Security Threat Group or Unauthorized Organizational Activity</td>
<td>2 months</td>
<td>1 month</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>206. Intimidation or Threats</td>
<td>1 month</td>
<td>1 month</td>
<td>1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>207. Possession of Money</td>
<td>4 months</td>
<td>1 month</td>
<td>1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>208. Dangerous Communications</td>
<td>2 months</td>
<td>1 month</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>209. Dangerous Written Material</td>
<td>2 months</td>
<td>1 month</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>210. Impairment of Surveillance</td>
<td>2 months</td>
<td>1 month</td>
<td>6 months</td>
<td>6 months</td>
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<tr>
<td>211. Possession or Solicitation of Unauthorized Personal Information</td>
<td>2 months</td>
<td>1 month</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>212. Frivolous Lawsuit</td>
<td>0 days</td>
<td>0 days</td>
<td>6 months</td>
<td>0 days</td>
</tr>
<tr>
<td>213. Failure To Reveal Assets</td>
<td>2 months</td>
<td>1 month</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>301. Fighting</td>
<td>2 months</td>
<td>1 month</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>302. Gambling</td>
<td>1 month</td>
<td>2 days</td>
<td>1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>303. Giving False Information to an Employee</td>
<td>1 month</td>
<td>7 days</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>304. Insolence</td>
<td>1 month</td>
<td>7 days</td>
<td>1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>305. Theft</td>
<td>2 months</td>
<td>5 days</td>
<td>3 months</td>
<td>3 months</td>
</tr>
</tbody>
</table>
## NOTICE OF PROPOSED AMENDMENTS

<table>
<thead>
<tr>
<th>Offense</th>
<th>Maximum Penalties for Juvenile Offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Loss or Restriction of Privileges</td>
</tr>
<tr>
<td>306. Transfer of Funds</td>
<td>3 months</td>
</tr>
<tr>
<td>307. Unauthorized Movement</td>
<td>1 month</td>
</tr>
<tr>
<td>308. Contraband or Unauthorized Property</td>
<td>2 months</td>
</tr>
<tr>
<td>309. Petitions, Postings, and Business Ventures</td>
<td>2 months</td>
</tr>
<tr>
<td>310. Abuse of Privileges</td>
<td>2 months</td>
</tr>
<tr>
<td>311. Failure to Submit to Medical or Forensic Tests</td>
<td>2 months</td>
</tr>
<tr>
<td>402. Health, Smoking, or Safety Violations</td>
<td>1 month</td>
</tr>
<tr>
<td>403. Disobeying a Direct Order</td>
<td>1 month</td>
</tr>
<tr>
<td>404. Violation of Rules</td>
<td>1 month</td>
</tr>
<tr>
<td>405. Failure to Report</td>
<td>1 month</td>
</tr>
<tr>
<td>406. Trading or Trafficking</td>
<td>1 month</td>
</tr>
<tr>
<td>501. Violating State or Federal Laws</td>
<td>2 months</td>
</tr>
<tr>
<td>601. Aiding and Abetting, Attempt, Solicitation, or Conspiracy</td>
<td>Same as underlying offense</td>
</tr>
</tbody>
</table>

**Penalties—Juvenile Division**

<table>
<thead>
<tr>
<th>OFFENSE</th>
<th>MAXIMUM PENALTIES</th>
</tr>
</thead>
</table>
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______________________________________________________________________________________
Delay in

______________________________________________________________________________________
Recommended

Loss of Good Time Parole to

Privileges Confinement Revocation PRB

100. VIOLENT ASSAULT  1 year       1 month       1 year       1 year
OF ANY PERSON

Definition: Causing a person or an object to come into contact with another person in a
deadly manner or in a manner which results in or is likely to result in serious bodily
injury.

101. ARSON          1 year       1 month       1 year       1 year

Definition: Setting fire in any location whether public or private, including but not
limited to any part of the institution, its grounds, or State vehicles.

102. ASSAULTING     1 year       1 month       1 year       1 year
ANY PERSON

Definition: Causing a person or an object to come into contact with another person in
an offensive, provocative, or injurious manner or fighting with a weapon.

103. BRIBERY &      6 months      5 days       1 month       1 month
EXTORTION

Definition: Demanding or receiving anything of value in exchange for protection, to
avoid bodily injury, or through duress or pressure. Giving or receiving money or
anything of value, to violate State or federal law or to commit any act prohibited under
this Part.

104. DANGEROUS    2 months      1 month       1 year       1 year
CONTRABAND

Definition: Possessing, manufacturing, introducing, selling, supplying to others, or
using without authorization any explosive, acid, caustic material for incendiary devices,
ammunition, dangerous chemical, escape material, knife, sharpened instrument, gun,
firearm, razor, glass, bludgeon, brass knuckles, cutting tools, tools which may be used
to defeat security measures such as hacksaw blades, keys, and lock picks, any other
dangerous or deadly weapon or substance of like character, or any object or instrument
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which is made to appear to be or could be used as a deadly or dangerous weapon or substance.

105. DANGEROUS ______ 6 months ______ 1 month ______ 1 year _______ 1 year

DISTURBANCES

Definition: Causing, directing, or participating in any action which may seriously disrupt or endanger the institution, persons, or property, including the taking or holding of hostages by force or threat of force.

106. ESCAPE/ _______ 1 year _______ 1 month _______ 1 year _______ 1 year

RUNAWAY

Definition: For escape of a felon or runaway of a juvenile delinquent, leaving or failing to return to lawful custody without authorization, including the failure to return from authorized absence within 2 hours after the designated time.

107. SEXUAL ______ 6 months ______ 1 month _______ 1 year _______ 1 year

MISCONDUCT_______

Definition: Engaging in sexual intercourse, sexual conduct, or gesturing, fondling, or touching done to sexually arouse, intimidate, or harass either or both persons; or engaging in any of these activities with an animal.

108. SEXUAL ASSAULT ______ 1 year ______ 1 month ______ 1 year ______ 1 year

Definition: Causing unwilling contact between the sex organ of one person and the sex organ, mouth, or anus of another person or any intrusion of any part of the body of one person or object into the sex organ or anus of another person by use of force or threat of force, including pressure, threats, or any other actions or communications by one or more persons to force another person to engage in a partial or complete sexual act.

109. ELECTRONIC ______ 6 months ______ 1 month ______ 1 year _______ 1 year

CONTRABAND

Definition: Possessing, selling, receiving, supplying to others, or using without authorization any electronic device, video recording device, computer, or cellular communications equipment, including but not limited to cellular telephones, cellular telephone batteries, pagers, computers, and computer peripheral equipment.
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201. CONCEALMENT—6 months _______ 1 month _______ 1 month _______ 1 month

Definition: Wearing a disguise or a mask, impersonating another, or otherwise concealing one's identity.

202. DAMAGE OR _______ 1 month _______ 1 month _______ 1 month _______ 1 month

MISUSE OF PROPERTY

Definition: Destroying, damaging, removing, altering, tampering with, or otherwise misusing property belonging to the State, another person, or entity, including the obstruction of locks or security devices, destroying or tampering with bar codes or identification cards, or using another person's identification card.

203. DRUGS AND _______ 2 months _______ 1 month _______ 3 months _______ 3 months

DRUG PARAPHERNALIA

Definition: Possessing, manufacturing, introducing, selling, supplying to others, or receiving alcohol, any intoxicant, inhalant, narcotic, syringe, needle, controlled substance, or marijuana; being under the influence of any of the above substances; refusing to be tested for drug or alcohol use, including failure to provide a specimen within 2 hours after the request; or destroying or tampering with drug or alcohol tests or testing equipment. This offense includes medication misuse, for example, the possession or use of unauthorized amounts of prescribed medication, or selling or supplying prescribed medication to others.

204. FORGERY _______ 1 month _______ 1 month _______ 1 month _______ 1 month

Definition: Forging, counterfeiting, or reproducing without authorization any document, article of identification, money, security, or official paper.

205. GANG OR _______ 2 months _______ 1 month _______ 6 months _______ 6 months

UNAUTHORIZED ORGANIZATIONAL ACTIVITY

Definition: Engaging, pressuring, or authorizing others to engage in gang or unauthorized organizational activities, meetings, or criminal acts; displaying, wearing,
possessing, or using gang or unauthorized organizational insignia or materials; or giving gang or unauthorized organizational signs. Unauthorized organizational activity shall include engaging in the above activities by or on behalf of an organization which has not been approved pursuant to 20 Ill. Adm. Code 445 and 450.

206. INTIMIDATION  1 month  1 month  1 month  1 month
OR THREATS

Definition: Expressing by words, actions, or other behavior an intent to injure any person or property which creates the reasonable belief that physical, monetary, or economic harm to that person or to another will result.

207. POSSESSION  4 months  1 month  1 month  1 month
OF MONEY

Definition: Possessing or causing to be brought into the institution

(Source: Amended at 27 Ill. Reg. _____, effective ___________)
DEPARTMENT OF CORRECTIONS
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Section 504. TABLE C  Offenses and Maximum Penalties - Community Services Division
(Repealed)

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<tr>
<th>OFFENSE</th>
<th>MAXIMUM PENALTIES</th>
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<tr>
<td></td>
<td>Level or</td>
</tr>
<tr>
<td></td>
<td>B or C</td>
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<td>Grade</td>
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</tbody>
</table>

100. VIOLENT ASSAULT
     OF ANY PERSON 1 year 1 year Indeterminate 1 year

Definition: Causing a person or an object to come into contact with another person in a deadly manner or in a manner that results in or is likely to result in serious bodily injury.

101. ARSON 1 year 1 year 1 year 1 year

Definition: Setting fire in any location whether public or private, including but not limited to any part of the facility, its grounds, or any State vehicle.

102. ASSAULTING ANY PERSON 1 year 1 year 1 year 1 year

Definition: Causing a person or an object to come into contact with another person in an offensive, provocative, or injurious manner or fighting with a weapon.

103. BRIBERY & BLACKMAIL 1 year 1 year 1 year 1 year 1 year

Definition: Demanding or receiving anything of value in exchange for protection, to avoid bodily injury, or through duress or pressure. Giving or receiving money or anything of value to violate State or federal law or to commit any act prohibited under this Part.

104. DANGEROUS CONTRABAND 1 year 1 year 1 year 1 year 1 year
Definition: Possessing, manufacturing, introducing, selling, supplying to others or using without authorization any explosive, acid, caustic material for incendiary devices, ammunition, dangerous chemical, escape material, knife, sharpened instrument, gun, firearm, razor, glass, bludgeon, brass knuckles, cutting tools, tools which may be used to defeat security measures such as hacksaw blades, keys, and lock picks, any other dangerous or deadly weapon or substance of like character, or any object or instrument which is made to appear to be or could be used as a deadly or dangerous weapon or substance.

105. DANGEROUS _______ 1 year _______ 1 year _______ 1 year _______ 1 year

Definition: Causing, directing, or participating in any action which may seriously disrupt or endanger the institution, persons, or property, including the taking or holding of hostages by force or threat of force.

106. ESCAPE _______ 1 year _______ 1 year _______ 1 year _______ 1 year

Definition: Leaving or failing to return to lawful custody without authorization, including the failure to return from furlough or leave within 2 hours after the designated time.

107. SEXUAL _______ 1 year _______ 1 year _______ 1 year _______ 1 year

Definition: Engaging in sexual intercourse, sexual conduct, or gesturing, fondling, or touching done to sexually arouse, intimidate, or harass either or both persons; or engaging in any of these activities with an animal.

108. SEXUAL ASSAULT _______ 1 year _______ 1 year _______ 1 year _______ Indeterminate

Definition: Causing unwilling contact between the sex organ of one person and the sex organ, mouth, or anus of another person or any intrusion of any part of the body of one person or object into the sex organ or anus of another person by use of force or threat of force, including pressure, threats, or any other actions or communications by one or more persons to force another person to engage in a partial or complete sexual act.

109. ELECTRONIC _______ 1 year _______ 1 year _______ 1 year _______ 1 year

Definition: This term shall mean any electronic or technological device or tool which may be used to engage in sexual activities in any manner.
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Definition: Possessing, selling, receiving, supplying to others, or using without authorization any electronic device, video recording device, computer, or cellular communications equipment, including but not limited to cellular telephones, cellular telephone batteries, pagers, computers, and computer peripheral equipment.

201. CONCEALMENT

6 months — 1 month — 1 month — 2 months
OF IDENTITY

Definition: Wearing a disguise or a mask, impersonating another, or otherwise concealing one's identity.

202. DAMAGE OR

6 months — 6 months — 6 months — 6 months
MISUSE OF
PROPERTY

Definition: Destroying, damaging, removing, altering, tampering with, or otherwise misusing property belonging to the State, another person, or entity, including the obstruction of locks or security devices, destroying or tampering with bar codes or identification cards, or using another person's identification card.

203. DRUGS AND

6 months — 6 months — 6 months — 2 months
DRUG
PARAPHERNALIA

Definition: Possessing, manufacturing, introducing, selling, supplying to others, or receiving alcohol, any intoxicant, inhalant, narcotic, syringe, needle, controlled substance, or marijuana; or being under the influence of any of the above substances; or refusing to be tested for drug or alcohol use, including failure to provide a specimen within 2 hours after the request; or destroying or tampering with drug or alcohol tests or testing equipment. This offense includes medication misuse, for example, the possession or use of unauthorized amounts of prescribed medication, or selling or supplying prescribed medication to others.

204. FORGERY

6 months — 1 year — 2 months — 3 months

Definition: Forging, counterfeiting, or reproducing without authorization any document, article of identification, money, security, or official paper.

205. GANG OR

1 year — 1 year — 1 year — 1 year
UNAUTHORIZED
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ORGANIZATIONAL ACTIVITY

Definition: Engaging, pressuring, or authorizing others to engage in gang or unauthorized organizational activities, or meetings, or criminal acts; displaying, wearing, possessing, or using gang or unauthorized organizational insignia or materials; or giving gang or unauthorized organizational signs. Unauthorized organizational activity shall include engaging in the above activities by or on behalf of an organization which has not been approved pursuant to 20 Ill. Adm. Code 445 or 450.

206. INTIMIDATION — 6 months —— 3 months ——— 6 months —— 2 months
OR THREATS

Definition: Expressing by words, actions, or other behavior an intent to injure any person or property which creates the reasonable belief that physical, monetary, or economic harm to that person or to another will result.

207. POSSESSION —— 4 months —— 2 months ——— 15 days ——— 2 months
OF MONEY

Definition: Possessing or causing to be brought into the facility any coin or currency or other negotiable instrument without authorization, or failure to promptly submit entire income to Center staff including wages, tips, gifts, or any check for social security, disability, veteran’s benefits, grants, scholarships, or loans.

208. DANGEROUS — 6 months —— 6 months ——— 6 months —— 6 months
COMMUNICATIONS

Definition: Engaging in verbal or written communication that is likely to encourage violence against persons or that is likely to disrupt or endanger the safety and security of the facility, including but not limited to escape plans and manufacture of weapons.

209. DANGEROUS — 6 months —— 6 months ——— 6 months —— 6 months
WRITTEN MATERIAL

Definition: Possessing or causing to be brought into the facility written material which presents a serious threat to the safety and security of persons or the facility, including but not limited to written material relating to methods of escape and the manufacture of weapons.
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210. IMPAIRMENT OF SURVEILLANCE 6 months 6 months 6 months 6 months

Definition: Using curtains, coverings, or any other matter or object in an unauthorized manner that obstructs or otherwise impairs the line of vision into a committed person’s room or which obstructs or otherwise impairs any viewing panel or surveillance equipment, both audio and visual, within the facility.

301. FIGHTING 1 month 1 month 1 month 2 months

Definition: Fighting with another person which is not likely to cause serious bodily injury to one or the other and which does not involve the use of a weapon.

302. GAMBLING 2 months 15 days 1 month 2 months

Definition: Operating or playing a game of chance or skill for anything of value, making a bet upon the outcome of any event, or possessing any gambling device. This shall include participating in any lottery.

303. GIVING FALSE INFORMATION TO AN EMPLOYEE 3 months 3 months 3 months 3 months

Definition: Lying or knowingly providing false information to an employee.

304. INSOLENCE 3 months 1 month 1 month 2 months

Definition: Talking, touching, gesturing, or other behavior which harasses, annoys, or shows disrespect.

305. THEFT 6 months 1 year 2 months 2 months

Definition: Taking property belonging to another person or entity or the facility without the owner’s authorization.

306. TRANSFER 3 months 1 month 10 days 2 months
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Definition: Causing money to be transferred from one trust fund to another or through an outside source to the account of another committed person, or entering into contracts or credit agreements without written approval from the Center Supervisor.

307. UNAUTHORIZED

2 months — 6 months — 2 months — 2 months

MOVEMENT OR

ABSENCE

Definition: Being anywhere without authorization, or being absent from where required to be outside the facility, or returning late, or not traveling directly to or from any authorized destination without prior approval.

308. CONTRABAND/

UNAUTHORIZED

3 months — 1 month — 2 months — 2 months

PROPERTY

Definition: Possessing, giving, loaning, receiving, or using property which a committed person has no authorization to have or to receive, including the unauthorized possession of food or clothing or the possession of property in excess of that which is authorized by the facility; or property which has been altered from its original state.

309. PETITIONS, POSTINGS

AND BUSINESS

VENTURES

Definition: Writing, signing, or circulating a petition without authorization; unauthorized distributing or posting of any printed or written materials, including surveys; engaging in an unauthorized business venture; or representing oneself as a corporation or official of a corporation without authorization.

310. ABUSE OF

1 month — 1 month — 1 month — 1 month

PRIVILEGES

Definition: Violating any rule regarding visits, mail, telephone, or recreational activities. This includes corresponding or communicating with a victim, a victim's family member, or other persons after the committed person has received notice that such person has informed the Department that he or she does not wish to receive correspondence from the committed person. However, if the conduct also constitutes a violation of federal or State law, a committed person may also be charged under #501.
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311. FAILURE TO SUBMIT TO MEDICAL OR FORENSIC TESTS

Definition: Willfully refusing to submit to, or cooperate with, testing, examinations, or the provision of samples required by court order, State law, or current standards of public health and safety, including the refusal to submit to annual tuberculosis screening and mandatory HIV or DNA testing.

402. HEALTH, SMOKING, OR SAFETY VIOLATIONS

Definition: Smoking in an unauthorized area; tattooing or body piercing, including, but not limited to, piercing of the ear, nose, or lip; or disregarding basic hygiene of person, living or work area, or other place in the facility or its grounds.

403. DISOBEYING A DIRECT ORDER

Definition: Willfully refusing to comply with an order, including the refusal to participate in educational testing; to accept a work, educational, or housing assignment; to perform a work assignment; or negligence of assignment.

404. VIOLATION OF RULES

Definition: Willfully disobeying any rule of the facility. If a specific offense is stated elsewhere in this Part, a committed person may not be charged with this offense. The rule violated must be specified in the disciplinary report.

405. FAILURE TO REPORT

Definition: Failure to report for an employment, educational, or program assignment or for transportation without proper excuse.
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406. TRADING OR trafficking 2 months 1 month 1 month 1 month

TRAFFICKING

Definition: Trading or trafficking with any person.

501. VIOLATING 1 year 1 year 1 year 1 year

STATE OR FEDERAL LAWS

Definition: Committing any act which would constitute a violation of State or federal law. If the specific offense is stated elsewhere in this Part, a committed person may not be charged with this offense. The State or federal offense must be specified in the disciplinary report.

601. AIDING AND ABETTING, OR ATTEMPT, SOLICITATION OR CONSPIRACY

Definition: Aiding and abetting any person in the commission of any of these offenses; attempting to commit any of these offenses; making plans to commit any of these offenses; soliciting another to commit any of these offenses; or conspiring to commit any of these offenses shall be considered the same as the commission of the offense itself and shall carry the penalty prescribed for the underlying offense.

(Source: Repealed at 27 Ill. Reg. _____, effective ___________)
1) **Heading of the Part:** Appeals and Hearings

2) **Code Citation:** 89 Ill. Adm. Code 510

3) **Section Numbers:**

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4) **Statutory Authority:** Implementing the Disabled Persons Rehabilitation Act [20 ILCS 2405], and authorized by Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16].

5) **A Complete Description of the Subjects and Issues involved:** These amendments are needed to address changes in federal regulations and to clarify the rule to address issues raised by delays in the hearings process caused by customer’s actions to continually postpone scheduled hearings.

6) **Will these amendments replace any emergency amendments currently in effect?** No

7) **Does this rulemaking contain an automatic repeal date?** No

8) **Does this rulemaking contain incorporations by reference?** No

9) **Are there any other amendments pending on this Part?** No

10) **Statement of Statewide Policy Objective:** This rulemaking does not create or expand a State mandate.

11) **Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:** Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:
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Timothy Gehant, Deputy General Counsel
Office of Legal Services
Department of Human Services
401 South Clinton
Chicago, Illinois 60607
Telephone: (312) 793-8134

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities, and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures necessary for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: it is promulgated to correct areas of concern within the hearings process and was not anticipated.

The full text of the proposed amendments begins on the next page:
DEPARTMENT OF HUMAN SERVICES

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TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 510
APPEALS AND HEARINGS

Section
510.5 Scope and Purpose
510.10 General Information
510.20 What May Be Appealed
510.30 What May Not Be Appealed
510.40 Grievant Rights
510.50 DHS-ORS Rights
510.60 Service Notice
510.70 Level I Hearings (Repealed)
510.80 Request for a Hearing
510.90 Impartial Hearings Officers
510.100 Informal Resolution Conference
510.103 Mediation Process for the Vocational Rehabilitation Program
510.105 Conduct of Hearings
510.110 Associate Director's Review for Residential/Training Programs for Persons with Visual Impairments
510.115 Associate Director's Decision for Hearings Regarding a Blind Vendor
510.120 Exhaustion of Administrative Remedies

AUTHORITY: Implementing the Disabled Persons Rehabilitation Act [20 ILCS 2405], and authorized by Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16].


SUBPART A: GENERAL
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Section 510.10  General Information

a) Definitions
For the purposes of this Part, the following terms shall have the following meanings:

"Associate Director" means the Associate Director of the Office of Rehabilitation Services within the Department of Human Services (DHS-ORS).

"Client Assistance Program" (CAP) means a program funded by the federal Rehabilitation Act to provide assistance in informing and advising all customers and applicants of all available benefits under the federal Vocational Rehabilitation (VR) Act and upon request of such a customer to assist in the customer's relationship with projects, programs and services provided by the VR Act. CAP may also serve customers of the Home Services Program. CAP services can include assistance and advocacy in pursuing legal, administrative, or other appropriate remedies to ensure the protection of the customer's rights under the Act.

"Customer" means any individual who has requested, been referred to, applied for, or is receiving services from DHS-ORS (except from the Bureau of Disability Determination Services), or, as appropriate, a parent, family member, guardian, advocate or duly authorized representative of the customer.

"DHS-ORS" means the Department of Human Services – Office of Rehabilitation Services and does not include any contractor, grantee, nominee agency, or service provider.

"Grievant" means any customer or licensed vendor, as specified in 89 Ill. Adm. Code 650 (Vending Facilities Program for the Blind), who has been aggrieved by any action or inaction by DHS-ORS.

"Hearing" means an administrative hearing of the appeal of the grievant as set forth in Section 510.105 and presided over by an Impartial Hearing Officer.

"Hearings Coordinator" means the DHS Chief, Bureau Administrative Hearings, who is responsible for communicating with grievants about their appeal requests, docketing and scheduling hearings, and coordinating the appointment of Impartial Hearing Officers.

"Impartial Hearing Officer" means the individual appointed to conduct the
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hearing as set forth in Section 510.90.

"Inaction" means the failure of DHS-ORS to act within the time lines specified by the program to which a customer has applied for services to make an eligibility determination or to act on a request for any change in services unless an extension of time has been agreed to in writing by the customer or necessitated by the VR customer's participation in a trial work period.

"Informal Resolution Conference" means an attempt to informally resolve an appeal by the grievant and DHS-ORS, as set forth in Section 510.100.

"Mediator" means an individual who is qualified in mediation and knowledgeable of the laws and regulations relating to the provision of vocational rehabilitation services.

"Personal representative" means an attorney, CAP representative or other individual designated by a grievant to act on the grievant's behalf in the proceedings contained in this Part, as set forth in subsection (b)(3) of this Section and Section 510.100(d).

"Schools" means the three State Schools operated by DHS-ORS: Illinois Center for Rehabilitation and Education-Roosevelt, the Illinois School for the Deaf, and the Illinois School for the Visually Impaired.

"Services" means services provided directly or purchased by DHS-ORS as set forth in 89 Ill. Adm. Code Chapter IV, Subchapters b (Vocational Rehabilitation (VR)), c (Vocational Related Programs), d (Home Services Program (HSP)), and e (Specialized Services for the Visually Impaired (CRSBVI)).

"Working Days" means Mondays through Fridays, excluding State established holidays or days on which government offices are closed by order of the Governor.

b) General Provisions

1) A grievant who is not satisfied with an action taken by DHS-ORS, or with the failure of DHS-ORS to take action, is entitled to a hearing. A customer of the Vocational Rehabilitation program may also request mediation.

2) Any and all notices and communications to DHS-ORS made pursuant to this Part should be in writing. Nonwritten communications will be accepted if the information required in subsection (b)(6), of this Section, is provided. All nonwritten communications shall be documented by DHS-
NOTICE OF PROPOSED AMENDMENTS

ORS.

3) A grievant may appoint a representative in accordance with Section 510.40(e)(2), who may exercise any right of the grievant on the grievant's behalf. A grievant may only designate one representative at a time. The designation must be in writing or on the record.

4) All time periods related to communications arising under this Part commence on the date of receipt (receipt is presumed 5 days after the date of postmark or on the day of delivery for hand delivered items) or, if a nonwritten form of communication, on the date of receipt.

5) A request for a hearing by any person not a "grievant" cannot be heard by DHS-ORS pursuant to this Part.

6) The request for a hearing should include the specific determination and the date of the determination or, if appealing inaction, the date the action was requested, and specific identification of any other matter that is being appealed, but if this information is not readily available to the grievant, the grievant must supply sufficient information for DHS-ORS to identify the specific action or inaction that is being appealed.

7) Should a grievant improperly request an appeal and other procedures for appeal are available, DHS-ORS will advise the grievant of the proper appeal process.

8) Failure of a grievant to follow procedures as set forth in this Part or failure to request an appeal within the specified time frames found in Section 510.80 shall result in dismissal of the appeal except if the failure to follow procedure was a result of DHS-ORS failure to provide required notice or information.

9) After a request for a hearing is filed, the grievant or DHS-ORS may initiate attempts to resolve the grievance informally. The grievant and the appropriate DHS-ORS employee may agree to resolve disputed issues, at any time during the appeals process, prior to the issuance of the hearing decision. If prior to the hearing there is mutual agreement on an issue under dispute, this will remove the need for a hearing on that issue.

10) DHS-ORS, and the Department of Public Aid in the case of HSP hearings, will assume all administrative costs of the appeal (i.e., interpreters, pursuant to Section 510.40(b), and record, pursuant to Section 510.80(e)) but will not assume costs personally incurred by the grievant because of the proceeding (e.g., legal fees, travel, witness costs, and room and board).

(Source: Amended at 27 Ill. Reg. _______, effective ____________)

Section 510.20 What May Be Appealed
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The following may be appealed under this Part:

a) DHS-ORS’ refusal to provide any service which it is authorized to provide;

b) modification of any service currently provided to the customer by DHS-ORS, termination of a service or case closure, unless agreed to by the customer and DHS-ORS;

c) a determination that a customer is ineligible for services;

d) issues related to sex equity at DHS-ORS schools, set forth in 89 Ill. Adm. Code 829;

e) refusal of the schools to permit modifications to a student's records, set forth in 89 Ill. Adm. Code 765.60(a)(1);

f) inaction of DHS-ORS employees as defined in Section 510.10;

g) dissatisfaction of a licensed vendor in the Vending Facilities Program for the Blind with any action of DHS-ORS arising from the administration of the Vending Facilities Program for the Blind; and

h) dissatisfaction of a customer of the Community Residential Services for the Blind and Visually Impaired (CRSBVI) program as set forth in 89 Ill. Adm. Code 730, Subpart D.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 510.40 Grievant Rights

a) DHS-ORS shall make the grievant aware, in a language that is understandable to the grievant, of the right to appeal pursuant to this Part, at the following times or events:

1) upon application for services;

2) upon denial of application;

3) after the initiation, or change, of services;

4) upon termination of a service;

5) upon closure;

6) upon enrollment in a DHS-ORS school; and

7) upon entrance into the Vending Facilities Program for the Blind.

b) The grievant may request an interpreter or reader, either sign (if sign-language is the grievant's usual mode of communication) or language (if the grievant's normally spoken language is other than English), to attend the hearing. The request should be made 10 days before the date of the hearing. A visually impaired grievant may either request a reader to read materials provided by DHS-ORS in preparation for the hearing or request that the materials be provided in Braille, large print or audio tape. The request must be made within 5 working days after being informed of the date of the hearing.

c) All meetings with the grievant pursuant to this Part must occur at a time and
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...location convenient to both parties.

d) If the grievant is a customer of the VR Program (89 Ill. Adm. Code: Chapter IV, Subchapter b), HSP (89 Ill. Adm. Code: Chapter IV, Subchapter d) or Community Residential Services for the Blind and Visually Impaired (CRSBVI) program (89 Ill. Adm. Code: Chapter IV, Subchapter e), the grievant may have the right to the assistance of the DHS-ORS Client Assistance Program (CAP) in the preparation, presentation and representation of the matters to be heard. DHS-ORS must inform the customer of this right at the time of request for services, application and referral for services and at service initiation or modification, and at closure, as well as when the grievant requests a hearing.

e) After a request for a hearing is received by DHS-ORS, the grievant will be provided with written notification of the grievant's right to:

1) review the case file and other related documents;
2) be represented by a representative during any informal resolution conference in accordance with Section 510.100(d), during any mediation process pursuant to Section 510.103(h) or at a hearing by filing an appearance with the Hearings Coordinator, pursuant to Section 510.105(c);
3) an explanation of the appeal process as set forth in this Part;
4) decline to appear for a hearing, in which case a review of the case file and any new evidence or information submitted by the grievant will be examined and a decision made based on that review by the Impartial Hearing Officer;
5) withdraw the appeal at any time during the process, in which case the grievant cannot request a reopening of the appeal;
6) a timely and impartial hearing;
7) confidentiality of these proceedings, as set forth in 89 Ill. Adm. Code 505.10 and pursuant to either Section 510.100(a), 510.103(a) or 510.105(a);
8) a continuation of services, as set forth in Section 510.60; and
9) have DHS-ORS employees involved in the appealed action present at the hearing or any informal resolution conference, and to question them, with the exception listed in Section 510.105(g)(2).

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 510.50  DHS-ORS Rights

DHS has the right to:

a) refuse to hear appeals pursuant to Section 510.30;
b) have a DHS-ORS attorney present at any proceeding under this Part hearing;
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c) cooperation by the grievant; and

d) publish hearing summaries, with deletions as necessary to ensure confidentiality; and
d) consolidate into a single hearing all issues relating to a grievant or an issue raised by several grievants that which arise out of the same set of facts and circumstances.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 510.60 Service Notice

a) This Section applies to VR and HSP customers only.
b) When an individual applies for VR or HSP services from DHS-ORS, the individual must be informed that DHS-ORS notifies customers whenever it denies, modifies or terminates a service or services, if not mutually agreed upon, and of the right to action within 60 calendar days after a request for an application. DHS-ORS must send the customer a service notice at least 15 working days before the effective date of the action.
c) Any action mutually agreed upon must be so documented in the customer's case file.
d) The service notice must:
   1) contain the name, address and telephone number of the person to whom the request for a hearing must be made;
   2) outline the action;
   3) state the basis for the action;
   4) give the effective date of the action; and
   5) inform the customer of the right to a hearing in the matter and of the specific means of initiating the hearing.
e) For issues related to the disposition of services during the hearing process, the customer must be advised that DHS-ORS will continue to provide the disputed services until DHS-ORS final decision has been rendered unless:
   1) the services being provided were obtained through misrepresentation, fraud, collusion or criminal conduct on the part of the customer;
   2) the service has been planned but not commenced; or
   3) the customer, or as appropriate, the customer's parent, family member, guardian, advocate or duly authorized representative requests the service be terminated. Continuances in the proceeding shall not be issued for the purpose of extending services.
f) A service that which is the subject of an appeal will not continue if the change is:
   1) initiated by the customer;
   2) unilaterally initiated by a service provider other than DHS-ORS;
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3) planned or authorized, but not commenced; or
4) contraindicated on the basis of medical or psychological information contained in the customer's case record.

g) In no event will a disputed service continue past the ending date on the Individualized Plan for Employment (IPE) for VR and Community Residential Services for the Blind and Visually Impaired (CRSBVI) customers unless the customer and counselor agree to an extension IPE to be in effect pending the outcome of the hearing.

(Source: Amended at 27 Ill. Reg. _______, effective ____________)

Section 510.80 Request for a Hearing

a) If a customer is dissatisfied with any determination made by DHS-ORS concerning the furnishing, timeliness or denial of services, the customer he/she may request a timely review of these determinations. This request for a hearing shall be made through the Hearings Coordinator or by completing a request for hearing (IL 488-1949) and presenting it to DHS-ORS. The person receiving the request shall immediately forward it to the Hearings Coordinator.

b) A grievant must request a hearing within the following time limits:
   1) if the request is for review of an action by DHS-ORS VR program or HSP, it must be received within 30 calendar days after the date the grievant receives notice, or knew or should have known of the issue being grieved, or 35 calendar days after the date of the post mark on the notice, if the customer was informed by mail, whichever is later;
   2) if the request relates to an available vending facility location, it must be made within 5 working days after receipt by the grievant of the notice of selection; or
   3) if the grievance pertains to the conduct of a customer in the adult residential training program for persons with visual disabilities, the request must be received within 2 working days after the date of the action or inaction being grieved.

c) The request for a hearing must state whether the grievant is unable to attend a hearing in the local DHS-ORS facility due to the grievant's disability. The Hearings Coordinator or Impartial Hearing Officer will contact the grievant or, as appropriate, the grievant's representative to determine a mutually acceptable date for the hearing. Except as set forth in Section 510.80(j)(3) and as specified by the Department of Public Aid for HSP hearings, in no case shall the hearing be held later than 60 45 calendar days after receipt of the grievant's request, unless the parties agree to a specific extension of time.

d) At least 10 30 days prior to the scheduled date of the hearing, the DHS Hearings
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Coordinator or Impartial Hearing officer shall send the grievant a letter, certified mail, return receipt requested:
1) acknowledging the request for the hearing;
2) stating the date, time and location for the hearing;
3) stating the name and address of the individual who shall act as the Impartial Hearing Officer;
4) containing a statement of the issues being grieved;
5) informing the grievant of the rights accorded under this Part;
6) informing the grievant of the options of the informal resolution conference and, for vocational rehabilitation customers, of the Mediation Process; and
7) directing the grievant to the proper individual to whom to direct the request for these options in accordance with Sections 510.100 and 510.103 of this Part.

e) DHS-ORS shall make an audio tape recording of the hearing proceedings and will, upon request, provide one copy to the grievant at no cost. If an audio tape is not an accessible format for the grievant, upon request of the grievant, DHS-ORS shall prepare a transcript in an accessible format, and provide one copy of the transcript to the grievant at no cost.

f) The official record of the hearing shall consist of:
1) all pleadings, motions, and rulings;
2) evidence, including testimony and exhibits;
3) a statement of matters officially noticed;
4) offers of proof;
5) objection and rulings thereon;
6) the Impartial Hearing Officer's decision or findings of fact and recommended decision, as applicable; and
7) if applicable, documents and decisions from an Associate Director's Review (Section 510.110).

g) For grievances arising from the VR Program, findings of fact and the decision, prepared by the Impartial Hearing Officer, will be mailed within 30 calendar days after the adjournment of the Hearing. The decision of the Impartial Hearing Officer shall be binding on DHS-ORS. DHS-ORS shall initiate implementation of the decision on the date specified in the decision, but no later than 20 calendar days after its receipt. No employee of DHS-ORS shall interfere with the implementation of the decision.

h) For grievances pertaining to the conduct of a customer in the adult residential training program for persons with visual disabilities, the findings of fact shall be provided within 2 working days after the adjournment of the hearing.

i) For a grievance arising from the selection of a vendor for a vending location in the Vending Facilities Program for the Blind, the Impartial Hearing Officer shall submit his/her recommended decision to the Associate Director within 15 days.
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after the date of adjournment of the hearing. The recommendation shall be based upon the record of the hearing, citing applicable provisions of law and policy. The Associate Director shall mail the final decision on the appeal to the grievant, and as appropriate, the grievant's representative, within 5 working days after receiving the Impartial Hearing Officer's recommendation. The Associate Director's decision shall state the principal issues and relevant facts brought out at the hearing, pertinent provisions in law and DHS-ORS policy, the reasoning that led to the decision, the right to appeal pursuant to Section 510.120(c), and the effective date of the decision and shall have attached a copy of the Impartial Hearing Officer's recommendation.

j) For hearings arising from HSP, in addition to the other provisions contained in this Part, the following procedures shall apply:

1) after receipt of the request for the hearing, pursuant to Section 510.80(b)(1), the DHS Hearings Coordinator shall forward the request to DPA which, pursuant to Medicaid Regulations, shall have administrative authority over all hearings arising from HSP;

2) the hearing shall be conducted by an Impartial Hearing Officer approved by DPA;

3) DPA's rules, as set forth at 89 Ill. Adm. Code 104, shall apply, except 89 Ill. Adm. Code 104.10, 104.11, and 104.80. All other rules contained in this Part shall apply to the extent they do not conflict with DPA's rules;

4) DPA, DHS and the Impartial Hearing Officer shall make any reasonable accommodation necessary to ensure that the customer is able to file an appeal and participate in the hearing; and

5) the hearing shall be held in the local DHS-ORS office unless, because of the grievant's disability, the grievant is unable to attend the hearing in the local DHS-ORS office. In such instances, the hearing shall be held in the grievant's home; and

6) the decision shall be issued and implemented within 90 days after the date of the request for hearing; however, that time shall be extended by the length of any continuance or postponement requested or agreed to by the grievant.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 510.100 Informal Resolution Conference

a) Every proceeding pursuant to this Section is to be confidential and not open to the general public unless the grievant so requests.

b) The Informal Resolution Conference is an informal review of the decision with the goal of mutually resolving the issues being appealed. Procedures set forth in
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c) A grievant may request an Informal Resolution Conference, in the period between
the filing of the appeal and the hearing decision, by contacting the office out of
which the grievant receives services.

d) The grievant may choose to have a representative present at the conference.

e) If the grievance pertains to the customer's VR program or HSP, the supervisor of
the DHS-ORS employee whose action is being grieved must schedule and chair
the informal resolution conference at a time and
date convenient to all parties. For grievances by a blind vendor, the chair shall be
the Administrator or that person's supervisor. The grievant must be notified of the
name, address and telephone number of the DHS-ORS employee chairing the
meeting. The informal resolution conference shall be held in the local DHS-ORS
facility unless, in the request, the grievant indicates that due to the grievant's
disability the grievant cannot attend at the local DHS-ORS facility. In this case
the conference shall be held in the grievant's home.

f) During the informal resolution conference the chair should:
1) initiate the conference with an opening statement explaining the purpose
   of the conference;
2) assist the parties in determining and clarifying the issues;
3) facilitate a fair and complete presentation and discussion of relevant
   information, both oral and written;
4) as appropriate, summarize the positions of the grievant and DHS-ORS;
5) provide an opportunity to discuss settlement or agree on a course of
   action; and
6) if no resolution is reached, assure the grievant is made aware of the next
   step of the appeal process.

g) The informal resolution conference is concluded either with a mutually agreed upon resolution of the issue or some of the issues, or
with the conclusion that the issues cannot be resolved and the grievance should
proceed to hearing. At the conclusion of the informal resolution process, the
DHS-ORS staff person chairing the conference shall reduce any mutually agreed
upon resolutions to writing. The confirmation of the agreement must be signed by
both the grievant and the chair. The confirmation must also include the
agreement of the customer to withdraw the grievance on the agreed issues. The
agreement should list all agreed issues and all outstanding issues. Unless
circumstances prohibit, the agreement should be reduced to writing while all
parties are still there. If all the disputed issues are resolved, the parties
should inform the Hearings Coordinator to withdraw the grievance.

h) Sessions held as a part of the informal resolution conference shall be scheduled in
a timely manner and shall not deny or delay the grievant's right to pursue
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resolution of the dispute through an impartial hearing held within the applicable time period set out in this Part or any other right under this Part.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 510.103 Mediation Process for the Vocational Rehabilitation Program

a) Every mediation proceeding pursuant to this Section is to be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding. If deemed necessary by the assigned qualified and impartial mediator, parties to the Mediation Process may be required to sign a confidentiality pledge prior to commencement of the process.

b) The customer shall be informed of the availability of the Mediation Process each time the customer is advised of the right to appeal. The Mediation Process is available whenever a hearing concerning vocational rehabilitation services is requested under this Part.

c) The Mediation Process shall be voluntary on the part of the grievant and of DHS parties and shall be conducted by a qualified and impartial mediator who is trained in effective mediation techniques. The mediation may be terminated at any time by either party or by the mediator.

d) DHS shall maintain a list of qualified mediators who shall be knowledgeable in the laws and regulations relating to the provisions of vocational rehabilitation services. Mediators shall be selected from this list and assigned on a random basis by the Hearings Coordinator from the list of qualified mediators maintained by DHS.

e) To request the assignment of a mediator to resolve the issues in dispute, the customer shall contact the Hearings Coordinator. The Hearings Coordinator shall assign the mediator from the list of qualified mediators maintained by DHS.

f) Sessions held as a part of the Mediation Process shall be scheduled in a timely manner and shall not delay the scheduled hearing. The mediation shall not delay the grievant’s right to pursue resolution of the dispute through an impartial hearing held within the applicable time period set out in this Part or any other right under this Part. Mediation sessions shall be scheduled by the mediator.

g) The mediation sessions shall be held at a location that is mutually agreed upon convenient to all parties.

h) The customer or, as appropriate, the customer’s representative may submit evidence and information to support the position of the customer. The Department may also submit evidence and information that supports its position.

i) Any agreement reached by the parties during the mediation process shall be set forth in a written mediation agreement signed by both parties. The agreement
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must also include the agreement of the customer to withdraw the grievance on the agreed issues.

j) Nothing in this Section shall be construed to preclude the parties from informally resolving the dispute prior to proceedings under this Section.

k) The cost of the mediator shall be paid by DHS-ORS.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 510.105 Conduct of Hearings

a) Every proceeding pursuant to this Section is to be confidential and not open to the general public unless requested to be so by the grievant.

b) Procedures set forth in the Code of Civil Procedure [735 ILCS 5], except as provided in subsection (g) of this Section, do not apply to the procedures contained in this Section.

c) The grievant must notify DHS-ORS Hearings Coordinator of the appointment of a personal representative by filing, no later than 3 working days in advance of a hearing, a notice of appearance stating the personal representative's name, address and telephone number, identifying the grievant represented, and signed by the grievant. If the grievance pertains to the conduct of a customer of the adult residential training program for persons with visual disabilities, notice must be made no later than 1 working day in advance of the hearing. The notice must be accompanied by appropriate consent to the release of confidential information to the representative, if one is not already on file.

d) At least 3 working days prior to the hearing, the grievant and the DHS-ORS staff person who has taken the action being grieved must provide each other and the Impartial Hearing Officer with a list of witnesses, copies of documents not in the possession of the other party, and a summary of the evidence they plan to present at the hearing. If the grievance pertains to the conduct of a customer of the adult residential training program for persons with visual disabilities, information must be shared within 1 working day prior to the hearing.

e) All parties involved in the hearing must avoid repetitive continuances so that the subject matter of the grievance may be resolved expeditiously. A hearing may for good cause shown (e.g., illness of the grievant, representative or DHS-ORS employee involved in the action or severe weather) be continued by the Impartial Hearing Officer. "Good cause" means death in the family, personal injury or illness that reasonably prohibits the grievant from attending the hearing, or sudden and unexpected emergency, or other circumstances beyond the grievant's control that reasonably prevents the grievant from attending the hearing. In the absence of an emergency, notice of the request must be given in writing to the other party and the Impartial Hearing Officer no later than 3 working days prior to the
original hearing date. In the absence of an emergency, if the grievance pertains to the conduct of a customer of the adult residential training program for persons with visual disabilities, the notice must be provided to the other party and the Impartial Hearing Officer no less than 1 working day prior to the original hearing date. The granting of continuances for hearings arising from HSP shall be governed by DPA.

f) The grievant shall have the responsibility to prove by the preponderance of the evidence that the action or inaction by DHS-ORS was not in accordance with federal or State laws or regulations, unlawful, against DHS-ORS policy, not in accordance with the grievant's IPE (89 Ill. Adm. Code 572) or HSP Service Plan (89 Ill. Adm. Code 684), or inappropriate for the customer. The Impartial Hearing Officer shall inform the grievant of this requirement at the beginning of the hearing.

g) Evidence

1) The rules of evidence and privilege as applied in civil cases in the Circuit Courts of this State shall be followed except that any relevant evidence not admissible under those rules of evidence that is of a type commonly relied upon by reasonably prudent persons in the conduct of their affairs, has probative value, and is relevant and material to the facts and issues may be admissible.

2) DHS-ORS employees directly involved in the contested action will be present to testify and can be questioned by the grievant. However, if such person is no longer employed by DHS-ORS and declines to attend the hearing after DHS-ORS has made a reasonable attempt to secure his/her attendance, the person most knowledgeable about the case will attend.

3) Only information bearing directly on the issue under review, pursuant to Section 510.20, may be introduced from the grievant's case file. The Impartial Hearing Officer may not consider any information that has not been made available to the other party.

4) Either party may present information and evidence in addition to the case file that must also be made available to the other party at least 3 working days prior to the hearing or by stipulation at the hearing.

5) The grievant and DHS-ORS may call any person as a witness and conduct examination and cross-examination.

6) The grievant and DHS-ORS may, by stipulation, agree upon any facts involved in the proceeding. The facts stipulated must be considered as evidence in the proceedings.

h) The following is the order of the proceedings:

1) presentation, arguments, and disposition of all preliminary motions and matters;
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2) opening statements;
3) evidence presented by the grievant;
4) evidence presented by DHS-ORS;
5) rebuttal by either or both sides;
6) closing statements by the grievant;
7) closing statements by DHS-ORS; and
8) rebuttal by grievant.

i) A hearing will not be adjourned until the Impartial Hearing Officer has received all information agreed upon within the time the parties have agreed to provide it.

j) The Impartial Hearing Officer may take one of several courses of action in making a decision, which include, but are not limited to the following:
1) find in favor of the grievant;
2) uphold the determination or action of DHS-ORS;
3) accept a withdrawal of the appeal confirmed in writing signed by the grievant, or as appropriate, a parent, family member, guardian, advocate or duly authorized representative of the grievant, which must be filed with the Hearings Coordinator;
4) accept a settlement of the issues agreed to by the grievant and DHS-ORS which must include a written withdrawal of the appeal, which must be filed with the Hearings Coordinator.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 510.115 Associate Director's Decision for Hearings Regarding a Blind Vendor

a) For hearings related to the grievance of a blind vendor covered under Section 510.20(g)(h), the Impartial Hearing Officer shall provide a recommended findings and decision to the Associate Director of DHS-ORS. The recommended findings and decision of the Impartial Hearing Officer shall be based upon the record of the hearing and shall set forth the principal issues and relevant facts adduced at the hearing, the applicable provision of law and regulation, and a recommended action. It shall also contain findings of fact and conclusions with respect to each of the issues and basis therefore.

b) Within 15 days after receipt of the recommended findings and decision, the Associate Director shall make a decision. The Associate Director's decision shall state the principal issues and relevant facts pertinent provisions of law, regulation and program procedures, the reasoning that led to the decision, and the vendor's right to appeal to the U.S. Department of Education pursuant to 34 CFR 395.13. A copy of the Impartial Hearing Officer's recommended findings and decision shall be attached to the Associate Director's letter. Copies of the final decision shall be sent to the vendor and his/her personal representative and to the
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Administrator, Vending Facility Program for the Blind.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 510.120 Exhaustion of Administrative Remedies

a) If the grievance pertains to the VR program, DHS-ORS administrative action becomes final:
   1) at any time when a mutually agreed upon resolution is reached between DHS-ORS and the grievant; or
   2) upon issuance no more than 20 calendar days after the date of the hearing decision.

b) If the grievance pertains to the conduct of a customer at the adult residential training program for persons with visual disabilities, DHS-ORS administrative action becomes final:
   1) 7 working days after the date of the hearing decision, if no Associate Director's Review is performed; or
   2) if an Associate Director's Review is performed, upon the decision of the Associate Director.

c) Any further appeal (other than by a vendor in the Vending Facilities Program for the Blind or by a grievant appealing sex equity or school records in DHS-ORS schools) must be made to the courts by common law writ of certiorari. A vendor in the Vending Facilities Program for the Blind must first file an appeal with the U.S. Department of Education in accordance with the Randolph-Sheppard Act (20 USC 107 et seq.). A grievance based on sex equity or school records must be filed with the State Board of Education.

d) Any decision under this Part shall be implemented when issued within the applicable time set out in Section 510.80. An appeal to a court shall not delay implementation.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

ILLINOIS REGISTER 18178
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1) Heading of the Part: Naprapathic Practice Act

2) Code Citation: 68 Ill. Adm. Code 1295

3) Section Numbers: Proposed Action:
   1295.05  Repealed
   1295.10  Amendment
   1295.20  Amendment
   1295.40  Amendment
   1295.50  Amendment
   1295.60  Amendment
   1295.70  Amendment
   1295.75  New Section
   1295.80  New Section
   1295.100 New Section

4) Statutory Authority: Naprapathic Practice Act [225 ILCS 63].

5) Complete Description of the Subjects and Issues Involved: Public Act 92-655 is the sunset reauthorization of the Naprapathic Practice Act. Among its changes was moving the statutory licensure and renewal fees to administrative rule; these proposed amendments implement this provision, as well as provide for continuing education. Section 1295.80, detailing unprofessional conduct, is also added. Various other technical revisions are also included, including repealing Section 1295.05, the expired grandfathering provisions.

6) Will these amendments replace an emergency amendment currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objective (if applicable): This rulemaking has no impact on local government.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments within 45 days after this issue of the Illinois Register to:
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Jean A Courtney
Department of Professional Regulation
320 West Washington, 3rd Floor
Springfield IL  62786
217/785-0813
Fax #: 217/782-7645

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Those employing licensed naprapaths.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: Naprapathic skills are necessary for licensure.

13) Regulatory Agenda on which this rulemaking was summarized: January 2002

The full text of the Proposed Amendments begins on the next page:
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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1295
NAPRAPATHIC PRACTICE ACT

Section 1295.05 Application for Licensure as a Naprapath under Section 65 of the Act (Grandfather) (Repealed)

Any person seeking a license under Section 65 of the Naprapathic Practice Act (the Act) shall file an application with the Department of Professional Regulation (the Department), on forms provided by the Department. The application shall be postmarked no later than June 30, 1998, and shall include the following:

1) Verification of:

   A) Employment as a naprapath for remuneration for at least 10 years prior to June 30, 1995. Employment shall be documented by one or more of the following:
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i) Certification of experience, on forms provided by the Department, signed and notarized under oath by an employer; or

ii) Three affidavits submitted by colleagues familiar with the applicant's work;

B) Graduation from a naprapathic program approved pursuant to Section 1295.10 of this Part; and

C) Clinical skills as follows:
   i) Documentation of attendance for a minimum of 60 hours of clinical education in naprapathy within the last 5 years. Programs shall have been offered by, but not limited to, organizations such as the American Naprapathic Association, Chicago National College of Naprapathy and Illinois Naprapathic Association; or
   ii) Successful completion of the written clinical competency examination set forth in Section 1295.30 of this Part.

2) A complete work history since graduation from a naprapathic program approved pursuant to Section 1295.10 of this Part.

3) The required fee set forth in Section 85(a) of the Act.

4) Certification, on forms provided by the Department, from all jurisdictions in which the applicant has ever been licensed, if applicable, stating:
   A) The time during which the applicant was licensed in that jurisdiction, including the date of original issuance of the license; and
   B) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

b) When the accuracy of any submitted documentation or experience is questioned by the Department or the Naprapathic Examining Committee (the Committee) because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:
   1) Provide such information as may be necessary; and/or
   2) Appear for an interview before the Committee to explain relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.

c) If upon review the clinical skills of the applicant are determined by the Committee not to meet requirements set forth in subsection (a)(1)(C)(ii) above, the applicant shall be required to take the clinical competency examination set forth in Section 1295.20 of this Part.

(Source: Repealed at 27 Ill. Reg. ______, effective ___________)


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Section 1295.10 Approved Naprapathy Program

The Department shall, upon the recommendation of the Committee, approve a naprapathy program if it meets the following minimum criteria:

1) The curriculum in naprapathy shall be a 4-year academic program in a minimum of 3 calendar years and provide for the equivalent of 2 calendar years of academic work and one calendar year of clinical experience.
   a) Academic work shall be a minimum of 130 credit hours, including:
      A) 66 credit hours in basic sciences (e.g., anatomy, physiology, pathology, kinesiology, neurology, biochemistry) specialized for the study of connective tissue; and
      B) 64 credit hours in clinical sciences, to include but not be limited to the major areas of:
         i) Naprapathic Sciences.
         ii) Naprapathic theory and application: Oakley Smith method of chartology, chardosis, directoplaning, naprapathic technique, connective tissue manipulation; therapeutic and rehabilitative exercise; postural counseling; nutritional counseling; evaluation procedures; physical agents and related modalities; electrotherapy; connective tissue massage; accessory techniques/adjunctives; assistive devices; practice management psychology; and professional issues.
   2) Clinical experience shall be a minimum of 60 credit hours, including:
      A) 1000 contact hours served in the clinic; and
      B) 350 full-credit evaluations.
   3) The school shall:
      A) Admit only students who have completed at a minimum a 2-year college level program of general education (60 semester or 90 quarter hours) from an accredited institution of higher education.
      B) Be legally recognized and authorized by the jurisdiction in which it is located to confer a doctor of naprapathy degree.
      C) Have a faculty that comprises a sufficient number of full-time instructors to make certain the educational obligations to students are fulfilled. The faculty must have demonstrated competence as evidenced by appropriate degrees in their area(s) of teaching from professional colleges and institutions.
      D) Maintain permanent student records that summarize the credentials for admission, attendance, grades and other records of
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performance.

b) Until June 30, 1998, an applicant may receive an equivalent of 3 semester hours of college course work for each year of naprapathic practice.

e) In determining whether a program should be approved, the Department shall take into consideration but not be bound by accreditation from the American Naprapathic Association (ANA).

cd) Recommendation of Approval

1) The Department, upon recommendation of the Committee, has determined that all naprapathic programs accredited by the ANA as of January 1, 1996, meet the minimum criteria set forth in subsection (a) above and, therefore, are approved.

2) In the event of a decision by the ANA to suspend, withdraw or revoke accreditation of any naprapathic program, the Committee shall proceed to evaluate the program and either approve or disapprove it in accordance with subsection (a) above.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 1295.20 Application for Licensure on the Basis of Examination

a) An applicant for a naprapath license by examination shall apply on forms approved by the Department at least 60 days prior to an examination date. The application shall include:

1) An official transcript indicating the completion of a 2 year degree or its equivalent at an accredited college or university;

2) Certification and/or transcript of successful completion of a naprapathic program signed by the director of the approved naprapathic program or other authorized college official and bearing the seal of the college;

3) Proof of successful passage of Part I and Part II of the National Board of Naprapathic Examiners examination;

4) A complete work history indicating all employment since graduation from a naprapathy program; and

5) The required fee specified in Section 1295.75-85(a) of the Act.

b) If supporting documentation for the application is not in English, a certified translation must be included.

c) If the applicant has ever been licensed/registered in another jurisdiction, he/she shall also submit a certification, on forms provided by the Department, from all jurisdictions in which the applicant has ever been licensed, stating:

1) The time during which the applicant was registered/licensed in that jurisdiction, including the date of the original issuance of the license;
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2) A description of the examination in that jurisdiction; and
3) Whether the file on the applicant contains any record of disciplinary actions taken or pending.
d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant shall be requested to:
1) Provide such information as may be necessary; and/or
2) Appear for an interview before the Committee to explain relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.

(Source: Amended at 27 Ill. Reg. _____, effective __________)

Section 1295.40 Endorsement

a) An applicant who is licensed/registered under the laws of another jurisdiction who wishes to be licensed in Illinois as a naprapath shall file an application with the Department, on forms provided by the Department, which includes:
1) Certification of meeting education requirements as set forth in Section 1295.10 of this Part or the education requirements in effect at the time of original licensure;
2) Certification from all jurisdictions in which the applicant has been licensed, stating the time during which the applicant was licensed in that jurisdiction, whether the file on the applicant contains any disciplinary actions taken or pending, and the applicant's license number;
3) A report of the applicant's examination record forwarded directly from the test reporting service;
4) Complete work history since graduation from a naprapathy program approved pursuant to Section 1295.10 of this Part; and
5) The required fee specified in Section 1295.75-85 of the Act.
b) The Department shall examine each endorsement application to determine whether the requirements and examination in the jurisdiction at the date of licensing were substantially equivalent to the requirements and examination then in force in this State and whether the applicant has otherwise complied with the Act.
c) The Department shall either issue a license by endorsement to the applicant or notify the applicant in writing of the reasons for the denial of the application.

(Source: Amended at 27 Ill. Reg. _____, effective __________)
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Section 1295.50  Renewals

a) Every naprapath license issued under the Act shall expire on December 31 of each even numbered year. The holder of a license may renew such license during the month preceding the expiration date by paying the required fee and, beginning with December 31, 2006 renewal and every renewal thereafter, completing continuing education (CE) in accordance with Section 1295.100.

b) It is the responsibility of each licensee to notify the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to renew a license or pay the renewal fee.

c) Practicing or offering to practice on a license that has expired shall be considered unlicensed activity and shall be grounds for discipline pursuant to Section 120 of the Act.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 1295.60  Inactive Status

a) Licensed naprapaths who notify the Department, on forms provided by the Department, may place their licenses on inactive status and shall be excused from paying renewal fees until they notify the Department in writing of the intention to resume active practice.

b) Any licensed naprapath seeking restoration from inactive status shall pay the current renewal fee specified in Section 1295.75(e) of the Act and have the license restored in accordance with Section 1295.70 of this Part.

c) Any naprapath whose license is on inactive status shall not use the title "licensed naprapath" or practice naprapathy in the State of Illinois. Any person violating this subsection shall be considered to be practicing without a license and shall be subject to the disciplinary provisions of the Act.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 1295.70  Restoration

a) Any naprapath whose license has expired for 5 years or less may have the license restored by paying the fees required by Section 1295.75(d) of the Act. After December 31, 2006, a licensee seeking restoration of a license shall also be required to submit proof of the required hours of continuing education in accordance with Section 1295.100. These CE hours shall be earned within the 2
years immediately preceding the restoration of the license §5(d) of the Act.

b) A licensee seeking restoration of a license that has been on inactive status for less than 5 years shall have the license restored upon payment of the current renewal fee. After December 31, 2006, a licensee seeking restoration of a license shall also be required to submit proof of the required hours of continuing education in accordance with Section 1295.100. These CE hours shall be earned within the 2 years immediately preceding the restoration of the license.

cb) Any person seeking restoration of a license that has been expired or on inactive status for more than 5 years shall file an application, on forms supplied by the Department, for review by the Committee, together with the fee required by Section 1295.75 §5(e) of the Act. The applicant also shall submit one of the following:

1) Sworn evidence of active practice in another jurisdiction. Such evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice; or

2) An affidavit attesting to military service as provided in Section 70 of the Act; or

3) Proof of passage of the naprapath examination set forth in Section 1295.30 of this Part during the period the license was lapsed or on inactive status; or

4) Evidence of completion of:
   A) 80 contact hours, certified by the school, of clinical training under the supervision of a licensed naprapath or 100 hours of continuing education in naprapathy or any combination thereof approved by the Committee for an applicant whose license has lapsed or been on inactive status for 6 to 10 years.
   B) 160 contact hours, certified by the school, of clinical training under the supervision of a licensed naprapath or 200 hours of continuing education in naprapathy or any combination thereof approved by the Committee for an applicant whose license has lapsed or been on inactive status for 10 years or more.

de) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the licensee seeking restoration shall be requested to:

1) Provide such information as may be necessary; and/or

2) Appear for an interview before the Committee to explain relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.
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Upon recommendation of the Committee and approval by the Director, an applicant shall have the license restored or be notified in writing of the reason for denying the application.

(Source: Amended at 27 Ill. Reg. _______, effective ____________)

Section 1295.75 Fees

The following fees shall be paid to the Department for the administration of the Act and are not refundable:

a) Application Fees
   1) The fee for application for a license is $250.
      2) The fee for application as a continuing education sponsor is $250. State colleges, universities, and State agencies are exempt from payment of this fee.

b) Renewal Fees
   1) The fee for the renewal of a license shall be calculated at the rate of $125 per year.
      2) The fee for renewal as a continuing education sponsor is $125 for the renewal period.

c) General Fees
   1) The fee for the restoration of a license other than from inactive status is $20 plus payment of all lapsed renewal fees, but not to exceed $600.
   2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of name or address, other than during the renewal period, is $20. No fee is required for name and address changes on Department records when no duplicate license is issued.
   3) The fee for a certification of a licensee’s record for any purpose is $20.
   4) The fee to have the scoring of an examination authorized by the Department reviewed and verified is $20 plus any fees charged by the applicable testing service.
   5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.
   6) The fee for a roster of persons licensed as naprapaths in this State shall be the actual cost of producing the roster.

(Source: Added at 27 Ill. Reg. _______, effective ____________)

Section 1295.80 Unprofessional Conduct
Pursuant to Section 110 of the Act, unprofessional conduct in the practice of naprapathy shall include but not be limited to:

a) The promotion of the sale of services, goods, appliances or drugs in such manner as to exploit the patient or client for the financial gain of the practitioner or of a third party.

b) Directly or indirectly offering, giving, soliciting or receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient or client.

c) Revealing of personally identifiable facts, data or information about a patient or client obtained in a professional capacity without the prior consent of the patient or client, except as authorized or required by law.

d) Practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities that the licensee knows or has reason to know that he or she is not competent to perform.

e) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that the person to whom the responsibilities were delegated is not qualified by training, experience or licensure to perform them.

f) Overutilizing services by providing excessive evaluation or treatment procedures not warranted by the condition of the patient or by continuing treatment beyond the point of possible benefit.

g) Making gross or deliberate misrepresentations or misleading claims as to professional qualifications or of the efficacy or value of the treatments or remedies given or recommended, or those of another practitioner.

h) Gross and willful and continued overcharging for professional services, including filing false statements for collection of fees for which services are not rendered.

i) Failing to maintain for at least 3 years a record for each patient that accurately reflects the evaluation and treatment of the patient.

j) Advertising or soliciting for patronage in a manner that is fraudulent or misleading. Examples of advertising or soliciting that are considered fraudulent or misleading shall include, but not be limited to: advertising that contains false, fraudulent, deceptive or misleading materials, warranties or guarantees of success, statements that play upon vanities or fears of the public or statements that promote or produce unfair competition.

(Source: Added at 27 Ill. Reg. _______, effective ______________________)

Section 1295.100 Continuing Education
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a) Continuing Education Hour Requirements
   1) Beginning with the December 31, 2006 renewal, every renewal applicant shall complete 30 hours of Continuing Education (CE) relevant to the practice of naprapathy required during each prerenewal period. A prerenewal period is the 24 months preceding December 31 in the year of the renewal.
   2) A CE hour equals 60 minutes. After completion of the initial CE hour, credit may be given in one-half hour increments.
   3) Courses that are part of the curriculum of a university or college shall be allotted CE credit at the rate of 15 CE hours for each semester hour or 10 CE hours for each quarter hour of academic credit awarded.
   4) A renewal applicant is not required to comply with CE requirements for the first renewal following the original issuance of the license.
   5) Naprapaths licensed in Illinois but residing and practicing in other states must comply with the CE requirements set forth in this Section.

b) Approved Continuing Education
   1) Continuing education hours may be earned by verified attendance at or participation in a program that is offered by an approved continuing education sponsor who meets the requirements set forth in subsection (c).
   2) CE credit may also be earned as follows:
      A) A maximum of 8 hours may be earned per prerenewal period for papers prepared and delivered before recognized naprapathic organizations, papers published in nationally recognized naprapathic journals, or a chapter in a book of naprapathy, each appropriately verified.
      B) A licensee who serves as an instructor, speaker or discussion leader of a CE program will be allowed CE course credit for actual presentation time, plus actual preparation time of up to 2 hours for each hour of presentation. Preparation time shall not be allowed for presentations of the same course. The instructor must be able to provide verification of unique content for each CE course taught via course goals, objectives and outline.
      C) A maximum of 1 hour of continuing education in cardiopulmonary resuscitation may be earned per prerenewal period.
   3) Continuing education credit hours used to satisfy the CE requirements of another jurisdiction may be submitted for approval for fulfillment of the CE requirements of the State of Illinois.
   4) Credit shall not be given for courses taken in Illinois from unapproved sponsors.

c) Continuing Education Sponsors and Programs
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1) Approved sponsor, as used in this Section, shall mean:
   A) The American Naprapathy Association or its affiliates;
   B) The North American Naprapathy Association or its affiliates; or
   C) Any other person, firm, association, corporation, or group that has
      been approved and authorized by the Department pursuant to
      subsection (c)(2) of this Section upon the recommendation of the
      Committee to coordinate and present continuing education courses
      or programs.

2) Entities seeking a license as a CE sponsor pursuant to subsection (c)(1)(C)
   shall file a sponsor application, along with the required fee. (State agencies,
   State colleges and State universities in Illinois shall be exempt from paying
   this fee.) The applicant shall certify to the following:
   A) That all courses and programs offered by the sponsor for CE credit
      will comply with the criteria in subsection (c) and all other criteria in
      this Section. The applicant shall be required to submit a sample
      3 hour CE program with course materials, presenter qualifications
      and course outline for review prior to being approved as a
      CE sponsor;
   B) That the sponsor will be responsible for verifying attendance at each
      course or program, and provide a certification of completion as set
      forth in subsection (b); and
   C) That upon request by the Department, the sponsor will submit
      evidence as is necessary to establish compliance with this Section.
      This evidence shall be required when the Department has reason to
      believe that there is not full compliance with the statute and this Part
      and that this information is necessary to ensure compliance.

3) Each sponsor shall submit by December 31 of each even-numbered year a
   renewal application along with the renewal fee. With the application, the
   sponsor shall be required to submit to the Department a list of all courses
   and programs offered in the pre-renewal period, which includes a
   description, location, date and time the course was offered.

4) All courses and programs shall:
   A) Contribute to the advancement, extension and enhancement of
      professional clinical skills and scientific knowledge in the practice
      of naprapathy;
   B) Provide experiences that contain scientific integrity, relevant subject
      matter and course materials; and
   C) Be developed and presented by persons with education and/or
      experience in the subject matter of the program.
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5) The tuition fees charged for programs conducted by the approved sponsors shall be reasonable and directly related to the sponsor's actual expense in conducting the programs.

6) All programs given by approved sponsors shall be open to all licensed naprapaths and not be limited to the members of a single organization or group and shall specify the number of CE hours.

7) Certificate of Attendance
   A) It shall be the responsibility of the sponsor to provide each participant in a program with a certificate of attendance signed by the sponsor. The sponsor's certificate of attendance shall contain:
      i) The name and address of the sponsor;
      ii) The name and address of the participant and their naprapathic license number;
      iii) A detailed statement of the subject matter;
      iv) The number of hours actually attended in each topic;
      v) The date of the program; and
      vi) The signature of the sponsor.
   B) The sponsor shall maintain these records for not less than 5 years.

8) The sponsor shall be responsible for assuring verified continued attendance at each program. No renewal applicant shall receive credit for time not actually spent attending the program.

9) Upon the failure of a sponsor to comply with any of the foregoing requirements, the Department, after notice to the sponsor and hearing before any recommendation by the Committee pursuant to the Administrative Hearing Rules (see 68 Ill. Adm. Code 1110) shall thereafter refuse to accept for CE credit attendance at or participation in any of that sponsor's CE programs until the time as the Department receives reasonably satisfactory assurances of compliance with this Section.

d) Continuing Education Earned in Other States
   1) If a licensee has earned CE hours in another state or territory for which he/she will be claiming credit toward full compliance in Illinois, that licensee shall submit an out-of-state CE approval form along with a $20 processing fee within 90 days of completion of the course. The Committee shall review and recommend approval or disapproval of this program using the criteria set forth in this Section.
   2) If a licensee fails to submit an out-of-state CE approval form within the required time, late approval may be obtained by submitting the application with the $20 processing fee plus a $10 per hour late fee not to exceed $150. The Committee shall review and recommend approval or disapproval of this program using the criteria set forth in this Section.
e) Certification of Compliance with CE Requirements

1) Each renewal applicant shall certify, on the renewal application, full compliance with CE requirements set forth in subsection (a) of this Section.

2) The Department may require additional evidence demonstrating compliance with the CE requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance. The evidence shall be retained for at least 5 years following the renewal period in which the CE was taken.

3) The Department may conduct random audits to verify compliance with CE requirements.

4) When there appears to be a lack of compliance with CE requirements, an applicant will be notified and may request an interview with the Committee, at which time the Committee may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act (5 ILCS 100/10-65).

f) Waiver of CE Requirements

1) Any renewal applicant seeking renewal of his/her license without having fully complied with these CE requirements shall file with the Department a renewal application, the renewal fee set forth in Section 85(c), a statement setting forth the facts concerning such non-compliance, and a request for waiver of the CE requirements on the basis of these facts. If the Department, upon the written recommendation of the Committee, finds from the affidavit or any other evidence submitted, that good cause has been shown for granting a waiver, the Department shall waive enforcement of the requirements for the renewal period for which the applicant has applied.

2) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:

A) Full-time service in the armed forces of the United States of America during a substantial part of such period; or

B) Extreme hardship, which shall be determined on an individual basis by the Committee and shall be limited to documentation of:

i) An incapacitating illness documented by a currently licensed physician,

ii) A physical inability to travel to the sites of approved programs, or

iii) Any other similar extenuating circumstances.

3) If an interview with the Committee is requested at the time the request for waiver is filed with the Department, the renewal applicant shall be given at
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least 20 days written notice of the date, time and place of the interview by certified mail, return receipt requested.

(Source: Added at 27 Ill. Reg. ________, effective ______________________)
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1) **Heading of the Part:** Professional Counselor and Clinical Professional Counselor Licensing Act

2) **Code Citation:** 68 Ill. Adm. Code 1375

3) **Section Number:** Proposed Action:
   - 1375.205 New Section

4) **Statutory Authority:** Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107].

5) **A Complete Description of the Subjects and Issues Involved:** This rulemaking implements P.A. 92-710, effective July 25, 2002, that changed fees from statute to administrative rule.

6) **Will this proposed amendment replace an emergency amendment currently in effect?** Yes

7) **Does this rulemaking contain an automatic repeal date?** No

8) **Does this proposed amendment contain incorporations by reference?** Yes

9) **Are there any other proposed amendments pending on this Part?** No

10) **Statement of Statewide Policy Objective (if applicable):** This rulemaking has no impact on local government.

11) **Time, Place and Manner in which interested persons may comment on this proposed rulemaking:**

    Interested persons may submit written comments within 45 days after this issue of the *Illinois Register* to:

    Jean A. Courtney  
    Department of Professional Regulation  
    320 West Washington, 3rd Floor  
    Springfield IL  62786  
    217/785-0813  
    Fax #: 217/782-7645

12) **Initial Regulatory Flexibility Analysis:**
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A) Types of small businesses, small municipalities and not for profit corporations affected: Those employing licensed professional counselors and licensed clinical professional counselors.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: Skills as a professional counselor or clinical professional counselor are necessary for licensure.

13) Regulatory Agenda on which this rulemaking was summarized: July 2002

The full text of the Proposed Amendments is the same as the text that appears in the Emergency Amendment published in this issue of the Illinois Register on page 18488:
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1) **Heading of the Part:** The Professional Engineering Practice Act of 1989

2) **Code Citation:** 68 Ill. Adm. Code 1380

3) **Section Numbers:**

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4) **Statutory Authority:** The Professional Engineering Practice Act of 1989 [225 ILCS 325]

5) **A Complete Description of the Subjects and Issues Involved:** Public Act 91-92, effective January 1, 2000, is the sunset reauthorization of the Professional Engineering Practice Act of 1989. Among its changes was the addition of professional development (continuing education); these proposed amendments implement this provision.

6) **Will these Proposed Amendments replace an emergency Rulemaking currently in effect?** No

7) **Does this rulemaking contain an automatic repeal date?** No

8) **Do these Proposed Amendments contain incorporations by reference?** No

9) **Are there any other Proposed Amendments pending on this Part?** No

10) **Statement of Statewide Policy Objective:** This rulemaking has no impact on local government.

11) **Time, Place and Manner in which interested persons may comment on these proposed amendments:** Interested persons may submit written comments within 45 days after this issue of the *Illinois Register* to:

    Jean A. Courtney  
    Department of Professional Regulation  
    320 West Washington, 3rd Floor  
    Springfield IL 62786  
    217/785-0813  
    Fax #: 217/782-7645

12) **Initial Regulatory Flexibility Analysis:**
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A) Types of small businesses, small municipalities and not for profit corporations affected: Those employing professional engineers.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: Professional engineering skills are necessary for licensure.

13) Regulatory Agenda on which this rulemaking was summarized: January 2002

The full text of the proposed amendments begins on the next page:
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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1380
THE PROFESSIONAL ENGINEERING PRACTICE ACT OF 1989

Section
1380.210 Approved Engineering Program
1380.220 Definition of Degree in a Non-approved Engineering Program or a Related Science Curriculum
1380.230 Approved Experience
1380.240 Application for Enrollment as an Engineer Intern by Examination
1380.250 Application for Licensure as a Professional Engineer by Examination
1380.260 Examination
1380.270 Restoration
1380.275 Fees
1380.280 Endorsement
1380.285 Inactive Status
1380.290 Professional Design Firm
1380.295 Seal Requirements
1380.296 Acts Constituting the Practice of Professional Engineering Pursuant to Section 4 of the Act
1380.300 Standards of Professional Conduct
1380.305 Professional Engineer Complaint Committee
1380.310 Renewals
1380.320 Granting Variances
1380.325 Professional Development

APPENDIX A Significant Dates for the Administration of Section 19 of the Act - Endorsement

AUTHORITY: Implementing the Professional Engineering Practice Act of 1989 [225 ILCS 325] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

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Section 1380.270 Restoration

a) A licensee seeking restoration of a license which has expired for 5 years or less shall have the license restored upon application to the Department and payment of the required fee specified in Section 1380.275 and proof of 30 professional development hours in accordance with Section 1380.325 completed within 2 years prior to the restoration application.

b) A licensee seeking restoration of a license which has been placed on inactive status for 5 years or less shall have his certificate restored upon application to the Department and payment of the current renewal fee specified in Section 1380.275 and proof of successful completion of 30 professional development hours in accordance with Section 1380.325 completed within 2 years prior to the restoration application.

c) 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 for review by the Board, together with proof of successful completion of 30 professional development hours in accordance with Section 1380.325 completed within 2 years prior to the restoration application and the fee required by Section 1380.275. The licensee shall also submit either:

1) Sworn evidence of active practice in another jurisdiction for at least the last 2 years. Such evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice;

2) An affidavit attesting to military service as provided in Section 17 of the Act;

3) Proof of passage of Part II of the examination provided in Section 1380.260 within the 5 years preceding restoration; or
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4) Other evidence of continued competence in professional engineering. Other evidence shall include, but not be limited to:
   A) Employment in a responsible capacity by a licensed professional engineer as determined by the Board;
   B) Lawfully practicing professional engineering as an employee of a governmental agency;
   C) Teaching professional engineering in a college or university or educational programs; or
   D) Attendance at educational programs in professional engineering or a related field, including, but not limited to, attendance at graduate level engineering courses, professionally oriented continuing education classes or special seminars.

d) Any person seeking restoration of a license within 2 years after discharge from military service pursuant to Section 17 of the Act will be required to pay only the current renewal fee.

e) When the accuracy of any submitted documentation, of the relevance or sufficiency of the course work or experience is questioned by the Department because of discrepancies or conflicts in information, information needing further clarification, and/or missing information, the licensee seeking restoration of his license will be requested to:
   1) provide such information as may be necessary; and/or
   2) explain such relevance or sufficiency during an oral interview; or
   3) appear for an interview before the Board when the information available to the Board is insufficient to evaluate the individual's current competency to practice under the Act. Upon recommendation of the Board, and approval by the Director, an applicant shall have his license restored or will be notified of the reason for the denial of such application for restoration.

f) If an applicant is denied restoration under subsection (c)(4), the applicant's license may be restored by taking and passing Part II of the examination as provided in Section 1380.260.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 1380.280 Endorsement

a) Any person who holds an unexpired certificate of registration or license to practice professional engineering, issued under the laws of another state or territory of the United States or the District of Columbia and who desires to become licensed by endorsement shall file an application, on forms provided by
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the Department, together with:

1) The required fee specified in Section 1380.275.

2) Proof of meeting requirements substantially equivalent to those in force in this State at the time of original or subsequent licensure by examination in the other jurisdiction, including certification of education, and verification of experience.

3) A certification by the jurisdiction of original licensure and certification of current licensure from the jurisdiction of predominant active practice including the following:
   A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
   B) The basis of licensure and a description of all licensure examinations by which the applicant was licensed in that jurisdiction and the date of successful passage of such examinations; and
   C) Whether the records of the licensing authority contain any record of disciplinary action taken or pending against the applicant.

4) A complete work history, on forms provided by the Department.

5) If the qualifications of the applicant at the time of original licensure did not meet the requirements in effect at that time for licensure in this State, the applicant may submit additional certifications from other jurisdictions to indicate meeting the qualifications in effect in this State at the time of any later licensure.

6) In lieu of the documentation specified in subsections (a)(2), (3) and (5) above, an applicant may submit a current Council Record and Certification of Verification from NCEES.

7) Applicants who received their education in a foreign country and who were originally licensed in another jurisdiction after January 1, 1996, shall have the education evaluated, at their expense. Applicants shall obtain the forms from the National Council of Examiners for Engineers (NCEES), P.O. Box 1686, Clemson, South Carolina 29633-1686. The transcript review required by Section 8 of the Act is separate from the detailed institutional review conducted to determine that the curriculum meets the requirements of Section 1380.210. The review of the transcripts by the Board will be to determine equivalency to the educational requirements of Basic Engineering set forth in Section 1380.220(b)(1).

8) Proof of passage of the Test of English as a Foreign Language (TOEFL) with a minimum score of 550 or 213 on the computer-based test and the Test of Spoken English (TSE) with a minimum score of 50 for applicants
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originally licensed after January 1, 1996, who graduated from an engineering program outside the United States or its territories and whose first language is not English. In order to determine applicants whose first language is English, the applicant shall submit verification from the school that the engineering program which the applicant graduated was taught in English.

9) The Department may, in individual cases, upon the recommendation of the Board, waive a portion of the examination requirements after consideration of the quality of an applicant's engineering education and experience, including whether he has graduated from an approved engineering program, has achieved special honors or awards, has had articles published in professional journals, has participated in the writing of textbooks relating to professional engineering, and any other attribute which the Board accepts as evidence that such applicant has outstanding and proven ability in the practice of professional engineering.

10) Acceptable Experience

A) Applicants for endorsement having obtained the following acceptable experience, in accordance with Section 1380.230, prior to taking the Principles and Practice of Engineering Examination shall be considered in compliance with the experience requirements of Section 10 of the Act:

i) Under Section 10(a) of the Act, at least 3 years and 9 months of acceptable experience after receipt of the baccalaureate degree, or

ii) Under Section 10(b) of the Act, at least 7 years and 9 months of acceptable experience after receipt of the baccalaureate degree.

B) Applicants not meeting the requirements of subsection (a)(10)(A) at the time of original or subsequent examination shall retake the Principles and Practice of Engineering Examination after meeting the necessary requirements.

11) Appendix A of this Part outlines the licensure requirements in force during various periods and should be consulted by the applicant to aid in the evaluation of his/her qualifications.

b) The Department shall examine each endorsement application to determine whether the qualifications of the applicant at the time of original or subsequent licensure were substantially equivalent to the requirements then in force in this state. The Department shall either issue a license by endorsement to the applicant or notify such applicant of the reasons for the denial of the application. An applicant not qualified for licensure by endorsement will automatically be
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reviewed under the provisions of Section 1380.250.

c) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is questioned by the Department or the Board, because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking a license will be requested to:

1) Provide such information as may be necessary;
2) Appear for an oral interview before the Board; and/or
3) Applicants who were licensed prior to January 1, 1996, upon review of the educational requirements may be required to have their education evaluated at their expense as set forth in subsection (a)(7).

d) The Department shall either issue a license by endorsement to the applicant or notify such applicant of the reasons for the denial of the application. An applicant not qualified for licensure by endorsement will automatically be reviewed under the provisions of Section 1380.250.

(Source: Amended at 27 Ill. Reg. _______, effective ____________)

Section 1380.310 Renewals

a) Every license issued to an individual under the Act shall expire on November 30 of each odd numbered year. Beginning with the November 30, 2005 renewal and every renewal thereafter, a licensed professional engineer shall comply with the professional development hours specified in Section 1380.325 of this Part. The holder of a license may renew such license for a two-year period during the month preceding the expiration date thereof by paying the fee required by Section 1380.275.

b) It is the responsibility of each licensee to notify the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to pay the renewal fee and to renew one's license.

c) Every license issued to a professional design firm under the Act shall expire on April 30 of each odd-numbered year. The holder of such license may renew that license for a 2-year period during the month preceding the expiration date thereof by paying the required fee.

d) Practicing or offering to practice on a license which has expired shall be considered unlicensed activity and shall be grounds for discipline pursuant to Section 24 of the Act.

(Source: Amended at 27 Ill. Reg. _______, effective ____________)
Section 1380.325  Professional Development

The professional development required as a condition for license renewal under the Professional Engineering Act of 1989 is set forth in this Section. All professional engineers shall meet these requirements.

a) Professional Development Hours Requirements

1) Beginning with the November 30, 2005 renewal and every renewal thereafter, in order to renew a license as a professional engineer, a licensee shall be required to complete 30 professional development hours (PDH) relevant to the practice of professional engineering. Failure to comply with these requirements may result in non-renewal of the professional engineer's license or other disciplinary action, or both.

2) A prerenewal period is the 24 months preceding November 30 of each odd-numbered year.

3) One professional development hour shall equal 50 minutes of instruction or participation. If a program is taken that awards continuing education units (CEU) rather than professional development hours, one CEU equals 10 professional development hours of class in an approved continuing education course.

4) A renewal applicant shall not be required to comply with the professional development requirements for the first renewal of an Illinois license.

5) Professional engineers licensed in Illinois but residing and practicing in other states shall comply with the professional development requirements set forth in this Section.

6) Professional development units used to satisfy the professional development requirements of another jurisdiction may be applied to fulfill the professional development requirements of the State of Illinois if they are substantially equivalent.

b) Professional Development Activities shall include, but not be limited to:

1) Successful completion of a college or university course in the area of professional engineering, related sciences and engineering ethics. One semester hour completed shall equal 15 PDHs and one quarter hour shall equal 10 PDHs;

2) Successful completion of professional engineering courses or programs in which professional development hours are earned;

3) Active participation and successful completion of professional engineering programs, seminars, tutorials, workshops, short courses, on-line or in-house courses. Credit will be given for self study courses only if an examination has been completed by the licensee and graded by the sponsor;
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4) Attending program presentations at related technical or professional meetings;

5) Teaching or instructing. Teaching credit is valid for teaching a course or seminar for the first time only. Two PDHs will be earned for every hour of teaching. This does not apply to faculty in the performance of their regularly assigned duties;

6) Authoring papers or articles that appear in nationally circulated journals or trade magazines or presented to a professional society or organization. A maximum 10 PDHs per paper or presentation per renewal are allowed for this activity;

7) Receiving a patent within the renewal period. Ten PDHs may be earned per patent;

8) Active participation on a committee or holding an office in a professional or technical society. Two PDHs will be awarded per committee membership or office held. A maximum of 8 PDHs may be accepted per prerenewal period.

c) All professional development programs, activities or courses shall:
1) Contribute to the advancement, extension or enhancement of the professional skills and/or scientific knowledge of the licensee in practice of professional engineering;

2) Foster the enhancement of general or specialized practice and values of professional engineering, related sciences and engineering ethics;

3) Be developed and presented by persons with education and/or experience in the subject matter of the program.

d) It shall be the responsibility of a licensee to maintain a record of PDHs for 5 years that includes, but is not limited to, the following:
1) The name and address of the sponsor or provider, the number of hours attended in each program, the date and place of the program and a certificate of attendance; or

2) A log of activities that includes the date and number of hours claiming as PDHs, a brief statement of the subject matter, printed program schedules, registration receipts or other proof of participation; or

3) Transcripts or records of professional development hours maintained by an acceptable provider as set forth in subsection (e).

e) Acceptable providers for structured educational activities shall include, but not be limited to:
1) National Council of Examiners for Engineering and Surveying (NCEES);
2) National Society of Professional Engineers (NSPE);
3) Illinois Society of Professional Engineers (ISPE);
4) Consulting Engineers Council of Illinois (CECI);
5) Technical or professional societies or organizations relating to professional engineering, such as the American Society of Civil Engineers (ASCE);
6) Colleges, universities or other educational institutions;
7) Other technical or professional societies or organizations including manufacturers.

f) The Department shall not pre-approve individual courses or programs.

g) Certification of Compliance with CE Requirements
   1) Each renewal applicant shall certify, on the renewal application, full compliance with the professional development requirements set forth in this Section.
   2) The Department may require additional evidence demonstrating compliance with the CE requirements as set forth in subsection (d). This additional evidence shall be required in the context of the Department's random audit. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.
   3) When there appears to be a lack of compliance with CE requirements, an applicant shall be notified in writing and may request an interview with the Board. At that time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].

h) Restoration of Nonrenewed License. Upon satisfactory evidence of compliance with PDH requirements, the Department shall restore the license upon payment of the required fee as provided in Section 1380.275.

i) Waiver of PDH Requirements
   1) Any renewal applicant seeking renewal of a license without having fully complied with these PDH requirements shall file with the Department a renewal application along with the required fee set forth in Section 1380.275, a statement setting forth the facts concerning non-compliance and request for waiver of the PDH requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Department, upon the written recommendation of the Board, finds from the affidavit or any other evidence submitted that extreme hardship has been shown for granting a waiver, the Department shall waive enforcement of PDH requirements for the renewal period for which the applicant has applied.
   2) Extreme hardship shall be determined on an individual basis by the Board and be defined as an inability to devote sufficient hours to fulfilling the PDH requirements during the applicable prerenewal period because of:
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A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period;
B) An incapacitating illness documented by a statement from a currently licensed physician;
C) A physical inability to travel to the sites of approved programs documented by a currently licensed physician; or
D) Any other similar extenuating circumstances.

3) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final decision on the application is made by the Department.

(Source: Added at 27 Ill. Reg. _____, effective ___________)
1) **Heading of the Part**: Procedures and Standards

2) **Code Citation**: 92 Ill. Adm. Code 1001

3) **Section Numbers**:  
   - Proposed Action:  
     - 1001.410: Amend  
     - 1001.442: Amend  
     - 1001.443: New  
     - 1001.444: Renumber and Amend

4) **Statutory Authority**: Subpart D authorized by Sections 2-104 and 11-501 of the Illinois Vehicle Code and implementing Sections 6-103, 6-205(c), 6-206(c)3, and 11-501(i) of the Illinois Vehicle Code [625 ILCS 5/2-104, 6-103, 6-205(c), 6-206(c)3, and 11-501(i)].

5) **A Complete Description of the Subjects and Issues Involved**: These amendments achieve the following objectives:

   Facts have come to the attention of the Secretary of State that indicate that the current rules lack a crucial enforcement provision. The current rules authorize the Secretary to disqualify a device manufacturer for various reasons. (See 92 IAC 1001.442(d).) The current version of the rule in question does not provide for the reassignment of BAIID permittees to other interlock manufacturers when the manufacturer that is responsible for the permittee’s interlock device is disqualified or ceases operations (due to bankruptcy or death of the owner/operator, for example). If that occurred, the manufacturer would be prohibited from providing interlock devices to BAIID permittees assigned to that manufacturer’s region and there is no provision as to the future of those permittees already assigned and being serviced by the disqualified manufacturer. As a consequence, those permittees who are currently driving with interlocks provided by a disqualified manufacturer must be reassigned to another manufacturer that can maintain the interlock device currently installed or provide another interlock device. The current rules do not allow for this reassignment and protection of the affected BAIID permittees. The General Assembly recently gave the Secretary of State authority to establish by rule and regulation the procedures for "certification" and use of the interlock system. See the amendment to §6-205(h) of the Illinois Vehicle Code [625 ILCS 5/6-205(h)] made by P.A. 92-248.

   Furthermore, P. A. 92-248 (SB 823, effective August 3, 2001) amended Sections 6-205(h) and 11-501(i) of the Illinois Vehicle Code (IVC) to require the Secretary of State to require the use of an ignition interlock device on all vehicles owned by people who are convicted of driving under the influence (Section 11-501 of the IVC) a second or
subsequent time. This bill was proposed by the Illinois Department of Transportation in response to federal legislation. (See the Transportation Equity Act for the 21st Century (TEA-21), H.R. 2400, P.L. 105-178, and its technical corrections bill, entitled TEA-21 Restoration Act, P.L. 105-206) Section 1406 of the Act amended Chapter 1 of Title 23, USC by adding Section 164 that established a transfer program under which a percentage of a State’s federal-aid highway construction funds will be transferred to the State’s apportionment under Section 402 of Title 23 USC, if the state fails to enact and enforce a conforming "repeat intoxicated driver" law. The rules of the Federal Highway Administration, at 23 CFR 1275, provide that, to avoid the transfer of funds, a state must enact and enforce a law that establishes, as a minimum penalty, that all repeat intoxicated drivers shall:

(1) Receive a driver's license suspension of not less than one year;
(2) Be subject to either—
   (i) The impoundment of each of the driver’s motor vehicles during the one-year license suspension;
   (ii) The immobilization of each of the driver’s motor vehicles during the one-year license suspension; or
   (iii) The installation of a State-approved ignition interlock system on each of the driver’s motor vehicles at the conclusion of the one-year license suspension;
(3) Receive an assessment of their degree of alcohol abuse, and treatment as appropriate; and
(4) Receive a mandatory sentence of—
   (i) Not less than five days of imprisonment or 30 days of community service for a second offense; and
   (ii) Not less than ten days of imprisonment or 60 days of community service for a third or subsequent offense.


This rulemaking amends the definition section in 92 Ill. Adm. Code Part 1001, Subpart D, to include a definition of whom is subject to the rule. The new section proposed by the rulemaking further clarifies the definition or meaning of the word "owns" for purposes of the rule; requires that those multiple offenders who are subject to the rule (i.e., multiple offenders who are granted driving relief) must certify to the Department of Administrative Hearings that an interlock device has been installed on all of the vehicles that the offender owns; specifies the manner in which this certification shall be provided; provides for the manner in which certification shall be verified by the Department of
Administrative Hearings; and states what sanctions shall be imposed for a violation of this rule.

(It should be noted that the Secretary of State already requires multiple offenders to install an interlock device on any vehicle which he or she proposes to drive pursuant to the issuance of a restricted driving permit. This rulemaking requires that an interlock be installed on every vehicle that the multiple offender owns, regardless of whether he or she intends to drive it. It includes multiple offenders who decline to accept the offer of a restricted driving permit prior to the reinstatement of their driving privileges.)

6) **Will this rulemaking replace an emergency rule currently in effect?** Yes

7) **Does this rulemaking contain an automatic repeal date?** No

8) **Does this rulemaking contain incorporations by reference?** No

9) **Are there any other proposed amendments to this Part pending?** No

10) **Statement of Statewide Policy Objectives:** This proposed amendment will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) **Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:** Persons who wish to comment on these proposed amendments may submit written comments no later than 45 days after the publication of this Notice to:

    Marc Christopher Loro, Legal Advisor
    Department of Administrative Hearings
    200 Howlett Building
    Springfield, Illinois  62756
    (217) 785-8245
    mloro@ilsos.net

12) **Initial Regulatory Flexibility Analysis:**

    A) **Types of small businesses, small municipalities and not for profit corporations affected:** None

    B) **Reporting, bookkeeping or other procedures required for compliance:** None
C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: The amendments proposed here were discussed, in one form or another, in every regulatory agenda filed by the Department of Administrative Hearings since December 2000.

The full text of the proposed amendments begins on the next page:
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NOTICE OF PROPOSED AMENDMENTS

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1001
PROCEDURES AND STANDARDS

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SUBPART C: RULES ON THE CONDUCT OF INFORMAL HEARINGS IN DRIVER'S LICENSE SUSPENSIONS AND REVOCATIONS

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1001.350 Duties and Responsibilities
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SUBPART D: STANDARDS FOR THE GRANTING OF RESTRICTED DRIVING PERMITS, REINSTATMENT, AND THE TERMINATION OF CANCELLATIONS OF DRIVING PRIVILEGES BY THE OFFICE OF THE SECRETARY OF STATE

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APPENDIX A BAIID Regions and Minimum Installation/Service Center Site Location Guidelines

AUTHORITY: Subpart A implements Sections 2-113, 2-118, 6-108, 6-205, and 6-206 and is authorized by Sections 2-103 and 2-104 of the Illinois Vehicle Code [625 ILCS 5/2-103, 2-104, 2-113, 2-118, 6-108, 6-205 and 6-206]. Subpart B implements Chapter 7 and is authorized by
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Sections 2-103, 2-104, 2-106, 2-107, 2-108, 2-113, and 2-114, and Ch. 7 of the Illinois Vehicle Code [625 ILCS 5/2-103, 2-104, 2-106, 2-107, 2-108, 2-113, 2-114 and Ch. 7]. Subpart C implements Sections 6-205(c) and 6-206(c)3 and is authorized by Sections 2-103 and 2-104 of the Illinois Vehicle Code [625 ILCS 5/2-103, 2-104, 6-205(c) and 6-206(c)3]. Subpart D is authorized by Sections 2-104 and 11-501 of the Illinois Vehicle Code and implements Sections 6-103, 6-205(c), 6-206(c)3, and 6-208 of the Illinois Vehicle Code [625 ILCS 5/2-104, 6-103, 6-205(c), 6-206(c)3, 6-208 and 11-501]. Subpart E implements Sections 2-113, 2-118, 2-123, 6-103, 6-201, 6-906, and 6-908, and is authorized by Sections 2-103, 2-104, 6-906, and 6-909 of the Illinois Vehicle Code [625 ILCS 5/2-103, 2-104, 2-113, 2-118, 2-123, 6-103, 6-201, 6-906, 6-908 and 6-909]. Subpart F implements Sections 2-113, 2-118, 6-208.2, 11-501.1, and 11-501.8 and is authorized by Sections 2-103, 2-104, and 11-501.8 of the Illinois Vehicle Code [625 ILCS 5/2-103, 2-104, 2-113, 2-118, 6-208.2, 11-501.1 and 11-501.8]. Subpart G implements and is authorized by the Motor Vehicle Franchise Act [815 ILCS 710].


SUBPART D: STANDARDS FOR THE GRANTING OF RESTRICTED DRIVING
PERMITS, REINSTATEMENT, AND THE TERMINATION OF CANCELLATIONS OF DRIVING PRIVILEGES BY THE OFFICE OF THE SECRETARY OF STATE

Section 1001.410 Definitions

"Abstinence" means to refrain from consuming any type of alcoholic liquor or other drugs.

"Abstract" means a summary of a driver's record of traffic law violations, accidents, suspensions, revocations, cancellations, address and personal information of the driver, as contained in the files of the Office of the Secretary of State.

"Accredited educational course" means any class or course of instruction offered by an accredited educational institution that is either vocational in nature or is part of the matriculation process in receiving an academic degree, diploma, or certificate. It shall also include attendance at any required instructional class in an apprentice program.

"Accredited educational institution" means any school or institution, whether public or private, which offers classes or courses of instruction and which is reviewed and approved or granted a waiver of approval by the controlling State agency.

"Alcohol" means ethanol, commonly referred to as ethyl alcohol or alcoholic beverage.

"Alcohol and Drug Evaluation (Investigative)" means a typewritten report that conforms to standards established by the Department, as specified in Section 1001.440(a)(6)(D) of this Subpart. The evaluation must be completed on a form prescribed by the Department. This evaluation will be conducted as required pursuant to Sections 1001.420(1) and 1001.430(d) of this Subpart, when:

- the current loss of driving privileges is not related to a DUI arrest/disposition yet the petitioner's/respondent's driving record contains, or other evidence indicates the existence of, a prior DUI disposition or any other conviction or loss of driving privileges that was alcohol/drug related within the last 10 years for which the petitioner/respondent did not or was not required to submit to the Secretary an alcohol/drug evaluation to obtain driving privileges; or
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there is evidence that the petitioner/respondent may be a user of alcohol or any other drug to a degree which renders the person incapable of safely driving a motor vehicle. (See Section 6-103.4 of the Code.)

"Alcohol and drug evaluation (out-of-state)" means a typewritten report which conforms to standards established by the Department as specified in Section 1001.440(a)(6)(C) of this Subpart.

"Alcohol and drug evaluation (uniform report)" means a typewritten report which conforms to standards established by the Illinois Department of Human Services, Office of Alcoholism and Substance Abuse (OASA). (See 77 Ill. Adm. Code 2060.503.) The evaluation must be completed on a form prescribed by OASA. The evaluation must be signed and dated by both the evaluator and the petitioner.

"Alcohol and drug evaluation (update)" means a typewritten report which conforms to standards established by the Department, as specified in Section 1001.440(a)(6)(B) of this Subpart. The evaluation must be completed on a form prescribed by the Department. The update evaluation must be completed by a program in accordance with the provisions of Section 1001.440(a)(6)(A) of this Subpart.

"Alcohol and drug related driver risk education course" means an educational program concerning the effects of alcohol/drugs on drivers of motor vehicles, also referred to as a DUI driver remedial program, which conforms to the standards established by OASA. (See 77 Ill. Adm. Code 2060.505.)

"Alcohol setpoint" means the minimum or nominal BrAC (0.025) at which a device is set to lock a vehicle's ignition.

"BAC" means blood alcohol concentration as determined by a chemical test administered by police authorities or medical personnel to measure the concentration of alcohol in the bloodstream.

"BAIID Permitee" means a BAIID petitioner who has been issued an RDP as a result of a hearing

"BAIID Multiple Offender" means anyone who is required to install an interlock device on all vehicles he or she owns, pursuant to §§6-205(h) and 11-501(i) of the IVC.
"BAIID petitioner" means anyone who, if issued restricted driving permits, may not operate a motor vehicle unless it has been equipped with an interlock device as defined in this Section, as required by Sections 6-205(c) and 6-206(c)3 of the IVC.

"Breath Alcohol Ignition Interlock Devices (BAIID)" means a mechanical unit that is installed in a vehicle which requires the taking of a BrAC test prior to the starting of a vehicle. If the unit detects a BrAC test result below the alcohol setpoint the unit will allow the vehicle ignition switch to start the engine. If the unit detects a BrAC test result above the alcohol setpoint the vehicle will be prohibited from starting. The unit or combination of units to be approved by the Secretary, shall measure breath alcohol concentrations by breath analysis and shall include both simple and complex units.

"BrAC" means the w/v breath alcohol concentration.

"Certified Controlled Reference Sample" means a suitable reference of known ethyl alcohol concentration.

"Chemical Test" means the chemical analyses of a person's blood, urine, breath or other bodily substance performed according to the standards promulgated by the Department of State Police. (See 20 Ill. Adm. Code 1286.)

"Circumvention" means an overt, conscious effort to bypass the BAIID or any other act intended to start the vehicle without first taking and passing a breath test.

"Clinical Impression" means a qualified treatment professional's (see Section 1001.440(b)(2) through (b)(6)) opinion regarding the effectiveness of substance abuse treatment provided to an individual and the likelihood of future alcohol/drug-related problems. This constitutes the treatment professional's most reasonable clinical judgment based on direct involvement with the individual throughout the course of treatment. It should not be interpreted as a definitive statement regarding the likelihood of future alcohol/drug-related problems.

"Code" or "IVC" means the Illinois Vehicle Code [625 ILCS 5].

"Department" means the Department of Administrative Hearings of the Office of the Secretary of State.
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"Designated Driver Remedial or Rehabilitative Program" means an alcohol or drug evaluation, an alcohol or drug-related driver risk education course, an alcohol or drug treatment program, the Office driver improvement program, or any similar program intended to diagnose and change a petitioner's driving problem as evidenced by the petitioner's abstract. (See Sections 6-205(c) and 6-206(c)3 of the Code.)

"Device" means a breath alcohol ignition interlock device approved by the Secretary.

"Director" means the Director or Acting Director of the Department.

"Documentation of Abstinence" means testimony and documentation, in the form of affidavits, letters, etc., from individuals who have regular, frequent contacts with the petitioner (e.g., spouse, significant other, employer, co-workers, roommates) verifying that to the best of their knowledge the petitioner has been abstinent from alcohol/drugs for a specified period of time.

"Driver License Compact" is an agreement among signatory states which deals with the problems of: issuing drivers' licenses to people who move from one signatory state to another; and drivers who are licensed in one signatory state and convicted of traffic offenses in other such states. The Compact has been codified in Illinois and is found in Chapter 6, Article VII of the Code.

"DUI" means driving under the influence.

"DUI disposition" means any conviction or supervision for DUI, or any conviction for reckless homicide when alcohol and/or drugs is recited as an element of the offense or other credible evidence indicates that the petitioner's/respondent's conduct causing death involved the use of alcohol or other drugs, or reckless driving reduced from DUI, or any statutory summary suspension or implied consent suspension.

"Employ" or "employed" or "employment" shall all relate to activity for compensation to support oneself or one's dependents as well as activities ordered by a court in connection with a sentence which includes the completion of a term of community service. Employment need not be the sole or primary means of support for the petitioner or his/her dependents.

"Evaluator" means any person licensed to conduct an alcohol and drug evaluation
by OASA. (See 77 Ill. Adm. Code 2060.201.) A treatment provider may be considered an evaluator for the purpose of completing an updated evaluation in accordance with Section 1001.440(a)(6)(A) of this Subpart.

"Failure to successfully complete a rolling retest" means anytime the BAIID Permittee registers a BrAC reading of 0.05 or more on a rolling retest or fails to perform a rolling retest which has been requested.

"Fee" means the statutory fees for restricted driving permits or reinstatement of driving privileges, as specified in Section 6-118 of the Code.

"Hearing" means informal hearings and/or formal hearings.

"High Risk" means the classification resulting from an alcohol and drug evaluation assigned to a petitioner with:

- symptoms of substance dependence (regardless of driving record), referred to in this Part as High Risk Dependent; and/or

- within the 10 year period prior to the date of the most current (third or subsequent) arrest, any combination of two prior convictions or court ordered supervisions for DUI, or prior statutory summary suspensions, or prior reckless driving convictions reduced from DUI, resulting from separate incidents, referred to in this Part as High Risk Nondependent. (See 77 Ill. Adm. Code 2060.503(g).)

"Immediate family" means a member of the petitioner's household, the petitioner's parents, grandparents, children, and significant other.

"Initial Monitor Report" means the monitor report obtained or required to be obtained within the first 30 days after initial installation of the device.

"Installer" means an individual trained by a BAIID manufacturer to install and/or maintain a device and employed by a recognized service center, vendor or manufacturer.

"JDP" means a Judicial Driving Permit, as defined by Section 6-206.1 of the Code, which may be ordered by the court of venue to "first offenders" as defined in Section 11-501.1 of the Code.
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"Lockout" means the device must prevent engine ignition by a virtual lock with 90% certainty or near absolute lock at 99.5% certainty.

"Manufacturer" means the maker of a BAIID or its authorized representative.

"Medical or physical BAIID modification" means a demonstrated physical or medical condition documented in writing by a physician that consistently interferes with the normal operation of the BAIID by the BAIID Permittee for which the Department may authorize a modification of the BAIID or its programming to accommodate the condition without sacrificing the intent of the BAIID Program.

"Medical or Physical BAIID Waiver" means a demonstrated physical or medical condition, documented in writing by a physician, that consistently interferes with or prevents the normal operation of the BAIID by the BAIID Permittee for which the Department may authorize a waiver of the BAIID.

"Minimal Risk" means the classification resulting from an alcohol and drug evaluation assigned to a petitioner who has:

no prior conviction or court ordered supervisions for DUI, no prior statutory summary suspensions, and no prior reckless driving conviction reduced from DUI; and

a blood alcohol concentration (BAC) of less than .15 as a result of the most current arrest for DUI; and

no other symptoms of substance abuse or dependence. (See 77 Ill. Adm. Code 2060.503(g).)

"Moderate Risk" means the classification resulting from an alcohol and drug evaluation assigned to a petitioner who has:

no prior conviction or court ordered supervisions for DUI, and no prior statutory summary suspensions, and no prior reckless driving conviction reduced from DUI; and

a blood alcohol concentration (BAC) of .15 to .19 or a refusal of chemical testing as a result of the most current arrest for DUI; and no other symptoms of substance abuse or dependence. (See 77 Ill. Adm. Code
"Monitor report" means an electronic report or a printout of the activity of a device obtained by the manufacturer or installer at the time of an inspection of the device which shall include at a minimum the number of successful and unsuccessful attempts to start the vehicle and rolling retests, including each date, time, and BrAC reading, and any evidence of tampering or circumvention of the device.

"National Driver Register" means a central index, maintained by the U.S. Department of Transportation, of individuals whose driving privileges are denied, terminated or withdrawn, as reported by the states' driver licensing authorities.

"OASA" means the Illinois Department of Human Services, Office of Alcoholism and Substance Abuse.

"Office" means the Office of the Secretary of State and not any particular department address or location.

"Permanent lockout" means that feature of the device that prevents a vehicle with the device installed from starting after the lapse of the 5 days (see 92 Ill. Adm. Code 1001.442(b)(7)) and requires servicing by the manufacturer/installer of the device to make the vehicle operable for failure to take the vehicle with the device to the manufacturer or installer for any required monitor report or for any failure to send the device to the manufacturer within 5 days after any service or inspection notification.

"Petitioner" is the party who seeks or applies for relief from the Office from the suspension, revocation, cancellation, or denial of his/her driving privileges pursuant to the provisions of the Illinois Vehicle Code.

"Program" means the BAIID Program administered by the Secretary.

"RDP" means a restricted driving permit, as defined by Section 1-173.1 of the Code and limited as specified in Sections 6-205(c) and 6-206(c)3 of the Code.

"Reinstatement" means the restoration of driving privileges entitling the petitioner to apply for a new driver's license in accordance with the requirements of the Illinois Vehicle Code and this Chapter.
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"Respondent" means a person against whom a complaint or petition is filed, or who, by reason of interest in the subject matter of a petition or application or the relief sought through that action, is made a respondent or to whom an order or complaint is directed by the department initiating a proceeding.

"Rolling retest" means that feature of the device that requires the driver to take additional BrAC tests after the initial test to start the vehicle.

"Secretary" means the Illinois Secretary of State.

"Service or inspection notification" means that feature of the device that advises or notifies the BAIID Permittee to either take the vehicle with the device installed to the manufacturer or installer or send the device to the manufacturer for the required inspection and the monitor report.

"Service center" means a dealer, distributor, supplier, or other business engaged in the installation of devices.

"Significant other" means any person with whom an individual is experiencing an ongoing, close association that represents a meaningful part of that individual's established life style (e.g., spouse, other family member, employer, co-worker, clergy member, roommate).

"Significant Risk" means the classification resulting from an alcohol and drug evaluation assigned to a petitioner who has:

- one prior conviction or court ordered supervision for DUI, one prior statutory summary suspension, or one prior reckless driving conviction reduced from DUI; and/or

- a blood alcohol concentration (BAC) of .20 or higher as a result of the most current arrest for DUI; and/or

- other symptoms of substance abuse. (See 77 Ill. Adm. Code 2060.503(g).)

"Stressed" means conditions such as temperature extremes, vibration, and power variability.

"Support/recovery program" means specific activities which a recovering alcoholic/chemically dependent person has incorporated into his/her life style to
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help support his/her continued abstinence from alcohol and other drugs. This may include, but is not limited to, participating in a self-help program (Alcoholics Anonymous, Narcotics Anonymous, etc.) or a professional support group, or regularly and frequently engaging in religious or other activities which have a distinct and positive effect on an individual's continued abstinence. Any program and its relationship to the individual's ability to remain abstinent must be clearly identified and verified by proper documentation independent from an individual's self report (such as indicated in Section 1001.440(e) through (i) of this Part). The hearing officer shall determine the viability of the petitioner's program as a means of supporting continued abstinence, taking into account all the evidence brought forward at the hearing, as well as considering whether the program is substantially consistent with the following criteria:

The program encourages life style change which involves the replacement of substance using activity with non-substance using activity;

A strong focus of the program is to provide ongoing assistance in identifying and resolving substance dependency-related issues that may jeopardize an individual's continued recovery;

The program encourages positive individual values of responsibility and honesty, as well as less self-centered thinking;

The program has demonstrated a durability and stability over time that reflects its usefulness in supporting long-term recovery.

"Tampering" means an overt, conscious attempt to disable or disconnect the interlock device.

"24 Hour lockout" means that feature of the device that causes a vehicle with the device installed to become inoperable for a period of 24 hours any time the device registers 3 BrAC readings of 0.05 or more within a 30 minute period.

"Undue hardship as it relates to educational pursuits" means an extreme difficulty in getting to and from the location of the accredited education course, due to the loss of driving privileges. It is more than mere inconvenience to the petitioner, and pertains only to the petitioner. All other reasonable means of transportation must be unavailable to the petitioner. An undue hardship is not shown by the mere fact that the driving privileges are suspended or revoked.
"Undue hardship as it relates to employment" means, as used in the context of Sections 6-205(c) and 6-206(c)3 of the Code, an extreme difficulty in regard to getting to or from a petitioner's place of employment or to operate on a route during employment; e.g., as delivery person, because of the suspension, revocation, or cancellation of the petitioner's driving privileges. It is more than mere inconvenience on the petitioner and pertains only to the petitioner. All other reasonable means of transportation must be unavailable to the petitioner. An undue hardship is not shown by the mere fact that the driving privileges are suspended or revoked.

"Undue hardship as it relates to necessary medical care" means an extreme difficulty in regard to getting to and from a location where petitioner or a member of his/her immediate family receives examinations, therapy or treatment, etc., prescribed or recommended by a licensed physical or mental health care provider. It means more than mere inconvenience. There must be no other reasonable alternative means of transportation available. An undue hardship is not demonstrated by the mere fact that the petitioner's driving privileges are suspended or revoked.

"Undue hardship as it relates to support/recovery program" means an extreme difficulty in regard to getting to and from a location where a petitioner is participating in an ongoing support program. It means more than mere inconvenience. There must be no other reasonable alternative means of transportation available. An undue hardship is not demonstrated by the mere fact that the petitioner's driving privileges are suspended or revoked.

"Unsuccessful attempt to start the vehicle" means anytime the BAIID Permittee registers a BrAC reading of 0.025 or more on the device when attempting to start the vehicle.

"Vehicle", for purposes of the Breath Alcohol Ignition Interlock Device Program, means every apparatus in, upon or by which any person or property is or may be transported or drawn upon a highway and that is self-propelled, except for apparatuses moved solely by human power, motorized wheelchairs, and motorcycles.

"Vendor" means a retail or wholesale supplier of a device, and may include a service center.

"W/V" means weight of alcohol in the volume of breath based upon grams of
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alcohol per 210 liters of breath.

(Source: Amended at 27 Ill. Reg. ______, effective ____________)

Section 1001.442 Manufacturer's Responsibilities; Approval for Analyzing Alcohol Content of Breath; DPH Inspections; Disqualification of a Manufacturer; Designation and Assignment of Regions

a) The responsibilities of a device manufacturer shall include:
1) The manufacturer shall carry product liability insurance with minimum liability limits of $1 million per occurrence and $3 million aggregate total. The liability insurance shall include coverage for defects in product design and materials as well as manufacturing, calibration, installation, and removal of devices. The proof of insurance shall include a statement from the insurance company that thirty (30) days notice will be given to the Secretary and DPH before cancellation of the insurance;
2) The manufacturer shall indemnify and hold harmless the State, the Secretary and its officers, employees and agents, and DPH and its officers, from all claims, demands, actions and costs whatsoever which may arise, directly or indirectly, out of any act or omission by the manufacturer relating to the installation, service, repair, use or removal of a device;
3) The manufacturer of a device shall develop separate detailed written instructions regarding the installation, maintenance and the normal operation of the device;
4) The manufacturer shall provide an 800 customer service/question/complaint hotline;
5) The manufacturer shall provide a training program for the individual operating the device on operation, maintenance, and safeguards against improper operations. The manufacturer shall warn the BAIID Permittee that any tampering with or unauthorized circumvention of the device will result in the immediate cancellation of their RDP. The manufacturer shall instruct the BAIID Permittee and other individuals participating in the training program to maintain a journal of events surrounding failed readings or problems with the device;
6) The manufacturer shall provide informational materials to the Secretary for distribution to BAIID Eligible Petitioners;
7) The manufacturer shall provide a warranty of performance to ensure responsibility for support of service within a maximum of forty eight (48) hours after notification of a request for service. This support shall be in effect during the period the device is required to be installed in a motor
vehicle;

8) The manufacturer shall provide expert or other required testimony in any civil or criminal proceedings or administrative hearings as to the method of manufacture of the device, how said device functions. In the event it should become necessary for the Secretary or DPH to provide testimony in any civil or criminal procedures involving the approval or use of the device, the manufacturer shall reimburse the Secretary or DPH for any costs incurred in providing such testimony. Failure to provide this reimbursement shall result in withdrawal of approval for the device;

9) The leases, fee schedules, installation verification forms, noncompliance report forms, calibration verification/tamper report forms, and removal/deinstallation report forms used by manufacturers in the program shall be approved by the Secretary;

10) If a manufacturer requires a security deposit by a BAIID Permittee and the amount of the deposit required is more than an amount equal to one (1) month's rental or lease fee, said security deposit must be deposited in an escrow account established at a bank, savings bank or savings and loan association located within the manufacturer's Illinois BAIID region. The manufacturer will provide the Secretary with a certified statement of the escrow account upon his request.

11) Any manufacturer whose device is installed must submit monitor reports to the Secretary no later than seven (7) days from the date the device is brought in for a monitor report or an appropriate portion of the device is sent to the manufacturer. These monitor reports shall be transmitted using agreed upon electronic transfer protocols. The Secretary shall provide an electronic copy of all monitor reports to DPH;

12) The manufacturer shall provide to the Secretary upon request additional reports, to include but not be limited to records of installation, reinstallations, deinstallations, calibrations, maintenance checks and usage records on devices placed in service in the State. These records shall be agreed upon and transmitted using electronic transfer protocols and a copy shall be provided by the Secretary to DPH upon request;

13) The manufacturer shall provide to the Secretary any available physical evidence of tampering with or circumvention of the device. The Secretary shall notify DPH of any such evidence upon request;

14) The manufacturer shall service all BAIID Permittees in their designated geographic region under standards established for that region as set forth in Appendix A.

b) Approval of BAIIDs for analyzing the alcohol content of breath:

1) Preliminary approval of a device may be granted by the Secretary, in
consultation with DPH, based on a review and evaluation of test results from a state or nationally recognized certified laboratory test facility regarding the device's ability to meet the Model Safety and Utility Specifications for Breath Alcohol Ignition Interlock Devices (BAIIDs) promulgated by the National Highway Traffic Safety Administration, U.S. Department of Transportation, 400 S. 7th St. SW, Washington, D.C. 20590, (202)366-5593, 57 Fed. Reg. 1172, April 7, 1992 (no subsequent dates or editions), except for:

A) 1.4.S, Power, if the device is not designed to be operated from the battery.
B) 1.5.2.S, Extreme Operating Range, if the device is not designed to be operated below -20°C and above +70°C.
C) 2.3.S, Warm Up, if the device is not designed to be operated below -20°C.
D) 2.5.S, Temperature Package, if the device is not designed to be operated below -20°C and above +70°C.

2) Within thirty-six (36) months, final approval of a device may be granted by the Secretary, in consultation with DPH, based on a field testing protocol developed by the DPH and review of field performance results from the program.

3) No device shall be given approval if it demonstrates an accuracy rate = 0.01 in unstressed conditions or = 0.02 in stressed conditions.

4) Any device to be approved shall be designed and constructed with an alcohol setpoint of 0.025.

5) Any device to be approved shall require the operator of the vehicle to submit to a rolling retest at a random time within five (5) to fifteen (15) minutes after starting the vehicle. Rolling retests shall continue at a rate of two (2) per hour in random intervals not to exceed forty-five (45) minutes after the first rolling retest.

6) Any device to be approved shall be designed and constructed to immediately begin blowing the horn if:
   A) The rolling retest is not performed;
   B) The BrAC readings of the rolling retest is 0.05 or more;
   C) Tampering or circumvention attempts are detected.

7) The device shall be required to have permanent lockout five (5) days after the Service or Inspection Notification if it is not serviced or calibrated. Notification shall be given by the device in the following cases: anytime the device registers three (3) BrAC readings of .05 or more within a thirty (30) minute period; ten (10) or more unsuccessful attempts to start the vehicle after the initial monitor report; to notify BAIID Permittee of the
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initial monitor report; a failure to successfully complete a rolling retest; after any attempted tampering or circumvention; every sixty (60)-days after the initial monitor report.

8) The device shall be required to have Twenty Four (24)-Hour Lockout anytime the BAIID Permittee registers three (3) BrAC readings of 0.05 or more within a thirty (30)-minute period.

9) Any device to be approved shall provide for calibration at least once every sixty (60) days using a wet bath simulator or other approved equivalent procedure; i.e., dry gas standard.

10) Any manufacturer/service center/vendor who sells, rents, and/or leases ignition interlock devices in Illinois shall report to the Secretary all such sales, rentals, and/or leases listing the name of the individual, his or her driver's license number, the installer, the installer's location, the make, serial number of the device, the make and model of the vehicle it is installed in, and VIN number of the vehicle within fifteen (15)-days using an agreed upon electronic transfer medium and format. The Secretary shall provide a copy of the information to DPH.

11) Any device which is not provided a preliminary approval or a final approval shall be re-tested at the request of the manufacturer but not more often than once in a given year.

12) A manufacturer may apply for preliminary approval of a device by submitting a written request to the Secretary and DPH certifying the device:
   
   A) Does not impede the safe operation of a vehicle.
   B) Minimizes opportunities to bypass the device.
   C) Performs accurately and reliably under normal conditions.
   D) Prevents a BAIID Permittee from starting a vehicle when the BAIID Permittee has a prohibited BrAC; i.e., = 0.025.
   E) Satisfies the requirements for certification set forth in this Section.

13) The written request shall include all of the following information:
   
   A) The name and address of the manufacturer of the device.
   B) The name and model number of the device. A separate request is required for each model or type of device.
   C) A detailed description of the device, including complete instructions for installation, operation, service, repair and removal.
   D) Complete technical specifications describing the device's accuracy, reliability, security, data collection and recording, tamper detection, and environmental features.
   E) A complete and accurate copy of data from a state or nationally recognized certified laboratory test facility regarding the device's
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ability to meet or exceed the specifications in this Section.

F) A description of the manufacturer's present and two (2)-year plan for distribution and service in Illinois.

G) A certification from the manufacturer that it will accept the region assigned as a result of a random draw and will service all BAIID Permittees residing in the designated region under standards established for that region.

14) The Secretary, in consultation with DPH, shall issue a preliminary approval or disapproval of a device no later than thirty (30) days after receipt of all required requested materials and certifications.

15) The manufacturer shall provide the Secretary:

A) A list of all locations in Illinois where the device may be purchased, rented, leased, installed, removed, serviced, repaired, calibrated, accuracy checked, inspected and monitored in an agreed upon format. The manufacturer shall notify the Secretary of any new locations or any locations which are closed;

B) Five (5) production devices of which three (3) will be used for field testing; and

C) Training for the Secretary's employees and DPH's inspectors and program administrator at no cost.

16) The manufacturer shall, at no cost to the State of Illinois, install the selected devices for field testing in the vehicles provided by the Secretary and DPH. DPH shall independently evaluate each device to ensure compliance with the requirements in this Section. The evaluation criteria include, but are not limited to, repeated testing of alcohol-laden samples, filtered samples, circumvention attempts and tampering.

17) A list of approved devices shall be maintained by the Secretary.

c) DPH Inspections

DPH may conduct independent inspections on any of the devices, installers, service providers, or manufacturers to determine if they are in compliance with these rules. If the independent inspection indicates a noncompliance with the rules, DPH shall notify the Secretary and he shall require the manufacturer to correct any noncompliance so reported. The manufacturer shall report in writing to the Secretary within thirty (30)-days after receiving notification of the noncompliance any corrective actions taken.

d) Disqualification of a Manufacturer

1) The Secretary shall disqualify a manufacturer or installer from participation in the program upon written notification and a thirty (30)-day opportunity to come into compliance in any of the following cases:

A) Failure to submit monitor reports in a timely manner as provided in
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subsection (a)(11). If the Secretary finds, through investigation, that the BAIID Permittee did take the vehicle with the installed device to the manufacturer or installer or sent the appropriate portion of the device to the manufacturer for a monitor report in a timely manner, a warning notification shall be sent to the manufacturer or installer indicating that a second such occurrence will result in cancellation of participation;

B2) Failure to maintain liability insurance as required;
C3) Failure to comply with all of the duties and obligations contained in this Part.

2) Upon disqualification or the cessation of the operation of a manufacturer, the Secretary shall assign future BAIID Permittees from that manufacturer’s region to another manufacturer closest to the permittee. Upon disqualification of the manufacturer, the Secretary shall:

A) Immediately reassign all permittees previously assigned to the manufacturer to another manufacturer closest to the permittee; or
B) If such action does not jeopardize the safety of the public, allow the disqualified manufacturer to continue to service any permittee assigned to it prior to the disqualification. However, such permittees shall have the option of being reassigned to another manufacturer closest to the permittee.

All costs related to such reassignments shall be paid by the permittees.

e) Designation and Assignment of Regions
The Secretary shall by a random draw designate a defined geographic region for each approved manufacturer participating in the program. Each manufacturer shall be responsible for establishing installation or service sites within its assigned region to service BAIID Permittees residing in said region under standards established for that region as set forth in Appendix A.

(Source: Amended at 27 Ill. Reg. _____, effective ____________)

1001.443 Breath Alcohol Ignition Interlock Device Multiple Offender - Compliance with Interlock Program

a) For the purposes of this Part, a person “owns” a vehicle when it is registered or titled in his or her name, regardless of whether it is registered or titled solely in his or her name or jointly with another person or persons.
b) Anyone who is required to install an interlock device on all vehicles which he or she owns, pursuant to §§6-205(h) and 11-501(i) of the IVC, and who is granted any driving relief pursuant to Subpart D of this Part, shall certify to the Secretary, in the manner stated in
subsection (c), that he or she has installed an interlock device on all vehicles he or she owns within 14 days after the issuance of driving relief. The offender must maintain an interlock device on each vehicle for a period of 12 consecutive months.

c) A BAIID Multiple Offender shall certify compliance with the interlock program by filing an affidavit with the Secretary which states that the offender installed an interlock device on all vehicles he or she owns and which lists, by make, model, and registration plate number, each and every vehicle that the offender owns, the name and address of the installer, the date installed, and any other information deemed necessary by the Secretary. The offender must submit one certification listing all of the vehicles that he or she owns on a form provided by the Secretary. This certification must be submitted within 7 days after the date of the final installation. The failure to submit this certification within the time allowed will result in the immediate cancellation of the driving relief issued.

d) The Secretary shall verify compliance by conducting periodic random checks of the information contained in the affidavits filed by BAIID Multiple Offenders, and by monitoring compliance with the terms and conditions of the interlock program as provided in §1001.441. If the Secretary finds evidence of non-compliance, then the Secretary will send the offender a letter asking for an explanation for the alleged violation. If a response is received within 21 days after the date of the Secretary's letter and it reasonably assures the Secretary that no violation occurred, no further action will be taken. If a response is not received within 21 days or does not reasonably assure the Secretary, the failure to comply will result in the immediate cancellation of the driving relief issued. The cancellation shall continue until the offender submits the proper affidavit. The offender may contest the cancellation by filing a petition for a formal hearing pursuant to §2-118 of the Code.

e) BAIID Multiple Offenders who are found to have violated the provisions of this Section will be required to certify compliance with the affidavit requirements for another 12 consecutive months.

(Source: Old Section 1001.443 renumbered to Section 1001.444; new Section 1001.443 added at 27 Ill. Reg. ______, effective ____________)

Section 1001.44443 Installer’s Responsibilities

The responsibilities of installers of BAIID shall include:
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a) An installer shall indemnify and hold harmless the State, the Secretary and its officers, employees, agents, DPH and its officers, from all claims, demands, actions, and costs whatsoever which may arise, directly or indirectly, out of any act or omission by the installer relating to the installation, service, repair, use or removal of a device.

b) The installer shall have all tools, test equipment and manuals needed to install devices and screen motor vehicles for acceptable mechanical and electrical condition prior to installation.

c) The installer shall provide adequate security measures to prevent access to the device (tamper seals or installation instructions).

d) The installer shall appropriately install devices on motor vehicles taking into account each motor vehicle's mechanical and electrical condition, following accepted trade standards and the device manufacturer's instructions. It must be the BAIID Permittee's responsibility to repair the vehicle if any condition exists that would prevent the proper functioning of the device. The installer should inform the BAIID Permittee that a problem exists, but should not be responsible for repairing the vehicle.

e) The installer shall not install devices in a manner that could adversely affect the performance of the device or impede the safe operation of the motor vehicle.

f) The installer shall verify that a device is functioning properly after it has been installed in the motor vehicle.

g) The installer shall restore a motor vehicle to its original condition when a device is removed. All severed wires must be permanently reconnected and insulated with heat shrink tubing or equivalent.

h) The installer shall provide a warranty of performance to assure responsibility for support of service within a maximum of forty eight (48) hours after notification of a request for service. This support shall be in effect during the period the device is required to be installed in a motor vehicle.

(Source: Section 1001.444 renumbered from Section 1001.443 and amended at 27 Ill. Reg. ______, effective _____________)

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1) Heading of the Part: Organization and Public Information

2) Code Citation: 2 Ill. Adm. Code 6000

3) Section Numbers: Adopted Action:
   6000.110  Amended
   6000.120  Amended
   6000.130  Amended
   6000.150  Amended
   6000.210  Amended
   6000.220  Amended
   6000.240  Repealed
   6000.250  Amended
   APPENDIX A  Amended


5) Effective date of rules: December 13, 2002

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) Date filed in agency's principal office: December 13, 2002

9) Date notice of proposed amendments was published in the Illinois Register: These rules are published pursuant to Section 5-15 of the Illinois Administrative Procedure Act. [5 ILCS 100/5-15]

10) Whether JCAR has issued a Statement of Objections to this Part? No, these are required rules.

11) Difference(s) between the proposal and the final version: None, these are required rules.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No, these are required rules.

13) Will these amendments replace emergency amendment currently in effect? No
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14) Are there any other proposed amendments pending on this Part? No

15) Summary and purpose of amendments: These rules are intended to explain what the Board of Trustees of Eastern Illinois University is, how the Board is organized, and how the public can obtain information from the Board.

16) Information and questions regarding these amendments shall be directed to:

   Office of General Counsel
   Eastern Illinois University
   600 Lincoln Avenue
   1148 Blair Hall
   Charleston IL 61920
   (217)581-7249

The full text of the adopted amendments begins on the next page:
BOARD OF TRUSTEES OF EASTERN ILLINOIS UNIVERSITY

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TITLE 2: GOVERNMENTAL ORGANIZATION
SUBTITLE F: EDUCATIONAL AGENCIES
CHAPTER XX: BOARD OF TRUSTEES OF EASTERN ILLINOIS UNIVERSITY

PART 6000
ORGANIZATION AND PUBLIC INFORMATION

SUBPART A: INTRODUCTION AND ORGANIZATION

Section
6000.100 Purpose
6000.110 Board Membership
6000.120 Board Meetings
6000.130 Agenda of Board Meetings
6000.140 Minutes of Board Meetings
6000.150 Accessibility of Board Meetings

SUBPART B: PUBLIC INFORMATION

Section
6000.200 Freedom of Information Officer
6000.210 Form and Content Requests
6000.220 Inspection and Copying of Records
6000.230 Fees
6000.240 Denial of Requests (Repealed)
6000.250 Response Time
6000.260 Appeals

SUBPART C: RULEMAKING

Section
6000.300 Rulemaking

SUBPART D: PURCHASING RULES

Section
6000.400 Access to Purchasing Rules

APPENDIX A Organizational Chart
BOARD OF TRUSTEES OF EASTERN ILLINOIS UNIVERSITY

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AUTHORITY: Implementing Section 4 of the Freedom of Information Act [5 ILCS 140/4] and Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15] and authorized by Section 3g of the Freedom of Information Act [5 ILCS 140/3g] and by Section 10-25 of the Eastern Illinois University Law [110 ILCS 665/10-25].


SUBPART A: INTRODUCTION AND ORGANIZATION

Section 6000.110  Board Membership

a) The Board is the designated policy-making agency for Eastern Illinois University. The Board's purpose is to operate, manage, control, and maintain Eastern Illinois University. The Board's powers and duties are determined in accordance with the Eastern Illinois University Law [110 ILCS 665/10-25] and are set forth in its Board Regulations, which are available in the University's library, and on the University's web page.

b) The Board is composed of seven voting members appointed by the Governor with the advice and consent of the Senate, and one voting student member, who is elected by the Student Body [110 ILCS 665/10-15]. Until July 1, 2001, the student member shall have all of the privileges of membership, including the right to vote on all Board matters except those involving faculty tenure, faculty promotion, and any issue on which the student member has a direct conflict of interest [110 ILCS 665/10-25]. Unless the student member is entitled to vote on a measure at a meeting of the Board or any of its committees, he or she shall not be considered a member for the purpose of determining whether a quorum is present at the time that measure is voted upon. Beginning on July 1, 2001, and thereafter, the student member of the Board shall be a nonvoting member.

c) The Board annually elects one member to serve as Chairperson. The Chairperson presides at all Board Meetings, with the full power to vote on and discuss all matters placed before the Board. The Chairperson is also responsible for submitting information and recommendations relative to the business and interests of the University.

d) The Board is the final institutional authority; however, it delegates primary responsibility to the President of the University for the management of the institution.

(Source: Amended at 26 Ill. Reg. 18235, effective December 13, 2002)
Section 6000.120 Board Meetings

a) The Board makes all of its policy decisions at open meetings of the Board which are held in accordance with the Open Meetings Act [5 ILCS 120/et seq]. The Board may also hold closed meetings pursuant to the Open Meetings Act [5 ILCS 120/2(a)].
b) Meetings are held and a quorum determined in accordance with the Eastern Illinois University Law [110 ILCS 665/10-25].
c) Meetings are held at least once each quarter. The Board however, by vote of a majority of a quorum, may omit or cancel any meeting. The date of any meeting may be changed by vote of a majority of a quorum or by order of the Chairperson. The regular meeting that is held in April is the annual meeting.
d) The Board may hold special meetings by vote of a majority of a quorum taken during any regular meeting, by call of the Chairperson, or by call of any three voting members. Members shall be notified of a special meeting pursuant to the Illinois Open Meetings Act Notice of a special meeting must be mailed to all members at least five days prior to the date of the special meeting;
e) Quarterly All meetings of the Board are held on the campus of Eastern Illinois University and are conducted in accordance with the Open Meetings Act [5 ILCS 120/1 et seq.].

(Source: Amended at 26 Ill. Reg. 18235, effective December 13, 2002)

Section 6000.130 Agenda of Board Meetings

a) The Board maintains an agenda of its meetings in accordance with the Open Meetings Act [5 ILCS 120/2.02].
b) The President of the University, in consultation with the Chairperson of the Board, develops an agenda prior to each Board meeting. The President will normally provide mail meeting materials to Board Members as well as to other appropriate parties at least seven days prior to the next scheduled meeting. Distribution of some meeting materials, however, may be subject to reasonable limitations in the case of special or emergency meetings.

(Source: Amended at 26 Ill. Reg. 18235, effective December 13, 2002)

Section 6000.150 Accessibility of Board Meetings

a) Persons desiring Individuals wishing to address the Board on other than current
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agenda items shall must submit a written request to the President at least ten calendar days prior to the Board meeting. The request shall must include the name and address of the person wishing to speak, who would be speaking, the name of the group represented, and a summary of the presentation.

b) The President and the Chairperson shall will consult with respect to each request to address the Board. At least three calendar days before the meeting, the President shall will indicate to each person properly submitting a request to address the Board individual whether the request will be granted or denied. If the request is granted, the form and duration of the presentation shall will be subject to rulings of designated by the Chairperson.

c) At the end of each Board meeting, a period of time will be set aside for public comment. Any individual desiring to address the Board will be allowed up to five minutes for comments or questions. Only one person may speak on behalf of an organization. Public comment would not be approved on disputed matters that are being addressed in internal university processes such as grievances, student judicial proceedings, pending bids, labor negotiations, etc. Due to many demands placed on the Board, outside presentations normally are not possible. Parties wishing to address the Board, whose written requests are denied, may offer a written statement to the Board, if they so desire.

d) Because of heavy demands on the Board of Trustees, the total time for presentations will be limited to 20 minutes less the Board moves for and approves a longer period. Persons wishing to address the Board, but are unable to do so, may submit a written statement to the Board.

e) Any In accordance with the Open Meetings Act [5 ILCS 120/2.05], any person may record by tape, film, or other means, the meetings of the Board or its committees required to be open by Illinois law, provided that. However, if the recording process interferes with the overall decorum and proceeding of a functions of the meeting, such recording it will be discontinued at the request of the Chairperson or other presiding officer.

f) A report of the proceedings of the Board is published for each fiscal year in sufficient number for distribution to interested parties.

(Source: Amended at 26 Ill. Reg. 18235, effective December 13, 2002)

SUBPART B: PUBLIC INFORMATION

Section 6000.210 Form and Content Requests

a) All requests under the Freedom of Information Act [5 ILCS 140/3] for access to public records must be in writing and must contain the following information:
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A request shall be "received" for purposes of the Freedom of Information Act [5 ILCS 140/3] on the date on which it is received by the Freedom of Information Officer arrives in the office referred to above. Failure to submit the request to the appropriate address may delay its receipt.

(Source: Amended at 26 Ill. Reg. 18235, effective December 13, 2002)

Section 6000.220 Inspection and Copying of Records

a) Inspection of public records which are required by the Freedom of Information Act to be made available for public inspection must occur under the supervision of the Custodian of the Records after review of the request by the Freedom of Information Officer in the place where the records are kept or the office of the Freedom of Information Officer during regular office hours when the records are not being used by persons performing official duties. Upon request, the Custodian of Records Freedom of Information Officer will make arrangements for an explanation of computer language or printout format.

b) One copy of each public record required to be copied by the Freedom of Information Act [5 ILCS 140/3b] shall be provided by the Custodian of Records, after review of the request by the Freedom of Information Officer, if requested, following receipt of the fees specified in Section 6000.230 of this Part.

(Source: Amended at 26 Ill. Reg. 18235, effective December 13, 2002)

Section 6000.240 Denial of Requests

A denial of a request for access to public records is made by the Freedom of Information Officer by letter mailed to the person submitting the request. The letter shall state the reasons for the denial and the names and the titles of each person responsible for the denial, and shall give notice of the right to appeal the denial. Failure of the Freedom of Information Officer to respond to a request for access to public records within seven working days after its receipt shall be considered a denial of the request.

(Source: Repealed at 26 Ill. Reg. 18235, effective December 13, 2002)

Section 6000.250 Response Time
The Freedom of Information Officer shall respond to each request for access to public records
within seven working days after its receipt, unless the response time is extended for an additional
period of not more than seven working days [5 ILCS 140/3]. The response shall be by letter
mailed to the person making the request and shall approve the request in its entirety, approve the
request in part and deny it in part, or deny the request in its entirety. If the request is denied, the
letter shall state the reasons for the denial and the names and titles of each person responsible for
the denial. Each notice of denial shall also inform the requestor of the right to appeal the denial
to the President of the University.

(Source: Amended at 26 Ill. Reg. 18235, effective December 13, 2002)
BOARD OF TRUSTEES OF EASTERN ILLINOIS UNIVERSITY

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Section 6000.APPENDIX A  Organizational Chart
BOARD OF TRUSTEES OF EASTERN ILLINOIS UNIVERSITY

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(Source: Amended at 26 Ill. Reg. 18235, effective December 13, 2002)
DEPARTMENT OF AGRICULTURE

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1) **Heading of the Part:** Diseased Animals

2) **Code Citation:** 8 Ill. Adm. Code 85

3) **Section Numbers:**
   - 85.10 Amend
   - 85.12 Amend
   - 85.120 Amend
   - 85.135 Amend
   - 85.140 Amend
   - 85.145 Amend

4) **Statutory Authority:** Illinois Diseased Animals Act [510 ILCS 50], Section 6 of the Illinois Bovine Brucellosis Eradication Act [510 ILCS 30], Livestock Auction Market Law [225 ILCS 640] and Equine Infectious Anemia Control Act [510 ILCS 65]

5) **Effective Date of Amendments:** December 6, 2002

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Do these amendments contain incorporations by reference?** No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency’s principal office and is available for public inspection.

9) **Notices of Proposal Published in Illinois Register:** July 5, 2002; 26 Ill. Reg. 9487

10) **Has JCAR issued a Statement of Objection to this rulemaking?** Yes.
    
    A) **Statement of Objection:** September 27, 2002; 26 Ill. Reg. 14289
    
    B) **Agency Response:** December 20, 2002; 26 Ill. Reg.10857
    
    C) **Date Agency Response Submitted for Approval to JCAR:** December 5, 2002

11) **Differences between proposal and final version:** In Section 85.120(d)(3), the statement that “All cervidae on this certificate originate from a CWD monitored or certified herd that has been monitored for at least three years” has been deleted. Also, in Section 85.120(d)(5), subparagraphs (A)-(G) have been added to reflect that captive cervidae entering Illinois must originate from herds enrolled in a state-approved CWD certification program for five years or more. In addition, effective June 1, 2003, captive cervidae will also be allowed to enter Illinois if they originate from herds enrolled in a
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state-approved CWD certification program for three years or more and meet the specific criteria set forth in Section 85.120(d)(5)(A)-(G).

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace any emergency amendments currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: All references to the *Code of Federal Regulations* (CFR) are updated to the most recent edition and any new editions of the Brucellosis Uniform Methods and Rules, the Voluntary Scrapie Flock Certification Program, the Voluntary Johne’s Disease Herd Status Program, or the National Paratuberculosis Certification Program, if published.

Chronic wasting disease (CWD) is added to both the reportable diseases and the contagious or infectious diseases lists. The disease is currently reportable as it is a form of transmissible spongiform encephalopathy (TSE), but CWD is added for clarity. Cervids entering Illinois must originate from herds that have been under surveillance for CWD for a minimum of five years. A permit is required for cervids changing ownership or moving within the state and must originate from a herd that is enrolled in either the Certified Monitored Chronic Wasting Disease Program or the Contained Monitored Chronic Wasting Disease Program. Requirements for enrolling a herd in the Contained Monitored Chronic Wasting Disease program are adopted. Elk enrolled in the Certified Monitored Chronic Wasting Disease Program are required to have two official/approved unique identifiers effective January 1, 2003. The delayed effective date allows producers already enrolled in the program to properly identify their animals.

Sheep are removed from the Johne’s disease programs and restrictions, as the test for detecting the disease in sheep is not reliable. Culture positive animals that have been “J” punched are not required to be retested during recertification of a herd under the Voluntary Johne’s Disease Risk Management Program. A Voluntary Risk Management Program is established for cervids and goats. Culture positive cervids and goats are required to be “J” punched in the left ear.

16) Information and questions regarding these adopted amendments shall be directed to:

   Linda Rhodes
   Illinois Department of Agriculture
   P. O. Box 19281, State Fairgrounds
   Springfield, Illinois 62794-9281
   217/785-5713
   Facsimile: 217/785-4505
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The full text of adopted amendments begins on the next page:
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TITLE 8: AGRICULTURE AND ANIMALS
CHAPTER I: DEPARTMENT OF AGRICULTURE
SUBCHAPTER b: ANIMALS AND ANIMAL PRODUCTS
(EXCEPT MEAT AND POULTRY INSPECTION ACT REGULATIONS)

PART 85
DISEASED ANIMALS

Section 85.5 Definitions
85.7 Incorporation by Reference
85.10 Reportable Diseases
85.12 Contagious or Infectious Diseases
85.15 Truck Cleaning and Disinfection
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85.30 Identification Ear Tags for Livestock
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85.45 Anthrax
85.50 Goats
85.55 Scrapie in Sheep and Goats
85.60 Bluetongue
85.65 Sheep Foot Rot (Repealed)
85.70 Cattle Scabies
85.75 Cattle Scabies - Additional Requirements on Cattle from Certain Designated Areas
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85.90 Copy of Health Certificate Shall be Furnished
85.95 Requests for Permits
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85.105 Obligation of Transportation Company and Truck Operators
85.110 Additional Requirements on Cattle From Designated States
85.115 Salmonella enteritidis serotype enteritidis
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85.135 Requirements for Establishing and Maintaining a Herd Under the Voluntary Paratuberculosis (Johne's Disease) Certification Program

85.140 Requirements for Establishing and Maintaining a Herd Under the Voluntary Paratuberculosis (Johne's Disease) Risk Management Program

85.145 Johne's Disease Positive Animals Cattle or Bison


Section 85.10 Reportable Diseases

a) Suspected cases of the following diseases shall be reported immediately to the Department:
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anthrax
avian influenza
bluetongue
brucellosis - bovine, swine, equine, and caprine
chronic wasting disease (CWD) - cervids
contagious equine metritis (CEM)
equine infectious anemia (EIA)
equine viral encephalitides
fowl typhoid
hog cholera
infectious encephalomyelitis - avian
infectious laryngotracheitis
Mycoplasma gallisepticum - turkeys
Mycoplasma synoviae - turkeys
Newcastle disease
paramyxovirus infection
paratuberculosis - (Johne's disease)
piroplasmosis
pseudorabies - (Aujeszky's disease)
psittacosis - (ornithosis)
pullorum disease
Q fever
rabies
salmonella enterididis - poultry
salmonella typhimurium - poultry
scabies - cattle and sheep
scrapie
transmissible spongiform encephalopathy (TSE)
trichinellosis
tuberculosis - bovine
vesicular conditions of any type
West Nile Virus
any contagious or infectious disease presently considered as "exotic", i.e., not known to exist in the United States

b) Any herd owner, flock owner, veterinarian or other person having knowledge of the disease, failing to report a suspect case of any of the above diseases immediately after discovery, or who is responsible for the spread of the disease, shall be subject to penalty as provided by law.

c) Reports of any of the above diseases shall be made to the Department, telephone
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217/782-4944.

(Source: Amended at 26 Ill. Reg. 18245, effective December 6, 2002)

Section 85.12 Contagious or Infectious Diseases

a) The Department will designate a disease as contagious or infectious when it is determined that the disease is a threat to the animal industry. A disease will be considered a threat to the animal industry for any of the following reasons:
   1) is of unknown cause or previously not a recognized disease;
   2) can cause interstate or international trade restrictions;
   3) is highly communicable to other animals or species;
   4) has the potential to produce uncontrollable death loss; or
   5) is not endemic in the animal industry.

b) The following diseases are considered to be contagious or infectious:

   African horse sickness
   African swine fever
   akabane
   anthrax
   avian influenza
   bluetongue
   Borna disease
   bovine petechial fever
   brucellosis
   
   chronic wasting disease (CWD) - cervids
   contagious bovine pleuropneumonia
   contagious equine metritis (CEM)
   dourine
   ephemeral fever
   equine infectious anemia (EIA)
   equine viral encephalitides
   epizootic lymphangitis
   foot and mouth disease
   fowl typhoid
   glanders
   heartwater
   hemorrhagic septicemia
   hog cholera
   horse pox
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infectious encephalomyelitis - avian
infectious laryngotracheitis
Japanese B encephalitis
Jembrana disease
louping-ill
lumpy skin disease
Mycoplasma gallisepticum - turkeys
Mycoplasma synoviae - turkeys
Nairobi sheep disease
Newcastle disease
peste des petits - ruminants
paramyxovirus infection - avian
paratuberculosis (Johne's disease)
piroplasmosis
pseudorabies (Aujesky's disease)
psittacosis (ornithosis)
pullorum disease
Q fever
rabies
Rift Valley fever
rinderpest
salmonella enteritidis - poultry
salmonella typhimurium - poultry
scabies - cattle and sheep
scrapie
sheep and goat pox
swine vesicular disease
transmissible spongiform encephalopathy (TSE)
trichinellosis
tuberculosis
vesicular conditions of any type
vesicular exanthema of swine
Wesselsbron disease
West Nile Virus

(Source: Amended at 26 Ill. Reg. 18245, effective December 6, 2002)

Section 85.120  Cervidae

a) Elk entering Illinois shall originate from a certified brucellosis-free herd or be
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negative to a brucellosis card test or PCFIA test conducted within 60 days on all animals 6 months of age and over.

b) Certified brucellosis-free cervid herds shall be established and maintained in accordance with the Brucellosis Uniform Methods and Rules as approved by the United States Animal Health Association (P.O. Box K227, Suite 114, 1610 Forest Avenue, Richmond, Virginia 23228; September 30, 1998, as amended May 14, 1999, and not including any later amendments or editions beyond the date specified) and the United States Department of Agriculture.

c) All cervidae entering Illinois must also be in compliance with the Illinois Wildlife Code [520 ILCS 5].

d) All cervidae entering Illinois must be accompanied by a permit from the Department and Certificate of Veterinary Inspection that:

1) has been issued by an accredited veterinarian of the state of origin or a veterinarian in the employ of the United States Department of Agriculture;
2) is approved by the Animal Health Official of the state of origin;
3) shows that the cervidae are free from visible evidence of any contagious, infectious, or communicable disease or exposure thereto, do not originate from a CWD endemic area (any county and surrounding counties where CWD has been diagnosed in the past five years) and includes the following statement: "All cervidae on this certificate have been part of the herd of origin for at least one year or were natural additions to this herd. There has been no diagnosis, clinical signs, or epidemiological evidence of CWD in this herd for the past five years." OR "All cervidae on this certificate originate from a CWD monitored or certified herd in which these animals have been kept for at least one year or were natural additions. There has been no diagnosis, clinical signs, or epidemiological evidence of CWD in this herd for the past five years.";
4) shows that the cervidae are not originating from a herd under quarantine for any contagious, infectious or communicable disease;
5) shows that the animals originate from a herd that has been monitored for at least 5 years under a state-approved CWD certification program or originate from a herd that meets the following criteria:

A) The herd has been monitored under a state-approved CWD herd certification program for at least 5 years. This requirement will change to 3 years on June 1, 2003, 4 years on January 1, 2004 and 5 years on January 1, 2005;
B) Any additions to the herd are natural additions or have been in the herd for at least one year;
C) Complete herd records, including records of purchases, deaths and causes of deaths are maintained for at least five years;
D) The herd has been under veterinary supervision for a minimum of
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5 years;

E) The animals have not been exposed to any animal from a herd diagnosed with CWD in the past five years;

F) Contains a statement by the veterinarian for the herd of origin certifying that the herd has been under veterinary supervision for a minimum of 5 years and has had no exposure to any cervid from a CWD trace-back or trace-forward herd; and

G) Contains a statement signed by the owner certifying that all statements on the certificate of veterinary inspection are correct.

65) lists the cervid's unique individual identification (approved ear tag, tattoo or microchip);

76) shows the permit obtained from the Department:

A) Applicant for permit shall furnish the following information to the Department:
   i) Name and post office mailing address of Illinois destination;
   ii) Name and post office mailing address of consignor and/or source herds; and
   iii) Number and unique identification of cervidae in shipment;
   iv) Anniversary date and herd certification number of the source herds; and
   v) Name and telephone number of the herd veterinarian of the source herds.

B) Grounds for refusal to issue permit are:
   i) Violation of the Act or this Part;
   ii) Presence of a disease that might endanger the Illinois livestock industry;
   iii) Refusal to provide required information for the permit.

C) Permits will be issued by telephoning or writing the Department.

e) Chronic wasting disease (CWD):
   1) Any cervid dying from an unknown cause and that has exhibited a neurological disorder must have its brain removed for CWD evaluation. Any cervid exhibiting symptoms of CWD must be kept separate and apart from other members of the herd and will be quarantined until the animal is either destroyed or determined not to have CWD. Animals quarantined for CWD will be subject to periodic inspection by Department personnel.
   2) If CWD is diagnosed in a herd, the herd will be quarantined and a herd plan developed. The quarantine will remain in effect until either the herd has been depopulated or there has been no evidence of CWD in the herd for five years from the date of the last case, and all animals that have died
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or have been slaughtered in the herd during that period were examined for CWD.

3) If a herd received an animal from an affected herd within 36 months prior to the death of the affected animal, the trace-forward herd has two options:
   A) The animal from the affected herd shall be removed and examined for CWD. If the animal is positive, the herd shall be placed under quarantine for at least five years, and a herd plan shall be developed. If the animal is negative, a herd plan shall be developed which includes a five year surveillance of the herd, with the mandatory reporting of the death of all animals and CWD examination.
   B) If the trace-forward animal is not removed, the herd will be quarantined and a herd plan developed. The herd will be under quarantine for five years, unless the herd was participating in the Certified Monitored Chronic Wasting Disease program. Any surveillance done after the arrival of the trace animal will be counted as time in quarantine.

4) If an animal dies of CWD within 36 months after changing herds, the herd of origin shall be considered as the trace-back herd. A herd plan will be developed, including a herd inventory with individual animal identification, verified by an accredited, state or federal veterinarian. The herd will be quarantined for five years from the last case traced back to the herd with mandatory death reporting and CWD testing of all animals.

5) For cervidae changing ownership or moving within the State, the owner must obtain a permit issued by the Department prior to movement and originate from a herd that is enrolled in the Certified Monitored Chronic Wasting Disease (CWD) Program or the Contained Monitored Chronic Wasting Disease Program. The permit may be obtained no more than 72 hours in advance of the movement of the cervids by providing the following information:
   A) Name and complete mailing address of person selling the cervids;
   B) Certified Monitored Chronic Wasting Disease or Contained Monitored Chronic Wasting Disease Herd number;
   C) Name and complete mailing address of person purchasing the cervids; and
   D) Number of animals and unique identification of the animals.

6) For cervidae entering Illinois for immediate slaughter, the owner must:
   A) Notify the Department at least seven days prior to shipment providing the Department with the number of animals to be slaughtered and the name and address of the slaughter facility; and
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B) Obtain a permit from the Department no more than 72 hours in advance of shipment confirming the name of the slaughter facility, the date the animals will be shipped, and the individual identification number for each animal.

7) Grounds for refusal to issue permit are:
   A) Violation of the Act or this Part;
   B) Presence of a disease that might endanger the Illinois livestock industry; and
   C) Refusal to provide required information for the permit.

8) Permits may be requested by telephone or writing the Department.

f) Requirements for Establishing and Maintaining Certified Monitored Chronic Wasting Disease (CWD) Herds

1) General requirements
   A) Certificates for Certified Monitored and Certified CWD Herds shall be valid for one year, unless revoked due to disclosure of CWD in the herd, and shall be issued by the Department.
   B) Certificates shall be extended for a period of one year upon compliance with recertification requirements.
   C) All animals shall be individually identified with an approved tag, microchip or tattoo. Elk are required to have two official/approved unique identifiers effective January 1, 2003.

2) To qualify or renew a herd for certification
   A) An annual herd inventory must be completed and verified by an accredited veterinarian, or a state or federal veterinarian or animal health investigator, or an authorized representative of the Illinois Department of Natural Resources, within 9-15 months from the anniversary date of the enrollment of the herd in the program. The inventory must include:
      i) Unique identification, age and sex of all animals in the herd;
      ii) Disposition of all animals not present;
      iii) Source of purchased additions;
      iv) Documentation of all interstate movement; and
      v) Signature of both the owner and the person verifying the inventory.
   B) The owner must:
      i) Submit the brains of all animals 16 months of age or older that have died or been killed or slaughtered for CWD examination at an approved laboratory;
      ii) Individually identify all animals with a unique
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identification; and

iii) Provide a detailed description of the physical facilities and the specific premises location of the herd either through GPS identification or through a detailed description of the location.

3) Levels of certification
A) The Department will issue certification of herd monitoring upon completion of the annual herd inventory and review by the Department.
B) Herds will be certified as follows:
   i) Monitored Herd, followed by number of years of participation Level A – one year of participation; and
   ii) Certified Herd, followed by number of years of participation. A herd will be certified at the end of five years of participation. Level B – two to three years of participation;
   iii) Level C – four to five years of participation; and
   iv) Level D – six or more years of participation.
C) Once a herd has received certified status, slaughter surveillance and surveillance of animals killed in shooter operations will no longer be required, but animals must still be identified and the herd owner must still complete the annual herd inventory.

4) Herd additions are allowed under the following circumstances:
A) Animals may enter the herd from herds of equal or higher status; and
B) Animals entering the herd from a herd of lower status will result in the herd’s level reverting to the level of the purchased animals. Animals entering the herd from a nonparticipating herd will result in the herd losing its herd certification. The herd will be required to start over in the certification program.

G) Requirements for Establishing and Maintaining Contained Monitored Chronic Wasting Disease (CWD) Herds

1) General requirements
A) Certification for Contained Monitored CWD Herds shall be valid for one year, unless revoked due to disclosure of CWD in the herd, and shall be issued by the Department.
B) Certification shall be extended for a period of one year upon compliance with recertification requirements.
C) All animals being purchased or sold shall be individually identified with an approved tag, microchip or tattoo.
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2) To qualify or renew a herd for certification
   A) An annual herd inventory must be completed and verified by an accredited veterinarian, or a state or federal veterinarian or animal health investigator, or an authorized representative of the Illinois Department of Natural Resources, within 9-15 months from the anniversary date of the enrollment of the herd in the program. The inventory must include:
      i) Approximate number of animals in herd;
      ii) Disposition of all animals not present;
      iii) Source of purchased additions;
      iv) Documentation of all interstate movement; and
      v) Signature of both the owner and the person verifying the inventory.
   B) The owner must:
      i) Submit the brains of all animals 16 months of age or older that have died or been killed or slaughtered for CWD examination at an approved laboratory;
      ii) Individually identify all animals entering or leaving the herd with a unique identification; and
      iii) Provide a detailed description of the physical facilities and the specific premises location of the herd either through GPS identification or through a detailed description of the location.

3) Levels of certification
   A) The Department will issue certification of contained monitoring herd status upon completion of the annual herd inventory and review by the Department.
   B) Herds will be classified as follows:
      i) Monitored Herd, followed by number of years of participation; and
      ii) Certified Herd, followed by number of years of participation. A herd will be certified at the end of five years of participation.
   C) Once a herd has received certified status, slaughter surveillance and surveillance of animals killed in shooter operations will no longer be required, but animals must still be identified and the herd owner must still complete the annual herd inventory.

4) Herd additions are allowed under the following circumstances:
   A) Animals must be individually identified;
   B) Animals may enter the herd from herds of equal or higher status;
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h) For cervids entering or moving within Illinois for slaughter purposes, the owner must contact the Department seven working days in advance of the animals being shipped for slaughter, providing the Department with the number of animals to be shipped and the slaughter facility that will be receiving the animals. Within 72 hours after the shipment, the Department must be contacted for a permit to move the animals, providing the Department with the individual identification of each animal to be slaughtered, the owner's name and mailing address, and confirming the slaughter facility.

(Source: Amended at 26 Ill. Reg. 18245, effective December 6, 2002)

Section 85.135 Requirements for Establishing and Maintaining a Herd or Flock Under the Voluntary Paratuberculosis (Johne's Disease) Certification Program

a) The following definitions shall be applicable to this Section:

1) "Accredited laboratory" means a laboratory operated by the Illinois Department of Agriculture, the University of Illinois College of Veterinary Medicine, or a laboratory approved by the Director (on the basis of using USDA approved methods).

2) "Animal" means cattle, bison, buffalo, sheep, goats, llamas, or members of the cervid family.

3) "Cow-side", "pen-side" or "on-site" test means any test approved by the United States Department of Agriculture for M. avium paratuberculosis that can be performed in the field by an accredited veterinarian. Veterinarians must receive approval from the Department to use this test, and all results must be reported to the Department within 10 days. The test cannot be performed in a herd participating in the Voluntary Johne's Disease Certification Program.

4) "Herd or flock" means all animals under common ownership or supervision that are grouped on one or more parts of any single premises (lot, farm, ranch), or all animals on two or more premises geographically separated, but on which animals have been interchanged or where there has been contact between the premises. Contact of animals between separated premises under common management shall be assumed to have occurred unless otherwise established by the herd or flock owner or manager. Each separate species of animal shall be considered as a separate herd or flock.
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5) "Positive animal" means an animal infected with Mycobacterium avium paratuberculosis, only if M. avium paratuberculosis is demonstrated by an organism detection test on tissues or feces of the animal.

6) "M. avium paratuberculosis-detection test" or "organism detection test" means any test sufficiently sensitive and specific for detection of M. avium paratuberculosis in fecal samples. Definitions of "sufficiently sensitive and specific" will be on the basis of results of performance of a check test and proficiency standards set by the Uniform Program Standards for the Voluntary Bovine Johne's Disease Control Program (April 2002) National Paratuberculosis Certification Program. Any test approved by the U.S. Department of Agriculture for M. avium paratuberculosis organism detection (i.e., fecal culture test for M. avium paratuberculosis) is acceptable as long as it is performed at an accredited laboratory.

7) "Serum antibody test" means any test sufficiently sensitive and specific for detection of antibodies to M. avium paratuberculosis in bovine serum. Definition of "sufficiently sensitive and specific" will be on the basis of results of performance of a check test and proficiency standards set by the Uniform Program Standards for the Voluntary Bovine Johne's Disease Control Program (April 2002) National Paratuberculosis Certification Program (October 1998), as recommended and approved by the U.S. Animal Health Association (P.O. Box K227, Suite 114, 1610 Forest Avenue, Richmond, Virginia 23228). Any test approved by the U.S. Department of Agriculture for serum antibody detection (i.e., ELISA for M. avium paratuberculosis) is acceptable as long as it is performed at an accredited laboratory.

b) Criteria for herds qualified to enter into the certification program:

1) Participation in this program is voluntary and the producer/owner is responsible for the cost of testing.

2) The herd has been in existence for at least one year or the herd was assembled with animals originating directly from paratuberculosis-certified herds only.

3) A herd assembled with animals originating directly from certified herds only shall start at the lowest certification level of the herds from which the assembled animals were acquired. A negative first-herd test will qualify the newly-assembled herd for the first certification level.

4) All animals must have an approved, permanent, unique, legible identification other than a plastic ear tag or neck chain. Acceptable types of means of an-approved, permanent, unique, legible identification include registration or association numbers accompanied by identification
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document, ear tattoos, USDA uniform series ear tag (metal tags), freeze branding and electronic identification (microchips) as long as a reader is supplied by the owner or is readily available.

c) Voluntary Johne's disease herd status for cattle shall be established and maintained in accordance with the Uniform Program Standards for the Voluntary Bovine Johne's Disease Control Program (April 2002) that was developed by the National Johne's Working Group and the Johne's Committee of the U.S. Animal Health Association and approved and adopted by the U.S. Animal Health Association (P.O. Box K227, Suite 114, 1610 Forest Avenue, Richmond, Virginia 23228). Herd owners using either the Fast Track or the Standard Track certification program must sign a herd agreement prior to acceptance into the program.

d) Criteria for certifying bison, buffalo, sheep, goats, llamas or members of the cervid family herds or flocks under the Illinois Voluntary Johne's Disease Herd or Flock Certification Program.

1) The following certification levels will be awarded compliance with certification requirements:
   Level 1 - herd or flock tested negative after one sampling.
   Level 2 - herd or flock tested negative after two samplings.
   Level 3 - herd or flock tested negative after three samplings.
   Level 4 - herd or flock tested negative after four samplings.
   Level 5 - herd or flock tested negative after five samplings.
   Level 5 Monitored - herd or flock tested negative after six or more samplings.

2) Certification requirements:
   A) For annual certification, all animals 24 months of age and older must be tested.
   B) Certified herds or flocks must be tested every 12 months (+/- 2 months).
   C) All tests must be performed at an accredited laboratory.
   D) An organism detection test for M. avium paratuberculosis (i.e., fecal culture) must be conducted.
   E) Fecal collection must be done either by, or under the direct supervision of, an accredited veterinarian who must verify that the samples were collected from the animals identified on the test documents.
   F) The owner must certify on an agreement form prescribed by the Department:
      i) At the initial test date, the herd has been in existence for at least one year or was assembled only from herds or flocks
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enrolled in a M. avium paratuberculosis program and are at the same or higher level than the herd or flock. Animals purchased from herds or flocks participating in M. avium paratuberculosis programs outside of Illinois must have that state's program approved by the Director prior to certification.

ii) At each test date, all animals in the herd or flock 24 months of age or older were sampled and included in the herd or flock test. A herd or flock can qualify for certification through a split herd/flock testing program. The producer must test all test-eligible animals at least once a year throughout a one year (12 month) period. The anniversary date would be the date that the herd test is completed for the year. The testing schedule for the year must be described in the annual herd agreement.

iii) At each test date, a list identifying all animals previously tested but no longer in the herd or flock must be provided to the Department.

iv) At each test date, all animals added to the herd or flock since the last herd or flock test were natural additions to (born into) the herd or flock, purchased from participating herds or flocks, or were tested at the time of arrival on the premises (see Section 85.135(d)(6)).

v) At each test date, with a written statement sent to the Department certifying to the best of his/her knowledge no animal that left the herd or flock tested positive for paratuberculosis or was exhibiting clinical signs of Johne's disease.

3) Upon completion of the required testing and review by the Director, the Department shall issue a certificate verifying the herd's or flock's status.

4) Handling of animals exhibiting clinical signs:
   A) All animals exhibiting clinical signs of M. avium paratuberculosis must be tested and isolated from the herd or flock pending the test results. An organism detection test (i.e., fecal culture) must be used on feces from animals exhibiting clinical signs.
   B) A negative result on the M. avium paratuberculosis detection test will allow the herd or flock to move to the next certification level.

5) Suspension or revocation of herd or flock certification:
   A) Identification of a positive animal using the organism detection test during the certification herd or flock test will result in the loss of
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certification status. The next negative test will qualify the herd or flock for Level 1 certification.

If a positive animal is detected on any other test for Johne's disease during the current certification period other than by an organism detection test, the herd's or flock's certification will be suspended pending a confirmatory organism detection test of that animal.

B) Herds or flocks not tested within 14 months after the last sampling will lose their certification status. The next negative herd or flock test will qualify the herd or flock for Level 1 certification.

6) Herd or Flock Additions. Animals purchased from another herd or flock participating in a M. avium paratuberculosis certification program may enter the herd or flock without further testing, and will be tested along with the herd or flock at the next annual test. Animals originating from herds or flocks that are not participating in an M. avium paratuberculosis certification program must be isolated from the other members of the herd or flock until a negative organism detection test has been received. Isolation means that the animal can have no opportunity to share feed or water receptacles with other members of the herd or flock, and there can be no chance of fecal contamination from the animal.

7) Protocol. If an animal sold from a certified herd or flock is identified as positive:

A) If an animal sold from a certified negative herd or flock is identified as positive by an organism detection test within 16 months after the date of sale, the selling certified herd or flock may, within 120 days after being notified, be required to conduct a herd or flock retest of all eligible animals. Determination of retesting of the herd or flock will be made by the Director based upon, but not limited to, the level of certification of the herd or flock, the last negative organism detection test of the herd or flock and the status of the other animals in the purchasing herd or flock, if known.

B) The selling certified herd or flock will maintain its present certification status pending the results of the herd or flock test or at the determination of the Director based on epidemiological evidence provided by a state or federal veterinarian.

C) If the herd or flock retest is negative, the herd will maintain its "present" certification status. The herd or flock owner/manager shall then have the option of maintaining his/her present test schedule or rescheduling his/her herd test date so that his/her next herd or flock test is not due until 12 months after the retest.
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D) If a positive animal is identified on this retest, the selling herd or flock will lose its certification status. The next negative herd or flock test will qualify the herd or flock for Level 1 certification.

(Source: Amended at 26 Ill. Reg. 18245, effective December 6, 2002)

Section 85.140 Requirements for Establishing and Maintaining a Herd Under the Voluntary Paratuberculosis (Johne's Disease) Risk Management Program

a) The following definitions shall be applicable to this Section:

"Accredited laboratory" means a laboratory operated by the Illinois Department of Agriculture or the University of Illinois College of Veterinary Medicine, or a laboratory approved by the Director (on the basis that it is using USDA approved methods).

"Animal" means cattle, bison or buffalo.

"Herd" shall mean all animals under common ownership or supervision that are grouped on one or more parts of any single premises (lot, farm, ranch), or all animals on two or more premises geographically separated, but on which animals have been interchanged or where there has been contact between the premises. Contact of animals between separated premises under common management shall be assumed to have occurred unless otherwise established by the herd owner or manager. Each separate species of animal shall be considered as a separate herd.

"M. avium paratuberculosis-detection test" or "organism detection test" means any test sufficiently sensitive and specific for detection of M. avium paratuberculosis in fecal samples. Definition of "sufficiently sensitive and specific" will be on the basis of results of performance of a check test and proficiency standards set by the Uniform Program Standards for the Voluntary Bovine Johne's Disease Control Program (April 2002) National Paratuberculosis Certification Program. Any test approved by the United States Department of Agriculture for M. avium paratuberculosis organism detection (i.e., fecal culture test for M. avium paratuberculosis) is acceptable as long as it is performed at an accredited laboratory.

"Serum antibody test" means any test sufficiently sensitive and specific for
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detection of antibodies to M. avium paratuberculosis in bovine serum. Definition of "sufficiently sensitive and specific" will be on the basis of results of performance of a check test and proficiency standards set by the Uniform Program Standards for the Voluntary Bovine Johne's Disease Control Program (April 2002), National Paratuberculosis Certification Program (October 1998), as recommended and approved by the U.S. Animal Health Association (P. O. Box K227, Suite 114, 1610 Forest Avenue, Richmond, Virginia 23228). Any test approved by the United States Department of Agriculture for serum antibody detection (i.e., ELISA for M. avium paratuberculosis) is acceptable as long as it is performed at an accredited laboratory.

b) Criteria for herds qualified to enter into the risk management program:
1) Participation in this program is voluntary and the producer/owner is responsible for the cost of testing.
2) The herd has been in existence for at least one year or the herd was assembled with animals originating directly from paratuberculosis-certified or risk managed herds only.
3) A herd assembled with animals originating directly from risk managed herds only shall start at the lowest certification level of the herds from which the assembled animals were acquired.
4) All animals must have an approved, permanent, unique, legible identification other than a plastic ear tag or neck chain. Acceptable types of means of an approved, permanent, unique, legible identification include, including registration or association numbers accompanied by identification document, ear tattoos, USDA uniform series ear tag (metal tags), freeze branding and electronic identification (microchips) as long as a reader is supplied by the owner or is readily available.

c) Criteria for enrolling and maintaining cattle, buffalo or bison herds under the Illinois Voluntary Johne's Disease Risk Management Program:
1) The following certification levels will be awarded compliance with certification requirements:
   A) Level A - 30 head or the whole herd has been tested with no positives disclosed.
   B) Level B - the whole herd has been tested with less than 5% (0% to 4.99%) of the animals testing positive.
   C) Level C - the whole herd has been tested with 5% to 14.99% of the animals testing positive.
   D) Level D - the whole herd has been tested with 15% or greater of the animals testing positive, or 30 head were tested with one or
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more positive animals disclosed.
E) Potential Maximum Risk herds have had no animals tested or do not disclose any test results.
F) A level achievement year representing when the herd reached the status level will be added to the status designation (e.g., Level A since 1999).

2) Certification requirements:
A) Testing shall be done annually within 10-14 months after the initial status testing anniversary date and a herd shall remain at that level for a year, regardless of the amount of testing completed during that time. A herd can qualify through a split herd testing program. The producer must test all test-eligible animals at least once a year throughout a one year (12 month) period with the exception of any "J" punched animals in the herd. "J" punched animals do not have to be tested, but must be accounted for on the annual herd agreement. The anniversary date would be the date that the herd test is completed for the year. The testing schedule for the year must be described in the annual herd agreement.
B) Either a fecal culture or ELISA test may be used for certification.
C) Whole herd tests are conducted on all second and higher lactation animals and bulls two years of age and older.
D) Tests on 30 animals must be a random sampling of second and higher lactation animals and bulls two years of age and older. The same animals should not be tested in consecutive testing years.
E) All tests must be performed at an accredited laboratory.
F) Fecal and blood collection must be done either by, or under the direct supervision of, an accredited veterinarian, who must verify that the samples were collected from the animals identified on the test documents.

3) Upon completion of the required testing and review by the Director, the Department shall issue a certificate verifying the herd's status.

4) Herds not tested within 14 months after the last sampling will lose their certification status.

d) Criteria for enrolling and maintaining cervid or goat herds under the Illinois Voluntary Johne's Disease Risk Management Program.

1) The following certification levels will be awarded compliance with certification requirements:
A) Level A - 30 head or the whole herd has been tested with no positives disclosed.
B) Level B - the whole herd has been tested with less than 5% (0% to
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4.99%) of the animals testing positive.

C) Level C - the whole herd has been tested with 5% to 14.99% of the animals testing positive.

D) Level D - the whole herd has been tested with 15% or greater of the animals testing positive, or 30 head were tested with one or more positive animals disclosed.

E) Potential Maximum Risk herds have had no animals tested or do not disclose any test results.

F) A level achievement year representing when the herd reached the status level will be added to the status designation (e.g., Level A since 2002).

2) Certification requirements:

A) Testing shall be done annually within 10-14 months after the initial status testing anniversary date and a herd shall remain at that level for a year, regardless of the amount of testing completed during that time. A herd can qualify through a split herd testing program. The producer must test all test-eligible animals at least once a year throughout a one-year (12 month) period with the exception of any "J" punched animals in the herd. "J" punched animals do not have to be tested, but must be accounted for on the annual herd agreement. The anniversary date would be the date that the herd test is completed for the year. The testing schedule for the year must be described in the annual herd agreement.

B) The fecal culture must be used for certification.

C) Whole herd tests are conducted on all second and higher lactation animals and males two years of age and older.

D) Tests on 30 animals must be a random sampling of second and higher lactation animals and males two years of age and older. The same animals should not be tested in consecutive testing years.

E) All tests must be performed at an accredited laboratory.

F) Fecal collection must be done either by, or under the direct supervision of, an accredited veterinarian, who must verify that the samples were collected from the animals identified on the test documents.

3) Upon completion of the required testing and review by the Director, the Department shall issue a certificate verifying the herd’s status.

4) Herds not tested within 14 months after the last sampling will lose their certification status.

Additions to the herd. Animals purchased from another herd participating in an M. avium paratuberculosis certification program may enter the herd without
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further testing, and will be tested along with the herd at the next annual test. Animals originating from herds that are participating in Johne's Disease Risk Management Program and are of the same level as the purchasing herd can be added to the herd without further testing and be tested on the next annual test. If the purchased additions originate from herds that are of a lower risk management level or are from a herd that has not been tested, the purchasing herd will assume the level of the purchased additions or will lose its herd status unless the animals have had a negative test within 30 days prior to purchase, or are isolated from the other members of the herd until a negative test has been received. Isolation means that the animal can have no opportunity to share feed or water receptacles with other members of the herd, and there can be no chance of fecal contamination from the animal.

(Source: Amended at 26 Ill. Reg. 18245, effective December 6, 2002)

Section 85.145 Johne's Disease Positive Animals Cattle or Bison

Any animals cattle or bison found to be positive for Johne's disease on an organism detection (culture) test shall be "J" punched in the left ear within 30 days after diagnosis. The "J" punch shall be no smaller than one inch in height for cattle or bison or one-half inch for cervids or goats. The herd will be placed under restriction until the herd has either enrolled in the Voluntary Johne's Disease Herd Program or Johne's Disease Risk Management Program. Herds restricted due to Johne's disease cannot sell any animals except to slaughter that are two years of age or older, unless the animals have been tested negative for Johne's disease within 30 days after sale or the herd is enrolled in the Johne's Disease Risk Management Program.

(Source: Amended at 26 Ill. Reg. 18245, effective December 6, 2002)
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1) **Heading of the Part:** Imputation

2) **Code Citation:** 83 Ill. Adm. Code 792

3) **Section Numbers:**

   - 792.10 Amendment
   - 792.30 Amendment
   - 792.40 Amendment
   - 792.50 Amendment
   - 792.60 New Section

4) **Statutory Authority:** Implementing Section 13-501.1 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/13-501.1 and 10-101]

5) **Effective Date of Amendments:** December 15, 2002

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Do these amendments contain incorporations by reference?** No

8) **A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency’s principal office in Springfield and is available for public inspection.**

9) **Notice of Proposal Published in Illinois Register:** 07/12/02; 26 Ill. Reg. 10126

10) **Has JCAR issued a Statement of Objection to these amendments?** No

11) **Differences between proposal and final version:** No substantive changes.

12) **Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?** Yes

13) **Will these amendments replace any emergency amendments currently in effect?** No

14) **Are there any amendments pending on this Part?** No

15) **Summary and Purpose of Amendments:** Part 792, which took effect February 1, 1994, applies only to a telecommunications carrier that provides both competitive and
noncompetitive services. With respect to the circumstances in which a carrier must satisfy an imputation test, Section 13-505.1(a) states:

If a carrier provides noncompetitive services or noncompetitive service elements to other telecommunications carriers for the provision by the other carriers of competitive services, switched interexchange services, or interexchange private line services or to other persons with which the telecommunications carrier also competes for the provision by those other persons of information or enhanced telecommunications services, as defined by the [FCC]…, then the telecommunications carrier shall satisfy an imputation test for each of its own competitive services, switched interexchange services, or interexchange private line services, that utilize the same or functionally equivalent noncompetitive services or noncompetitive service elements.

This rulemaking adopts amendments regarding periodic filings and the contents of those filings. The amendments also require initial tests for new carriers. Review procedures are adopted. The amendments also add new language on the handling of proprietary material and add a requirement for the identification of filings made pursuant to Part 792

16) Information and questions regarding these adopted amendments shall be directed to:

Conrad S. Rubinkowski
Office of General Counsel
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62701
(217)785-3922

The full text of the adopted amendments begins on the next page:
PART 792
IMPUTATION

Section
792.10 Carriers Subject to Imputation Rules
792.20 Services Subject to Imputation
792.30 When an Imputation Test Must Be Filed
792.40 Minimum Filing Requirements for an Imputation Test
792.50 Proprietary Treatment
792.60 Identification of Filings

AUTHORITY: Implementing Section 13-505.1 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/13-505.1 and 10-101].


Section 792.10 Carriers Subject to Imputation Rules

This Part applies to any telecommunications carrier (“carrier”) providing both competitive and noncompetitive telecommunications services, as specified in Section 13-505.1 of the Public Utilities Act (“Act”) (Ill. Rev. Stat. 1991, ch. 111/2, par. 13-505.1, as amended by P.A. 87-856, effective May 14, 1992) [220 ILCS 5/13-505.1], except those carriers that are specifically exempted in Section 13-504(b) of the Act.

(Source: Amended at 26 Ill. Reg. 18269, effective December 15, 2002)

Section 792.30 When an Imputation Test Must Be Filed

a) Initial tests. A subject carrier shall file with the Illinois Commerce Commission (“Commission”) a list of all services, specifying those services that are subject to the requirements of Section 13-505.1 of the Act and filing an imputation test for each such subject service. Initial imputation tests, unless previously filed in another proceeding, must be filed with the Commission within 90 days after February 1, 1994. After notice and hearing, the Commission shall issue an order determining whether the initial imputation test for each subject service and the result of such test satisfy the requirements of Section 13-505.1 of the Act. The
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Commission shall make its determination and issue its final order within 120 days or, if previously filed in another proceeding, as part of the order in that proceeding. The 120 day requirement, if applicable, may be extended by written agreement of all parties to the proceeding. Except as provided in subsection (b), in the event a new telecommunications carrier subject to this Part purchases assets of an existing telecommunications carrier, otherwise assumes ownership of one or more exchanges, or engages in a transaction that causes the carrier or services to become subject to Section 13-505.1 of the Act, that new carrier shall file, with the Illinois Commerce Commission (Commission), initial imputation tests or an adoption of the imputation tests of the former carrier within 180 days after the consummation of the transaction. Along with the initial imputation tests or adoption of imputation tests, the new carrier shall file with the Commission a List of Services as provided in subsection (e). Subsequent to the filing of initial imputation tests or adoption, the new subject carrier shall file subsequent tests and biennial tests in accordance with the requirements of subsections (c) and (e).

b) Exceptions for filing initial test. In the event that the Commission has previously determined, or is currently evaluating, in a docketed proceeding, whether all services that are subject to the requirements of Section 13-505.1 of the Act satisfy the statutory imputation requirements, a carrier will not be required to make the filings otherwise required by subsection (a), except as required in connection with the docketed proceeding. To qualify for the exception in this subsection, a carrier must file a certification that all subject services were evaluated, or are currently being evaluated, for compliance with Section 13-505.1 of the Act in a docketed proceeding. The certification shall be signed by an officer of the carrier, shall state that the filing is made pursuant to Part 792, and shall identify the docket in which compliance with Section 13-505.1 was previously or is currently being evaluated. This certification shall be filed with the Chief Clerk of the Commission with a copy provided to the Director of the Commission's Telecommunications Division.

c) Subsequent tests. In addition to any other requirement in this Part 792, after the filing of the initial imputation test, an imputation test must be filed whenever a new service is subject to Section 13-505.1 of the Act or an existing service becomes subject to Section 13-505.1 of the Act. Circumstances under which the tests shall be filed include, but are not limited to, revised or updated under the following circumstances:

1) When any tariff is filed reclassifying a noncompetitive service as a competitive service that is subject to imputation;
2) When any tariff is filed that reduces rates for a service that is subject to imputation under Section 13-505.1 of the Act; and
3) When any tariff is filed that increases rates for a noncompetitive service or
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a noncompetitive service element, or its functional equivalent, which is utilized in providing a service subject to imputation.

d) Filings made pursuant to subsections (a) and (c) shall be made in the form of either a tariff filing pursuant to Section 9-201 of the Act [220 ILCS 5/9-201] or a petition filed pursuant to 83 Ill. Adm. Code 200. In the event the tests become the subject of a proceeding as a result of the suspension of the tariffs pursuant to Section 9-201 of the Act or by the filing of a petition, the Commission shall issue an order within 120 days determining whether the imputation test for each subject service and the result of the test satisfy the requirements of Section 13-505.1 of the Act. The 120-day requirement, if applicable, may be extended by agreement of all parties to the proceeding. Any filing made pursuant to subsections (a) and (c) shall be made with the Chief Clerk of the Commission with a copy provided to the Director of the Commission's Telecommunications Division.

e) Biennial tests. Except as provided in subsection (f), beginning on February 1, 2003 and biennially thereafter in odd numbered years on February 1, a subject carrier shall file with the Commission an imputation test for each service for which an imputation test is required and a list of services (List of Services). This List of Services shall identify all services provided by the carrier and shall specifically identify those services that are subject to the requirements of Section 13-505.1 of the Act. Marked-up tariff indexes and pages may be filed as an alternative to the List of Services. Any filing made pursuant to this subsection shall be made with the Chief Clerk of the Commission with a copy provided to the Director of the Commission's Telecommunications Division.

f) Certification in lieu of filing biennial imputation test. The requirement for filing biennial imputation tests will be deemed to be satisfied if the carrier files with the Commission, on or before the date the biennial imputation test is due, a certification in accordance with the requirements of this subsection. The certification shall be signed by an officer of the carrier and shall certify that:

1) any imputation test including supporting documentation, if filed, would be identical to a previously filed imputation test including supporting documentation; and

2) the Commission is entitled to rely upon the previously filed imputation test including supporting documentation as the carrier's filing for the biennial test year in question.

Any certification filed pursuant to this subsection shall identify when each imputation test that is the subject of the certification was filed. Any certification filing made pursuant to this subsection shall be made with the Chief Clerk of the Commission with a copy provided to the Director of the Commission's Telecommunications Division. At the request of Staff, the carrier filing such a certification shall provide to Staff, promptly after Staff’s request, a copy of the
previously filed imputation test identified in the certification. The certification described in this subsection does not excuse the filing of the List of Services or marked-up tariff indexes and pages.

Whenever the List of Services list of services subject to imputation changes on file with the Commission becomes inaccurate for any reason, such revisions a revised List of Services shall be filed with the Director of the Telecommunications Department in the Public Utilities Division and the Chief Clerk of the Commission within 30 days after the event causing the list to become inaccurate occurs. A carrier may satisfy the requirement to file a revised list by filing amendatory pages, which replace only individual pages of its existing list that are inaccurate, without replacing the entire List of Services.

(Source: Amended at 26 Ill. Reg. 18269, effective December 15, 2002)

Section 792.40 Minimum Filing Requirements for an Imputation Test

a) Any imputation test filed with the Commission pursuant to Section 792.30(a), (c) or (e) shall include the following:

1) For each service subject to imputation, a list of noncompetitive services or noncompetitive service elements, or their functional equivalent, that are utilized to provide the service;

2) For each service subject to imputation, an illustration or diagram and a written description of the service, specifically identifying the noncompetitive services and noncompetitive service elements, or their functional equivalent, and the competitive services and competitive service elements that are utilized to provide the service. Both proprietary and non-proprietary versions of these documents shall be provided;

3) For each service subject to imputation, a description of the underlying methods, assumptions, mathematical formulas, and level of disaggregation of data that will be used in performing the imputation test. The underlying methods, assumptions, mathematical formulas, and level of disaggregation of data used in an imputation test shall be consistent with Section 13-505.1 of the Act, where the imputed costs of a service are defined as the sum of the following:

A) Specifically tariffed premium rates for the noncompetitive services or noncompetitive service elements, or their functional equivalent, that are utilized to provide the service;

B) The long-run service incremental costs of facilities and functionalities that are utilized but not specifically tariffed; and

C) Any other identifiable, long-run service incremental costs
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associated with the provision of the service (Section 13-505.1 of the Act); and

4) The results of the imputation test.

b) Any imputation test filed in compliance with subsection (a)(3) above shall comply with the requirements for long-run service incremental cost studies in 83 Ill. Adm. Code 791.

(Source: Amended at 26 Ill. Reg. 18269, effective December 15, 2002)

Section 792.50 Proprietary Treatment

Any numerical data and results contained in the imputation test and any subsequent revisions shall be accorded proprietary treatment under the Commission's Rules of Practice (83 Ill. Adm. Code 200). Interested parties may have the right to obtain copies of any service imputation test methodology and diagram filed pursuant to Section 792.40(a)(2), but only to the extent that the methodology or diagram is not required to be accorded proprietary treatment in accordance with this Section.

(Source: Amended at 26 Ill. Reg. 18269, effective December 15, 2002)

Section 792.60 Identification of Filings

All filings made with the Chief Clerk of the Commission pursuant to Section 792.30 and Section 792.40 shall indicate that the filing is made pursuant to Part 792.

(Source: Added at 26 Ill. Reg. 18269, effective December 15, 2002)
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1) **Heading of the Part:** Access to Public Records

2) **Code Citation:** 2 Ill. Adm. Code 951

3) **Section Numbers:**
   - 951.15 Amendment
   - 951.20 Amendment
   - 951.30 Amendment
   - 951.40 Amendment
   - 951.45 New Section
   - 951.50 Amendment
   - 951.60 Amendment
   - 951.70 Amendment

4) **Statutory Authority:** Implementing and authorized by the Freedom of Information Act [5 ILCS 140], Section 401 of the Illinois Insurance Code [215 ILCS 5/401] and Sections 5-15 and 5-75 of the Illinois Administrative Procedures Act [5 ILCS 100/5-15 and 5-75].

5) **Effective Date of Amendments:** December 16, 2002

6) **Does this amendment contain an automatic repeal date?** No

7) **Does this amendment contain incorporations by reference?** No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the Department of Insurance’s principal office and is available for public inspection.

9) **Notice of Proposal Published in Illinois Register:** Part 951 is a "required rule", as that term is defined in Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15] and as a result is considered an internal agency rule that is not required to proceed through the general rulemaking process.

10) **Has JCAR issued a Statement of Objection to this amendment?** No, Part 951 is an internal rule that is not required to be submitted to JCAR for review pursuant to 1 Ill. Adm. Code 100.810.

11) **Differences between proposal and final version:** No differences exist; Part 951 was not required to be submitted in the proposed version.
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12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? JCAR was not required to review Part 951; therefore, no changes were agreed upon by the Department and JCAR.

13) Will these amendments replace any emergency amendments currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of rulemaking: This Part is being amended to incorporate the Department’s policies regarding the determination of confidentiality of certain types of documents and information, and to update the Department’s requirements and procedures concerning Freedom of Information requests.

16) Information and questions regarding these adopted amendments shall be directed to:

   Joseph T. Clennon            Susan Anders
   Staff Attorney               Paralegal
   Department of Insurance      Department of Insurance
   320 West Washington         (or) 320 West Washington
   Springfield IL  62767-0001   Springfield IL  62767-0001
   (217) 557-1396              (217) 785-8220

The full text of the adopted amendments begins on the next page:
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TITLE 2: GOVERNMENTAL ORGANIZATION
SUBTITLE D: CODE DEPARTMENTS
CHAPTER XI: DEPARTMENT OF INSURANCE

PART 951
ACCESS TO PUBLIC RECORDS

Section
951.10 Summary and Purpose
951.15 Definitions
951.20 Availability of Public Records
951.30 Requests for Access to Public Records
951.40 Response to Requests
951.45 Restrictions on Availability of Public Records
951.50 Appeal of Denial of Access
951.60 Fee Schedule, Fee Waivers, and Payment of Fees for Copies and Records;
   Certification and Electronic Data
951.70 Inspection of Public Records

AUTHORITY: Implementing and authorized by the Freedom of Information Act [5 ILCS 140],
Section 401 of the Illinois Insurance Code [215 ILCS 5/401] and Sections 5-15 and 5-75 of the
Illinois Administrative Procedure Act [5 ILCS 100/5-15 and 5-75].

SOURCE: Adopted at 8 Ill. Reg. 12214, effective July 1, 1984; amended at 21 Ill. Reg. 5154,

Section 951.15 Definitions

Code means the Illinois Insurance Code [215 ILCS 5].

Department means the Illinois Department of Insurance.

Director means the Director of the Illinois Department of Insurance.

FOIA means the Illinois Freedom of Information Act [5 ILCS 140].

FOIA Officer means an individual responsible for receiving and responding to
requests for public records.

IAPA means the Illinois Administrative Procedure Act [5 ILCS 100].
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Public records includes all documents, records, books, papers and other information prepared, used, filed with or maintained by the Department which are not otherwise exempt from public disclosure pursuant to Section 7 of the FOIA.

Requester means an individual, organization or other entity who requests to inspect, or receive copies of copies of public records.

(Source: Amended at 26 Ill. Reg. 18276, effective December 16, 2002)

Section 951.20 Availability of Public Records

Public records maintained by the Department may be made available to the public upon submission of a written request in accordance with Section 951.30 951.20 of this Part. Upon the Department's determination to comply with the request in whole or in part, the requested records may either be made available for inspection pursuant to Section 951.70 of this Part, or copies in the Springfield Office on a date and time mutually agreeable to the requesting party and the Department. The Department's Springfield Office is located at 320 West Washington Street, 4th Floor, Springfield, Illinois 62767-0001. Copies of the requested records may be furnished for a fee as set forth in Section 951.60 of this Part. The records will not be transmitted by electronic means such as fax or e-mail. A categorical index of the public records maintained by the Department is may be available for inspection and copying in the Department's Springfield and Chicago Offices, or may be viewed on the Department's website at www.ins.state.il.us. The Department's Springfield Office is located at 320 West Washington Street, 4th Floor, Springfield, Illinois 62767-0001. The Department's Chicago Office is located at James R. Thompson Center, 100 West Randolph Street, Suite 15-100, Chicago, Illinois 60601-3251.

(Source: Amended at 26 Ill. Reg. 18276, effective December 16, 2002)

Section 951.30 Requests for Access to Public Records

a) Standard Department computer reports and prices are listed on the Computer Data Request Form, which is available in print and on the Department's website. Completed request forms must be accompanied by payment and addressed to the Public Sale Coordinator, Information Systems Section, Illinois Department of Insurance, 320 West Washington Street, 4th Floor, Springfield, Illinois 62767-0001.

b) A request for access to any a public record maintained by the Department other than the computer reports described in subsection (a) of this Section must be submitted in writing and addressed to the FOIA Officer, Department of Insurance,
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320 West Washington Street, 4th Floor, Springfield, Illinois 62767-0001.

The request may also be submitted on FOIA request forms made available as provided by the Department in print and on the Department’s website. Every request must contain the following information:

1) The full name and address of the requesting party;
2) A description, including dates if applicable, that is reasonably sufficient to permit their identification of the requested records by Department personnel without undue difficulty;
3) An indication of the requester's agreement to pay copying fees and certification fees if applicable, as set forth in Section 951.60 of this Part, for the requested copies or certifications; and
4) The request letter and envelope should be clearly marked "FREEDOM OF INFORMATION REQUEST" or "INFORMATION REQUEST".

The Department may require additional information from the requester either verbally, or by a supplemental request from the requesting party, when the initial description of the records requested is insufficient to enable the Department to locate the records within a reasonable period of time. The Department will comply with the request within seven (7) working days after receipt of the request by the FOIA Officer. Under exceptional circumstances, as set forth in Section 3(d) of the FOIA, the Department may extend the time to comply with or deny to make an initial determination on the request for up to seven (7) additional working days. If the time limit for

(Source: Amended at 26 Ill. Reg. 18276, effective December 16, 2002)

Section 951.40 Response to Requests

The Department shall make a determination of whether, or the extent to which, the Department will comply with the request within seven (7) working days after receipt of the request by the FOIA Officer. Under exceptional circumstances, as set forth in Section 3(d) of the FOIA, the Department may extend the time limit to comply with or deny to make an initial determination on the request for up to seven (7) additional working days. If the time limit for
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compliance is extended, the requester will be notified in writing of the reason for the such extension, and the date by which the Department will make a determination on the request.

b) Upon determination to comply with the request, the Department will notify the requester in writing, and will either make the requested records available for inspection or provide copies. The Department will also notify the requester of the requested information along with a cover letter stating the applicable copying fees to be charged. An invoice for any copies provided will be mailed separately. When a requester chooses to inspect public records, rather than have the Department provide copies, the records will be available to the requester for inspection at the Department's offices for 30 days following the Department's written response. After that time, the Department will return all records to their point of origin within the Department.

c) If the Department makes a determination to deny the request, in whole or in part, the requester shall be informed in writing of the specific reasons for denying access, the extent of the denial, the name and title of the Department employee responsible for the decision to deny access, and the right to appeal this decision to the Director of Insurance.

d) If the records requested cannot be located after a reasonable search or they are no longer in existence, the requester will be so notified in writing. The requesting party will be given an opportunity to provide additional information to the Department that may aid in the location of the documents.

e) If the records requested are not maintained by the Department, but they are known to be maintained by another public body, the Department will inform the requester that they may be requested from the other public body.

f) If the Department fails to respond to a written FOIA request within seven working days after its receipt or within an extension of that time, the requester may deem the request denied, and may request review of the denial by the Director of Insurance.

(Source: Amended at 26 Ill. Reg. 18276, effective December 16, 2002)

Section 951.45 Restrictions on Availability of Public Records

a) FOIA requests submitted to the Department are themselves public records and may be disclosed to the public upon request. However, any portion of the documents which are determined to be exempt pursuant to provisions of FOIA or other statutes or regulations will be withheld from public disclosure. Part or all of a FOIA request will be withheld from public disclosure if a requester submits, in
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writing, a specific, valid judicial or statutory basis for claiming confidentiality. The Department will not determine a faxed request to be exempt from disclosure solely on the basis of accompaniment by a standardized claim of confidentiality.

b) Social Security numbers, tax identification numbers, other personally identifying information, residence, employment history and personal financial information contained in Department records are considered confidential and will be withheld from public disclosure.

c) The Department may make a determination that certain documents or information are confidential, proprietary or privileged pursuant to Section 404 of the Code. When such a determination has been made, the documents or information will be withheld from public disclosure.

d) Information that bears on the public duties of public employees may be disclosed pursuant to FOIA. Employee information which may not be disclosed pursuant to FOIA includes, but is not limited to, those items identified in subsection (b) of this Section, and confidential documents and information contained in the employee’s personnel file.

(Source: Added at 26 Ill. Reg. 18276, effective December 16, 2002)

Section 951.50 Appeal of Denial of Access

a) Any person who is denied access to the records of the Department (either in whole, or in part) may appeal the denial to the Director of Insurance. The appeal must be made in writing within (30) days after notification of the denial and must be addressed to the Director of Insurance, 320 West Washington Street, 4th Floor, Springfield, Illinois 62767-0001. The letter and envelope should be clearly marked "FREEDOM OF INFORMATION APPEAL."

b) The Director shall make a written determination with respect to any such appeal and shall provide a written response within seven (7) working days after of its receipt. The appealing party shall be notified in writing of the Director’s determination. The person filing the appeal appealing party will also be informed of the person’s right to seek judicial review of any final determination made by the Director to uphold, in whole or in part, the Department's denial of access to refusal to make available the requested records. If the Director determines that all or part of the records may be disclosed are accessible to the public, the Director shall notify the person filing the appeal appealing party as to the extent the such records will be available for inspection and copying, when they may be inspected, if copies have been requested, and any copying the fees to be charged.

c) Failure of the Director to make a written determination on an appeal within seven (7) working days after of its receipt shall be considered a denial of the such appeal.
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d) If the appeal is denied, in whole, or in part, the person filing the appeal, appealing party, may seek judicial review by filing suit for injunctive or declaratory relief in a court with proper jurisdiction.

(Source: Amended at 27 Ill. Reg. 18276, effective December 16, 2002)

Section 951.60 Fee Schedule, Fee Waivers, and Payment of Fees for Copies and of Records, Certifications

a) The Department of Insurance shall charge a fee of $1.00 per page for copies of papers or records and $10.00 the fees set forth below for each reproduction and/or certification to copies of papers or of public records maintained by the Department, pursuant to Section 408 and 408.2 of the Illinois Insurance Code [250 ILCS 5/408, 408.2]. Prices the Department shall charge for standard computer reports are as listed on the Computer Data Request Form described in Section 951.30(a) of this Part.

b) Copies will be furnished without charge, or at a reduced charge, if the Department determines that a fee waiver, or reduction of the fee is in the public interest. A determination to grant a fee waiver or reduction of the fee will not be made unless the records information furnished will be primarily used to benefit the general public, as opposed to the personal or commercial benefit of the requester of the information. Requests made by news media for the primary purpose of accessing and disseminating information for the benefit of the general public are not considered to be for commercial benefit, pursuant to please see Section 6 of the FOIA [5 ILCS 140/6]. The Department may make such determination upon receipt of a written request for a fee waiver which explains the intended use of the requested records information and indicates that the requested fee waiver or reduction of the fee is in the public interest. Charges may be waived if:

1) The requester is a State agency;
2) The requester is an agency of the Federal, county, township, city, or other governmental body, including school districts;
3) The requester is a constitutional officer, or a member of the General Assembly, or United States Congress, or staff of a constitutional officer or member of the General Assembly or United States Congress;
4) The requester is a not-for-profit organization;
5) The requester is indigent;
6) The requester is the news media; or
7) When the FOIA officer determines that a fee waiver serves the public interest.
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b) Copies—For copies of papers or records, $1.00 per page.

c) Certification—
   1) For certification of an insurance producer’s license, $10.00 for each certification.
   2) For all other certifications, $10.00 per document.

d) Computerized Records—The following information is available for standard computer reports and tapes available from the Department. For the costs of these reports, contact the Public Sale Coordinator at (217) 524-0605 – TDD (217) 524-4872:
   1) Licensee Data: Information is available for Insurance Producers and Registered Firms. This information can be organized by zip code available in either upstate (60000–60699), or downstate (60700–62999) report forms. In addition, information is available regarding producers with specific authority, resident producers subject to continuing education, applicants passing exams and viatical settlement providers. Information can also be obtained regarding premium finance, public adjuster, surplus line, Third Party Administrators and Third Party Prescription Program licensees/registrants.
   2) Complaint Data: A standard statistical report is available which includes the number of complaints for a given company, and further includes categories for the types of coverage and general reasons for the complaint.
   3) Insurer Data: Various information is available for the following: insurance companies, HMO’s, reinsurers, and managed care organizations. Computer data is also available for premium comparisons of auto, homeowner and Medicare supplement insurance.
   4) Police/Fireman Pension Data: A report of all funds by name and address is available.
   5) Homeowner/Residential Fire Policy Counts: Information is available by raw data, zip code market share and company detail report (new, renewal, non-renewal and cancellation by zip code for Chicago and East St. Louis).

e) Payment – Payment for copies of furnishing computer data must be made as specified on the Computer Data Request Form pursuant to subsection 951.70(a) of this Part. Payment must be made in advance of delivery. Payment should be made by check or money order payable to the Director of Insurance. Upon receipt of payment, the Department will provide the requester with the requested computer data. For other copies/copying, and certification/certification fees, the FOIA Officer will notify the requester of what the copying fees will be, before they are incurred. Once the requester has agreed to pay the fees, the Department will in most instances provide the requested copies/information and the requester will then be
billed by invoice for the copying fees. If a large number of copies have been requested, however, payment may be required before copies can be provided. In some instances, the Department may choose to forward the requested records to a local printing company for copying; the printing company will send the required copies and the bill directly to the requester, and the requester will be responsible for payment to the printing company. Questions concerning copying or certification fees should be directed to the FOIA Officer, Department of Insurance, 320 West Washington Street, 4th Floor, Springfield, Illinois 62767-0001.

(Source: Amended at 26 Ill. Reg. 18276, effective December 16, 2002)

**Section 951.70 Inspection of Public Records**

a) Generally, public records may be made available for inspection at the Department's Springfield Office between the hours of 10:00 a.m. and 3:00 p.m.

b) Requesters must contact the FOIA Officer to schedule an appointment to inspect the requested records.

c) An employee of the Department may be present throughout the inspection. A requestor may be prohibited from bringing bags, briefcases or other containers into the inspection rooms.

d) Documents which the requester wishes to have copied shall be segregated during the course of the inspection. Generally, all copying shall be done by Department employees.

(Source: Amended at 26 Ill. Reg. 18276, effective December 26, 2002)
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1) **Heading of the Part:** Illinois Dental Practice Act

2) **Code Citation:** 68 Ill. Adm. Code 1220

3) | Section Numbers | Adopted Action |
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<td>1220.560</td>
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<td>APPENDIX D</td>
<td>New Section</td>
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4) **Statutory Authority:** Illinois Dental Practice Act [225 ILCS 25]

5) **Effective Date of Amendments:** December 13, 2002

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Do these amendments contain incorporations by reference?** No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency’s principal office and is available for public inspection.

9) **Date Notice of Proposal Published in Illinois Register:** April 26, 2002, at 26 Ill. Reg. 5814

10) **Has JCAR issued a Statement of Objection to these amendments?** No
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11) Differences between proposal and final version: In Section 1220.510, dentists who need to obtain a conscious sedation permit will have until December 1, 2003 instead of April, 2003 to complete their training and apply for their permit. Appendix D, “Characteristics of Levels of Anesthesia”, was revised based on public comment. Comment pointed out that proposed language regarding personnel required to administer anesthesia conflicted with statute. The changes brought the rulemaking into compliance with statute.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: Pursuant to PA 92-262, all dental hygiene programs must be accredited by the Commission on Dental Accreditation of the American Dental Association; Section 1220.250 reflects this change. Section 1220.155 is amended to change restricted faculty licenses from 5-year non-renewable licenses to 2-year renewable licenses, in accordance with PA 92-280. It also included changes in the administration of anesthesia, which are implemented by the amendments to Subpart E and the addition of 1220.Appendix D, "Characteristics of Levels of Anesthesia". Section 1220.415 reflects an increase in renewal fees (dental, dental specialty, and dental hygienist renewal fees were raised by PA 92-523). Various technical and clean-up revisions are also included.

16) Information and questions regarding these amendments shall be directed to:

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, Illinois 62786
217/785-0813
Fax #: 217/782-7645

The full text of the adopted amendments begins on the next page:
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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1220
ILLINOIS DENTAL PRACTICE ACT

SUBPART A: DENTIST

Section
1220.100 Application for Licensure
1220.110 Application for Examination (Repealed)
1220.120 Dental Clinical Examinations
1220.130 System of Retaking the Clinical Sections of the Examination (Repealed)
1220.140 Minimum Standards for an Approved Program in Dentistry
1220.150 Licensure (Repealed)
1220.155 Restricted Faculty Licenses
1220.156 Temporary Training License
1220.160 Restoration
1220.170 Renewal

SUBPART B: DENTAL HYGIENIST

Section
1220.200 Application for Licensure
1220.210 Application for Examination (Repealed)
1220.220 Dental Hygiene Clinical Examination
1220.230 System of Grading (Repealed)
1220.231 System of Retaking the Clinical Examination (Repealed)
1220.240 Prescribed Duties of Dental Hygienists
1220.245 Prescribed Duties of Dental Assistants
1220.250 Approved Programs of Dental Hygiene
1220.260 Restoration
1220.270 Renewal

SUBPART C: DENTAL SPECIALIST

Section
1220.310 Applications
1220.320 Examination
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1220.330 System of Grading (Repealed)
1220.335 American Board Diplomates
1220.340 Specialty Listing (Repealed)
1220.350 Restoration
1220.360 Renewal

SUBPART D: GENERAL

Section
1220.380 Definitions
1220.400 Reportable Diseases and Conditions
1220.405 Reporting of Adverse Occurrences
1220.410 Endorsement
1220.415 Fees
1220.421 Advertising
1220.425 Referral Services
1220.431 Employment by Corporation (Repealed)
1220.435 Renewals (Repealed)
1220.440 Continuing Education
1220.441 Granting Variances

SUBPART E: ANESTHESIA PERMITS

Section
1220.500 Definitions
1220.505 Anxiolysis in the Dental Office Setting
1220.510 Conscious Sedation in the Dental Office Setting, Parenteral
1220.520 Deep Sedation and General Anesthesia in the Dental Office Setting
1220.525 Renewal
1220.530 Anesthesia Review Panel (Repealed)
1220.540 Approved Programs in Anesthesiology
1220.550 Reporting of Adverse Occurrences (Repealed)
1220.560 Restoration of Permits

APPENDIX A Pre-clinical Restorative Dentistry Sub-section (Repealed)
APPENDIX B Dental Assistant Permitted Procedures (Repealed)
APPENDIX C Dental Hygienist Permitted Procedures (Repealed)
APPENDIX D Characteristics of Levels of Anesthesia

AUTHORITY: Implementing the Illinois Dental Practice Act [225 ILCS 25] and authorized by
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Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].


SUBPART A: DENTIST

Section 1220.100 Application for Licensure

An applicant for a license to practice dentistry in Illinois shall file an application on forms supplied by the Department of Professional Regulation (the Department) which shall include:

a) A complete work history indicating all employment since graduation from dental school.

b) For graduates from a dental college or school in the United States or Canada, certification of successful completion of 60 semester hours or its equivalent of college pre-dental education, and graduation from a course of instruction in a dental program that meets the minimum education standards of the Department specified in Section 1220.140.

c) For graduates from a dental college or school outside of the United States or Canada:

1) Certification of graduation from a dental college or school;
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2) Certification that the applicant was authorized to practice in the jurisdiction in which the applicant completed dental school;

3) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college. The 2 years of clinical training shall consist of:
   A) 2850 clock hours completed in 2 academic years for full-time applicants;
   B) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants; or

4) Certification from an Illinois dental college or school approved clinical program that the applicant has completed the program and was enrolled for not less than one year prior to January 1, 1993.

d) The required fee set forth in Section 1220.415(a)(1) of this Part; 

e) Proof of successful completion of the Theoretical examination given by the Joint Commission on National Dental Examinations. In order to be successful, a grade of at least 75 in all subjects is required. The National Board Certificate must be mailed to the Department by the Joint Commission; and 

f) Proof of successful completion of an examination set forth in Section 1220.120(a) (b). 

g) Certification, on forms provided by the Department, from the state in which an applicant was originally licensed and is currently licensed, if applicable, stating: 
   1) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and
   2) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.110 Application for Examination (Repealed)

An applicant for examination for a license to practice dentistry in Illinois, who has graduated from a dental school or college outside the United States or Canada, shall file an application on forms supplied by the Department of Professional Regulation (the Department) at least 60 days prior to an examination date. The application shall include:

a) A complete work history indicating all employment since graduation from dental school;

b) Certification of graduation from a dental college or school;

c) Certification that the applicant was authorized to practice in the jurisdiction in
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which the applicant completed dental school;

d) Certification from:
   1) an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school so that the applicant meets the same level of scientific knowledge and clinical competence as all graduates from that school or college. An applicant who is in the last 45 days of the clinical training at the school shall be allowed to sit for the preclinical examination upon notification to the Department from the dean of the college that the applicant only has 45 days left in the program and the school anticipates that the applicant will finish the clinical training. Two years of clinical training means:
      A) 2850 clock hours completed in 2 academic years for full-time;
      B) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time; or
   2) Certification from an Illinois dental college or school approved clinical program that the applicant has completed the program and was enrolled for not less than one year prior to January 1, 1993;

e) The required fee set forth in Section 1220.415 of this Part; and

f) Proof of successful completion of the Theoretical examination given by the Joint Commission on National Dental Examinations. In order to be successful, a grade of at least 75 in all subjects is required. The National Board Certificate must be mailed to the Department by the Joint Commission.

(Source: Repealed at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.120 Dental Clinical Examinations

a) The clinical examination conducted by the Department for dental licensure shall be held at least twice each year. Applicants shall have passed the theoretical examination given by the Joint Commission on National Dental Examinations before taking the clinical examination.

b) Clinical Examination—All applicants for examination will be required to take and pass the clinical examination set forth below:
   1) Written Simulated Clinical Exercise
      A) — Diagnosis, Oral Medicine, Radiology
      B) — Comprehensive Treatment Planning
      C) — Periodontal, Prosthodontics and Medical Considerations
   2) Manikin Exercise
      A) Fixed Partial Prosthodontics
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B) Endodontic Treatment

3) Restorative Exercise
   A) Class II Silver Amalgam
   B) Class III/IV Composite

4) Periodontal Exercise—Clinical Treatment

a) The Department, upon recommendation of the Board, shall accept the following examinations for licensure:
   1) Central Regional Dental Testing Service (CRDTS) and North East Regional Board (NERB) Combined Regional Examination (CORE) with a passing score of 75. Beginning July 1, 1998, the passing score accepted by the Department shall be the passing score established by the testing entity;
   2) The North East Regional Board (NERB) with a passing score of 75 or better on each part. Beginning July 1, 1998, the passing score accepted by the Department shall be the passing score established by the testing entity;
   3) The Central Regional Dental Testing Service (CRDTS) Examination taken after January 1, 1988, with a passing score of 75 or better on each part of the examination prior to May 1993. Beginning in May 1993, a passing score of 70 or better on each part of the examination shall be accepted for licensure. Beginning July 1, 1998, the passing score accepted by the Department shall be the passing score established by the testing entity;
   4) The Southern Regional Testing Agency Inc. (SRTA) Examination taken after January 1, 1991, with a passing score of 75% or better on each section of the examination. Beginning July 1, 1998, the passing score accepted by the Department shall be the passing score established by the testing entity or
   5) The Western Regional Examination Boards (WREB) Examination taken after May 1, 1998, with a passing score as established by the testing entity.

b) Retake requirements shall be that of the testing entity.

c) The applicant shall have the examination scores submitted to the Department directly from the reporting entity.

de) The Department will only accept examinations that have been completed in the 5 years prior to submission of the application, if never licensed in another jurisdiction.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.130 System of Retaking the Clinical Sections of the Examination (Repealed)

a) The following exam retake requirements apply to an applicant who took the clinical examination prior to April 1994 and was unsuccessful on any part of the
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examination:

1) First Failure
   A) Except as provided in subsection (a)(2) below, on the second
      examination attempt, an applicant shall be required to take only
      those Sections of the clinical examination in which he/she did not
      achieve a score of at least 75.
   B) An applicant who fails three or more Sections of the clinical
      examination during a single setting will be required to complete
      the remedial education requirements set forth in subsection (a)(2)
      below.

2) Second Failure
   A) Prior to the third examination attempt, an applicant must submit
      proof of further study, as specified below:
      i) Applicants who have two failures in the Comprehensive
         Treatment Planning (CTP) Section, the Diagnosis, Oral
         Medicine and Radiology (DOR) Section or the Periodontal
         Simulated Exam (PSE) Section of the examination are
         required to take 20 clock hours of additional training in the
         subject area of each Section failed either through
         instruction in a university with an approved dental
         curriculum or by participation in a general dentistry
         residency or advanced general dentistry education program.
         Evidence shall be submitted to the Department and signed
         by the program/residency director, indicating successful
         completion of the residency/education.
      ii) Applicants who have two failures in either the Restorative
          Amalgam, Restorative Casting, Prosthetics or Periodontics
          Clinical Section of the examination are required to take 20
          clock hours of additional clinical training, in the subject
          area of each Section failed either through instruction at a
          university with an approved dental curriculum or by
          participation in a general dentistry residency or advanced
          general dentistry education program in a licensed hospital.
          Evidence shall be submitted to the Department and signed
          by the program/residency director, indicating successful
          completion of the program/residency.
   B) At the third examination, an applicant will be required to take only
      those Sections he/she failed on the second attempt.

3) Third Failure
   A) Prior to the fourth examination, an applicant must submit proof of
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satisfactory completion of one of the following:
   i) An additional semester of training in an approved curriculum in dentistry at a university;
   ii) Full-time participation in a general dentistry residency or an advanced general dentistry program for not less than one academic year in a licensed hospital.

B) At the fourth examination, an applicant will be required to take and pass all Sections of the clinical examination.

b) The following exam retake requirements shall be in effect for individuals taking the clinical examination (Department Clinical, CORE, NERB, or CRDTS) after April 1994:

1) An individual sitting for the examination the first time who fails the examination shall be subject to the following:
   A) When one exercise is failed that exercise must be repeated.
   B) When two or more exercises are failed, the entire examination (four exercises) must be retaken.

2) A candidate who fails one or more patient-based exercise(s) (such as Restorative Exercise and Periodontal Exercise) the second time shall complete 20 clock hours of remedial dental education in each exercise failed. Candidates are not required to complete remedial education for non-patient based exercises (Written Simulated Clinical Exercise and the Manikin Exercise) before sitting for re-examination. If only one exercise has been failed twice, the candidate will be required to retake only that exercise. If more than one exercise has been failed, the candidate shall retake the entire examination.

3) A candidate who fails one or more exercise(s) for the third time shall complete one semester (at least 13 weeks) of remedial dental education relating to the content of the failed exercises and shall take the entire examination currently being offered.

4) A candidate sitting for the entire examination or specific exercises for the fourth time who fails the examination shall complete one academic year of remedial dental education. Education must be obtained from a dental program approved by the Department in accordance with Section 1220.140 of this Part. Independent study courses may not be utilized to fulfill the remedial requirements. The candidate must take the entire examination currently being offered.

c) Beginning with the April 1995 administration of the examination, all 4 exercises must be successfully completed within an 18 month period following the date upon which the exam was originally taken.

1) If all exercises of the exam have not been successfully completed within
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an 18-month period following the date upon which the exam was originally taken, the candidate shall retake the entire examination.

2) If previous failures have made the candidate subject to remediation, those requirements must be satisfied before applying for re-examination.

d) If an applicant fails CORE, NERB, CRDTS, the Southern or the Department clinical examination, or any combination of examinations, 3 times, the applicant shall repeat one academic year of an approved curriculum in dentistry.

e) If an applicant applies for the Illinois clinical exam after having failed CORE, NERB, CRDTS or SRTA one or more times, the CORE, NERB, CRDTS or SRTA failures shall be considered Illinois exam failures for purposes of retakes.

f) The provisions of this Section shall apply to all applicants upon adoption without regard to where the applicant is in the application process.

(Source: Repealed at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.140 Minimum Standards for an Approved Program Curriculum in Dentistry

A dental program shall meet the following requirements:

a) The curriculum must include at least four academic years of instruction or its equivalent.

b) Biomedical, Behavioral, and Clinical Science instruction must be integrated and of sufficient depth, scope, timeliness, quality and emphasis to ensure achievement of the curriculum’s defined competencies.

c) The stated goals of the dental education program must include the preparation of graduates who possess the knowledge and values to begin the practice of general dentistry.

d) A graduate shall be competent in:

   1) Providing oral health care within the scope of general dentistry for all age groups, as well as the medically compromised patient.

   2) Functioning in the community and practice environment.

e) The curriculum must include the following areas of instruction:

   Ethics
   Critical thinking
   Professional and community involvement
   Patient management
   History and examination
   Diagnosis
   Treatment planning
   Emergency care
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Prevention and maintenance
Oral medicine
Therapeutics/pharmacology
Periodontal therapy
Endodontic therapy
Surgical therapy
Occlusal therapy
Orthodontic therapy
Restorative/prosthodontic therapy
Office management
Personnel management

f) Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental practice.

A dental program shall meet the following minimum curriculum requirements to be approved by the Department upon the recommendation of the Board:

a) The curriculum in dentistry comprises an educational experience totaling not less than 3800 clock hours of instruction extending over a period of time of not less than 120 weeks scheduled over three calendar years or four academic years of full time registration. Instruction is provided in basic, clinical and behavioral sciences and consists of varying amounts of didactic, laboratory and patient care experience in specific topic areas. Of the total clock hours of instruction in the curriculum not less than 15% shall be devoted to basic science topics, not less than 75% shall be devoted to clinical science topics including patient care and not less than 1% devoted to behavioral science topics. Utilization of the balance of the clock hours of instruction in the curriculum shall be left to the discretion of the institution.

b) Basic Science Component. A total of 570 clock hours are required for fulfillment of the basic science component of the dental curriculum (15%). A minimum number of clock hours have been set forth in each of the topics in subsections (1) through (12) below which totals 400 clock hours. The remaining 170 clock hours shall be taught in one or more of the topics (subsections (1) through (12)) at the discretion of the institution.

1) Gross Anatomy: (Excluding material taught in Head and Neck Anatomy)
   The minimum number of clock hours of didactic and laboratory instruction shall be fifty (50). Subtopics include but are not limited to:
   A) Growth and Development, General Concepts
   B) Blood and Lymph Vascular Systems (Reticuloendothelial System)
   C) Connective Tissues (Skeleton, Joints and Ligaments, Cartilage, Muscles and Fascia)
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D) Gastrointestinal (Tract, Associated Organs)
E) Genitourinary Tract (Including Reproductive System)
E) Neuroanatomy/Neurosciences
G) Special Senses (Sight, Hearing, Smell, Taste and Touch)
H) Respiratory System
I) Endocrine System
J) Skin and Appendages

2) Head and Neck Anatomy: (Excluding material taught in Gross Anatomy)
The minimum number of clock hours of didactic and laboratory instruction shall be fifty (50). Subtopics include but are not limited to:
A) Blood and Lymph Vascular Systems (Reticuloendothelial System)
B) Connective Tissues (Skeleton, Joints and Ligaments, Cartilage, Muscles and Fascia)
C) Neuroanatomy
D) Special Senses (Sight, Hearing, Smell, Taste and Touch)
E) Craniofacial Growth and Development

3) General Anatomy - Microscopic: The minimum number of clock hours of didactic and laboratory instruction shall be fifty (50). Subtopics include but are not limited to:
A) Growth and Development, General Concepts
B) Blood and Lymph Vascular Systems (Reticuloendothelial System)
C) Connective Tissues (Skeleton, Joints and Ligaments, Cartilage, Muscles and Fascia)
D) Gastrointestinal (Tract, Associated Organs)
E) Genitourinary Tract (Including Reproductive System)
F) Neuroanatomy
G) Special Senses (Sight, Hearing, Smell, Taste and Touch)
H) Respiratory System
I) Endocrine System
J) Skin and Appendages

4) Oral Histology: The minimum number of clock hours of didactic and/or laboratory instruction shall be twenty (20). Subtopics include but are not limited to:
A) Teeth (Development and Structure)
B) Oral Mucosa (Including Tongue and Tonsils)
C) Supporting Structures
D) Temporomandibular Joint
E) Salivary Glands

5) Biochemistry: The minimum number of clock hours of didactic and/or laboratory instruction shall be forty-five (45). Subtopics include but are
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not limited to:
A) Review of Physical and Organic Chemistry (Water, Buffers, Colloids, Carbohydrates, Lipids, Proteins, Amino Acids, Enzymes)
B) Cell Biology
C) Digestion and Absorption
D) Vitamins
E) Biological Oxidation
F) Lipid, Protein, and Carbohydrate Metabolic Pathways
G) Nucleotides, Deoxyribonucleic Acid (DNA), Ribonucleic Acid (RNA), Replication, Synthesis
H) Inborn Errors of Metabolism
I) Body Fluids and Acid-Base Balance
J) Blood Clotting Mechanisms
K) Hormones
L) Biochemistry of Specific Dental Interests (Calcified Tissues, Fluorides, Plaque, Calculus, Caries, Saliva, Periodontal Disease, Pain)

6) Microbiology: The minimum number of clock hours of didactic and/or laboratory instruction shall be forty-five (45). Subtopics include but are not limited to:
A) Microbial Physiology, Metabolism and Structure
B) Microbial Genetics
C) Cultivation of Microorganisms
D) Antimicrobial Chemotherapy
E) Microbiology of Oral Infections, Dental Caries and Periodontal Diseases
F) Oral-Microbial Ecology
G) Virology, Viral Structure and Metabolism
H) Herpes Viruses and Viral Hepatitis
I) Mycology
J) Sterilization, Disinfection and Asepsis

7) Immunology: The clock hours of instruction are optional as this material may or may not be taught as a separate topic. Subtopics include but are not limited to:
A) Immune Responses
B) Antigen-Antibody Reactions
C) Complement
D) Allergy and Hypersensitivity
E) Antibody-Mediated and Cell-Mediated Reactions
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F) Host-Parasite Interactions
G) Secretory-Immune System
H) Transplantation and Tumor Immunology Vaccines
I) Non-Specific and Specific Host Defenses in the Oral Cavity

8) Pathology—General: The minimum number of clock hours of didactic and/or laboratory instruction shall be forty-five (45). Subtopics include but are not limited to:
   A) Basic Cellular and Vascular Pathologic Processes
   B) Infectious Diseases (Systemic)
   C) Inflammation and Repair (Including Immunopathology)
   D) Neoplasia and Growth Disturbances
   E) Nutritional, Metabolic, and Storage Disorders
   F) Organ and System Pathology

9) Pharmacology: The minimum number of clock hours of didactic and/or laboratory instruction shall be forty-five (45). Subtopics include but are not limited to:
   A) Pharmacodynamics
   B) Drug Laws and Prescription Writing
   C) Autonomic Nervous System
   D) Central Nervous System (Including Analgesics and Local Anesthesia)
   E) Cardiovascular (Including Agents Affecting Coagulation)
   F) Renal
   G) Pulmonary
   H) Chemotherapy (Local and Systemic)
   I) Endocrine
   J) Muscular
   K) Digestive
   L) Clinical Pharmacology in Dentistry
   M) Adverse Interactions of Drugs

10) Physiology: The minimum number of clock hours of didactic and/or laboratory instruction shall be fifty (50). Subtopics include but are not limited to:
    A) Basic Nerve, Muscle, and Membrane Potentials
    B) Cardiovascular
    C) Respiration
    D) Renal, Body Fluids
    E) Gastrointestinal
    F) Endocrinology
    G) Nervous System (Autonomic Nervous System, Somato-sensory
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Point System, Motor Function, Special Senses, Higher Brain Functions)
H) Oral Physiology

11) Genetics: The clock hours of instruction are optional as this material may or may not be taught as a separate topic area. Subtopics include but are not limited to: Control of Gene Activity.

c) Clinical Science Component. A total of 2850 clock hours are required for fulfillment of the clinical science component of the dental curriculum (75%). A minimum number of clock hours have been set forth in each of the topics in subsections (1) through (23) below which total 1580. The remaining 1270 clock hours shall be taught in one or more of the topics (subsections (1) through (23)) at the discretion of the institution.

1) Anesthesiology/Pain and Anxiety Control: The minimum number of clock hours of didactic instruction shall be fifteen (15). The inclusion of laboratory and/or patient care instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
   A) Local Anesthesia Techniques
   B) Intravenous Analgesia–Anesthesia Indication/Techniques
   C) Nitrous Oxide Analgesia Indication/Techniques
   D) Hypnosis and Acupuncture

2) Clinical Nutrition: The clock hours of instruction are optional as this material may or may not be taught as a separate topic area. Subtopics include but are not limited to:
   A) Applied Nutrition including Calorimetry
   B) Diet Counseling

3) Community Dentistry/Dental Public Health: The minimum number of clock hours of didactic instruction shall be fifteen (15). The inclusion of laboratory and/or patient care instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
   A) Forensic Dentistry/Medicine
   B) Principles of Biostatistics and Research Design
   C) Epidemiology of Disease
   D) Professional Ethics
   E) Jurisprudence
   F) History of Dentistry
   G) Extramural/Externship Experiences
   H) Preceptorships
   I) Health Care Economics
   J) Social Issues
   K) Health Care Delivery Systems Quality Assurance and Peer Review
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4) Dental Auxiliary Utilization (DAU) Team: The clock hours of instruction are optional as this material may or may not be taught as a separate topic area. Subtopics include but are not limited to:
   A) Motion Economy
   B) Principles of Four Handed Sit-Down Dentistry
   C) Understanding the Dentist’s Role in Working with Auxiliaries
   D) Evaluation of the Outcome of the DAU operation
   E) Delegation of Duties
   F) Evaluation of Expanded Function Dental Auxiliary (EFDA) Performance with Patients Personnel Management

5) Dental Materials Science: The minimum number of clock hours didactic instruction shall be thirty (30). The inclusion of laboratory and/or patient care instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
   A) Materials Used Intraorally
   B) Materials Used Extraorally (Gypsum Products, Polishing Agents Used Outside the Mouth, etc.)

6) Dental Emergencies: The clock hours of instruction are optional as this material may or may not be taught as a separate topic area. Subtopics include but are not limited to:
   A) Acute Oral Pain
   B) Acute Oral Infection
   C) Acute Traumatic Injury
   D) Post-operative Complications (Excluding Oral Surgery Complications)

7) General Medical Emergencies: The minimum number of clock hours of didactic instruction shall be five (5). The inclusion of laboratory and/or patient care instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
   A) Syncope
   B) Drug Reactions and Anaphylaxis
   C) Cardiopulmonary Emergencies
   D) Comas and Convulsions

8) Occlusion: The minimum number of clock hours of didactic instruction shall be twenty (20). The inclusion of laboratory and/or patient care instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
   A) Growth and Development of Occlusion (Biofunctional Therapy and Habit Patterns)
   B) Dynamics of Mandibular Movement (Anatomy and Physiology of...
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the Stomatognathic System
C) Determinants of Occlusion (Neuromuscular, Emotional, etc.)
D) Classification of Types of Occlusion of the Natural Dentition (Group Function, Cuspid, Guarded, Centric Related)
E) Occlusally Related Pathologies and Their Treatment (Including Temporomandibular Dysfunctions, Relief of Occlusal Interferences)
F) Articulator Designs
G) Recording of Mandibular Movement and Occlusal Records
H) Theories of Occlusion of the Artificial Dentition

9) Pathology-Oral: The minimum number of clock hours of didactic instruction shall be forty-five (45). The inclusion of laboratory and/or patient care instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
A) Disturbances of Oral Development and Growth (Including Neoplasia)
B) Diseases of Microbial Origin (Including Dental Caries and Periodontal Diseases)
C) Infectious Diseases (Oral, and Systemic with Oral Manifestations)
D) Oral Injuries and Repair
E) Oral Aspects of Specific Tissues or Organs (Including Bone, Joints, Blood, Skin, Nerve, and Muscle)
F) Oral Medicine, Clinical Evaluation or Differential Diagnosis/Disorders of Diseases of Dentition and Periodontium
G) Clinical Evaluation or Differential Diagnosis of Disorders/Diseases of the Soft Tissues and Bone

10) Physical Evaluation/Data Collection: The minimum number of hours of didactic instruction shall be ten (10). The inclusion of laboratory and/or patient care instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
A) Biodata (Identify Age, Sex, Race, Marital Status, etc.)
B) Clinical Laboratory Examination Evaluation of the Medically Compromised Patient History
C) Review of Systems—General Examination
D) Statement of Assessment of Status Pre-Operative Outpatient (P.O.P.)
E) Vital Signs

11) Tooth Morphology: The minimum number of clock hours of didactic and laboratory instruction shall be thirty (30). Subtopics include but are not limited to:
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A) Primary Dentition
B) Permanent Dentition
C) Pulpal Morphology
D) Anatomy of the Investing Tissue
E) Comparative Dental Anatomy

12) Endodontics: The minimum number of clock hours of didactic, laboratory and patient care instruction shall be one hundred (100). Subtopics include but are not limited to:
   A) Pulpal Biology
   B) Non-Surgical Endodontics
   C) Surgical Endodontics

13) Hospital Dentistry: The clock hours of instruction are optional as this material may or may not be taught as a separate topic area. Subtopics include but are not limited to:
   A) Hospital Protocol
   B) The Dentist’s Role in the Hospital Operating Room Under General Anesthesia Conditions
   C) Hospital Records and the Dentist
   D) Outpatient Care

14) Operative Dentistry: (Single Tooth Restoration In Adults) The minimum number of clock hours of didactic, laboratory and patient care instruction shall be three hundred (300). Subtopics include but are not limited to:
   A) Basic Procedures (Instruments, Cavity Classification)
   B) Isolation of the Working Field
   C) Treatment of the Moderate and Deep Carious Lesion
   D) Tooth Colored Restorations (Including Filled and Unfilled Resins)
   E) Dental Amalgams
   F) Direct Metal (Foil)
   G) Cast Metal Restorations
   H) Restoration of the Endodontically Treated Tooth
   I) Acid-Etch Bonding
   J) Ceramic (Including Metal-Ceramic Restorations)

15) Oral Diagnosis: (Treatment Planning, Oral Medicine) The minimum number of clock hours of didactic, laboratory and patient care instruction shall be seventy-five (75). Subtopics include but are not limited to:
   A) Examination of Head, Neck, and Oral Soft Tissues (Excluding Radiographic Examination)
   B) Diagnosis, Treatment Alternatives
   C) Clinical Examination of Dental and Periodontal Tissues (Excluding Radiographic Examination)
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D) Non-Surgical Management Alternative of Disorders/Diseases of the Dentition and Periodontium
E) Non-Surgical Treatment Alternatives of Disorders/Diseases of the Oral Soft Tissue and Bone
F) Treatment Planning for Disorders/Diseases of the Dentition and Periodontium
G) Treatment Planning for Disorders/Diseases of the Oral Soft Tissues and Bone

016) Oral Surgery: The minimum number of clock hours of didactic and patient care instruction shall be seventy-five (75). The inclusion of laboratory instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
   A) Extractions
   B) Impaction Surgery
   C) Soft Tissue Surgery
   D) Hard Tissue Surgery
   E) Preprosthodontic Surgery
   F) Post-Operative Complications in Oral Surgical Procedures
   G) Orthognathic Surgery

17) Orthodontics: The minimum number of clock hours of didactic, laboratory and patient care instruction shall be fifty (50). Subtopics include but are not limited to:
   A) Biomechanics
   B) Appliance Design and Fabrication
   C) Treatment of Children
   D) Treatment of Adults
   E) Criteria for Referral and Interactions with Specialists

18) Pediatric Dentistry: The minimum number of clock hours of didactic, laboratory and patient care instruction shall be fifty (50). Subtopics include but are not limited to:
   A) Clinical Dentistry Procedures in Children
   B) Pediatric Restorative Dental Procedures
   C) Space Maintenance
   D) Child Management in Dentistry
   E) Pulp Therapy for the Child Patient

19) Periodontics: The minimum number of clock hours of didactic and patient care instruction shall be one hundred and fifty (150). The inclusion of laboratory instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
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A) The Normal Periodontium
B) Etiology of Periodontal Disease
C) Periodontal Therapy
D) Periodontal Maintenance

20) Prevention: The minimum number of clock hours of didactic instruction shall be ten (10). The inclusion of laboratory and/or patient care instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to: Primary Preventive Theory and Technique.

21) Prosthodontics—Fixed: The minimum number of clock hours of didactic, laboratory and patient care instruction shall be two hundred fifty (250). Subtopics include but are not limited to:
   A) Principles of Engineering and Design
   B) Full Coverage Retainers (Porcelain Fused to Metal) for Abutments
   C) Full Coverage Retainers (Cast Metal) for Abutments
   D) Partial Coverage Retainers for Abutments
   E) Precision Attachments for Bridges or Partial Dentures

22) Prosthodontics—Removable: (Complete and Partial) The minimum number of clock hours of didactic, laboratory and patient care instruction shall be three hundred (300). Subtopics include but are not limited to:
   A) Prosthesis Design
   B) Technical Procedures
   C) Long-Term Maintenance
   D) Maxillofacial Prosthodontics

23) Radiology: (Roentgenology) The minimum number of clock hours of didactic and patient care instruction shall be fifty (50). The inclusion of laboratory instruction is optional in meeting this minimum hour requirement. Subtopics include but are not limited to:
   A) Radiation Physics
   B) Interaction of X-radiation and Matter
   C) Factors Affecting Radiographic Image Production
   D) Biological Safety and Production
   E) Intraoral Radiographic Techniques
   F) Extraoral Radiographic Techniques
   G) Interpretation of Radiographs

d) Behavioral Science Component. A total of 38 clock hours are required for fulfillment of the behavioral science component of the dental curriculum (1%). A minimum number of clock hours have been set forth in each of the topics in subsections (1) through (4) below, which total 25 clock hours. The remaining 13 clock hours shall be taught in one or more of the topics (subsections (1) through
(4)) at the discretion of the institution.

1) Behavioral/Social Sciences Principles of Dental Practice: The minimum number of clock hours of didactic and/or laboratory instruction shall be ten (10). Subtopics include but are not limited to:
   A) Understanding Human Behavior
   B) Management of Human Behavior
   C) Behavior Modification
   D) Patient Management

2) Application of Behavioral Principles to the Clinical Care of Non-Institutionalized Patients: The clock hours of instruction are optional as this material may or may not be taught as a separate topic area. Special Patient Care subtopics include but are not limited to:
   A) Mentally/Emotionally Handicapped
   B) Physically Handicapped
   C) Chronically ill
   D) Homebound
   E) Medically Compromised
   F) Geriatric
   G) Communicable Disease
   H) Culturally Variant (e.g., Minorties, Indigents)

3) Application of Behavioral Principles to the Care of Institutionalized Patients: The clock hours of instruction are optional as this material may or may not be taught as a separate topic area.

4) Practice Administration: The minimum number of clock hours of didactic and/or laboratory instruction shall be fifteen (15). Subtopics include but are not limited to:
   A) Professional Practice Development
   B) Personnel Management: Securing, hiring, training intra-office personnel
   C) Managing Relations with Laboratory Technicians
   D) Business Management

E) Electives/Selectives: Courses which are not required of students but are provided as options for individual student enrichment and courses from which a student must choose a given number to satisfy hour or credit requirements for graduation. The clock hours of didactic, laboratory or patient care instruction are optional and may be used as a portion of the total clock hours of the curriculum not specifically required for basic, clinical or behavioral science instruction.

F) Specific Clinical Requirements

1) Endodontics: The minimal clinical patient care experience required for each graduate includes four (4) endodontic cases. One (1) of which is a
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posterior tooth and one (1) of which is necessitated for the relief of pain and/or swelling associated with pulpal disease.

2) Operative Dentistry: The minimal clinical patient care experience required for each graduate includes the following single-tooth restorations in adults:
   A) Eight (8) inlays/onlays
   B) Eight (8) one surface amalgams
   C) Eight (8) two surface amalgams
   D) Ten (10) composites
   E) Five (5) amalgam pre-retained "buildups."
   F) Metal foil restorations are optional

3) Oral Diagnosis: The minimal clinical patient care experience required for each graduate includes comprehensive treatment planning for four (4) patients.

4) Oral Surgery: The minimal clinical patient care experience required for each graduate includes the extraction of three (3) anterior and three (3) posterior teeth.

5) Orthodontics: The minimal clinical patient care experience required for each graduate includes the diagnosis and documentation of one (1) orthodontic case.

6) Pediatric Dentistry: The minimal clinical patient care experience required for each graduate includes the completion of comprehensive care for four (4) pediatric patients or 75 clock hours of pediatric care.

7) Periodontics: The minimal clinical patient care experience required for each graduate includes the following procedures:
   A) Comprehensive Periodontal therapy on three (3) patients
   B) Sealing and root planing of twelve (12) quadrants i.e., eighty-four (84) teeth (may include curettage)
   C) Periodontal surgery of four (4) quadrants i.e., twenty-eight (28) teeth (one procedure must include flap and osseous surgery)
   D) Equilibration for one periodontal patient (may include occlusal appliance, temporary splinting or appliance for minor tooth movement)

8) Prosthodontics—Fixed: The minimal clinical patient care experience required for each graduate includes six (6) units of fixed prosthetics replacing either an anterior or posterior tooth or teeth.

9) Prosthodontics—Removable: The minimal clinical patient care experience required for each graduate includes the following procedures:
   A) One (1) full upper and lower denture
   B) One (1) full upper denture occluding against a lower partial
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denture
C) One (1) partial denture occluding against a natural dentition
D) One (1) full or partial denture repair and/or reline

10) Radiology (Roentgenology): The minimal clinical patient care experience required for each graduate includes four (4) cases in which full mouth intra-oral radiographs (including bite wings) were taken, processed and mounted.

g) In determining whether a program should be approved, the Department shall take into consideration but not be bound by accreditation by the Commission on Dental Accreditation of the American Dental Association.

h) The Department, upon the recommendation of the Board, has determined that all of the dental programs accredited by the Commission on Dental Accreditation of the American Dental Association as of January 2002 meet the minimum curriculum criteria set forth in this Section subsections (a) and (b) above and are, therefore, approved.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.155 Restricted Faculty Licenses

a) Pursuant to Section 11(d) of the Act, the Department shall issue a Restricted Faculty License to an individual who files an application, on forms provided by the Department, which includes:
1) A complete work history since graduation from a dental program;
2) Certification of licensure from the jurisdiction of original licensure and current licensure;
   A) The time during which the applicant was licensed in that jurisdiction, including the date of the original license;
   B) A description of the licensure examination in that jurisdiction;
   BC) Whether the files of the jurisdiction contain any record of disciplinary action taken or pending;
3) A certification, on forms provided by the Department, signed by the Dean of the school or hospital administrator, indicating:
   A) The name and address of the dental school or hospital;
   B) The beginning and ending date of the appointment;
   C) The nature of and the need for the educational service that will be provided by the applicant;
4) The required fee set forth in Section 1220.415(a)(7).

b) The restricted faulty license shall be valid for 2½ years from the date of issuance and may not be extended or renewed in accordance with subsection (e).
c) The holder of a restricted faculty license may perform acts as may be required by his or her teaching of dentistry and may practice general dentistry or in his/her area of specialty, but only in a clinic or office affiliated with the dental school, only perform such acts as may be prescribed by and incidental to the teaching of dentistry and the holder may not engage in the practice of dentistry in this State.

d) Any restricted faculty license issued to a faculty member shall be terminated immediately and automatically without any further action by the Department if the holder ceases to be a faculty member at an approved dental school or hospital in this State.

e) Application for renewal of a restricted faculty license shall be made on forms supplied by the Department at least 60 days prior to expiration of the license. The application shall include:

1) Certification from the Dean of a dental program or the administrator of the hospital indicating the term of the renewal contract, not to exceed two years from the date of the original expiration date;

2) Certification from the jurisdiction of current licensure indicating the current status of the license; and

3) The fee set forth in Section 1220.415(b).

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.160 Restoration

a) A licensee seeking restoration of a dental license after it has expired or has been placed on inactive status for less than 5 years shall have the license restored by submitting proof of 32 hours of continuing education in accordance with Section 1220.440 completed within 2 years prior to the restoration application and payment of $20 plus all lapsed renewal fees. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee.

b) A licensee seeking restoration of a dental license after it has expired or has been placed on inactive status for 5 years or more shall file an application, on forms supplied by the Department, together with proof of 32 hours of continuing education in accordance with Section 1220.440 completed within 2 years prior to the restoration application and the fees required by Section 21 of the Act. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee. The licensee shall also submit either:

1) Certification of lawful active practice in another jurisdiction for 3 of the last 5 years. Such certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice;
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or

2) An affidavit attesting to military service as provided in Section 16 of the Act. If an applicant applies for restoration of a license within 2 years of termination of such service, he/she shall have the license restored without paying any lapsed renewal or restoration fees.

c) If the licensee has not maintained an active practice in another jurisdiction for over 5 years, he/she shall be required to take and pass an examination set forth in Section 1220.120 or take and pass the CORE, NERB, CRDTS, SRTA or WREB examination.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

SUBPART B: DENTAL HYGIENIST

Section 1220.200 Application for Licensure

An applicant for licensure as a dental hygienist shall file an application, on forms supplied by the Department, which shall include:

a) Certification of successful completion of 2 academic years of credit graduation from a dental hygiene program approved by the Commission on Dental Accreditation of the American Dental Association Department in accordance with Section 1220.250;

b) Proof that the applicant has passed the National Dental Hygienist Board Examination given by the Joint Commission on National Dental Examinations and has been issued a National Board Certificate, mailed to the Department by the Joint Commission. In order to be successful, a grade of at least 75 in all subjects is required;

c) Proof of successful completion of an examination pursuant to Section 1220.220(a) received directly from the testing entity;

d) A complete work history since graduation from a dental hygiene program;

e) A current certification in cardiopulmonary resuscitation from the American Red Cross, the American Heart Association or an equivalent agency or a statement from a licensed physician indicating that the applicant is physically disabled and unable to obtain certification; and

f) Certification, on forms provided by the Department, from the state in which an applicant was originally licensed and is currently licensed, if applicable, stating:

1) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and

2) Whether the file on the applicant contains any record of disciplinary actions taken or pending;
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Section 1220.210 Application for Examination (Repealed)

Applications for examination for licensure as a dental hygienist must be filed at least 60 days prior to the date of examination and be accompanied by the following:

a) Certified transcript from a dental hygiene program which meets the requirements set forth in Section 1220.250 of this Part;

b) A current certification in cardiopulmonary resuscitation from the American Red Cross, the American Heart Association or an equivalent agency or a statement from a licensed physician indicating that the applicant is physically disabled and unable to obtain certification;

c) A complete work history since completion of the dental hygiene program;

d) Proof that the applicant has passed the National examination given by the Joint Commission on National Dental Examinations and has been issued a National Board Certificate, mailed to the Department by the Joint Commission. In order to be successful, a grade of at least 75% in all subjects is required; and

e) The required fee set forth in Section 1220.415 of this Part.

Section 1220.220 Dental Hygiene Clinical Examination

a) The examination conducted by the Department for dental hygienist licensure shall be held twice each year. Applicants shall have passed the Theoretical examination given by Joint Commission on National Dental Examinations before taking the Clinical Examination. The Clinical Examination shall be conducted in the following subjects:

1) Dental Hygiene Comprehensive

2) Clinical Performance

   A) Selection of Patient
   B) Review of Required Records
   C) Treatment Exercise

b) Applicants for dental hygiene licensure must achieve at least 75 in each section of the examination in subsection (a) above.

e) The Department, upon recommendation of the Board, shall accept the following examinations for licensure:

1) The North East Regional Board (NERB) within the last 5 years, with a
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passing score of 75 or better on each part of the examination. Beginning July 1, 1998, the passing score accepted by the Department shall be the passing score established by the testing entity;

2) The Central Regional Dental Testing Service (CRDTS) Examination after January 1, 1988, with a passing score of 75 prior to May 1993. Beginning in May 1993 a passing score of 70 or better on each part of the examination shall be accepted for licensure. Beginning July 1, 1998, the passing score accepted by the Department shall be the passing score established by the testing entity. Beginning July 1, 2002, the passing score on the examination shall be 75;

3) The Southern Regional Testing Agency Inc. (SRTA) Examination after January 1, 1991, with a passing score of 75% or better on each part of the examination. Beginning July 1, 1998, the passing score accepted by the Department shall be the passing score established by the testing entity; or

4) The Western Regional Examination Boards (WREB) Examination taken after May 1, 1998, with a passing score as established by the testing entity.

b) Retake requirements shall be that of the testing entity.

c) The applicant shall have examination scores submitted to the Department directly from the reporting entity.

d) The Department will only accept examinations that have been completed in the 5 years prior to submission of the application, if never licensed in another jurisdiction.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.231 System of Retaking the Clinical Examination (Repealed)

Applicants who failed the dental hygienist examination in total or part shall comply with the following retake requirements:

a) First Failure

1) On the second examination attempt, an applicant shall be required to take only that Section(s) of the examination in which he did not achieve a score of at least 75.

2) Applicants who fail both parts of the examination during a single series will be subject to the remedial education requirements set forth in subsection (b) below.

b) Second Failure

1) Prior to the third examination attempt, an applicant must submit proof of further study, as specified below:
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A) Applicants who have two failures in the Dental Hygiene Comprehensive (DHC) Section of the examination are required to take 20 clock hours of additional clinical training in this area through instruction from an approved dental hygiene program.

B) Applicants who have two failures in the clinical section of the examination are required to take 20 clock hours of additional clinical training through instruction at an institution of higher education with an approved dental hygiene program.

2) At the third examination, an applicant will be required to take only that Section(s) he failed on the second attempt.

e) Third failure

1) Prior to the fourth examination, an applicant must submit proof of satisfactory completion of the repetition of one semester of training at an approved program in dental hygiene.

2) At the fourth examination, an applicant will be required to retake the entire examination and be subject to the retake requirements set forth in subsections (b)(1)(A) and (B) above.

d) If an applicant applies for the Illinois clinical examination after having failed the NERB, CRDTS or SRTA examination one or more times, the NERB, CRDTS or SRTA shall be considered Illinois examination failures for purposes of retake.

e) The provisions of this Section shall apply to all applicants upon adoption without regard to where the applicant is in the application process.

(Source: Repealed at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.250 Approved Programs of Dental Hygiene

Approved dental hygiene programs are those programs accredited by the Commission on Dental Accreditation of the American Dental Association.

a) The Department shall, upon the recommendation of the Dental Examining Committee, approve a program of dental hygiene as reputable and in good standing if it meets the following minimum criteria:

1) The educational institution is established in an institution of higher education and is legally recognized and authorized by the jurisdiction in which it is located to confer the appropriate associate degree or certificate.

2) Has a faculty which comprises a sufficient number of full-time instructors to make certain that the educational obligations to the student are fulfilled. The faculty must have demonstrated competence in their area of teaching as evidenced by appropriate post-secondary degrees. To assure development of clinical competence and to insure maximum protection of
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the patient, the faculty to student ratio for preclinical, clinical and radiographic sessions should not exceed one to six.

3) Has a curriculum of at least the following subject areas:
   - CPR or Basic Life Support
   - Dental Anatomy
   - Human Anatomy
   - Infection Control
   - Radiology
   - Pathology
   - Periodontology
   - Microbiology
   - Physiology
   - Chemistry
   - Histology
   - Dental Analgesia Management
   - Dental Materials
   - Management of Hazardous Waste
   - Patient with Special Needs Care
   - Pharmacology
   - Nutrition
   - Practical Dental Hygiene
   - Ethics and Jurisprudence
   - Community and Public Dental Health

4) Has a dental hygiene curriculum which is a minimum course of study of 2 academic years in length or its equivalent. An academic year shall be 32 weeks or more.

5) Maintains permanent student records that summarize the credentials for admission, attendance, grades and other records of performance.

b) In determining whether a program should be approved, the Department shall take into consideration but not be bound by accreditation by the Commission on Dental Accreditation of the American Dental Association.

e) The Department, upon the recommendation of the Board of Dentistry, has determined that all dental hygiene programs accredited by the Commission on Dental Accreditation of the American Dental Association as of January 1, 1995, meet the minimum criteria set forth in subsection (a), above and are, therefore, approved.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

SUBPART D: GENERAL
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Section 1220.410 Endorsement

a) A person seeking licensure in Illinois as a dentist or as a dental hygienist who is so licensed in another state or territory and has been lawfully practicing for at least 3 of the last 5 years prior to application in Illinois, may be granted licensure in Illinois upon proof that the requirements for licensure in the other jurisdiction are at least equal to the requirements in Illinois.

b) An applicant for a dental license shall file an application for licensure on forms provided by the Department, which shall include:

1) Certification of licensure in the original jurisdiction and from any other jurisdiction where the applicant has been practicing within the last 5 years, stating:
   A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
   B) A description of the licensure examination in that jurisdiction; and
   C) Whether the files of the jurisdiction contain any record of any disciplinary action taken or pending;

2) The applicant's National Board of Dentistry Examination scores, which must be forwarded to the Department from the Joint Commission on National Dental Examinations;

3) Certification For dental applicants, certification of successful completion of 60 semester hours or its equivalent of college level pre-dental education and graduation from a course of instruction in a dental school which meets the minimum education standards of the Department specified in Section 1220.140;

4) After May 21, 1993, for dental applicants who graduated from a dental college or school outside of the United States or Canada:
   A) Certification of graduation from a dental college or school;
   B) Certification that the applicant was authorized to practice in the jurisdiction in which the applicant attended dental school; and
   C) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college. The 2 years of clinical training shall consist of:
      i) 2850 clock hours completed in 2 academic years for full-time applicants; or
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ii) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants; or

D) Certification from an Illinois dental college or school approved clinical program that the applicant has completed the program and was enrolled for not less than one year prior to January 1, 1993;

5) For dental hygienists, certification of 2 academic years of credit in an approved school of dental hygiene which meets the minimum education standards of the Department specified in Section 1220.250;

6) Verification of employment;

7) A complete work history indicating all employment in the last 5 years since graduation from dental school or dental hygiene program;

8) Certifications from any other jurisdiction in which the applicant is licensed which shall contain the information specified in subsection (1) above; and

9) The fee required under Section 1220.415 of this Part.

c) An applicant for a dental hygienist license shall file an application for licensure on forms provided by the Department, which shall include:

1) Certification of licensure in the original jurisdiction and from any jurisdiction where the applicant has been practicing within the last 5 years, stating:
   A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
   B) Whether the files of the jurisdiction contain any record of any disciplinary action taken or pending;

2) The applicant's National Dental Hygienist Board Examination scores, which must be forwarded to the Department from the Joint Commission on National Dental Examinations;

3) Certification of 2 academic years of credit in an approved school of dental hygiene that meets the minimum education standards of the Department specified in Section 1220.250;

4) Verification of employment;

5) A complete work history indicating all employment in the last 5 years; and

6) The fee required under Section 1220.415 of this Part.

d) The Department shall also accept the examinations set forth in Section 1220.120 or 1220.220 or an equivalent examination as approved by the Board, NERB examination or its regional equivalent for dental licensure.

d) Each application shall be reviewed on an individual basis by the Board in accordance with the provisions of this Section.
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(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.415 Fees

The following fees shall be paid to the Department and are not refundable:

a) Application Fees.
   1) The fee for application for initial license as a dentist is $250.
   2) The fee for application as a dental specialist is $300.
   3) The fee for application as a dental hygienist is $100.
   4) Applicants for any examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Department or the designated testing service, shall result in the forfeiture of the examination fee.
   5) The fee for application for a dentist licensed under the laws of another jurisdiction is $750.
   6) The fee for application for a dental sedation permit is $300.
   7) The fee for application for a restricted faculty license is $250.
   8) The fee for application for a temporary training license is $150.
   9) The fee for application as a continuing education sponsor is $1,000.

b) Renewal Fees.
   1) The fee for the renewal of a license as a dentist is $200 ($100 per year), pursuant to Section 21 of the Act.
   2) The fee for the renewal of a license as a dental specialist is $200 ($100 per year), pursuant to Section 21 of the Act.
   3) The fee for the renewal of a license as a dental hygienist is $100 ($50 per year), pursuant to Section 21 of the Act.
   4) The fee for the renewal of a sedation permit is $200 ($100 per year)-$150.
   5) The fee for the renewal of a license as a continuing education sponsor is $700.$500.
   6) The fee for the renewal of a restricted faculty license is $150.

c) General Fees.
   1) The fee for the restoration of a license other than from inactive status is $20 plus payment of all lapsed renewal fees.
   2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license which has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is $20. No fee is required for name and address
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changes on Department records when no duplicate license is issued.
3) The fee for a certification of a licensee's record for any purpose is $20.
4) The fee to have the scoring of an examination administered by the Department reviewed and verified is $20 plus any fees charged by the applicable testing service.
5) The fee for a wall certificate showing licensure shall be the actual cost of producing such certificate.
6) The fee for a roster of persons licensed in this State under the Dental Practice Act shall be the actual cost of producing such a roster.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

SUBPART E: ANESTHESIA PERMITS

Section 1220.500 Definitions

"Anxiolysis or Mood Altering Sedation" means a pharmacologically induced, altered state of consciousness (altered mood; reduced anxiety) where an individual is awake but has decreased anxiety to facilitate coping skills, retaining interaction ability.

"Conscious Sedation" means a pharmacologically induced depressed state of consciousness (altered consciousness; signs of sleep) under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands.

"Deep Sedation" means a controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command, produced by a pharmacologic method.

"General Anesthesia" means a controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic method.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.510 Conscious Sedation in the Dental Office Setting, Parenteral

a) Conscious sedation includes the prescription or administration of parenteral
pharmacologic agents to be used for the purposes of conscious sedation. Conscious sedation must be administered by an individual qualified under this Section. (See Appendix D for characteristics of levels of anesthesia.)

b) A licensed dentist seeking a Permit A for conscious sedation, parenteral, administration privileges shall file an application with the Department, on forms provided by the Department, which includes:
   1) **Either:**
      A) Certification of completion of an anesthesiology training program advanced education program in anesthesiology that meets the requirements set forth in Section 1220.540(a); or
      B) Evidence of experience and/or education that includes, but is not limited to, the following:
         i) All continuing education or advanced education courses in conscious sedation, parenteral, within the last 3 years;
         ii) The number of patients to which the applicant has administered conscious sedation, parenteral, within the last 3 years;
         iii) A summary of drugs, average doses and duration of procedure in the administration of conscious sedation, parenteral, in the last 3 years; and
         iv) Any adverse occurrences in the administration of sedation, parenteral, as set forth in Section 1220.405.

   To be licensed in accordance with this subsection (b)(1)(B), the applicant must apply by July 1, 1999;

   2) A signed affidavit certifying that the dentist will practice in a facility properly equipped in accordance with subsection (g) of this Section for the administration of conscious sedation, parenteral, and staffed with a supervised team that consists of a minimum of 2 individuals per patient, in addition to the dentist, capable of assisting with procedures, problems and emergencies incident to the administration of such sedation (e.g., Basic Life Support (BLS)); and

   3) The required fee set forth in Section 21 of the Act.

c) Dentists who have a current valid permit for conscious sedation, parenteral, issued by the Department shall be permitted to administer without additional application.

d) Dentists who need to obtain a permit will be required to complete the required training and apply for the permit by December 1, 2003.

e) Upon review and recommendation of the Board in accordance with the standards set forth in this Section, the Department will:
   1) Issue a conscious sedation, parenteral, permit (Permit A).
   2) Re-issue a conscious sedation, parenteral, permit to Permit A holders who
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attest to completing continuing education.

fe) Licensees qualified to administer deep conscious sedation (Permit B) pursuant to Section 1220.520 may administer conscious sedation, without a Permit A.

gf) If the accuracy, relevance or sufficiency of any submitted documentation is questioned by the Department or the Board, because of discrepancies or conflicts in information, needing further clarification, and/or missing information, additional documentation may be required and/or an on-site evaluation of the facilities, equipment and personnel may be conducted by the Department or a member of the Board's Advisory Panel.

hg) A properly equipped facility shall include at minimum:
   1) Sphygmomanometer and stethoscope;
   2) An oxygen delivery system with full face masks and connectors that is capable of delivering oxygen to the patient under positive pressure, with a backup system;
   3) Emergency drugs and equipment appropriate to the medications administered;
   4) Suction equipment;
   5) An emergency back-up lighting system that will permit the completion of any operation underway; and
   6) A pulse oximeter.

ih) The following records shall be kept during the administration of conscious sedation:
   1) Medical history of the patient and consent for administration of anesthesia prior to the performance of any procedure;
   2) Preoperative, intraoperative, and pre-discharge monitoring of blood pressure, pulse, respiration and oxygen saturation;
   3) Drugs and dosages of these drugs used during the operative procedure, including the identification of the person administering drugs and times of their administration over the course of the procedure.

ij) A licensed dentist shall hold Permit A in order to perform dentistry while a licensed certified nurse anesthetist administers conscious sedation. A nurse anesthetist for purposes of this Section is a licensed certified nurse anesthetist who holds a license as an advanced practice nurse registered professional nurse licensed under the Illinois Nursing Act of 1987 [225 ILCS 65], who is a certified nurse anesthetist by the American Association of Nurse Anesthetists. The dentist shall enter into a written practice agreement with the nurse anesthetist in accordance with Section 15-25 of the Illinois Nursing and Advanced Practice Nursing Act and 68 Ill. Adm. Code 1305.
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kj) Proof of 4 hours of continuing education in sedation techniques, including medications and recognition and management of complications and emergencies, is required for renewal of Permit A.

lk) A treating-licensed dentist does not need to hold Permit A to perform while another dentist, who holds Permit A or Permit B, or a physician assists the treating dentist by administering conscious sedation, parenteral. Physician for purposes of this Section means a physician who is licensed to practice medicine in all of its branches under the Medical Practice Act [225 ILCS 60] and is authorized to provide anesthesia services in a licensed hospital or licensed ambulatory surgical treatment center or is an anesthesiologist. The treating dentist shall be prepared to provide affidavits to the following if requested by the Department:

1) Proof of Basic Life Support (BLS) training;
2) That the facility used for sedation meets the criteria of subsection (g) of this Section;
3) That the dentist shall staff the facility with a supervised team that includes a minimum of 2 individuals (in addition to the provider sedating) per patient capable of assisting with procedures, problems and emergencies incident to the administration of such sedation (e.g., BLS). In addition, the dentist shall report adverse occurrences to the Department as set forth in Section 1220.405 and accept the responsibility to verify the certification and licensure of any licensed provider present during the conscious sedation, parenteral, of a patient who is receiving dental care.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.520 Deep Sedation and General Anesthesia in the Dental Office Setting

Deep sedation and general anesthesia must be administered by an individual qualified under this Section. (See Appendix D for characteristics of levels of anesthesia.)

a) A licensed dentist seeking a permit to administer deep sedation or general anesthesia shall make application to the Department, on forms provided by the Department, which shall include:

1) Certification of meeting one or more of the following:
   A) Completion of a minimum of 2 years of advanced training in anesthesiology or related academic subjects, or its equivalent, beyond the pre-doctoral level, in a training program as outlined in Part 2 of Teaching the Comprehensive Control of Pain and Anxiety in an Advanced Education Program, published by the American Dental Association, Council on Dental Education, dated July 1993.
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B) Be a diplomate of the American Board of Oral and Maxillofacial Surgery, or be eligible for examination by the American Board of Oral and Maxillofacial Surgery pursuant to the July 1, 1989, standards.

C) Has a specialty license in oral and maxillofacial surgery issued by the Department.

D) Has a current valid permit for deep sedation or general anesthesia administration issued by the Department;

2) A signed affidavit certifying that the dentist will practice in a facility properly equipped in accordance with subsection (d) of this Section for the administration of deep sedation and general anesthesia staffed with a supervised team that includes a minimum of 2 individuals, in addition to the dentist, capable of assisting with procedures, problems and emergencies incident to the administration of such sedation (e.g., BLS); and

3) The required fee set forth in Section 1220.415 21 of the Act.

b) Upon review and recommendation of the Board in accordance with the standards set forth in this Section, the Department will issue a deep sedation or general anesthesia permit (Permit B).

c) If the accuracy, relevance or sufficiency of any submitted documentation is questioned by the Department or the Board because of discrepancies or conflicts in information needing further clarification, and/or missing information, additional documentation may be required and/or an on-site evaluation of the facilities, equipment and personnel may be conducted by the Department or a member of the Board's Advisory Panel.

d) Each facility where deep sedation or general anesthesia is administered shall be equipped with equipment specified in Section 1220.510(g) as well as the following:

1) Laryngoscope complete with selection of blades and spare batteries and bulbs in sizes appropriate to the patient population being served;

2) Endotracheal tubes and connectors and face masks in sizes appropriate for the patient population being served and a device capable of delivering positive pressure ventilation;

3) Tonsillar or pharyngeal suction tips adaptable to all office outlets;

4) Nasal and oral airways in sizes appropriate to the patient population being served;

5) Device for monitoring temperature (e.g., temperature strips, thermometer);

6) Electrocardioscope and defibrillator;

7) Pulse oximeter;

8) Equipment for the establishment of an intravenous infusion;
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9) Emergency drugs and equipment appropriate to the medications administered;
10) An operating table or an operating chair that permits appropriate access to the patient and provides a firm platform for the management of cardiopulmonary resuscitation;
11) A recovery area that has available oxygen, lighting, suction and electrical outlets. The patient should remain in the recovery area until the individual retains the ability to independently and consciously maintain an airway and respond appropriately to physical stimulation and verbal command. The recovery area may be the operating theatre; and
12) An emergency back-up lighting system that will permit the completion of any operation underway.

e) The following records shall be kept when administering deep sedation and general anesthesia:
1) Medical history and patient evaluation prior to the performance of any procedure;
2) Preoperative, intraoperative, and pre-discharge monitoring of blood pressure, pulse, respiration and oxygen saturation;
3) EKG monitoring during the entire procedure;
4) Drugs and dosages of agents used during the operative procedure, including nitrous oxide and oxygen, and including identification of the person administering drugs and times of their administration over the course of the procedure.
   Documentation of the anesthetic encounter will be consistent with currently accepted standards of anesthetic practice.

f) The dentist who holds Permit B shall report adverse occurrences to the Department and the Board as required by Section 1220.405.

g) A licensed dentist shall hold Permit B in order to perform dentistry while a licensed certified nurse anesthetist administers deep sedation or general anesthesia. A nurse anesthetist for purposes of this Section is a licensed certified nurse anesthetist who holds a license as an advanced practice nurse registered professional nurse licensed under the Illinois Nursing and Advanced Practice Nursing Act of 1987 [225 ILCS 65], who is a certified nurse anesthetist by the American Association of Nurse Anesthetists. The dentist shall enter into a written practice agreement with the nurse anesthetist in accordance with Section 15-25 of the Illinois Nursing and Advanced Practice Nursing Act and 68 Ill. Adm. Code 1305.

h) Proof of 4 hours of continuing education in sedation techniques, including medications and recognition and management of complications and emergencies, is required for renewal of Permit B.
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i) A treating-licensed dentist does not need to hold Permit B to perform while performing dentistry when another a dentist, who holds Permit B, or a physician assists the treating dentist by administering deep sedation or general anesthesia. Physician for purposes of this Section means a physician who is licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60] and is authorized to provide anesthesia services in a licensed hospital or licensed ambulatory surgical treatment center or is an anesthesiologist. The dentist shall be prepared to provide affidavits to the following if requested by the Department:

1) BLS training;
2) That the facility used is equipped as specified in subsection (d) of this Section;
3) That staffing of the deep sedation or general anesthesia is with a supervised team that consists of a minimum of 2 individuals per patient, in addition to the dentist, capable of handling procedures, problems and emergencies incident to the administration of such sedation (e.g., BLS). In addition, the dentist shall report severe adverse occurrences to the Department as set forth in Section 1220.405 and accept the responsibility for verifying certification and licensure of any licensed provider present during the deep sedation or general anesthesia of a patient receiving dental care.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.540  Approved Programs in Anesthesiology

a) Conscious Sedation, Parenteral, in the Dental Office Setting
The anesthesiology training program shall:

1) Include a minimum of 60 hours of didactic and clinical study that includes training in conscious sedation (both light and deep), physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, and monitoring with additionally supervised experience in providing conscious sedation to 20 or more patients; and
2) Be an organized sequence of study operated by one entity and completed in less than one calendar year.

b) Deep Sedation or General Anesthesia
1) An approved training program in anesthesiology to administer deep sedation or general anesthesia shall be two 2 calendar years that includes a minimum of 200 hours of didactic and 2,000 hours of clinical training.
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2) The didactic aspect may precede the clinical training or it may be offered in an integrated manner. The trainee must receive the equivalent of 2 two calendar years, on a consecutive basis, not to exceed 3 years, as the minimum required to provide an acceptable clinical and didactic program in comprehensive pain control. Both lectures and seminars are appropriate for providing the didactic training. The didactic subject matter shall include:
   A) The basic sciences (physiology, pharmacology, anatomy, biochemistry). The instruction shall not be based only on its relationship to a limited technical practice of anesthesia but shall also provide the opportunity for a thorough understanding of the processes of respiration, circulation, kidney function and liver function;
   B) Patient evaluation (physical diagnosis and internal medicine);
   C) Psychological aspects of human behavior and management of pain;
   D) Techniques of pain control, including physical, psychological and pharmacological methods; and
   E) Management of related emergencies and complications.

3) If the advanced training is obtained in a hospital based residency in anesthesiology, the training shall be restricted to those hospitals having anesthesia training programs approved by the Council on Medical Education of the American Medical Association or American Dental Association or American Dental Society of Anesthesiology.

c) An anesthesiology training program shall be based in a university or hospital.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)

Section 1220.560 Restoration of Permits

a) A licensee seeking restoration of a permit after it has expired for 5 years or less shall have the permit restored upon payment of $20 plus all lapsed renewal fees.

b) A licensee seeking restoration of a his permit after it has expired for more than 5 years shall file an application, on forms supplied by the Department, together with the fees required by Section 21 of the Act. The licensee shall also submit either:
   1) Sworn evidence of lawful active practice in another jurisdiction. Such evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or
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2) An affidavit attesting to military service as provided in Section 16 of the Act. If an applicant applies for restoration of the permit within 2 years after termination of such service, he/she shall have the permit restored without paying any lapsed renewal or restoration fees; or-

3) For Permit A restoration, proof of the training set forth in Section 1220.540(a) taken 2 years prior to application; or

4) For Permit B restoration, proof of the training set forth in Section 1220.540(b) taken 2 years prior to application.

(Source: Amended at 26 Ill. Reg. 18286, effective December 13, 2002)
**Section 1220, Appendix D  Characteristics of Levels of Anesthesia**

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<td>Decrease or eliminate anxiety; facilitate coping skills</td>
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<tr>
<td>Definition</td>
<td>Pharmacologically induced, altered state of consciousness (altered mood; reduced anxiety) where an individual is awake but has decreased anxiety to facilitate coping skills, retaining interaction ability</td>
<td>Pharmacologically induced state of depressed consciousness (altered consciousness, signs of sleep) under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands</td>
<td>Pharmacologically induced controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command</td>
<td>Pharmacologically induced controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command</td>
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<td>Personnel</td>
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<td>3 (treating dentist with Permit B; trained person to monitor patient or nurse anesthetist; trained assistant) OR 3 (treating dentist w/o Permit B; physician or</td>
<td>3 (treating dentist with Permit B; trained person to monitor patient or nurse anesthetist, trained assistant) OR 3 (treating dentist w/o Permit B; physician or</td>
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<td>dentist or dentist with Permit B; trained assistant</td>
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(Source: Added at 26 Ill. Reg. 18286, effective December 13, 2002)
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1) **Heading of the Part:** Illinois Occupational Therapy Practice Act

2) **Code Citation:** 68 Ill. Adm. Code 1315

3) **Section Numbers:**

   - 1315.162 New Section
   - 1315.163 Amendment
   - 1315.164 New Section

4) **Statutory Authority:** Illinois Occupational Therapy Practice Act [225 ILCS 75]

5) **Effective Date of Amendments:** December 13, 2002

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Do these amendments contain incorporations by reference?** No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency’s principal office and is available for public inspection.

9) **Date Notice of Proposal Published in Illinois Register:** April 19, 2002; 26 Ill. Reg. 5663.

10) **Has JCAR issued a Statement of Objection to these amendments?** No

11) **Differences between proposal and final version:** In Section 1315.162, the number of hours for didactic training in thermal modalities was changed from 6 to 3. In Section 1315.163, the supervision requirement for an OTA with more than 1 year’s experience was changed from “on-site” to “direct” supervision. In Section 1315.164, the supervision requirement for OT aides was clarified. Various non-substantive technical changes were also made.

12) **Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?** Yes

13) **Will these amendments replace any emergency amendments currently in effect?** No

14) **Are there any amendments pending on this Part?** No

15) **Summary and Purpose of Amendments:** Public Act 92-297, effective January 1, 2002, made numerous changes in the Act, including revisions in the definition of what constitutes...
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the practice of occupational therapy; these proposed amendments implement these statutory changes. Section 1315.162 adds definitions of various modalities now permissible under the Act, as well as including the additional training required to practice the modalities. Section 1315.163 now details supervision for occupational therapy assistants, while new Section 1315.164 details the requirements for supervision of "aides" in occupational therapy.

16) Information and questions regarding these adopted amendments shall be directed to:

   Department of Professional Regulation
   Attention: Jean Courtney
   320 West Washington, 3rd Floor
   Springfield, Illinois  62786
   217/785-0813   Fax: 217/782-7645

The full text of the adopted amendments begins on the next page:
Section 1315.162  Modalities in Occupational Therapy

Occupational therapy services include the use of physical agent modalities for occupational therapists and occupational therapy assistants who have the training, skill and competency to
apply these modalities.

a) Physical agent modalities:
   1) refer to those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity;
   2) are characterized as adjunctive methods used in conjunction with or in immediate preparation for: patient involvement in purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness; and
   3) include but are not limited to the following:
      A) electrical stimulation;
      B) iontophoresis;
      C) superficial heating agents;
      D) cryotherapy; and
      E) deep heating agents.

b) Following is the training required for the use of physical agent modalities used by occupational therapists and occupational therapy assistants.
1) Modalities
   A) Modalities using electricity would cover: pain control, edema reduction, and muscle reeducation. Examples include, but are not limited to: biofeedback, NMES/FES, TENS, HVGS, interferential, iontophoresis. The training shall include:
      i) a minimum of 12 hours of didactic training in a program defined in this Section that includes demonstration and return demonstration and an examination; and
      ii) 5 treatments in each modality supervised by a licensed health care professional trained in the use of the modality.
   B) Thermal modalities would include superficial and deep heat and cryotherapy. Examples include, but are not limited to, hot and cold packs, ice massage, fluidotherapy, warm whirlpool, cool whirlpool, ultrasound, phonophoresis, paraffin, contrast baths.
      i) a minimum of 3 hours of didactic training in a program defined in this Section that includes demonstration and return demonstration and an examination. The training session should include the mechanics and precautions of using the modality safely as well as case studies and problem solving on when to use. The ethics, economics, liability, and insurance issues related to using modalities should also be addressed in the educational process.
      ii) 5 treatments in each modality supervised by a licensed
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health care professional trained in the use of the modality.

2) The didactic training shall be obtained through educational programs, workshops, or seminars offered by a college or university, Illinois Occupational Therapy Association, the American Occupational Therapy Association and its affiliates, Illinois Physical Therapy Association, the American Physical Therapy Association or its chapters, National Board of Certification of Occupational Therapy (NBCOT), or the Hand Therapy Certification Commission.

3) The training shall be documented and made available to the Department or Board upon request. Training shall be completed prior to the use of these modalities. Documentation shall include:
   A) a transcript or proof of successful completion of the coursework, including the number of educational hours;
   B) the name and address of the individual or organization sponsoring the activity;
   C) the name and address of the facility at which the activity was presented;
   D) a copy of the course, workshop, or seminar description that includes topics covered, learning objectives, credentials of presenters and standards for meeting the objectives;
   E) documentation of the 5 clinical treatments that includes date of the treatments, the modality and the name and credentials of the supervisor.

c) Occupational therapists and occupational therapy assistants who, prior to January 1, 2002, have attended training programs and have developed competencies in the use of physical agent modalities may demonstrate competency through proof of one or more of the following:
   1) documentation of previous attendance and completion of the required training as stated in subsection (b);
   2) documentation of professional experience at the work place through policy and procedures indicating the use of modalities, inservice training, proof of prior use. Such experience shall include at least 20 applications for each modality within the last 3 years;
   3) documentation of attendance at educational programs, including post-professional programs, in-service training and specific certifications in the use of modalities; or
   4) documentation of certification as a hand therapist from the Hand Therapy Certification Commission.

(Source: Added at 26 Ill. Reg. 18330, effective December 13, 2002)
Section 1315.163 Supervision of an Occupational Therapy Assistant

a) A certified occupational therapy assistant shall practice only under the supervision of a registered occupational therapist. Supervision is a process in which 2 or more persons participate in a joint effort to establish, maintain and elevate a level of performance and shall include the following criteria:

1) The supervisor(s) shall possess skill, experience or education in excess of those possessed by the assistant.

2) To maintain high standards of practice based on professional principles, supervision shall connote the physical presence of the supervisor(s) and the assistant at regularly scheduled supervision sessions.

3) Supervision shall be provided in varying patterns as determined by the demands of the areas of patient/client service and the competency of the individual assistant. Such supervision shall be structured according to the assistant's qualifications, position, level of preparation, depth of experience and the environment within which he/she functions.

4) The supervisor(s) shall be responsible for the standard of work performed by the assistant and shall have knowledge of the patients/clients and the problems being discussed.

b) Record Keeping. It is the responsibility of the occupational therapy assistant to maintain on file at the job site signed documentation reflecting supervision activities. This supervision documentation shall contain the following: date of supervision, means of communication, information discussed and the outcomes of
the interaction. Both the supervising occupational therapist and the occupational therapy assistant must sign each entry.

(Source: Amended at 26 Ill. Reg. 18330, effective December 13, 2002)

Section 1315.164 Supervision of an Aide in Occupational Therapy

a) An aide in occupational therapy is a person who is not licensed by the Board and provides supportive services to occupational therapists and occupational therapy assistants that may include client-related and non-client related duties and that do not require the knowledge, skills or judgment of an occupational therapist or occupational therapy assistant. An aide in occupational therapy works under the direct on-site supervision of an occupational therapist and/or occupational therapy assistants. The occupational therapist is ultimately responsible for the use of aides in occupational therapy.

b) An occupational therapist and/or occupational therapy assistant may delegate to an aide in occupational therapy only specific tasks, which are neither evaluative, selective nor recommending in nature, only after insuring that the aide has been appropriately trained for the performance of the task.

c) Any duties assigned to an aide in occupational therapy must be determined and appropriately supervised by an occupational therapist and/or occupational therapy assistant and must not exceed the level of training, knowledge, skill and competence of the individual being supervised.

d) Duties and/or functions that aides in occupational therapy may perform include, but are not limited to:

1) Under supervision:
   a) routine department maintenance work;
   b) transportation of individuals/patients/clients;
   c) preparation or setting up of treatment equipment and work areas;
   d) taking care of individuals'/patients'/clients' personal needs during treatment that are not part of occupational therapy treatment;
   e) clerical, secretarial, administrative activities; and
   f) assisting in the construction of adaptive equipment.

2) On-site supervision and within the visual field of the occupational therapist or occupational therapy assistant:
   a) following up with selected routine activity or exercise; and
   b) aiding the occupational therapist and/or the occupational therapy assistant during occupational therapy treatment of the individual, patient or client.

e) Duties or functions that aides in occupational therapy shall not perform include,
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but are not limited to:
1) initiate and/or interpret referrals for occupational therapy services;
2) perform evaluative/assessment procedures;
3) develop, plan, adjust or modify treatment procedures;
4) act on behalf of the occupational therapist and/or occupational therapy assistant in any matter related to direct individual/patient/client care that requires judgment or decision-making;
5) document services reported as occupational therapy; or
6) represent himself or herself as an occupational therapist or an occupational therapy assistant.

f) An aide in occupational therapy may not provide direct individual/patient/client treatment.

(Source: Added at 26 Ill. Reg. 18330, effective December 13, 2002)
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1) **Heading of the Part:** Pharmacy Practice Act of 1987

2) **Code Citation:** 68 Ill. Adm. Code 1330

3) **Section Numbers:**
   - 1330.91 Amendment
   - 1330.92 Amendment
   - 1330.93 Amendment
   - 1330.94 Amendment
   - 1330.95 Amendment

4) **Statutory Authority:** Pharmacy Practice Act of 1987 [225 ILCS 85]

5) **Effective Date of Amendments:** December 13, 2002

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Do these amendments contain incorporations by reference?** No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) **Date Notice of Proposal Published in Illinois Register:** July 26, 2002, at 26 Ill. Reg. 11337

10) **Has JCAR issued a Statement of Objection to these amendments?** No

11) **Differences between proposal and final version:** No substantive differences.

12) **Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?** Yes

13) **Will these amendments replace emergency amendments currently in effect?** No

14) **Are there any amendments pending on this Part?** No

15) **Summary and Purpose of Amendments:** In response to an audit finding, the time frame requirements for notifying the Department of a change in the pharmacist-in-charge and the required inventory of drugs is changed from 30 days to 10 days to conform to the Act. This change is made for all pharmacy divisions.
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16) Information and questions regarding this amended Part shall be directed to:

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, Illinois 62786
217/785-0813 Fax: 217/782-7645

The full text of the adopted amendments begins on the next page:
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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1330
PHARMACY PRACTICE ACT OF 1987

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AUTHORITY: Implementing the Pharmacy Practice Act of 1987 [225 ILCS 85] and authorized by Section 2105-15 of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15].

Section 1330.91 Division I Pharmacies

a) Retail pharmacies which engage in general community pharmacy practice and are open to, or offer pharmacy service to, the general public shall, in addition to any other requirements of the Act and this Part, comply with Section 1330.91. A retail pharmacy which, in addition to offering pharmacy services to the general public, provides pharmacy services to an institution or facility listed in Sections 1330.92(a) need not register as a Division II pharmacy if the sales do not exceed 49% of total sales, but the pharmacy shall comply with requirements of Sections 1330.92(b), (c) and (d).

b) Recordkeeping Requirements for Filling Prescriptions

1) Every prescription filled or refilled shall contain the name, initials or other unique identifier of the person authorized to practice pharmacy under the provisions of the Pharmacy Practice Act who fills or refills the prescription. Additionally, the label affixed to the drug container must indicate the name, initials or other unique identifier of the person authorized to practice pharmacy in the State of Illinois who filled or refilled the prescription. No prescription may be filled or refilled for a period in excess of one year from the date of the original issuance of the prescription by the prescriber.

2) Whenever a prescription is filled or refilled, by a registered pharmacy technician under the supervision of a pharmacist, the prescription shall contain the names, initials or other unique identifier of both the supervising pharmacist and the registered pharmacy technician who fills or refills the prescription. Additionally, the label affixed to the drug
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container must indicate the initials of the pharmacy technician and pharmacist.

3) Refilling a Prescription
   A) Each refilling of a prescription shall be entered on the prescription or on another appropriate, uniformly maintained, readily retrievable record, which indicates by the number of the prescription the following information:
      i) The name and dosage form of the drug;
      ii) The date of each refilling;
      iii) The quantity dispensed;
      iv) The name or initials of the pharmacist and the pharmacy technician, if applicable, in each refilling; and
      v) The total number of refills for the prescription.
   B) If the pharmacist doesn't otherwise indicate in a uniformly maintained record, he/she shall be deemed to have dispensed a refill for the full face amount of the prescription.

4) Presentation of a written prescription copy or prescription label shall be for information purposes only and has no legal status as a valid prescription order. The recipient pharmacist of the copy or prescription label shall contact the prescribing practitioner to obtain a new prescription order.

5) A pharmacist providing a copy of a prescription to an ultimate consumer for the purpose of transfer or any other purpose shall cancel the uniformly maintained record and record the date the copy is issued, to whom issued and his/her name, initials or unique identifier. Copies of prescriptions shall be marked "For Information Purposes Only" and require a new prescription from the prescriber.

6) Subject to Section 18 of the Act, any information which is required to be kept pursuant to this Section may be recorded and stored in a computerized pharmaceutical information system which meets the standards of performance required by the regulations of the Drug Enforcement Administration (21 CFR 1306) (1998), and which contain no further amendments or editions, and shall include the capability to:
   A) Retrieve the original prescription order information for those prescription orders which are currently authorized for refilling;
   B) Retrieve the current prescription orders which shall, at a minimum, include name of drug, date of refill, quantity dispensed, name and identification code of the manufacturer in the case of a generically written prescription or a generic interchange, name or initials of the dispensing pharmacist and technician for each refill and the
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total number of refills dispensed to date;

C) Supply documentation of refill information entered by the pharmacist using the system by way of a hard copy printout of each day's refill data which has been verified for correctness. This printout must include for each prescription filled at least the following information:

i) The name and dosage form of the drug;
ii) The date of each refilling;
iii) The quantity dispensed;
iv) The name or initials of the pharmacist in each refilling and the pharmacy technician, if applicable;
v) The patient's name;
vi) The prescriber's name; and
vii) The prescription number for the prescription.

In lieu of the printout, the pharmacy shall maintain a bound log book, or separate file, in which each individual pharmacist involved in the dispensing shall sign a statement each day, attesting to the fact that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown. The book or file must be maintained at the pharmacy employing the system for a period of 5 years after the date of dispensing the appropriately authorized refill.

7D) All refill data shall be maintained by the pharmacy on the premises for 5 years in accordance with Section 18 of the Act. The pharmacy shall have the appropriate equipment on the premises to provide readily retrievable information in the course of an on-site inspection. A hard copy printout shall be provided to the Department upon request within 48 hours.

c) Transfer of Prescription Information

1) A prescription may be transferred between pharmacies for the purpose of original fill or refill dispensing provided that:

A) The transferor pharmacist invalidates the prescription on file and records to whom transferred, the date of issuance of such copy and the name of the transferor pharmacist issuing the transferred prescription order; and

B) The transferee pharmacist, upon receiving the prescription directly from another pharmacist, records the following:

i) The name, address and original prescription number of the pharmacy from which the prescription was transferred;

ii) All information constituting a prescription order including
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the following: name of the drug, original amount dispensed, date of original issuance of the prescription and number of valid refills remaining; and

C) The transferee pharmacist informs the patient that the original prescription has been cancelled at the pharmacy from which it has been transferred.

2) A prescription for Schedule III, IV and V drugs may be transferred only from original pharmacy and only one time for the purpose of refill dispensing and may not be transferred further. However, a pharmacist who is electronically sharing real-time online computerized systems may transfer up to the maximum refills permitted by law and the prescriber's authorization in accordance with CFR 1306.26(a).

3) Computerized systems must satisfy all information requirements of this subsection (c)(b), including invalidation of the original prescription when transferred between pharmacies accessing the same prescription records or between pharmacies of the same ownership. If those systems that access the same prescription records have the capability of cancelling the original prescription, pharmacies using such a system are exempt from the requirements of this subsection (c) if the transferred prescription can always be tracked to the original prescription order from the prescribing practitioner and the original prescription can be produced.

d) Staffing of the Pharmacy

1) Whenever the hours of the pharmacy (prescription department) differ from those of the establishment in which the pharmacy is located, there shall be compliance with the following:

A) The schedule during which the practice of pharmacy is carried on in the pharmacy shall be conspicuously displayed.

B) Whenever an establishment housing a pharmacy is open and a pharmacist is not present and available to provide pharmaceutical services as defined in Section 3 of the Act, a sign shall be conspicuously displayed stating in all capital letters: PHARMACIST NOT ON DUTY; STATE LAW PROHIBITS FILLING OF PRESCRIPTIONS IN THE ABSENCE OF A PHARMACIST.

C) No prescription may be dispensed when a pharmacist is not physically present in the establishment and on duty.

2) The pharmacy must provide pharmaceutical services, as defined in Section 3 of the Act, to the public a minimum of 40 hours per week. A pharmacy is considered providing Pharmaceutical Services when a pharmacist is physically present in the establishment and available for consultation.
e) Pharmacist-in-Charge

1) No pharmacy shall be granted a certificate of licensure without a pharmacist being designated on the pharmacy license as pharmacist-in-charge. No pharmacist shall be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of such pharmacist-in-charge shall include:
   A) Supervision of all activities of all employees as they relate to the practice of pharmacy;
   B) Establishment and supervision of the method and manner for storage and safekeeping of pharmaceuticals, including maintenance of security provisions to be used when the pharmacy is closed as set forth in Section 1330.75; and
   C) Establishment and supervision of the recordkeeping system for the purchase, sale, delivery, possession, storage and safekeeping of drugs.

2) The operations of the pharmacy and the establishment and maintenance of security provisions are the dual responsibility of the pharmacist-in-charge and the owner of the pharmacy.

3) Within 10 days after the change of a pharmacist-in-charge, the Department shall be so notified in writing by the departing pharmacist-in-charge.

4) In addition to notifying the Department within 10 days, the departing pharmacist-in-charge shall, on the effective date of the change, inventory the following controlled substances:
   A) All Schedule II drugs, as defined in the Illinois Controlled Substance Act, by actual physical count; and
   B) All other scheduled drugs, as defined in the Illinois Controlled Substance Act, by estimated count.

5) The inventory shall constitute, for the purpose of this Section, the closing inventory of the departing pharmacist-in-charge and the initial inventory of the incoming pharmacist-in-charge. This inventory record shall be preserved in the pharmacy for a period of 5 years. An affidavit attesting to the completion of the inventory and preservation of the inventory record, bearing the date of the inventory and the signatures of the departing and incoming pharmacist-in-charge, shall be submitted to the Department of Professional Regulation, at its principal office, within 10 days after the change in the pharmacist-in-charge.

6) Failure on the part of a registrant to provide the information required in subsections (e)(4) and (5) above shall be grounds for denying an application or renewal application for a pharmacy license or for
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disciplinary action against a registrant. Such action shall be based on the recommendation of the Board.

7) When the accuracy, relevance or completeness of any submitted documentation is reasonably questioned by the Department, because of a lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant will be required to:
   A) Provide such information as may be necessary; and/or
   B) Explain such relevance or completeness during an oral interview; or
   C) Appear for an oral interview before the Board when the information available to the Board is insufficient to evaluate compliance with this Section.

f) Pharmacists and pharmacies are prohibited from accepting from patients or their agents for reuse, reissue or resale any dispensed medications, chemicals, poisons or medical devices except for:
   1) Medical devices which can be properly sanitized prior to reuse, resale or rent; and
   2) Medications and medical devices that are dispensed and stored under conditions defined and supervised by the pharmacist and are unopened in sealed, intact and unaltered containers that meet the standards for light, moisture and air permeation as defined by the current United States Pharmacopoeia (U.S.P)/National Formulary or by the United States Pharmacopoeial Convention, Inc.

g) Pharmacies that compound and dispense parenteral products shall comply with Section 1330.99 of this Part.

h) Pharmacies that utilize automated dispensing and storage systems shall comply with Section 1330.98 of this Part.

i) The development and implementation of a procedure to be utilized in the event of a drug recall that can be readily activated to assure that all drugs included on the recall are returned to the pharmacy for proper disposition.

(Source: Amended at 27 Ill. Reg. 18338, effective December 13, 2002)

Section 1330.92 Division II Pharmacies

a) Pharmacies which are not located in the facilities they serve and whose primary service is to provide services to patients or residents of facilities licensed under the Nursing Home Care Reform Act of 1979 or the Hospital Licensing Act, or the University of Illinois Hospital Act shall, in addition to any other requirements of the Act and this Part, comply with this Section.
b) Recordkeeping Requirements for Filling Prescriptions or Orders

1) Every prescription or order dispensed shall be documented with the handwritten names, initials or other unique identifier of the pharmacist (and technician if one is used) authorized to practice pharmacy under the provisions of the Act who dispenses the prescription or order. For purposes of the Act, an authorized person is:
   A) A pharmacist licensed in the State of Illinois, or
   B) A registered pharmacy technician or registered student pharmacist, under the supervision of a pharmacist.

2) Each pharmacy must maintain a recordkeeping system for 5 years, which contains the information in subsection (b)(3) below. This information shall be readily retrievable and in a format which provides enforcement agents a concise, accurate and comprehensive method of monitoring drug distribution via an audit trail. This system may require two or more documents which, when read together, will provide all the information required by federal (e.g., the regulations of the Drug Enforcement Administration, 21 CFR 1300 et seq. (1998)) and State law (e.g., the Pharmacy Practice Act of 1987 and the Illinois Controlled Substances Act).

3) In addition to the above recordkeeping requirements, a uniformly maintained, readily retrievable hard copy record or back-up documentation of each prescription or order dispensed shall be maintained by the pharmacy for 5 years and shall include:
   A) Name of resident;
   B) Date of order;
   C) Name, strength and dosage form of drug, or description of the medical device ordered;
   D) Quantity dispensed (a separate record should be maintained when the quantity billed differs from the quantity dispensed e.g., unit dose transfer systems);
   E) Directions for use;
   F) Quantity billed;
   G) Prescriber’s name;
   H) Prescriber’s signature and/or DEA number where required for controlled substances; and
   I) The drug name and identification code or the manufacturer in case of a generically ordered medication or a generic interchange.

4) The label affixed to the drug container must indicate the initials or other unique identifier of the pharmacist who approves the dispensing of the medication order. However, if the pharmacy is utilizing a drug distribution
system which re-issues the same label, a separate record must be maintained which identifies the pharmacist approving each dispensing of the prescription or medication order.

5) No prescription may be filled or refilled for a period in excess of one year from the date of the original issuance of the prescription or order by the prescriber.

6) Subject to Section 18 of the Act, any information which is required to be kept pursuant to this Section may be recorded and stored in a:

A) computerized pharmaceutical information system which meets the standards of performance required by the regulations of the Drug Enforcement Administration (21 CFR 1306) (1998), and which contain no further amendments or editions, and shall include the capability to:

i) Retrieve the original medication order information for those medication orders which are currently authorized;

ii) Retrieve the current history of medication orders which shall, at a minimum, include the name of drug, the date of filling, the quantity dispensed, the name and identification code of manufacturer in the case of a generically written prescription or a generic interchange, for each filling, and the total number of refills when read in conjunction with any off-line hard copy of the history of medication orders dispensed to date; and

iii) Supply documentation of the correctness of filling information entered into a system must be provided by the pharmacist using the system by way of a hard copy printout of each day's filling data which has been verified, dated and signed by the dispensing pharmacist; or

B) bound log book, or separate file, in which each individual pharmacist involved in dispensing shall sign a statement each day attesting to the fact that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown. The a book or file must be maintained at the pharmacy employing the system for a period of 5 years after the date of dispensing the appropriately authorized refill.

c) In the event the long term care facility changes pharmacy provider services, their new provider must obtain the orders from the long term care facility and verify the authenticity and accuracy of the orders with the prescriber.
d) Staffing of the Pharmacy
   1) When the pharmacy is closed, the public and any employees not registered under the Act are to be prohibited access to the filling and dispensing area;
   2) The pharmacy must provide pharmaceutical services as defined in Section 3 of the Act a minimum of 40 hours per week. A pharmacy is considered to be providing pharmaceutical services when a pharmacist is on call and available for consultation.

e) Pharmacist-in-Charge
   1) No pharmacy shall be granted a certification of licensure without a pharmacist being designated on the pharmacy license as pharmacist-in-charge. No pharmacist may be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of such pharmacist-in-charge shall include:
      A) Supervision of all activities of all employees as they relate to the practice of pharmacy;
      B) Establishment and supervision of the method and manner for storage and safekeeping of pharmaceuticals, including maintenance of security provisions to be used when the pharmacy is closed, as set forth in Section 1330.75; and
      C) Establishment and supervision of the recordkeeping system for the purchase, sale, delivery, possession, storage and safekeeping of drugs.
   2) The operations of the pharmacy and the establishment and maintenance of security provisions are the dual responsibility of the pharmacist-in-charge and the owner of the pharmacy.
   3) Within 30 days after the change of a pharmacist-in-charge, the Department shall be so notified in writing by the departing pharmacist-in-charge.
   4) The departing pharmacist-in-charge shall, on the effective date of the change, inventory the following controlled substances:
      A) All Schedule II drugs, as defined in the Illinois Controlled Substance Act, by actual physical count; and
      B) All other scheduled drugs, as defined in the Illinois Controlled Substance Act, by estimated count.
   5) The inventory shall constitute, for the purpose of this Section, the closing inventory of the departing pharmacist-in-charge and the initial inventory of the incoming pharmacist-in-charge. This inventory record shall be preserved in the pharmacy for a period of 5 years. An affidavit attesting to the completion of the inventory and preservation of the inventory record, bearing the date of the inventory and the signatures of the departing and
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incoming pharmacist-in-charge, shall be submitted to the Department, at its principal office, within 10 days after the change in the pharmacist-in-charge.

6) Failure on the part of a registrant to provide the information required in subsections (e)(4) and (5) above shall be grounds for denying an application or renewal application for a pharmacy license or for disciplinary action against a registrant. Such action shall be based upon the recommendation of the Board.

7) When the accuracy, relevance or completeness of any submitted documentation is reasonably questioned by the Department, because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant will be required to:
   A) Provide such information as may be necessary; and/or
   B) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information given or clear up any discrepancies of conflicts in information.

f) Pharmacists and pharmacies are prohibited from accepting from patients or their agents for reuse, reissue or resale any dispensed medications, chemicals, poisons, or medical devices except for:
   1) Medical devices which can be properly sanitized prior to reuse, resale or rerent; and
   2) Medications and medical devices that are dispensed and stored under conditions defined and supervised by the pharmacist and are unopened in sealed, intact and unaltered containers that meet the standards for light, moisture and air permeation as defined by the current United States Pharmacopoeial (U.S.P.)/National Formulary, or by the United States Pharmacopeial Convention, Inc.

g) Labeling Requirements
   1) Medications For Future Use
      A) Parenteral solutions to which a drug or diluent has been added or which are not in their original manufacturer's packaging, shall contain the following information on the outer label:
         i) Name, concentration and volume of the base parenteral solution;
         ii) Name and strength of drugs added;
         iii) Expiration date and date of the admixture. Expiration date, unless otherwise specified in the individual compendia monograph, or beyond use date, shall be not later than the expiration date on the manufacturer's container, one year from the date the drug is repackaged, or current federal
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(e.g., the federal Drug Administration Act) or U.S.P. requirements, whichever is earlier; and
iv) Reference code to identify source and lot number of drug(s) added.

B) Non-Parenterals repackaged for future use, shall be identified with the following information:
i) Trade and/or generic name;
ii) Strength (if applicable);
iii) Expiration date. Unless otherwise specified in the individual monograph, the expiration date or beyond use date, shall be not later than the expiration date on the manufacturer's container, one year from the date the drug is repackaged, or current federal or U.S.P. requirements, whichever is earlier; and
iv) Reference code to identify source and lot number.

2) Medications prepared for Immediate Use
A) All medications prepared by the pharmacy for immediate dispensing to a specific resident or patient in the facility shall be dispensed in a container identified with:
i) Name of the resident;
ii) Resident's room and bed number;
iii) Dispensing date;
iv) Name, strength and dosage form of drug, or description of the medical device ordered;
v) Quantity dispensed;
vi) Directions for use;
vii) Prescriber's name; and
viii) Expiration date if less than 60 days from date of dispensing.

B) Pharmacies dispensing medications to a specific resident or patient in the facility via unit dose shall label each order with the following information:
i) Name of the resident;
ii) Resident's room and bed number;
iii) Date of order;
iv) Name, strength and dosage form of drug, or description of the medical device ordered;
v) Directions for use; and
vi) Prescriber's name.

h) Pharmacies that compound and dispense parenteral products shall comply with
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Section 1330.99 of this Part.

i) Pharmacies that utilize automated dispensing and storage systems shall comply with Section 1330.98 of this Part.

(Source: Amended at 27 Ill. Reg. 18338, effective December 13, 2002)

Section 1330.93 Division III Pharmacies

a) Pharmacies which are located in facilities licensed under the Nursing Home Care Reform Act of 1979, the Hospital Licensing Act, or the University of Illinois Hospital Act, or are operated by the Department of Human Services or the Department of Corrections, and which provide pharmacy services to residents, patients, employees, prescribers and students of these facilities, shall, in addition to other requirements of the Act and this Part, comply with this Section.

b) Recordkeeping Requirements

1) Every prescription or drug order filled or refilled shall contain the name, initials or other unique identifier of the pharmacist (and technician if one is used) who fills or refills the prescription or drug order, or the name, initials or other unique identifier may be recorded on another appropriate, uniformly maintained and readily retrievable record which indicates, at least, the following information:
   A) The name and dosage form of the drug;
   B) The date of filling or refilling; and
   C) The quantity dispensed.

2) The label affixed to the drug container of any prescription to a non-inpatient of the facility or institution must indicate the initials or other unique identifier of the pharmacist (and technician if one is used) who filled or refilled the prescription. No prescription may be filled or refilled for a period in excess of one year from the date of the original issuance of the prescription by the prescriber.

3) The pharmacist-in-charge shall maintain or have access to the following records for at least 5 years or as otherwise required by law:
   A) Records of medication orders and medication administration to patients;
   B) Procurement records for controlled substances;
   C) Records of packaging, bulk compounding or manufacturing; and
   D) Records of actions taken pursuant to drug recalls.

c) Labeling Requirements

1) All medication repackaged by the pharmacy for future use inside the institution or facility and not intended for immediate dispensing to a
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Specific patient shall be identified with the following information:

A) Single dose or multi-dose drugs, except parenteral solutions to which a drug has been added, shall be labeled with:
   i) Trade and/or generic name;
   ii) Strength (if applicable);
   iii) Expiration date; and
   iv) Reference code to identify source and lot number.

B) Parenteral solutions to which drugs have been added shall contain on the outer label:
   i) Name, concentration and volume of the base parenteral solution;
   ii) Name and strength of drugs added;
   iii) Expiration date and time of the admixture; and
   iv) Reference code to identify source and lot number of drugs added.

2) All medication prepared by the pharmacy for immediate dispensing to a specific patient or resident in the institution or facility shall be identified with the following information:

A) Single dose or multi-dose drugs, except parenteral solutions to which a drug has been added, shall be identified with:
   i) Trade and/or generic name; and
   ii) Strength (if applicable).

B) Parenteral solutions to which drugs have been added shall be identified with:
   i) Name, concentration and volume of the base parenteral solution;
   ii) Name and strength of drugs added; and
   iii) Expiration date and time of the admixture.

C) All medication dispensed to a specific patient in the institution shall be dispensed in a container identified with the name of the patient and the patient's location. Those institutions or facilities utilizing unit-dose and medication cart system may identify the name of the patient and the patient's location on the outside of the bin of the medication cart, when those carts are filled by the pharmacy.

3) Labels on all medications dispensed by the pharmacy for immediate dispensing to a discharge patient, emergency room patient and/or employee shall contain the following:

A) The name and dosage form of the drug;
B) The date filled;
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C) The quantity dispensed; and
D) The name or initials of the pharmacist and the pharmacy technician, if applicable, in each refilling.

4) Investigational New Drugs, authorized by the United States Food and Drug Administration, shall be dispensed pursuant to a valid prescription order of the principal physician-investigator or his authorized clinician. All investigational drugs shall be stored in and dispensed from the pharmacy and shall be identified with the following information:
A) Name of drug and strength (if applicable);
B) Expiration date;
C) Reference code to identify source and lot number;
D) A label indicating "For Investigational Use Only"; and
E) Name and location of the patient. Those institutions or facilities utilizing unit-dose and medication cart system may identify the name of the patient and the patient's location on the outside of the bin of the medication cart, when those carts are filled by the pharmacy.

5) A pharmacist providing a copy of a prescription to an ultimate consumer for the purpose of transfer or any other purpose shall cancel the face of the original prescription and record the date the copy is issued, to whom issued, and his signature on the face of the original prescription. Copies of prescriptions shall be marked "For Information Purposes Only" and require prescriber authorization to fill.

d) Staffing of the Pharmacy

1) No pharmacy shall be granted a certificate of licensure without a pharmacist being designated on the pharmacy license as pharmacist-in-charge. No pharmacist may be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of such pharmacist-in-charge shall include:
A) Supervision of all the activities of all employees as they relate to the practice of pharmacy;
B) Establishment and supervision of the method and manner for storage, dispensing and safekeeping of pharmaceuticals in all areas of the institution or facility, including maintenance of security provisions to be used when the pharmacy is closed. The following security provisions shall be utilized:
   i) The pharmacy shall be staffed at all times by a registered pharmacist during open hours; and
   ii) There shall be no public access to the pharmacy, except as provided in Section 1330.93(e)(1);
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C) Establishment and supervision of the recordkeeping system for the purchase, sale, delivery, possession, storage and safekeeping of drugs;
D) The development and implementation of a procedure to be utilized in the event of a drug recall which can be readily activated to assure that all drugs included on the recall are returned to the pharmacy for proper disposition;
E) Establishment of specifications for the procurement of all drugs which will be dispensed by the pharmacy; and
F) Establishment and supervision of a method of documenting an oral prescription from a licensed physician to a pharmacist and for transmission of that information to the appropriate members of the nursing staff of the institution or facility.

2) The operations of the pharmacy and the maintenance of security provisions are the responsibility of the pharmacist-in-charge whether the owner is a sole proprietor, partnership, association, corporation or any other entity.

3) Within 10-30 days after the change of a pharmacist-in-charge, the Department shall be so notified in writing by the departing pharmacist-in-charge.

4) The departing pharmacist-in-charge shall, on the effective date of the change, inventory the following controlled substance:
   A) All Schedule II drugs, as defined in the Illinois Controlled Substance Act, by actual physical count; and
   B) All other scheduled drugs, as defined in the Illinois Controlled Substance Act, by estimated count.

5) The inventory shall constitute, for the purpose of this Section, the closing inventory of the departing pharmacist-in-charge and the initial inventory of the incoming pharmacist-in-charge. This inventory record shall be preserved in the pharmacy for a period of 5 years. An affidavit attesting to the completion and preservation of the inventory record bearing the date of the inventory and the signatures of the departing and incoming pharmacist-in-charge shall be submitted to the Department of Professional Regulation, at its principal office, within 10-30 days after the change in the pharmacist-in-charge.

6) Failure on the part of a registrant to provide the affidavit required in subsections (d)(4) and (5) above shall be grounds for denying an application or renewal application for a pharmacy license or for disciplinary action against a registrant. Such action shall be based on the recommendation of the Board.
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7) When the accuracy, relevance or completeness of any submitted documentation is reasonably questioned by the Department because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant will be required to:
   A) Provide such information as may be necessary; and/or
   B) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information given or clear up any discrepancies of conflicts in information.

8) Pharmacists and pharmacies are prohibited from accepting from patients or their agents for reuse, reissue or resale dispensed medications, chemicals, poisons or medical devices except for:
   A) Medical devices which can be properly sanitized prior to reuse, resale or rent; and
   B) Medications that are dispensed and stored under conditions defined and supervised by the pharmacist and are unopened in sealed, intact and unaltered containers that meet the standards for light, moisture and air permeation as defined by a current United States Pharmacopoeia/National Formulary published by the United States Pharmacopeial Convention, Inc.

   Medication Dispensing in the Absence of a Pharmacist – the availability of necessary medications for immediate therapeutic use during those hours when the institutional pharmacy is not open shall be met in the following manner:

   1) An after-hour cabinet, which is a locked cabinet or other enclosure located outside of the pharmacy area containing a minimal supply of the most frequently required medication, may be utilized provided that only personnel specifically authorized by the institution in which the pharmacy is located may obtain access and it is sufficiently secure to deny access to unauthorized persons. After-hour cabinets shall only be used in the absence of a pharmacist. When medication is removed from the cabinet or enclosure, written physician's orders authorizing the removal of the medication shall be placed in the cabinet or enclosure. A log shall be maintained within the cabinet or enclosure and authorized personnel removing medication shall indicate on the log the signature of the authorized personnel removing the medication, name of the medication removed, the strength (if applicable), the quantity removed and the time of removal.

   2) Emergency kits containing those drugs which may be required to meet the immediate therapeutic needs of the patient, and which are not available from any other source in sufficient time to prevent risk of harm to patients by delay resulting from obtaining the drugs from the other source, may be
utilized. Emergency kits shall be supplied and maintained under the supervision of a pharmacist. Drugs shall be removed from emergency kits only by authorized pharmacy personnel, persons authorized to administer medication pursuant to a valid physician's order or a physician licensed to practice medicine in all of its branches in Illinois. Emergency kits shall be sealed in some manner which will indicate when the kit has been opened. A label shall be affixed to the outside of the emergency kit indicating the expiration date of the emergency kit. The expiration date of the emergency kit shall be the earliest expiration date of any drug contained in the kit. After an emergency kit has been used or upon discovery that the seal has been broken or upon the occurrence of the expiration date, the kit shall be returned to the pharmacy to be checked and/or restocked.

3) Whenever any drug is not available from night cabinets or emergency kits, and the drug is required to treat the immediate needs of a patient, the drug may be obtained from the pharmacy in sufficient quantity to meet the immediate need by an authorized nurse. When medication is removed from the pharmacy by an authorized nurse, a copy of the physician's order authorizing the removal of said medication shall be conspicuously placed in the pharmacy with the container from which the drug was removed so that it will be found by a pharmacist and checked promptly. A form shall be available in the pharmacy upon which shall be recorded the signature of the authorized nurse who removed the medication, the name, strength (if applicable) and quantity of medication removed.

4) Drugs may be dispensed from the emergency room only by a practitioner licensed to prescribe and dispense, and only to patients treated in the institution. This shall occur only during hours in which outpatient institutional pharmacy services are not available. The quantity dispensed should be limited to no more than a 24 hour supply, except for unit use packages (e.g., inhalers, opthalmics, otics, etc.) to meet the immediate needs of the patient until pharmacy services are available. Drugs dispensed in this manner must meet all labeling requirements pertaining to Division I pharmacies as specified in Section 1330.91. There shall be written policies and procedures, approved by the medical staff, regarding the dispensing of drugs from the emergency room.

f) Pharmacies that compound and dispense parenteral products shall comply with Section 1330.99 of this Part.

g) Pharmacies that utilize automated dispensing and storage systems shall comply with Section 1330.98 of this Part.

(Source: Amended at 27 Ill. Reg. 18338, effective December 13, 2002)
Section 1330.94 Division IV Pharmacies

a) Pharmacies which provide and/or offer for sale radiopharmaceuticals shall in addition to any other requirements of the Act and this Part comply with this Section 1330.94 of this Part.

b) Prior to issuance of a Division IV pharmacy license:
   1) The pharmacy shall provide a copy of their Illinois Radioactive Material License issued by the Illinois Department of Nuclear Safety in accordance with the Radiation Protection Act [420 ILCS 40].
   2) The Department shall conduct an on-site inspection of the facility.

c) The pharmacy shall have:
   1) Space commensurate with the scope of services provided, but at least 300 square feet; and
   2) Radioactive storage and product decay facility, separate from and exclusive of the "hot" laboratory, compounding, dispensing quality assurance and office areas.

d) Each Division IV Pharmacy shall have the following equipment:
   1) Laminar Flow Hood;
   2) Fume Hood – minimum of 30 inches in height, which shall be vented through a filter with a direct outlet to the outside;
   3) Dose Calibrator;
   4) Refrigerator;
   5) Class A prescription balance or a balance of greater sensitivity;
   6) Single-channel or multi-channel gamma scintillation counter;
   7) Microscope;
   8) Low level, thin-window portable radiation survey meter;
   9) Drawing station – lead glass and lead lined;
   10) Syringe shields; and
   11) Energy Compensated Geiger Mueller (GM) Probe or ion chamber.

e) Each Division IV Pharmacy shall have the following reference texts available:
   1) The current edition or revision of the United States Pharmacopoeia – Dispensing Information;
   2) The current edition or revision of the United States Pharmacopoeia/National Formulary;
   3) State and federal regulations governing the use of applicable radioactive material; and

f) Pharmacist-in-Charge
   1) Designation as a Division IV pharmacy shall only be granted if the
pharmacist-in-charge is a nuclear pharmacist meeting the requirements set forth in subsection (i). No registered pharmacist may be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of the pharmacist-in-charge shall include:

A) Supervision of all the activities of all employees as they relate to the practice of nuclear pharmacy;

B) Establishment and supervision of the recordkeeping system for the purchase, acquisition, disposition, sale, delivery, possession, storage and safekeeping of radiopharmaceuticals; and

C) Establishment and maintenance of security provisions, which shall include the following:

i) There shall be no public access to the pharmacy hot lab/dispensing area; and

ii) In the absence of a nuclear pharmacist all radiopharmaceuticals shall be locked and accessible only to a nuclear pharmacist or an individual under direct supervision of the pharmacist; except, a licensed medical practitioner authorized to possess, use and administer radiopharmaceuticals may have access to radiopharmaceuticals in the absence of a nuclear pharmacist.

2) Within 30 days after the change of a pharmacist-in-charge, the Department shall be so notified in writing by the departing pharmacist-in-charge.

g) Dispensing Radiopharmaceuticals

1) A radiopharmaceutical shall be dispensed only upon a prescription order from a licensed medical practitioner authorized to possess, use and administer radiopharmaceuticals.

2) No radiopharmaceutical shall be dispensed in the absence of a nuclear pharmacist except, a licensed medical practitioner authorized to possess, use, dispense, and administer radiopharmaceuticals may dispense in the absence of a nuclear pharmacist.

3) The amount of radioactivity in a preparation for dispensing shall be determined by radiometric methods for each individual preparation at the time of preparation, and calibrated for the anticipated time of administration.

h) Labeling Requirements

1) In addition to the labeling requirements of pharmaceuticals, as stipulated in the Act, the immediate outer container of a radioactive drug, diagnostic agent or device to be dispensed shall also be labeled to include:
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A) The standard radiation symbol;
B) The words, "Caution-Radioactive Material";
C) The name of the radionuclide;
D) The name of the chemical form;
E) The amount of radioactive material contained, in millicuries or microcuries, in the container contents at the time of calibration;
F) If the container contents are in liquid form, the volume in milliliters;
G) The requested calibration time for the amount of radioactivity contained;
H) The prescription number; and
I) The name or initials of the nuclear pharmacist filling the prescription.

2) The immediate container shall be labeled with:
A) The standard radiation symbol;
B) The words, "Caution-Radioactive Material";
C) The name and address of the pharmacy;
D) The prescription number;
E) Name of radionuclide; and
F) Name of chemical form.

i) Nuclear Pharmacist Requirements – A nuclear pharmacist who serves as the pharmacist-in-charge of a Division IV pharmacy and all other pharmacists employed in the pharmacy shall provide evidence to the Department of the following:
1) Licensure as a Pharmacist in the State of Illinois; and
2) That he/she is named as an authorized user or works under the supervision of a pharmacist who is named as an authorized user on a commercial nuclear pharmacy license issued by the Illinois Department of Nuclear Safety or in the case where a nuclear pharmacist, who works under a broad medical license at a university or research hospital, has been approved as a user by that institution's radiation safety committee in accordance with conditions of the license issued by the Illinois Department of Nuclear Safety.

j) Nothing in this Part shall prohibit the operation of a nuclear medicine laboratory or any other department which is operated under the direct supervision of a licensed medical practitioner authorized to possess, use and administer radiopharmaceuticals.

(Source: Amended at 27 Ill. Reg. 18338, effective December 13, 2002)
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Section 1330.95 Division V Pharmacies

a) Pharmacies Required to Hold Division V Licenses
   1) Pharmacies which are located in or provide service to ambulatory care facilities, schools of veterinary medicine or other institutions or facilities. In addition to other requirements of the Act and this Part, these pharmacies shall comply with this Section.
   2) Pharmacies that hold Division II licenses and provide pharmacy services to the general public. In addition to other requirements of the Act and Rules, these pharmacies shall comply with Section 1330.92 and this Section.
   3) Pharmacies that hold Division III licenses and provide pharmacy services to the general public. In addition to other requirements of the Act and Rules, these pharmacies shall comply with Section 1330.93 and this Section.

b) Recordkeeping Requirements for Filling Prescriptions
   1) Every prescription filled or refilled shall contain the handwritten name, initials or other unique identifier of the person authorized to practice pharmacy under the provisions of the Act who fills or refills the prescription. Additionally, the label affixed to the drug container must indicate the name, initials or other unique identifier of the person authorized to practice pharmacy in the State of Illinois who filled or refilled the prescription. No prescription may be filled or refilled for a period in excess of one year from the date of the original issuance of the prescription by the prescriber.
   2) Whenever a prescription, written or oral, is filled or refilled, by a registered pharmacy technician under the supervision of a pharmacist, the same shall contain the names, initials or other unique identifier of both the supervising pharmacist and the registered pharmacy technician who fills or refills the same. Additionally, the label affixed to the drug container must indicate the same initials.
   3) Refilling a Prescription
      A) Each refilling of a prescription shall be entered on the prescription or on another uniformly maintained, readily retrievable record, which indicates by the number of the prescription the following information:
         i) The name and dosage form of the drug;
         ii) The date of each refilling;
         iii) The quantity dispensed;
         iv) The name or initials of the pharmacist and the pharmacy
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B) If the pharmacist doesn't otherwise indicate in a uniformly maintained record, he shall be deemed to have dispensed a refill for the full face amount of the prescription.

4) Presentation of a written prescription copy or prescription label shall be for information purposes only and has no legal status as a valid prescription order. The recipient pharmacist of the copy or prescription label shall contact the prescribing practitioner to obtain a new prescription order.

5) A pharmacist providing a copy of a prescription to an ultimate consumer for the purpose of transfer or any other purpose shall cancel the face of the original prescription and record the date the copy is issued, to whom issued, and his/her signature on the face of the original prescription. Copies of prescriptions shall be marked "For Information Purposes Only", and may neither be filled nor refilled.

6) Subject to Section 18 of the Act, any information which is required to be kept pursuant to this Section may be recorded and stored in a computerized pharmaceutical information system which meets the standards of performance required by the regulations of the Drug Enforcement Administration (21 CFR 1306) (1998), and which contain no further amendments or editions, and shall include the capability to:

A) Retrieve the original prescription order information for those prescription orders which are currently authorized for refilling;

B) Retrieve the current prescription orders which shall, at a minimum, include name of drug, date of refill, quantity dispensed, name and identification code of the manufacturer in the case of a generically written prescription or a generic interchange, name or initials of the dispensing pharmacist and technician for each refill, and the total number of refills dispensed to date;

C) Supply documentation of the correctness of refill information entered into a system must be provided by the pharmacist using the system by way of a hard copy printout of each day's refill data which has been verified, dated and signed by the dispensing pharmacist. This printout must include for each script refilled at least the following information:

i) The name and dosage form of the drug;

ii) The date of each refilling;

iii) The quantity dispensed;

iv) The name or initials of the pharmacist in each refilling and
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the pharmacy technician, if applicable;

v) The patient's name;

vi) The prescriber's name; and

vii) The prescription number for the prescription.

In lieu of a printout, the pharmacy shall maintain a bound log book, or separate file, in which each individual pharmacist involved in dispensing shall sign a statement each day attesting to the fact that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown. The book or file must be maintained at the pharmacy employing the system for a period of 5 years after the date of dispensing the appropriately authorized refill.

All refill data shall be maintained by the pharmacy on the premises for 5 years in accordance with Section 18 of the Act. The pharmacy shall have the appropriate equipment on the premises to provide readily retrievable information in the course of an on-site inspection. A hard copy printout shall be provided to the Department upon request within 48 hours.

c) Transfer of Prescription Information

1) A prescription may be transferred between pharmacies for the purpose of original fill or refill dispensing provided that:

A) The transferor pharmacist invalidates the prescription on file and records to whom transferred, the date of issuance of the copy and the name of the transferor pharmacist issuing the transferred prescription order; and

B) The transferee pharmacist, upon receiving the prescription directly from another pharmacist, records the following:

i) The name, address and original prescription number of the pharmacy from which the prescription was transferred;

ii) All information constituting a prescription order including the following: name of drug, original amount dispensed, date of original issuance of the prescription and number of valid refills remaining; and

C) The transferee pharmacist informs the patient that the original prescription has been cancelled at the pharmacy from which it has been transferred.

2) A prescription for Schedule III, IV and V drugs may be transferred from original pharmacy one time for the purpose of refill dispensing and may not be transferred further. However, a pharmacist who is electronically sharing real-time on line computerized systems may transfer up to the
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maximum refills permitted by law and the prescriber's authorization in accordance with CFR 1306.26(a).

3) Computerized systems must satisfy all information requirements of subsection (c) above, including invalidation of the original prescription when transferred between pharmacies accessing the same prescription records or between pharmacies of the same ownership. If those systems that access the same prescription records have the capability of cancelling the original prescription, pharmacies using such a system are exempt from the requirements of subsection (c) if the transferred prescription can always be tracked to the original prescription order from the prescribing practitioner and the original prescription can be produced.

d) Staffing of the Pharmacy

1) Whenever the hours of the pharmacy (prescription department) differ from those of the establishment in which the pharmacy is located, there shall be compliance with the following:
   A) The schedule during which the practice of pharmacy is carried on in such pharmacy shall be conspicuously displayed.
   B) When the pharmacy is closed, the public and any employees not registered under the Act are to be prohibited access to the area.
   C) Whenever an establishment housing a pharmacy is open and a pharmacist is not present and available to provide pharmaceutical services as defined in Section 3 of the Act, a sign shall be conspicuously displayed stating in all capital letters: PHARMACIST NOT ON DUTY; STATE LAW PROHIBITS FILLING OF PRESCRIPTIONS IN THE ABSENCE OF A PHARMACIST.
   D) No prescription may be dispensed when a pharmacist is not physically present in the establishment and on duty.

2) The pharmacy must provide pharmaceutical services, as defined in Section 3 of the Act, to the public a minimum of 40 hours per week. A pharmacy is considered providing Pharmaceutical Services when a pharmacist is physically present in the establishment and available for consultation.

e) Pharmacist-in-Charge

1) No pharmacy shall be granted a certificate of licensure without a pharmacist being designated on the pharmacy license as pharmacist-in-charge. No pharmacist may be designated as a pharmacist-in-charge on more than one pharmacy license. The responsibilities of such pharmacist-in-charge shall include:
   A) Supervision of all the activities of all employees as they relate to the practice of pharmacy;
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B) Establishment and supervision of the method and manner for storage and safekeeping of pharmaceuticals, including maintenance of security provisions to be used when the pharmacy is closed, as set forth in Section 1330.75; and

C) Establishment and supervision of the recordkeeping system for the purchase, sale, delivery, possession, storage and safekeeping of drugs.

2) The operations of the pharmacy and the establishment and maintenance of security provisions are the dual responsibility of the pharmacist-in-charge and the owner of the pharmacy.

3) Within 10 days after the change of a pharmacist-in-charge, the Department shall be so notified in writing by the departing pharmacist-in-charge.

4) In addition to notifying the Department within 10 days, the departing pharmacist-in-charge shall, on the effective date of the change, inventory the following controlled substances:

   A) All Schedule II drugs, as defined in the Illinois Controlled Substance Act, by actual physical count; and
   B) All other scheduled drugs, as defined in the Illinois Controlled Substance Act, by estimated count.

5) Such inventory shall constitute, for the purpose of this Section, the closing inventory of the departing pharmacist-in-charge and the initial inventory of the incoming pharmacist-in-charge. This inventory record shall be preserved in the pharmacy for a period of 5 years. An affidavit attesting to the completion of the inventory and preservation of the inventory record, bearing the date of the inventory and the signatures of the departing and incoming pharmacist-in-charge, shall be submitted to the Department of Professional Regulation, at its principal office, within 10 days after the change in the pharmacist-in-charge.

6) Failure on the part of a registrant to provide the information required in subsections (e)(3), (4) and (5) above shall be grounds for denying licensure application or renewal application for a pharmacy license or for disciplinary action against a registrant. Such action shall be based on the recommendation of the Board in accordance with Sections 30-39 of the Act and 68 Ill. Adm. Code 1110.

7) When the accuracy, relevance or completeness of any submitted documentation is questioned by the Department because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the registrant will be required to:

   A) Provide such information as may be necessary; and/or
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B) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information given or clear up any discrepancies or conflicts in information.

f) Pharmacists and pharmacies are prohibited from accepting from patients or their agents for reuse, reissue or resale any dispensed medications, chemicals, poisons or medical devices except for:
   1) Medical devices that can be properly sanitized prior to reuse, resale or rerent; and
   2) Medications and medical devices that are dispensed and stored under conditions defined and supervised by the pharmacist and are unopened in sealed, intact and unaltered containers that meet the standards for light, moisture and air permeation as defined by the current United States Pharmacopoeia (U.S.P.)/National Formulary or by the United States Pharmacopoeial Convention, Inc.

g) Pharmacies that compound and dispense parenteral products shall comply with Section 1330.99 of this Part.

h) Pharmacies that utilize automated dispensing and storage systems shall comply with Section 1330.98 of this Part.

(Source: Amended at 27 Ill. Reg. 18338, effective December 13, 2002)
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1) **Heading of the Part:** Emergency Medical Services and Trauma Center Code

2) **Code Citation:** 77 Ill. Adm. Code 515

3) **Section Numbers:**
   - 515.4000 New Section
   - 515.4010 New Section
   - Appendix K New Section
   - Appendix L New Section
   - Appendix M New Section

4) **Statutory Authority:** Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) **Effective date of amendments:** December 20, 2002

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Does this rulemaking contain any incorporations by reference?** No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the Department’s principal office and is available for public inspection.

9) **Notice of Proposal Published in Illinois Register:** May 31, 2002, 26 Ill. Reg. 7978

10) **Has JCAR issued a Statement of Objection to these amendments?** No

11) **Differences between proposal and final version:**

   The following changes were made in response to comments received during the First Notice or public comment period:

   1. In Section 515.4000(a)(1)(D)(iii), "(<21 years)" was added after "group".

   2. In Section 515.4000(a)(6), "maximum" was changed to "optimal".

   3. In Section 515.4000(b), "and" was deleted; "this" was deleted; "(b)" was changed to "(a)"; "of this Section" was added after "(1)".
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4. In Section 515.4000(c)(2), "PALS, APLS or ENPC;" was added after "to." Commas after "offerings", "presentations", "testing" and "pediatrics" were changed to semi-colons.

5. In Section 515.4000(e)(2)(A), "Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of" was added; "Ensuring and documenting" was deleted.

6. In Section 515.4010(b), "this" was deleted; "(b)" was changed to "(a)"; "of this Section" was added after "(l)".

7. In Section 515.4010(c)(2), "PALS, APLS or ENPC;" was added before "CEU"; the last comma was changed to a semi-colon.

8. In Section 515.4010(e)(2)(A), "educations" was changed to "education"; "Ensuring and documenting" was deleted and the following was added: "Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of the".

9. In Appendix K(D)(2), "such" was added after "complete"; "certification" was deleted.

10. In Appendix K(D)(2), "optional" was changed to "optimal".

11. In Appendix K(D)(4), "or" was added after "APLS."; "or IP2C" was deleted.

12. In Appendix K(E)(1), "transfer agreement with a Pediatric Critical Care Center and a" was added after "a".

13. In Appendix K(F)(1), "and target timeframes for closure if issues" was added after "closure".

14. In Appendix L, "; PEEP valve and manometer" was added.

15. In Appendix L, the following was added:
   "Partial non-rebreather masks, clear (pediatric and adult sizes) E(ED) E(ED)
   Nasal canula (pediatric and adult) E(ED) E(ED)
   Nasal canula (infant)" E(ED) E(ED)

16. In Appendix L, the following was added:
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"Dosing/equipment chart by weight  E(ED)  E(ED)"

17. In Appendix M(II)(D)(1), "Second and third degree" was deleted and "Partial thickness" was added; "of the" was deleted.

18. In Appendix M(II)(D)(1), "total" was added before "body"; "(TBSA)" was added after "area"; "for children less than 10 years of age" was deleted.

19. In Appendix M, (II)(D)(2) was deleted.

20. In Appendix M(II)(D)(3), "3." was changed to "2."; "of greater than 5% of the body surface' was deleted; "area for" was deleted; "in" was added.

21. In Appendix M(II)(D)(4)(f), "Deep or excessive" was deleted; "burns" was changed to "Bums"; "that involve" was added; "of" was deleted; "face" was added after "the".

22. In Appendix M(II)(D)(5), "5" was changed to "4".; "injury or" was deleted; "injury" was added after "lightning".

23. In Appendix M(II)(D), "5 Chemical burns" was added.

24. In Appendix M(II)(D), the following was added:
   "7. Burned children in hospitals without qualified personnel or equipment for the care of children.
   8. Burn injury in patients who will require special social, emotional, or long-term rehabilitative information."

25. In Sections 515.4000(b)(1)(A)(i) and 515.4010(b)(1)(A)(i), the following was added: ", or the Department will grant a waiver based on the following criteria: has completed 2000 hours of hospital-based emergency department or acute care over the last 24-month period that includes the care of the pediatric patient".

The following changes were made in response to comments and suggestions of the JCAR:

1. In Section 515.4000(a)(1)(C), after "current", "American Heart Association - American Academy of Pediatrics" and an opening parenthesis before "AHA-" was added.
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2. In Section 515.4000(a)(1)(C), a closing parenthesis after "AAP" was added and after "or", "American College of Emergency Physicians - American Academy of Pediatrics" was added.

3. In Section 515.4000(a)(6), "optimal" was changed to "maximum".

4. In Section 515.4010(a)(1)(B), after "the", "American Heart Association - American Academy of Pediatrics" was added and parentheses around "AHA-AAP" were added.

5. In Section 515.4010(a)(1)(B), after "the", added "American College of Emergency Physicians - American Academy of Pediatrics" was added and added parentheses around "ACEP-AAP" were added.

6. In Appendix K(7), after "Illinois", added "Emergency Medical Services for Children" and added parentheses around "EMSC".

7. In Appendix K(3), changed "(1)" to "(2)" and at the end added "or 515.4010(b)(2)".

8. In Appendix L, in the 5th item under "Monitoring Devices", changed "PCO2" to "pediatric CO₂" and changed "CO2" to "CO₂".

9. In Appendix L in the 4th item under "Respiratory Equipment and Supplies", indented the three sub-entries under "Endotracheal tubes:*".

10. In Appendix M(D)(3)(f), deleted "Burns that involve" and "face" and capitalized "the".

11. In Section 515.4000(a)(1)(A) and (C)(ii), "Osteophathic" was changed to "Osteopathic".

12. In Section 515.4010(e)(2)(D), "which activities" was added after "subcommittee".

13. In Appendix K, Guideline (D)(2), the, last dot point, "optimal" was changed to "maximum".

14. In Appendix K, Guidelines (E)(4), last dot point, "515.4020" was changed to "515.4010".
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15. In Appendix L, under "Suction Catheters", "E(ED)" was added in the 2\textsuperscript{nd} and 3\textsuperscript{rd} columns.

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any other amendments pending on this Part? Yes

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<th>Section Numbers</th>
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Summary and purpose of the Amendments: The Emergency Medical Services and Trauma Center Code is being amended to add requirements for emergency medical services for children. Section 515.4000 establishes facility recognition criteria for the emergency department approved for pediatrics (EDAP), including qualifications for physicians, mid-level practitioners, and nursing staff; policies and procedures requirements for interfacility transfer, suspected child abuse, treatment protocols, and the availability of latex-free equipment and supplies; and quality improvement requirements for a multidisciplinary committee and a pediatric continuous quality improvement (CQI) liaison. Section 515.4010 establishes facility recognition criteria for the standby emergency department approved for pediatrics (SEDP), including staff qualifications, policies and procedures, and quality improvement requirements.
Section 515. Appendix K is the application form for facility recognition as an emergency department with pediatric capabilities. Section 515. Appendix L sets forth pediatric equipment recommendations for emergency departments, including monitoring devices, vascular access supplies and equipment, respiratory supplies and equipment, medications, specialized pediatric trays, fracture management devices, and miscellaneous equipment. Section 515. Appendix M is a guideline for interfacility pediatric trauma and critical care consultation and/or transfer.

16) Information and questions regarding these adopted amendments shall be directed to:

Peggy Snyder  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois  62761  
217/782-2043  
e-mail: rules@idph.state.Ill.us

The full text of the adopted amendments begins on the next page:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515
EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE

SUBPART A: GENERAL

Section 515.100 Definitions
515.125 Incorporated and Referenced Materials
515.150 Waiver Provisions
515.160 Violations, Hearings and Fines
515.170 Employer Responsibility

SUBPART B: EMS REGIONS

Section 515.200 Emergency Medical Services Regions
515.210 EMS Regional Plan Development
515.220 EMS Regional Plan Content
515.230 Resolution of Disputes Concerning the EMS Regional Plan

SUBPART C: EMS SYSTEMS

Section 515.300 Approval of New EMS Systems
515.310 Approval and Renewal of EMS Systems
515.315 Bypass Status Review
515.320 Scope of EMS Service
515.330 EMS System Program Plan
515.340 EMS Medical Director's Course
515.350 Data Collection and Submission
515.360 Approval of Additional Drugs and Equipment
515.370 Automated Defibrillation
515.380 Do Not Resuscitate (DNR) Policy
515.390 Minimum Standards for Continuing Operation
515.400 General Communications
515.410 EMS System Communications
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515.420 System Participation Suspensions
515.430 Suspension, Revocation and Denial of Licensure of EMTs
515.440 State Emergency Medical Services Disciplinary Review Board
515.445 Pediatric Care

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section
515.500 Emergency Medical Technician-Basic Training
515.510 Emergency Medical Technician-Intermediate Training
515.520 Emergency Medical Technician-Paramedic Training
515.530 EMT Testing and Fees
515.540 EMT Licensure
515.550 Scope of Practice – Licensed EMT
515.560 EMT-B Continuing Education
515.570 EMT-I Continuing Education
515.580 EMT-P Continuing Education
515.590 EMT License Renewals
515.600 EMT Inactive Status
515.610 EMT Reciprocity

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section
515.700 EMS Lead Instructor
515.710 Emergency Medical Dispatcher
515.720 First Responder
515.725 First Responder – AED
515.730 Pre-Hospital Registered Nurse
515.740 Emergency Communications Registered Nurse
515.750 Trauma Nurse Specialist
515.760 Trauma Nurse Specialist Program Plan

SUBPART F: VEHICLE SERVICE PROVIDERS

Section
515.800 Vehicle Service Provider Licensure
515.810 EMS Vehicle System Participation
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515.820 Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License
515.825 Alternate Response Vehicle
515.830 Ambulance Licensing Requirements

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

Section
515.900 Licensure of SEMSV Programs – General
515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure
515.920 SEMSV Program Licensure Requirements for All Vehicles
515.930 Helicopter and Fixed-Wing Aircraft Requirements
515.935 EMS Pilot Specifications
515.940 Aeromedical Crew Member Training Requirements
515.945 Aircraft Vehicle Specifications and Operation
515.950 Aircraft Medical Equipment and Drugs
515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs
515.960 Aircraft Communications and Dispatch Center
515.965 Watercraft Requirements
515.970 Watercraft Vehicle Specifications and Operation
515.975 Watercraft Medical Equipment and Drugs
515.980 Watercraft Communications and Dispatch Center
515.985 Off-Road SEMSV Requirements
515.990 Off-Road Vehicle Specifications and Operation
515.995 Off-Road Medical Equipment and Drugs
515.1000 Off-Road Communications and Dispatch Center

SUBPART H: TRAUMA CENTERS

Section
515.2000 Trauma Center Designation
515.2010 Denial of Application for Designation or Request for Renewal
515.2020 Inspection and Revocation of Designation
515.2030 Level I Trauma Center Designation Criteria
515.2035 Level I Pediatric Trauma Center
515.2040 Level II Trauma Center Designation Criteria
515.2045 Level II Pediatric Trauma Center
515.2050 Trauma Center Uniform Reporting Requirements
515.2060 Trauma Patient Evaluation and Transfer
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515.2070 Trauma Center Designation Delegation to Local Health Departments
515.2080 Trauma Center Confidentiality and Immunity
515.2090 Trauma Center Fund
515.2100 Pediatric Care (Renumbered)
515.2200 Suspension Policy for Trauma Nurse Specialist Certification

SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section
515.4000 Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)
515.4010 Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)

SUBPART I: EMS ASSISTANCE FUND

Section
515.3000 EMS Assistance Fund Administration

APPENDIX A A Request for Designation (RFD) Trauma Center
APPENDIX B A Request for Renewal of Trauma Center Designation
APPENDIX C Minimum Trauma Field Triage Criteria
APPENDIX D Standing Medical Orders
APPENDIX E Minimum Prescribed Data Elements
APPENDIX F Template for In-House Triage for Trauma Centers
APPENDIX G Credentials of General/Trauma Surgeons Level I and Level II
APPENDIX H Credentials of Emergency Department Physicians Level I and Level II
APPENDIX I Credentials of General/Trauma Surgeons Level I and Level II Pediatric Trauma Centers
APPENDIX J Credentials of Emergency Department Physicians Level I and Level II Pediatric Trauma Centers
APPENDIX K Application for Facility Recognition for Emergency Department with Pediatrics Capabilities
APPENDIX L Pediatric Equipment Recommendations for Emergency Departments
APPENDIX M Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline

AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section 515.4000 Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)

a) Professional Staff: Physicians
   1) Qualifications
      Twenty-four hour coverage of the emergency department shall be provided by at least one physician responsible for the care of critically ill or injured children who holds one of the following qualifications:
      A) Certification in emergency medicine by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) or residency trained/board eligible in emergency medicine and in the first cycle of the board certification process; or
      B) Certification in pediatric emergency medicine by the American Board of Pediatrics/American Board of Emergency Medicine (ABP/ABEM) or residency trained/board eligible in pediatric emergency medicine and in the first cycle of the board certification process; or
      C) Certification by one of the following boards and current American Heart Association – American Academy of Pediatrics (AHA-AAP) Pediatric Advanced Life Support (PALS) recognition or American College of Emergency Physicians – American Academy of Pediatrics (ACEP-AAP) Advanced Pediatric Life Support (APLS) recognition or equivalent course.
      i) Certification in family practice by the American Board of Family Practice (ABFP) or American Osteopathic Board of Family Practice (AOBFP); or
      ii) Certification in pediatrics by the ABP or American
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Osteopathic Board of Pediatrics (AOBP); or

iii) Residency trained/board eligible in either family practice or pediatrics and in the first cycle of the board certification process; or

D) A physician who has received a waiver from the Illinois Department of Public Health based on one of the following criteria:

i) An emergency department physician who has already received a waiver in accordance with Section 515.2030(e) or Section 515.2040(f) of this Part; or

ii) Completion of 12 months of internship followed by at least 7000 hours of hospital-based emergency medicine, including pediatric patients, over the last 60-month period (including 2800 hours within one 24-month period), verified in writing by the hospitals at which the internship and subsequent hours were completed and current AHA-AAP PALS or ACEP-AAP APLS recognition; or

iii) Completion of professional activities spent in the practice of pediatric emergency medicine (PEM), over the last 60-month period totaling a minimum of 6000 hours, focused on the care of patients in the pediatric age group (<21 years) in the emergency department. Of the 6000 hours, 2800 hours must have been accrued in a 24-month (maximum) consecutive period of time. A minimum of 4000 of the 6000 hours must have been spent in the clinical practice of PEM. (If practiced in general ED, only time spent exclusively in pediatric practice can be used for credit.) The remaining 2000 hours may be spent in either clinical care or a mixture of related non-clinical activities clearly focused on PEM, including administration, teaching, prehospital care, quality improvement, research or other academic activities.

2) Continuing Medical Education
All full- or part-time emergency physicians shall have documentation of completion of a minimum of 16 hours of continuing medical education (AMA Category I or II) in pediatric emergency topics within a 2-year period.

3) Physician Coverage
At least one physician meeting the requirements of subsection (a)(1) shall be on duty in the emergency department 24 hours a day.
4) **Consultation**
   Telephone consultation with a physician who is board certified or eligible in pediatrics or pediatric emergency medicine shall be available 24 hours a day. Consultation can be with an on-staff physician or in accordance with Appendix M of this Part.

5) **Physician Backup**
   A backup physician whose qualifications and training are equivalent to subsection (a)(1) shall be available to the EDAP within 1 hour after notification to assist with critical situations or disasters.

6) **On-Call Physicians**
   Protocols shall be established that address maximum response time for on-call physicians.

b) **Professional Staff: Mid-Level Practitioners**
   A mid-level practitioner is a nurse practitioner or physician assistant working under the supervision of a physician who meets the qualifications of subsection (a)(1) of this Section.

1) **Qualifications**
   a) **Nurse practitioners shall have:**
      i) Completed a pediatric nurse practitioner program or emergency nurse practitioner program or family practice nurse practitioner program, or the Department will grant a waiver based on the following criteria: has completed 2000 hours of hospital-based emergency department or acute care over the last 24-month period that includes the care of the pediatric patient; and
      ii) An Illinois advanced practice nursing license within one year after employment; and
      iii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient.

   b) **Physician assistants shall have:**
      i) Current Illinois licensure (permanent or temporary); and
      ii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient.

   c) **All nurse practitioners and physician assistants shall successfully complete and maintain current recognition in one of the following courses:** the AHA-AAP Pediatric Advanced Life Support (PALS) course, the ACEP-AAP Advanced Pediatric Life Support (APLS) course or the ENA Emergency Nursing Pediatric course (ENPC).
2) Continuing Education
   A) All full- or part-time nurse practitioners shall have documentation of a minimum of 16 hours of approved continuing education units in pediatric emergency topics within a 2-year period.
   B) All full- or part-time physician assistants shall have documentation of a minimum of 16 hours of continuing medical education (AMA Category I) in pediatric emergency topics within a 2-year period. Credit for CME shall be approved by the Accreditation Council on Continuing Medical Education (ACCME), American Osteopathic Association Council on Continuing Medical Education (AOCCME), American Academy of Family Physicians (AAFP) or American Academy of Physicians Assistants (AAPA).

c) Professional Staff: Nursing
   1) Qualifications
      A) At least one registered nurse (RN) on duty each shift who is responsible for the direct care of the child in the emergency department shall successfully complete and maintain current recognition in one of the following courses in pediatric emergency care:
         i) AHA-AAP Pediatric Advanced Life Support (PALS) course;
         ii) ACEP-AAP Advanced Pediatric Life Support (APLS) course; or
         iii) ENA Emergency Nursing Pediatric course (ENPC).
      B) All emergency department nurses shall successfully complete and maintain current recognition in one of the above educational requirements within 24 months after employment.

   2) Continuing Education
      All nurses assigned to the emergency department shall have documentation of a minimum of 8 hours of pediatric emergency/critical care continuing education hours within a 2-year period. Continuing education may include, but is not limited to, PALS, APLS or ENPC; CEU offerings; case presentations; competency testing; teaching courses related to pediatrics; and/or publications. These continuing education hours can be integrated with other existing continuing education requirements, provided that the content is pediatric specific.

d) Policies and Procedures
   1) Interfacility Transfer
      The facility shall have transfer agreements with Pediatric Critical Care Centers (PCCC) and policies/procedures concerning transfer of critically
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ill and injured patients to PCCCs. Incorporating the components of Appendix M of this Part into the emergency department transfer policy/procedure will meet this requirement.

2) Suspected Child Abuse
The facility shall have policies/procedures addressing the identification, evaluation, treatment and referral of victims of suspected child abuse in accordance with State law.

3) Treatment Protocols
The facility shall have protocols addressing appropriate stabilization measures in response to critically ill or injured pediatric patients (i.e., trauma, respiratory distress, seizures).

4) Latex-free Policy
The facility shall have a policy addressing the availability of latex-free equipment and supplies.

e) Quality Improvement

1) Multidisciplinary Committee
   A) Pediatric emergency medical care shall be included in the EDAP's emergency department or section quality improvement (QI) program and reported to the hospital QI committee.
   B) Multidisciplinary continuous quality improvement (CQI) activities shall be established with documented CQI monitors addressing pediatric care within the emergency department, with identified clinical indicators and/or outcomes for care. These activities shall include children from birth up to and including 15 years of age and shall consist of, but are not limited to, all pediatric emergency department deaths, resuscitations, and interfacility transfers.

2) Pediatric CQI Liaison
   A member of the professional staff who has ongoing involvement in the care of pediatric patients shall be designated and supported by the hospital as the pediatric liaison. This individual may be employed in an area other than the emergency department and shall have a minimum of 2 years of pediatric critical care or emergency department experience. The responsibilities of the pediatric liaison shall include:
   A) Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of the pediatric continuing education of all emergency department staff in accordance with subsections (a), (b), and (c) of this Section.
   B) Maintaining a data summary and working in conjunction with the multidisciplinary CQI committee to coordinate criteria-based
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- Review and follow-up of sample pediatric emergency department visits.
- Coordinating a review of pre-hospital provider transported pediatric cases and providing feedback to the EMS System Coordinator and the EMS Regional Advisory Board.
- Preparing a written CQI report and attending the EMS Regional CQI subcommittee, which activities shall be supported by the hospital. One representative from the CQI subcommittee shall report to the EMS Regional Advisory Board.
- Providing CQI information to the Illinois Department of Public Health upon request. (See Section 3.110(a) of the Act.)

f) Equipment, Trays, and Supplies
   See Appendix L of this Part.

(Source: Added at 26 Ill. Reg. 18367, effective December 20, 2002.)

Section 515.4010 Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)

a) Professional Staff: Physicians
   1) Qualifications
      A) All physicians shall have training in the care of pediatric patients through residency training, clinical training, or practice.
      B) All physicians shall successfully complete and maintain current recognition in the American Heart Association – American Academy of Pediatrics (AHA-AAP) Pediatric Advanced Life Support (PALS) course, or the American College of Emergency Physicians – American Academy of Pediatrics (ACEP-AAP) Advanced Pediatric Life Support (APLS) course or equivalent course. (Physicians who are board certified or eligible in emergency medicine (ABEM or AOBEM) or in pediatric emergency medicine (ABP/ABEM) are excluded from this requirement.)
   2) Continuing Medical Education
      All full- or part-time emergency physicians shall have documentation of a minimum of 16 hours of continuing medical education (AMA Category I or II) in pediatric emergency topics within a 2-year period.
   3) Coverage
      At least one physician meeting the requirements of subsection (a)(1) (or physician assistant or nurse practitioner meeting the requirements of
subsection (b)(1)) shall be on duty in the emergency department 24 hours a day or immediately available. A policy shall be available that defines when a physician is to be consulted/called in at times when the emergency department is covered by a mid-level provider.

4) Consultation
Telephone consultation with a physician who is board certified or eligible in pediatrics or pediatric emergency medicine shall be available 24 hours a day. Consultation may be with an on-call physician or in accordance with Appendix M of this Part.

5) Physician Backup
A backup physician whose qualifications and training are equivalent to subsection (a)(1) of this Section shall be available to the SEDP within 1 hour after notification to assist with critical situations or disasters.

6) On-Call Physicians
Protocols shall be available that address maximum response time for on-call physicians.

b) Professional Staff: Mid-level Practitioners
A mid-level practitioner is a nurse practitioner or physician assistant working under the supervision of a physician who meets the qualifications of subsection (a)(1) of this Section.

1) Qualifications
A) Nurse practitioners shall have:
   i) Completed a pediatric nurse practitioner program or emergency nurse practitioner program or family practice nurse practitioner program, or the Department will grant a waiver based on the following criteria: has completed 2000 hours of hospital-based emergency department or acute care over the last 24-month period that includes the care of the pediatric patient; and
   ii) An Illinois advanced practice nursing license within one year after employment; and
   iii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient.

B) Physician assistants shall have:
   i) Current Illinois physician assistant licensure (permanent or temporary); and
   ii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient.
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C) All nurse practitioners and physician assistants shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) course, the ACEP-AAP Advanced Pediatric Life Support (APLS) course or the ENA Emergency Nursing course (ENPC).

2) Continuing Education
   A) All full- or part-time nurse practitioners shall have documentation of a minimum of 20 hours of approved continuing education units in pediatric emergency topics within a 2-year period.
   B) All full- or part-time physician assistants shall have documentation of a minimum of 20 hours of continuing medical education (AMA Category I) in pediatric emergency topics within a 2-year period. Credit for CME shall be approved by the Accreditation Council on Continuing Medical Education (ACCME), American Osteopathic Association Council on Continuing Medical Education (AOCCME), American Academy of Family Physicians (AAFP) or American Academy of Physician Assistants (AAPA).

2) Professional Staff: Nursing
   1) Qualifications
      At least one registered nurse (RN) on duty each shift who is responsible for the direct care of the child in the emergency department shall successfully complete and maintain current recognition in one of the following courses in pediatric emergency care:
      A) AHA-AAP Pediatric Advanced Life Support (PALS) course;  
      B) ACEP-AAP Advanced Pediatric Life Support (APLS) course; or
      C) ENA Emergency Nursing Pediatric Course (ENPC).

   2) Continuing Education
      At least one registered nurse (RN) on duty on each shift who is responsible for the direct care of the child in the emergency department shall have documentation of a minimum of 8 hours of pediatric emergency/critical care continuing education hours within a 2-year period. Continuing education may include, but is not limited to, PALS, APLS OR ENPC; CEU offerings; case presentations; competency testing; teaching courses related to pediatrics; and/or publications. The continuing education hours may be integrated with other existing continuing education requirements, provided that the content is pediatric specific.

2) Policies and Procedures
   1) Interfacility Transfer
      The facility shall have transfer agreements with Pediatric Critical Care Centers (PCCC) and policies/procedures concerning transfer of critically
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ill and injured patients to PCCCs. Incorporating the components of Appendix M of this Part into the emergency department transfer policy/procedure will meet this requirement.

2) Suspected Child Abuse
The facility shall have policies/procedures addressing the identification, evaluation, treatment and referral of victims of suspected child abuse in accordance with State law.

3) Treatment Protocols
The facility shall have protocols addressing appropriate stabilization measures in response to critically ill or injured pediatric patients (i.e., trauma, respiratory distress, seizures).

4) Latex-free Policy
The facility shall have a policy addressing availability of latex-free equipment and supplies.

e) Quality Improvement

1) Multidisciplinary Committee
A) Pediatric emergency medical care shall be included in the SEDP's emergency department or section quality improvement (QI) program and reported to the hospital QI committee.

B) Multidisciplinary continuous quality improvement (CQI) activities shall be established with documented CQI monitors addressing pediatric care within the Emergency Department, with identified clinical indicators and/or outcomes for care. These activities shall include children from birth up to and including 15 years of age and shall consist of, but are not limited to, all pediatric emergency department deaths, resuscitations, and interfacility transfers.

2) Pediatric CQI Liaison
A member of the professional staff who has ongoing involvement in the care of pediatric patients shall be designated and supported by the hospital as the pediatric liaison. This individual may be employed in an area other than the emergency department and shall have a minimum of 2 years of pediatric critical care or emergency department experience. The responsibilities of the pediatric liaison shall include:

A) Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of the pediatric continuing education of all emergency department professional staff in accordance with subsections (a), (b), and (c) of this Section.

B) Maintaining a data summary and working in conjunction with the multidisciplinary CQI committee to coordinate criteria-based
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**review and follow-up of sample pediatric emergency department visits.**

**C) Coordinating review of prehospital provider transported pediatric cases and providing feedback to the EMS System Coordinator and the EMS Regional Advisory Board.**

**D) Preparing a written CQI report and attending the EMS Regional CQI subcommittee, which activities shall be supported by the hospital. One representative from the CQI subcommittee shall report to the EMS Regional Advisory Board.**

**E) Providing CQI information to the Illinois Department of Public Health upon request. (See Section 3.110(a) of the Act.)**

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**f) Equipment, Trays, and Supplies**

See Appendix L of this Part.

(Source: Added at 26 Ill. Reg. 18367, effective December 20, 2002)
Section 515: APPENDIX K  Application for Facility Recognition for Emergency Department with Pediatrics Capabilities

FACILITY RECOGNITION
Emergency Department with Pediatric Capabilities

Application Instruction

Follow these instructions to complete the application process:

1) Carefully review the application process in this Appendix K.

2) Complete the application form and obtain the appropriate signatures.

3) Using the Facility Recognition Application Criteria, complete an Emergency Department Pediatric Plan. Appendix any appropriate supporting documentation (schedules, policies, procedures, protocols, guidelines, plans, etc.).

4) Submit the original plus 3 additional copies of the signed application form and the Emergency Department Pediatric Plan (including supporting documentation) to:

   Leslee Stein-Spencer, RN, MS
   Chief, EMS & Highway Safety
   Illinois Department of Public Health
   525 West Jefferson Street
   Springfield IL 62761

5) The application should be submitted in a single-sided format and unstapled.

6) Please note that the attached appendix to this application is to provide additional resource information for your facility related to pediatric interfacility transfer and consultation and can be utilized in the development of the Emergency Department Pediatrics Plan.

7) For questions regarding the application process, specific criteria items, and/or supporting documentation, please contact the Illinois Emergency Medical Services for Children (EMSC) Office at 708-327-3672.

ILLINOIS EMSC
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APPLICATION PROCESS FOR RECOGNITION OF EMERGENCY DEPARTMENTS WITH PEDIATRIC CAPABILITIES*

Application Process

To initiate the process to obtain recognition as an Emergency Department Approved for Pediatrics (EDAP) or Standby Emergency Department for Pediatrics (SEDP), the facility shall submit all documents to:

Leslee Stein-Spencer, RN, MS
Chief, EMS & Highway Safety
Illinois Department of Public Health
525 W. Jefferson Street
Springfield IL 62761

Facilities requesting to participate in the Facility Recognition process must submit:

1) A signed application form

2) An Emergency Department Pediatric Plan. This plan must follow the format provided and include all required documentation as outlined in the Pediatric Plan Guideline in this Appendix K. The plan must also address how each of the EDAP/SEDP requirements are currently or will be met. Please note that the Pediatric Plan should be developed through interaction and collaboration with all other appropriate disciplines.

3) Any supporting documentation, which shall include but is not limited to scope of services/care, policies (both administrative and department specific), procedures, protocols, guidelines, flow charts, rosters, calendars, schedules, etc.

4) The plan should be submitted in the order listed in this application.

Please note that the original and 3 additional copies of the plan and any supporting documentation must be submitted.

Any submitted requests to waive any of the requirements must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.

The Emergency Department Pediatric Plan Guideline can be utilized as a resource in completing the Emergency Department Pediatric Plan.
*Note: The term "pediatric" throughout this document refers to all children age 15 and younger.

Site Survey Procedure

1) Within 4 to 6 weeks following receipt of the Application Form and supporting documents (schedules, policies, procedures, protocols, guidelines, etc.), the hospital will be informed as to the status of the application. If all documentation is in order, a site visit will be scheduled.

2) The site visit will include a survey of the emergency department, pediatric unit (including intensive care, if applicable), and a meeting with the following individuals:

   a) The Hospital's Chief Administrative/Executive Officer or designee.

   b) The Chief of Pediatrics or, if the hospital does not have a pediatric department, the designated pediatric consultant.

   c) The Medical Director of Emergency Services.

   d) The Nursing Director or Nursing Manager of Emergency Services.

   e) The Administrator of Emergency Services.

   f) The pediatric liaison (a member of the professional staff who has ongoing involvement in the care of the pediatric patient and development of pediatric emergency medical services).

   g) Mid-level provider, i.e., nurse practitioner or physician assistant for those facilities that utilize mid-level providers in their emergency department.

   h) For EMS Resource or Association Hospitals only: the EMS Medical Director and EMS Coordinator.

3) In preparation for the site visit, hospital personnel shall prepare evidence to verify adherence to the facility recognition requirements.

Site Survey Team

The survey team will be appointed by the Chief of EMS & Highway Safety, in coordination with
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the Illinois EMSC Advisory Board. Site survey teams will be composed of a physician/nurse (or nurse/nurse) team along with a representative from the Illinois Department of Public Health. All team members shall have attended formal training in the responsibilities, expectations, process and assessment of facility recognition.

Following the Site Survey

1) Within 4 to 6 weeks following the site visit, the hospital shall receive results of the survey. Those facilities meeting all requirements will receive a formal "recognition" for their emergency department pediatric capabilities. Signed copies of the recognition shall be forwarded to the Chief of EMS & Highway Safety and the Illinois EMSC office.

2) Hospitals may appeal the results of the survey by submitting a written request to the Illinois Department of Public Health, Division of EMS & Highway Safety.

3) Rerecognition shall occur every 3 years, with site visits scheduled as necessary.

4) Withdrawal of recognition status may occur at any time, should a hospital fail to meet any of the requirements. In this situation, the hospital shall notify the Illinois Department of Public Health, Division of EMS & Highway Safety at least 60 days prior to withdrawal and identify how area prehospital provider agencies, area hospitals, and the Illinois EMSC Office will be notified.

RECOGNITION OF EMERGENCY DEPARTMENT
PEDIATRIC CAPABILITIES
APPLICATION FORM

1) Name and address of hospital (typed)

2) Specify the recognition level for which your hospital is applying:
   a Emergency Department Approved for Pediatrics (EDAP)
   b Standby Emergency Department Approved for Pediatrics (SEDP)

3) The above-named facility certifies that each requirement in this Request for Recognition is
EMERGENCY DEPARTMENT PEDIATRIC PLAN
GUIDELINE

Emergency Department Pediatric Plan (Please follow this guideline carefully. It provides information on the components that must be included in the submitted plan. Please include any applicable supplemental documentation.)

A. Emergency Department Organizational Structure

1. Provide an Organizational Table identifying the administrative relationships among all departments in the hospital, especially as they relate to the emergency department. The table must include but is not limited to the following:

   a. Board of Directors
   b. Chief Executive Officers
   c. Emergency Department
   d. Department of Pediatrics
   e. Trauma Service (if applicable)
   f. Department of Radiology

2. In addition, provide a separate table showing the organization structure of the emergency department, including the relationship of the physician, nursing and ancillary services. Include the reporting structure for the ED Medical Director (who he/she reports to).

   a. Emergency Department Organizational Structure (Table)

B. Emergency Department Services
1. **Description of the emergency department services**
   - Provide a scope of services or policy outlining emergency department services, emergency department level, description of population served, types of pediatric patients seen, annual emergency department visits that involve the pediatric patient.
   - Identify the age range that your facility utilizes to define the pediatric patient, i.e., 0-15.
   - Provide information on participation/status in EMS system and trauma system as appropriate.

2. **Description of the emergency department patient flow**
   - Provide a narrative description of algorithm or patient path/flow from point of entry through disposition.
   - Provide any policies/guidelines that identify triaging/urgency categorization of patients.
   - Identify whether pediatric patients are seen in the general ED or in a separate area/bed space allocated for the pediatric patient.
   - If an emergency department fast-track area exists, provide triage criteria for this area and information on physician and nursing staffing/qualifications for assignment to the fast-track area.

3. **Description of emergency medical services communication with identification of dedicated phone line, radio, and telemetry capabilities**
   - Provide a policy or narrative description of the emergency services dedicated phone/telemetry radio communication capabilities.
   - Provide a policy outlining staffing qualifications to access and utilize such equipment.

4. **Description of social service availability and capabilities**
   - Provide a scope of services or policy that defines the services, capabilities and availability of social service department/personnel to the emergency department.
   - Describe typical mechanism and response by social worker to ED requests (i.e., handled over the phone, respond directly to the ED, follow-up consult/appointment made).

**C. Pediatric Department Services**

1. **Description of the pediatric department services**
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1. Identify whether there is a dedicated pediatric inpatient unit, dedicated pediatric inpatient beds and pediatric intensive care unit.
2. Provide a scope of services/policy outlining pediatric department services.

2. Description of the pediatric staffing and availability
   a. Provide policy or scope of services outlining pediatric unit shift nursing staffing patterns based on patient acuity and any pediatric continuing education requirements/competencies verification.
   b. If pediatric patients are admitted for care to an adult inpatient unit, provide documentation that identifies unit pediatrician staffing/coverage for such patients and how nurses are assigned to the inpatient pediatric patient, i.e., only nurses who have completed PALS course.

3. Description/documentation of pediatric inpatient capabilities with identification of PICU and/or pediatric general floor bed availability and unit resources
   a. Provide policy or scope of services that identifies what types of pediatric patients are typically admitted, i.e., types of conditions/diagnoses. Can all ages (from birth to 18 years) be admitted or are there guidelines in place that outline pediatric patients specifically by age parameters and/or diagnoses?
   b. If a PICU is present, then a description of services, unit resources, and capabilities is needed. If a PICU is not present, then a description of where patients requiring such care are transferred, established relationships with pediatric tertiary care center, etc., is needed.

D. Professional Staff

1. Emergency Department Director
   a. Copy of curriculum vitae
      • Provide a printed curriculum vitae.
   b. Documentation of board certification (as identified in Facility Recognition Criteria)
      • Provide a copy of board certification or verification of board certification.

2. Emergency Department Physicians

   Documentation of the ability to meet facility recognition requirements in Section
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515.4000 or Section 515.4010 of this Part.

Facility Recognition Requirement – Section 515.4000(a)(1) or 515.4010(a)(1)
- Provide a policy or description of emergency department physician staffing, coverage and availability.
- Provide a complete list/roster of emergency department physician staff.
- Provide a one-month staffing schedule/calender (schedule should be from within the 3-month time period previous to the application submission).
- Provide copies of physician current board certification or verification of board certification (or copies of CVs for SEDP level applications).
- Provide copies of PALS or APLS course completion certificates for physician staff or a documented plan to complete such courses within the specified timeframe. Provide documentation of a plan to maintain PALS or APLS recognition.
- Provide a policy that incorporates Section 515.4000(a)(1) or 515.4010(a)(1).

Facility Recognition Requirement – Section 515.4000(a)(2) or 515.4010(a)(2)
- Provide a copy of the emergency department physician continuing education policy.
- Provide a description of how physician continuing education is currently tracked.
- Provide documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours (these hours can be integrated into the overall CME tracking process).
- Provide a policy that incorporates Section 515.4000(a)(2) or 515.4010(a)(2).

Facility Recognition Requirement – Section 515.4000(a)(3) or 515.4010(a)(3)
- Provide a staffing policy that incorporates Section 515.4000(a)(3) or 515.4010(a)(3).

Facility Recognition Requirement – Section 515.4000(a)(4) or 515.4010(a)(4)
- Provide a one-month on-call schedule that identifies availability of a board certified/prepared pediatrician or pediatric emergency medicine physician for telephone consultation (schedule should be from within the 3-month time period previous to the application submission).

Facility Recognition Requirement – Section 515.4000(a)(5) or 515.4010(a)(5)
- Provide a copy of a disaster policy that identifies physician on-call
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Facility Recognition Requirement – Section 515.4000(a)(6) or 515.4010(a)(6)
• Provide a protocol/policy/bylaws that identifies maximum response time of on-call physicians.

Emergency Department Mid-Level Providers (Physician Assistant or Nurse Practitioner)
Note – Complete this section only if physician assistants and/or nurse practitioners practice in the emergency department and participate in the care of pediatric patients.

Provide documentation of the ability to meet facility recognition requirements in Section 515.4000(b) or 515.4010(b) of this Part.

Requirement – Section 515.4000(b)(1) or 515.4010(b)(1)
• Provide a policy of emergency department physician assistant and/or nurse practitioner staffing, coverage, availability, responsibilities and credentialing process.
  • Provide a copy of a one-month staffing schedule/calendar (schedule should be from within the 3-month time period previous to the application submission).
  • Provide a copy of printed licenses and curriculum vitae.
  • Provide copies of PALS, APLS or ENPC course completion certificates or a documented plan to complete such courses within the specified timeframe. Provide documentation of a plan to maintain PALS, APLS, or ENPC recognition.
  • Provide a policy that incorporates Section 515.4000(b)(1) or 515.4010(b)(1) of this Part.

Requirement – Section 515.4000(b)(2) or 515.4010(b)(2)
• Provide a copy of the emergency department physician assistant/nurse practitioner continuing education policy.
• Provide a description of how physician assistant/nurse practitioner continuing education is currently tracked.
• Provide documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours (these hours can be integrated into overall continuing education tracking process).
• Provide a policy that incorporates Section 515.4000(b)(2) or
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515.4010(b)(2) of this Part.

4. Emergency Department Registered Nurses

Provide documentation of the ability to meet facility recognition requirements in Section 515.4000(c) or 515.4010(c) of this Part.

Requirement – Section 515.4000(c)(1) or 515.4010(c)(1)

- Provide a policy/documentation outlining current nursing shift staffing plan/patterns.
  - Provide a list/roster of all emergency department nursing staff.
  - Provide a copy of a one-month nursing staffing schedule/calendar (schedule should be from within the 3-month time period previous to the application submission).
  - Provide copies of current course completion cards for nursing staff who have completed PALS, APLS, or ENPC courses.
  - Provide a policy that incorporates Section 515.4000(c)(1) or 515.4010(c)(1)

Requirement – Section 515.4000(c)(2) or 515.4010(c)(2)

- Provide a policy identifying continuing education requirements and competency testing for emergency department nursing staff.
- Provide a description of how continuing education is currently tracked.
- Provide documentation of a feasible implementation plan for attaining and tracking of pediatric specific continuing education hours.
- Provide a policy that incorporates Section 515.4000(c)(2) or 515.4010(c)(2) of this Part.

E. Policies and Procedures

1. Policy/procedure for interfacility transfer as identified in Section 515.4000(d)(1) or 515.4010(d)(1) of this Part.
   - Provide a transfer agreement with a Pediatric Critical Care Center and a transfer policy that incorporates the physiologic/other criteria identified in Appendix M: EMSC Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline.

2. Policy/procedure for suspected child abuse as identified in Section 515.4000(d)(2)
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or 515.4010(d)(2) of this Part.
• Provide a policy that includes age-specific identification, assessment, evaluation and management measures for the suspected child abuse patient.

3. Treatment protocols as identified in Section 515.4000(d)(3) or 515.4010(d)(3) of this Part.
• Provide copies of pediatric treatment protocols as described.
• If limited pediatric-specific treatment protocols are available, submit a letter of commitment to the development and implementation of additional pediatric-specific treatment protocols. (It is recommended that protocols be based on high volume/high risk diagnoses with inclusion of age-specific stabilization measures. It is recommended that protocols include desired outcomes in order to facilitate quality improvement monitoring.)

4. Policy for latex-free supplies as identified in Section 515.4000(d)(4) or 515.4010(d)(4) of this Part.
• Provide a policy that addresses availability of latex-free equipment and supplies.

F. Quality Improvement

1. Describe and document the emergency department program for conducting outcome analysis or quality improvement and how pediatrics is integrated into the process.
• Provide a policy/guideline that outlines the emergency department quality improvement program, i.e., describe the quality improvement process, clinical indicators and/or outcome analysis and follow-up mechanisms, i.e., "loop closure" and target timeframes for closure of issues.
• Provide documentation outlining current and planned pediatric monitoring activities.

2. Document the ability to meet facility recognition requirements in 515.4000(e) or 515.4010(e) of this Part.

Requirement – Section 515.4000(e)(1) or 515.4010(e)(1)
• Please define composition of the multidisciplinary CQI committee (recommend broadening composition of committee beyond physician/nursing to include other essential disciplines such as pediatric, social services, respiratory therapy), frequency of committee meetings and
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- Provide copies of current pediatric monitor tools and outcome criteria. If implementation of pediatric monitoring activities is pending, define implementation plan and timeframe.

Requirement – Section 515.4000(e)(2) or 515.4010(e)(2)

- Provide the name and title of the individual who will assume the pediatric CQI liaison role.

- Identify in a policy format that each of the requirements outlined in Section 515.4000(e)(2) or 515.4010(e)(2) will be carried out by the pediatric CQI liaison.

G. Equipment

Using the equipment list provided in Appendix L, place an "X" next to each equipment item that is currently available (as appropriate for the level applied for). If equipment/supply items are not available, a plan for securing the items must be identified, i.e., submission of a purchase order to assure that the item is on order, or a waiver must be submitted for each item.

Requests for waiver must include the criteria by which compliance is considered to be a hardship and must demonstrate how there will be no reduction in the provision of medical care.

(Source: Added at 26 Ill. Reg. 18367, effective December 20, 2002.)
Section 515.APPENDIX L  Pediatric Equipment Recommendations for Emergency Departments

The following list identifies pediatric equipment items that are recommended for the 2 emergency department facility recognition levels. Equipment items are classified as "essential" (E) and "need to be stocked in the emergency department" (ED).

### Monitoring Devices

<table>
<thead>
<tr>
<th>Item</th>
<th>EDAP</th>
<th>SEDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood glucose measurement device (i.e., chemistry strip or glucometer)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Doppler ultrasound blood pressure device (neonatal-adult thigh cuffs)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles, with pediatric dosage settings (0-400 joules) and pediatric-adult packing electrodes</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Pediatric monitor electrodes</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>End-tidal pediatric CO₂ monitor and/or pediatric CO₂ detector (disposable units may be substituted)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Otoscope/opthalmoscope/stethoscope</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Pulse oximeter with pediatric adapter</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Sphygmomanometer with cuffs (neonatal-adult thigh)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Thermometer (hypothermia), rectal probe (28-42°C)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
</tbody>
</table>

### Vascular Access Supplies and Equipment

<table>
<thead>
<tr>
<th>Item</th>
<th>EDAP</th>
<th>SEDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arm boards (sized infant through adult)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Blood gas kits</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
</tbody>
</table>
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Butterfly needles (19-25 g)* E (ED) E (ED)

Catheter-over-needle devices (16-24 g)* E (ED) E (ED)

Infusion pumps, drip or volumetric, with microinfusion capability, appropriate tubing & connectors E (ED) E (ED)

Intraosseous needles or bone marrow needles (13-18 g size range) – stock one large/one small bore E (ED) E (ED)

IV administration sets with calibrated chambers, extension tubing, stopcocks, and T-connectors E (ED) E (ED)

IV fluid/blood warmer E (ED) E (ED)

IV solutions: standard crystalloid and colloid solutions (D10W, D5/.2 NS, D5/.45 NS and 0.9 NS) E (ED) E (ED)

Syringes (TB, Insulin U100, 1-20 ml) E (ED) E (ED)

Tourniquets E (ED) E (ED)

Umbilical vein catheters (3.5 and 5 Fr; the same size feeding tube may be used for 5 Fr)* E (ED) E (ED)

Single lumen vascular access supplies utilizing the Seldinger technique (5 and 8 Fr)* E (ED) E (ED)

Respiratory Equipment and Supplies

Bag-valve-mask device, self-inflating pediatric (250 & 450 ml) and adult (1000 ml) with O₂ reservoir and without pop-off valve and clear masks (neonatal through large adult sizes)*; PEEP valve and manometer E (ED) E (ED)

Bulb syringe E (ED) E (ED)

Cricothyrotomy capabilities (i.e., 10 g needle and 3 mm ET tube adapter or 14 g needle and 3.5 mm ET tube adapter) or cricothyrotomy kit E (ED) E (ED)
Endotracheal tubes:
- Uncuffed (sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5)
- Cuffed (sizes 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 9.0)
- Stylets for endotracheal tubes (pediatric and adult)

Laryngoscope handle (pediatric and adult)

Laryngoscope blades (curved 2, 3; straight or Miller 0, 1, 2, 3)

Magill forceps (pediatric and adult)

Nasopharyngeal airways (sizes 12, 16, 20, 24, 28, 30 Fr)

Nebulized medication, administration set

Oral airways (sizes 0, 1, 2, 3, 4, 5)

Oxygen delivery device with flow meter and tubing

Oxygen delivery adjuncts:
- Tracheostomy collar
- Partial non-rebreather masks, clear (pediatric and adult sizes)
- Nasal canula (pediatric and adult)
- Nasal canula (infant)

Peak flow meter

Suction capability (wall)

Suction capability (portable)

Suction catheters (sizes 6, 8, 10, 12, 14, 16 Fr and Yankauer-tip catheter)

Tracheostomy tubes, Shiley (sizes PED* 3.0, 3.5, 4.0, 4.5, 5.0, 5.5)
(correspond to PT 00, 0, 1, 2, 3, 4, in old schematization)
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**Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 8-40 Fr)**

<table>
<thead>
<tr>
<th>Medications (unit dose, prepackaged)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to the Illinois Poison Center 1-800-222-1222</td>
</tr>
<tr>
<td>Activated charcoal (consider with and without Sorbitol)</td>
</tr>
<tr>
<td>Adenosine</td>
</tr>
<tr>
<td>Amiodarone</td>
</tr>
<tr>
<td>Antipyretics</td>
</tr>
<tr>
<td>Atropine</td>
</tr>
<tr>
<td>Barbiturates</td>
</tr>
<tr>
<td>Bensodiazepines</td>
</tr>
<tr>
<td>Beta agonist for inhalation (Albuterol)</td>
</tr>
<tr>
<td>Beta blockers</td>
</tr>
<tr>
<td>Calcium (chloride or gluconate)</td>
</tr>
<tr>
<td>Dexamethasone</td>
</tr>
<tr>
<td>Dextrose (25% and 50%)</td>
</tr>
<tr>
<td>Diphenhydramine</td>
</tr>
<tr>
<td>Dobutamine</td>
</tr>
<tr>
<td>Dopamine</td>
</tr>
<tr>
<td>Epinephrine (1:1,000 and 1:10,000)</td>
</tr>
</tbody>
</table>
## DEPARTMENT OF PUBLIC HEALTH

### NOTICE OF ADOPTED AMENDMENTS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Action</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epinephrine (Racemic)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Furosemide</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Glucagon or Glucose Paste</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Hydrocortisone</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Insulin, regular</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Lidocaine 1%</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Magnesium Sulfate</td>
<td>E (ED)</td>
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<tr>
<td>Mannitol</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Methylprednisolone</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Narcotics</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Neuromuscular blocking agents (i.e., succinylcholine, pancuronium, vecuronium)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Ocular anesthetics</td>
<td>E (ED)</td>
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</tr>
<tr>
<td>Phenytoin and/or Phosphenytoin</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Poison Specific Antidotes</td>
<td>E (ED)</td>
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</tr>
<tr>
<td>Cyanide kit (amyl nitrate, sodium nitrate and sodium thiosulfate)</td>
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<td>E (ED)</td>
</tr>
<tr>
<td>Flumazenil</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Naloxone</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Procainamide</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Sodium bicarbonate – 8.4% and 4.2%</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Sedative/Hypnotic (i.e., Thiopental, Ketamine, Etomidate, Midazolam)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
<tr>
<td>Tetanus Immune Globulin (human)</td>
<td>E (ED)</td>
<td>E (ED)</td>
</tr>
</tbody>
</table>
Tetanus Vaccines – (single or in combination with other vaccines)  E (ED)  E (ED)

Miscellaneous Equipment

Dosing device – length or weight based system for dosing and equipment E (ED)  E (ED)

Dosing/equipment chart by weight E (ED)  E (ED)

EMS communication equipment (i.e., telemetry, MERCI, cellular or dedicated phone) E (ED)  E (ED)

Examination gloves, disposable E (ED)  E (ED)

Feeding tubes (5-8)* E (ED)  E (ED)

Fluorescein (eye strips) E (ED)  E (ED)

Gastric lavage equipment E (ED)  E (ED)

Infant formulas, dextrose in water with various nipple sizes E (ED)  E (ED)

Lubricant, water soluble E (ED)  E (ED)

Nasogastric tubes (6-18 Fr)* E (ED)  E (ED)

Oral rehydrating solution E (ED)  E (ED)

Pediatric emergency cart or bag with defined list of contents attached to bag/cart E (ED)  E (ED)

Restraining device, pediatric (papoose) E (ED)  E (ED)

Resuscitation board E (ED)  E (ED)

Urinary catheters (8-22 Fr)* E (ED)  E (ED)

Warming devices, age appropriate E (ED)  E (ED)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Weighing scales for infant and adult  E (ED)  E (ED)

Woods lamp (blue light)  E (ED)  E (ED)

Specialized Pediatric Trays

Lumbar puncture capability (20-25 g, 1½ inch needle)  E (ED)  E (ED)

Minor surgical instruments and sutures  E (ED)  E (ED)

Newborn kit/OB kit with umbilical vessel cannulation supplies and meconium aspirator  E (ED)  E (ED)

Fracture Management Devices

Extremity splints  E (ED)  E (ED)

Femur splint (child and adult)  E (ED)  E (ED)

Semi-rigid neck collars (child through adult) or cervical immobilization equipment suitable for children  E (ED)  E (ED)

Spinal immobilization board (child and adult)  E (ED)  E (ED)

* Must minimally stock the full range of each commonly available size noted.

(Source: Added at 26 Ill. Reg. 18367, effective December 20, 2002.)
Section 515.APPENDIX M  Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline

Introduction
Most ill and injured children can be successfully managed by pediatricians, emergency physicians, and other community physicians in local hospitals. However, certain types of severely ill or injured children may require specialized pediatric critical care services or specialized trauma services that are not generally available in local hospitals.

Referral centers that provide specialized pediatric critical care services or specialized trauma services for pediatric patients should be identified by local EMS agencies and included as integral components of their pediatric emergency and critical care systems and trauma care systems. The specialized referral centers provide 24-hour telephone consultation to assist community physicians in the evaluation and management of critically ill and injured children. In addition, most of these referral centers provide pediatric interfacility transport services to facilitate the transport of critically ill or injured children to specialized centers when indicated.

Decisions on when to seek consultation or to transfer pediatric patients need to be individualized, based on local needs and resources. However, children with certain categories of critical illness and injury are at high risk of death and disability. Early consultation with appropriate pediatric critical care or trauma specialists and rapid transport to specialized referral centers, when indicated, can improve the outcomes for these children. In particular, consultation should be sought for pediatric medical, surgical, and trauma patients who require intensive care when it is not locally available.

The attached guidelines are intended for use in a number of ways:

- They can be used by physicians and hospitals to identify the types of critically ill or injured children who might benefit from consultation with critical care or trauma specialists or transfer to specialized referral centers. It is recommended that hospitals and their medical staffs develop appropriate policies, procedures and staff education programs based on these guidelines. This will help to promote consultation, minimize delays, and facilitate appropriate, rapid and efficient transport of critically ill and injured children to specialty centers, when indicated.

- It is recommended that these guidelines also be used by local EMS agencies as a basis for the development of pediatric consultation and transfer guidelines based on the local needs and resources. Consultation and transfer guidelines should be integrated into local EMS agency plans for pediatric emergency, critical care, and trauma care in each region.
These guidelines should become specific EMS policies and procedures in order to promote appropriate consultation and transfer of children who require specialized pediatric critical care and/or trauma services.

The following guidelines are intended to assist physicians and hospitals to identify the types of critically ill and injured children who might benefit from consultation with pediatric critical care specialists or trauma specialists and transfer to specialized pediatric critical care or trauma centers, when indicated. If an interfacility transport is required, the referring physician, in consultation with the receiving physician, should determine the method of transport and appropriate personnel to accompany the child.

Consultation with pediatric medical and surgical specialists at a pediatric tertiary care center or trauma specialists at a trauma center should occur as soon as possible after evaluation of the patient. It is recommended that each hospital and its medical staff develop appropriate emergency department and inpatient guidelines, policies and procedures for obtaining consultation and arranging transport, when indicated, for the following types of pediatric medical and trauma patients.

I. Guidelines for Interfacility Consultation and/or Transfer for Evaluation of Pediatric Medical Patients (Non-trauma)

   A. Physiologic Criteria

      1. Depressed or deteriorating neurologic status
      2. Severe respiratory distress responding inadequately to treatment and accompanied by any one of the following:

         a. Cyanosis
         b. Retractions (moderate to severe)
         c. Apnea
         d. Stridor (moderate to severe)
         e. Grunting or gasping respirations
         f. Status asthmaticus
DEPARTMENT OF PUBLIC HEALTH

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g. Respiratory failure

3. Children requiring endotrachael intubation and/or ventilatory support

4. Serious cardiac rhythm disturbances

5. Status post cardiopulmonary arrest

6. Heart failure

7. Shock responding inadequately to treatment

8. Children requiring any one of the following:
   a. Arterial pressure monitoring
   b. Central venous pressure or pulmonary artery monitoring
   c. Intracranial pressure monitoring
   d. Vasoactive medications

9. Severe hypothermia or hyperthermia

10. Hepatic failure

11. Renal failure, acute or chronic requiring immediate dialysis

B. Other Criteria

1. Near drowning with any history of loss of consciousness, unstable vital signs or respiratory problems

2. Status epilepticus

3. Potentially dangerous envenomation

4. Potentially life-threatening ingestion of, or exposure to, a toxic substance

5. Severe electrolyte imbalances
6. Severe metabolic disturbances
7. Severe dehydration
8. Potentially life-threatening infections, including sepsis
9. Children requiring intensive care
10. Any child who may benefit from consultation with, or transfer to, a pediatric critical care center

II. Guidelines for Interfacility Consultation and/or Transfer for Evaluations of Pediatric Trauma Patients

A. Physiologic Criteria

1. Depressed or deteriorating neurologic status
2. Respiratory distress or failure
3. Children requiring endotracheal intubation and/or ventilatory support
4. Shock, compensated or uncompensated
5. Injuries requiring any blood transfusion
6. Children requiring any one of the following:
   a. Arterial pressure monitoring
   b. Central venous pressure or pulmonary artery monitoring
   c. Intracranial pressure monitoring
   d. Vasoactive medications

B. Anatomic Criteria

1. Fractures and deep penetrating wounds to an extremity complicated by
DEPARTMENT OF PUBLIC HEALTH

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neurovascular or compartment injury

2. Fracture of 2 or more major long bones (i.e., femur, humerus)

3. Fracture of the axial skeleton

4. Spinal cord or column injuries

5. Traumatic amputation of an extremity with potential for replanation

6. Head injury when accompanied by any of the following:
   a. Cerebrospinal fluid leaks
   b. Open head injuries (excluding simple scalp injuries)
   c. Depressed skull fractures
   d. Decreased level of consciousness

7. Significant penetrating wounds to the head, neck, thorax, abdomen or pelvis

8. Major pelvic fractures

9. Significant blunt injury to the chest or abdomen

C. Other Criteria

1. Children requiring intensive care

2. Any child who may benefit from consultation with, or transfer to, a trauma center or a pediatric critical care center

D. Burn Criteria (Thermal or Chemical) – Contact should be made with a burn center for children who meet any one of the following criteria:

1. Partial thickness burns of greater than 10% total body surface area (TBSA)
NOTICE OF ADOPTED AMENDMENTS

2. **Third degree burns in any age group**

3. **Burns involving:**
   a. **Signs or symptoms of inhalation injury**
   b. **Respiratory distress**
   c. **The face**
   d. **The ears (serious full-thickness burns or burns involving the ear canal or drums)**
   e. **The mouth and throat**
   f. **The hands, feet, genitalia, major joints or perineum**

4. **Electrical burns (including lightning injury)**

5. **Chemical burns**

6. **Burns associated with trauma or complicating medical conditions**

7. **Burned children in hospitals without qualified personnel or equipment for the care of children**

8. **Burn injury in patients who will require special social, emotional, or long-term rehabilitative information**

(Source: Added at 26 Ill. Reg. 18367, effective December 20, 2002.)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

1) **Heading of the Part:** Newborn Metabolic Screening and Treatment Code

2) **Code Citation:** 77 Ill. Adm. Code 661

3) **Section Number:** Adopted Action:
   
   661.70 Amended

4) **Statutory Authority:** Implementing and authorized by the Phenylketonuria Testing Act [410 ILCS 240]

5) **Effective Date of Amendment:** January 1, 2003

6) **Does this amendment contain an automatic repeal date?** No

7) **Does this amendment contain incorporations by reference?** No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the Department’s principal office and is available for public inspection.

9) **Notice of Proposal Published in Illinois Register:** August 16, 2002, 26 Ill. Reg. 12566

10) **Has JCAR Issued a Statement of Objection to this amendment?** No

11) **Difference between proposal and final version:** There is no difference between the proposal and final version.

12) **Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR?** Yes

13) **Will this amendment replace an emergency rulemaking currently in effect?** No

14) **Are there any proposed amendments to this Part pending?** No

15) **Summary and Purpose of the Adopted Amendment:** The amendment relates to a fee increase for expansion of screening to include more conditions by using new technology-tandem mass spectrometry. The fee increase will assist in covering the expenses of the expanded testing.

16) **Information and questions regarding this adopted amendment shall be directed to:**
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

Peggy Snyder
Division of Legal Services
Department of Public Health
535 West Jefferson
Fifth Floor
Springfield, Illinois  62761-0001
(217) 782-2043
E-Mail address: rules@idph.state.il.us

The full text of the adopted amendment begins on the next page:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH

PART 661
NEWBORN METABOLIC SCREENING AND TREATMENT CODE

Section 661.70  Fee Assessment and Payment

a) Each person who submits to the Department any sample for newborn screening shall be assessed a fee of $47 for such analysis. When the Director makes a determination to add screening for any additional disorders in the categories of amino acid, organic acid or fatty acid oxidation, pursuant to Section 661.10, this fee may be increased by $2 for each disorder unless specimens are requested by the Department for follow-up purposes.
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

b) Statements of fee assessment shall be mailed on a monthly basis to facilities submitting specimens for analysis.

c) Payment shall be rendered to the Department upon receipt of the monthly statement of fee assessment.

(Source: Amended at 26 Ill. Reg. 18412, effective January 1, 2003)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) **Heading of the Part:** Health Care Professionals Credentials Data Collection Code

2) **Code Citation:** 77 Ill. Adm. Code 965

3) **Section Numbers:**
   - 965.110    Amended
   - 965.300    Added
   - 965.310    Added
   - APPENDIX B Amended
   - APPENDIX C Amended

4) **Statutory Authority:** Implementing and authorized by the Health Care Professionals Data Collection Act [410 ILCS 517].

5) **Effective Date of Amendments:** December 15, 2002

6) **Do these amendments contain an automatic repeal date?** No

7) **Do these amendments contain incorporations by reference?** No

9) A copy of the adopted amendments, including any material incorporated by reference, is on file in the Department’s principal office and is available for public inspection

9) **Notice of Proposed Published in Illinois Register:** June 7, 2002, 26 Ill. Reg. 8293

10) **Has JCAR issued a Statement of Objection to these amendments?** No

11) **Difference between proposal and final version:** Various nonsubstantive typographical, grammatical and form changes were made in response to comments from the JCAR.

12) **Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR?** Yes

13) **Will these amendment replace an emergency rulemaking currently in effect?** No

14) **Are there any proposed amendments to this Part pending?** No.

16) **Summary and purpose of adopted amendments:** This rulemaking implements the single credentialing cycle data collection requirements for the Health Care Professional Credentials Data Collection Act. The rulemaking establishes a single credentialing cycle
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

for health care entities and health care plans to follow in order to collect the required credentialing data once every 3 years. Exceptions for submission of information for the credentialing cycle will be made for initial credential submission, if credential data changes substantively, or if recredentialing is required as a result of patient or quality assurance issues. The rulemaking also makes technical cleanup changes to Appendices B and C

17) Information and questions regarding these adopted amendments shall be directed to:

Peggy Snyder
Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois  62761-0001
(217) 782-2043
E-mail address: rules@idph.state.il.us

The full text of the adopted amendments begins on the next page:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES

PART 965
HEALTH CARE PROFESSIONAL CREDENTIALS DATA COLLECTION CODE

SUBPART A: GENERAL

Section
965.110 Definitions
965.120 Referenced Materials
965.130 Use of Uniform Credentialing Forms
965.140 Required Policies and Procedures

SUBPART B: ENFORCEMENT ACTION

Section
965.210 Complaints
965.220 Notice of Violation
965.230 Adverse Action
965.240 Fines and Penalties
965.250 Hearings
965.300 Single Credentialing Cycle
965.310 Waiver from Single Credentialing Cycle

APPENDIX A  Health Care Professional Credentialing and Business Data Gathering Form
APPENDIX B  Health Care Professional Recredentialing and Business Data Gathering Form
APPENDIX C  Health Care Professional Update Data Gathering Form

AUTHORITY: Implementing and authorized by the Health Care Professionals Data Collection Act [410 ILCS 517].


SUBPART A: GENERAL

Section 965.110 Definitions

Act – the Health Care Professional Credentials Data Collection Act [410 ILCS 517].
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Credentialing – the process of assessing and validating, including recredentialing and updating, the qualifications of a health care professional. (Section 5 of the Act)

Credentials data – those data, information, or answers to questions required by a health care entity, health care plan, or hospital to complete the credentialing or recredentialing of a health care professional. (Section 5 of the Act)

Health care entity – any of the following entities that require the submission of credentials data in order for a health care professional to participate or provide care as a part of, or in conjunction with, the health care entity:

- a health care facility or other health care organization licensed or certified to provide medical or health services in Illinois, other than a hospital;
- a health care professional partnership, corporation, limited liability company, professional services corporation or group practice; or
- an independent practice association or physician hospital organization. (Section 5 of the Act)

Entities licensed under other Acts that conduct credentialing in order for a health care professional to provide services, such as home health agencies, hospices, post-surgical recovery care centers, and ambulatory surgical treatment centers, are health care entities for the purposes of this Part. Providers certified under the federal Medicare Program, such as Rural Health Clinics and End Stage Renal Disease treatment facilities, are also health care entities under this Part if they credential providers in order to provide services in their facilities/programs.

Health care plan – any entity licensed by the Department of Insurance as a prepaid health care plan or health maintenance organization or as an insurer that requires the submission of credentials data. (Section 5 of the Act)

Health care professional – any person licensed under the Medical Practice Act of 1987 or any person licensed under any other Act subsequently made subject to the Act. (Section 5 of the Act)

Hospital – a hospital licensed under the Hospital Licensing Act or any hospital organized under the University of Illinois Hospital Act. (Section 5 of the Act)

Single credentialing cycle – a process whereby, for purposes of recredentialing, each
DEPARTMENT OF PUBLIC HEALTH

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health care professional's credentials data are collected by all health care entities and health care plans during the same time period. (Section 5 of the Act)

Recredentialing – the process by which a health care entity, health care plan, or hospital ensures that a health care professional who is currently credentialed by the health care entity, health care plan, or hospital continues to meet the credentialing criteria used by the health care entity, health care plan, or hospital no more than once every 2 years. (Section 5 of the Act)

(Source: Amended at 26 Ill. Reg. 18416, effective December 15, 2002.)

SUBPART B: ENFORCEMENT ACTION

Section 965.300 Single Credentialing Cycle

a) All health care entities and health care plans shall obtain recredentialing data on a health care professional according to the single credentialing cycle beginning July 1, 2002, except:
   1) when a health care professional submits initial credentials data to a health care entity or health care plan;
   2) when a health care professional's credentials data change substantively; or
   3) when a health care entity or health care plan requires recredentialing as a result of patient or quality assurance issues.

b) Data collection for health care entities and health care plans will coincide with a single credentialing cycle that entitles health care entities and health care plans to collect recredentialing data once and not more than every 3 years, except as noted in subsection (a).

c) Data collection:
   1) will be based on the last digit of each health care professional's Social Security number;
   2) will provide for a one month notification period for each digit during which each health care entity and health care plan notifies those persons being recredentialed of the time period during which data are expected to be submitted; and
   3) will provide for a 2 month collection period for each digit during which each health care entity and health care plan receives data from those persons being recredentialed.

d) The single credentialing cycle reflects a 6 month "OPEN" period when health care entities and health care plans cannot collect data from a health care professional, except as noted in subsection (a). This period coincides with the Illinois Department of Professional Regulation’s licensing schedule of physicians.
DEPARTMENT OF PUBLIC HEALTH

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e) The single credentialing cycle is established as follows:

1) For the years 2005/2008

<table>
<thead>
<tr>
<th>Month</th>
<th>Status</th>
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<tbody>
<tr>
<td>July</td>
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<td>August</td>
<td>OPEN</td>
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<td>September</td>
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<td>OPEN</td>
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<tr>
<td>November</td>
<td>OPEN</td>
</tr>
<tr>
<td>December</td>
<td>OPEN</td>
</tr>
</tbody>
</table>

2) For the years 2003/2006/2009...

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<tbody>
<tr>
<td>January</td>
<td>Notification (0's)</td>
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</table>

3) For the years 2004/2007/2010...

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<tbody>
<tr>
<td>January</td>
<td>Notification (4's)</td>
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4) For the years 2005/2008/2011

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<tr>
<th>Month</th>
<th>Status</th>
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<tbody>
<tr>
<td>January</td>
<td>Notification (8's)</td>
</tr>
</tbody>
</table>

f) Once recredentialing is begun in accordance with the single credentialing cycle, a health care entity or health care plan may continue to request data from a health care professional outside of the published single credentialing cycle if it is not submitted by the deadline date published in the schedule.

g) Nothing in this Section shall be construed to preclude, or otherwise exempt, a health care plan from monitoring, on an ongoing basis, in between recredentialing cycles, information on sanctions, limitations on licensure, and complaints against health care professionals consistent with guidelines issued by any entity that provides private accreditation to health care plans, or from meeting any quality assurance requirement of the entity related to credentialing for the purpose of accreditation or otherwise.

h) The requirements of this Section apply only to health care plans and health care entities as defined in the Act [410 ILCS 517/5].
Section 965.310 Waiver from Single Credentialing Cycle

a) A health care entity or health care plan may apply to the Director via letter for an exemption from the single credentialing cycle. The request for consideration should be addressed to the Director's designee for administration of this program, the Office of Health Care Regulation.

1) The request for waiver of this provision must be received by the Department on or before November 1 of the year prior to initiation of the established cycle.

2) The request for waiver must contain, at a minimum, the following:
   A) a detailed explanation as to the undue hardship that would be created for the health care entity or health care plan in following the published single cycle.
   B) a detailed explanation and outline of the plan for conducting and time frame involved in the process that would be utilized in place of the published single cycle by the requesting health care entity or health care plan.

b) The Director shall evaluate the request for exemption based upon whether the plan is a small or unique health care entity for which compliance with the single credentialing cycle presents an undue hardship.

c) The Department will notify waiver applicants of approval or denial by December 15 of the year prior to implementation of the single cycle.

d) A denial of a waiver may be appealed in accordance with the procedures in Section 965.860 of this Part.

(Source: Added at 26 Ill. Reg. 18416, effective December 15, 2002.)
Section 965. APPENDIX B  Health Care Professional Recredentialing and Business Data Gathering Form

STATE OF ILLINOIS
Health Care Professional Recredentialing and Business Data Gathering Form

The Health Care Professional Credentials Data Collection Act [410 ILCS 517] requires that this form be collected from health care professionals by hospitals, health care entities, and health care plans that desire to recredential such professional. Each hospital, health care entity, and health care plan may also require completion of supplemental forms.

INSTRUCTIONS

This form is for recredentialing only. Other forms are required for credentialing and for updating information. YOU ONLY HAVE TO FILL OUT AND SUBMIT WHAT IS REQUESTED BY THE CREDENTIALING ENTITY. PLEASE REFER TO THE INSTRUCTIONS PROVIDED TO YOU BY THE ORGANIZATION YOU ARE APPLYING TO FOR THEIR REQUIREMENTS.

This form has been segmented into 2 different Chapters, each containing various sections:

    Chapter A: General and Practice Information
    Chapter B: Business Information

As previously noted, please consult the specific credentialing entity instructions for their individual Chapter or section requirements for submission.

GENERAL INSTRUCTIONS: Wherever this application requests information but does not provide sufficient space to provide a complete response (for example, you have more licenses, specialties, work history, etc.) provide attachments that contain all of the information requested in the relevant section OR duplicate the relevant section as many times as necessary and attach it to the back of this application.

The data marked as "Confidential Information" shall be maintained in confidence to the extent required by law. They may be used by the health care plan, entity or hospital and by their agents for credentialing and internal business purposes. Other data contained in this form may be released.
ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

ATTACHMENTS

Attach Forms A-F as needed to support "yes" responses in the Professional History section and copies of the following:

Curriculum Vitae

CONFIDENTIAL INFORMATION:

All Current Professional Licenses

Current Federal DEA Licenses, If Applicable

Current State Controlled Substance Licenses, If Applicable

Current Professional Liability Insurance Face Sheet or Declaration of Insurance with Effective Date, Expiration Date and Amount Displayed Per Occurrence and In Aggregate

Current CLIA Certificate, If Applicable

Current W-9s, If Applicable

ECFMG Certificate, If Applicable

Professional School Diploma, Residency Certificates, Fellowship Certificates, and Board Certifications, As Applicable

AFFIRMATION OF INFORMATION

I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief. I understand that falsification or omission of information may be grounds for rejection or termination, in addition to any penalties provided by law. I further agree to promptly inform all entities to which this form was sent and not rejected of any change required to be updated by the Health Care Professional Credentialing and Business Data Gathering Update Form.

I understand that this application does not entitle me to participation in any hospital, health care entity, or health plan.

Applicant's Signature  Type or Print Name  Date
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

**PLEASE BE ADVISED THAT EACH HOSPITAL, HEALTH CARE ENTITY, AND HEALTH CARE PLAN MAY ALSO REQUIRE COMPLETION OF AN ATTESTATION AND RELEASE OF INFORMATION FORM.**
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

CHAPTER A:
Chapter A

PRACTICE AND PROFESSIONAL INFORMATION

SECTION A. GENERAL INFORMATION

Name: 

Last       First      MI       Degree MD/DO/DC/PhD/MSW/DPM/DDS/DMD/Other

List other names by which you have been known: 

Last       First       MI

If you have been known by other names, please explain why your name changed:

Birth Date: (mm/dd/yy) Place of Birth: City State County

Sex: ☐ Male ☐ Female Language Fluency of Applicant: ☐ English ☐ Other ☐ Spanish

U.S. Citizen? ☐ Yes ☐ No
If "no", do you have a legal right to reside permanently and work in the U.S.? ☐ Yes ☐ No
Resident Visa No: _____________________

Social Security Number: _____________________
Emergency Contact Person: 

Last       First       MI

Telephone Number: (____) ____________
Mailing Address: _______________________________ Daytime Phone: (____) ____________
Fax Number: (____) ____________

EMAIL Address: _______________________________

Check here if you have appended additional information for this section. ☐
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

CHAPTER A:

SECTION B. PROFESSIONAL INFORMATION

Illinois Professional License Number: __________________________ License Unlimited? □ Yes □ No
If "no", please explain limitation __________________________

Current and Previous Professional Licenses in Other States
State: ______ License # __________ Exp. Date: _______ (mm/dd/yy)
License Unlimited? □ Yes □ No If "no", please explain limitation __________________________

State: ______ License # __________ Exp. Date: _______ (mm/dd/yy)
License Unlimited? □ Yes □ No If "no", please explain limitation __________________________

State: ______ License # __________ Exp. Date: _______ (mm/dd/yy)
License Unlimited? □ Yes □ No If "no", please explain limitation __________________________

Check here if you have appended additional information for this section. □

Current Federal DEA License Number: __________________________ CONFIDENTIAL INFORMATION
DEA License Number Expiration Date: _______ License Unlimited? □ Yes □ No
(mm/dd/yy)
If "no", please explain limitation: __________________________

Check here if you have appended additional information for this section. □

Current and Previous State Controlled Substance Numbers:

CONFIDENTIAL INFORMATION

State: ________ CS License #: ___________ Expiration Date: _______ (mm/dd/yy)
State: ________ CS License #: ___________ Expiration Date: _______ (mm/dd/yy)
State: ________ CS License #: ___________ Expiration Date: _______ (mm/dd/yy)

Please identify all limitations related to the above Controlled Substances Numbers and
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

Medicare Unique Provider ID# (UPIN): ____________________________________________

National Provider Identification Number (NPI): ______________________________________

Medicaid ID#: _________________________________________________________________

X-Ray Certification:
State: _______________ Certificate #: _______________ Expiration Date: _______________

Check here if you have appended additional information for this section. □

COMPLETE FOR EACH SPECIALTY

Specialty I: _________________________________________________________________

Are you Board Certified in Specialty I? □ Yes □ No

If "yes", name of Certifying Board: ________________________________________________

Date of Certification: (mm/dd/yy) Date of Recertification (if applicable): (mm/dd/yy)

If "no", have you taken or are you scheduled to take the Specialty Boards Certification?
□ Yes □ No

If Certifying Boards taken, give date: (mm/dd/yy)

Certification Expiration Date, If Any: (mm/dd/yy)

If not taken, date scheduled to take Specialty Boards: (mm/dd/yy)

Specialty/Subspecialty II: _______________________________________________________

Are you Board Certified in Specialty II? □ Yes □ No
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

If "yes", name of Certifying Board: ____________________________

Date of Certification: __________________ Date of Recertification (if applicable): __________________

(mm/dd/yy) (mm/dd/yy)

If "no", have you taken or are you scheduled to take the Specialty Boards Certification?

☐ Yes ☐ No

If Certifying Boards taken, give date: __________________

(mm/dd/yy)

Certification Expiration Date, If Any: __________________

(mm/dd/yy)

If not taken, date scheduled to take Specialty Boards: __________________

(mm/dd/yy)

Specialty/Subspecialty III: ____________________________

Are you Board Certified in Specialty III? ☐ Yes ☐ No

If "yes", name of Certifying Board: ____________________________

Date of Certification: __________________ Date of Recertification (if applicable): __________________

(mm/dd/yy) (mm/dd/yy)

If "no", have you taken or are you scheduled to take the Specialty Boards Certification?

☐ Yes ☐ No

If Certifying Boards taken, give date: __________________

(mm/dd/yy)

Certification Expiration Date, If Any: __________________

(mm/dd/yy)

If not taken, date scheduled to take Specialty Boards: __________________

(mm/dd/yy)

Specialty/Subspecialty IV: ____________________________

Are you Board Certified in Specialty IV? ☐ Yes ☐ No

If "yes", name of Certifying Board: ____________________________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Date of Certification: ______________ Date of Recertification (if applicable): ______________

(mm/dd/yy) (mm/dd/yy)

If "no", have you taken or are you scheduled to take the Specialty Boards Certification?

☐ Yes ☐ No

If Certifying Boards taken, give date: ______________

(mm/dd/yy)

Certification Expiration Date, If Any: ______________

(mm/dd/yy)

If not taken, date scheduled to take Specialty Boards: ______________

(mm/dd/yy)

Check here if you have appended additional information for this section. ☐
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

Chapter A

CURRENT SECTION C. PROFESSIONAL LIABILITY INSURANCE

Please provide information on all professional liability insurance carriers from whom you have received coverage in the past 10 years.

CURRENT PROFESSIONAL LIABILITY INSURANCE

CONFIDENTIAL INFORMATION:

Carrier: ____________________________________________________________

Address: __________________________________________________________

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<th>Street</th>
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Policy Number: __________ Original Effect Date: __________ (mm/dd/yy)

Policy Number: __________ Expiration Date: __________ (mm/dd/yy)

Policy Limits: Per Occurrence: $ __________ Aggregate: $ __________

Retroactive Date: __________________ (mm/dd/yy)

What type coverage do you have? □ Claims Made □ Occurrence

Has any judgement or payment of claim or settlement amount exceeded the limits of this coverage? □ Yes □ No

PREVIOUS PROFESSIONAL LIABILITY INSURANCE

CONFIDENTIAL INFORMATION:

Carrier: ____________________________________________________________

Address: __________________________________________________________

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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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What type coverage do you have?  
☐ Claims  ☐ Made  ☐ Occurrence

Has any judgement or payment of claim or settlement amount exceeded the limits of this coverage?  
☐ Yes  ☐ No

PREVIOUS PROFESSIONAL LIABILITY INSURANCE

CONFIDENTIAL INFORMATION:

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<th>Retroactive Date:</th>
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What type coverage do you have?  
☐ Claims  ☐ Made  ☐ Occurrence

Has any judgement or payment of claim or settlement amount exceeded the limits of this coverage?  
☐ Yes  ☐ No

PREVIOUS PROFESSIONAL LIABILITY INSURANCE

CONFIDENTIAL INFORMATION:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

| Carrier: |  |  |  |  |
|------------------------------|
| Address: |  |  |  |  |
| Street |  | City |  | State | Zip |
| Policy Number: |  | Original Effect Date: |  | Expiration Date: | (mm/dd/yy) | (mm/dd/yy) |
| Policy Limits: | Per Occurrence: | $ | Aggregate: | $ |
| Retroactive Date: |  | (mm/dd/yy) |

What type coverage do you have?  
☐ Claims  ☐ Made  ☐ Occurrence

Has any judgement or payment of claim or settlement amount exceeded the limits of this coverage?  
☐ Yes ☑ No

Check here if you have appended additional information for this section. ☑
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SECTION D. EDUCATION AND TRAINING

If there are any gaps in your training (greater than 30 days), or if you have not completed any portion of your training, please explain on a separate sheet of paper and attach to this application.

MEDICAL/PROFESSIONAL SCHOOL
Institution: ______________________________________________________________
Name: ________________________________________________________________
Mailing Address: _______________________________________________________
Street: __________________________ City: __________________________ State: ____ Zip: __________
Fax: __________________________ Telephone Number: (______) ______-
Number: _______ Fax Number: (______) ______-
Degree: __________________________ Year: __________
Dates attended: From: _______ To: _______ (mm/yy) (mm/yy)
If you are a graduate of a foreign medical school, are you certified by the Educational Commission for Foreign Medical Graduates (ECFMG)?
☐ Yes ☐ No
Serial Number for ECFMG: __________________________
Were you the subject of any disciplinary action during your attendance at this institution? ☐ Yes ☐ No
(Attach an explanation of a “yes” answer.)

INTERNERNSHIP
Institution: ______________________________________________________________
Name: ________________________________________________________________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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<th>Department Chair or Program Director</th>
<th>Last</th>
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<th>Degree</th>
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<th>Type of internship</th>
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<th>Specialty</th>
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<th>Did you successfully complete this program?</th>
<th>Yes</th>
<th>No</th>
<th>If “no”, please attach an explanation.</th>
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If more than one internship, please check here and attach additional information that duplicates the information requested above.

Were you the subject of any disciplinary action during your attendance at this institution?

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<th>Yes</th>
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<th>(Attach an explanation of a “yes” answer.)</th>
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FIRST RESIDENCY

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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Dates
attended: From: ___________ To: ___________
(mm/yy) (mm/yy)

Type of residency:

Did you successfully complete Yes □ No □
this program? If “no”, please
attach an explanation.

Were you the subject of any disciplinary action during your
attendance at this institution?
□ Yes □ No (Attach an explanation of a “yes” answer.)

SECOND RESIDENCY

Institution

Name: ____________________________
Department Chair or
Program Director: _______________________

Last First MI Degree

Mailing Address: ____________________________
Street City State Zip

Telephone Number: (_________)
Fax Number: (_________)

Dates
attended: From: ___________ To: ___________
(mm/yy) (mm/yy)

Type of residency:

Did you successfully complete Yes □ No □
this program? If “no”, please
attach an explanation.

If more than two residencies, please check here and attach
additional information that duplicates the information requested
above: □

Were you the subject of any disciplinary action during your
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

attendance at this institution?

☐ Yes ☐ No (Attach an explanation of a “yes” answer.)

FIRST FELLOWSHIP
Institution
Name:
Department Chair or Program Director:

Mailing Address:

Telephone Number: ( ) Fax Number: ( )

Dates attended: From: To: (mm/yy) (mm/yy)

Type of fellowship:
Did you successfully complete this program? ☐ Yes ☐ No attach an explanation.

Were you the subject of any disciplinary action during your attendance at this institution?

☐ Yes ☐ No (Attach an explanation of a “yes” answer.)

SECOND FELLOWSHIP
Institution
Name:
Department Chair or Program Director:

Mailing Address:

Telephone Number: ( ) Fax Number: ( )

Dates attended: From: To: (mm/yy) (mm/yy)

Type of fellowship:
Did you successfully complete this program? ☐ Yes ☐ No attach an explanation.

Were you the subject of any disciplinary action during your attendance at this institution?

☐ Yes ☐ No (Attach an explanation of a “yes” answer.)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Telephone Number: (_______) Fax Number: (_______)

Dates attended: From: ________ To: ________ (mm/yy)

Type of fellowship:

Did you successfully complete this program? Yes [ ] No [ ]

If “no”, please attach an explanation.

Were you the subject of any disciplinary action during your attendance at this institution?
Yes [ ] No [ ] (Attach an explanation of a “yes” answer.)

If more than two fellowships, please check here and attach additional information: [ ]

TEACHING EXPERIENCE/FACULTY APPOINTMENT (MOST RECENT)

Institution

Name: ________________________________

Department Chair or Program Director:

Mailing Address: ________________________________

Telephone Number: (_______) Fax Number: (_______)

Dates: From: ________ To: ________ (mm/yy)

Were you the subject of any disciplinary action during your attendance at this institution?
Yes [ ] No [ ] (Attach an explanation of a “yes” answer.)
TEACHING EXPERIENCE/FACULTY APPOINTMENT (PREVIOUS)

Institution ____________________________________________
Name: ____________________________
Department-Chair or Program Director: ____________________________

Last  First  MI  Degree

Mailing Address: _________________________________________________
Street City State Zip

Telephone Number: (_______) _______ Fax Number: (_______)

Dates: From: ______ To: ______ Rank/Position, if applicable: ______
(m/m/yy) (m/m/yy)

Were you the subject of any disciplinary action during your attendance at this institution?
☐ Yes  ☐ No (Attach an explanation of a “yes” answer.)

If more than two teaching experiences/faculty appointments, check here and attach additional information: ☐
**NOTICE OF ADOPTED AMENDMENTS**

**MEMBERSHIP STATUS – USE FOR SECTIONS CE AND DF**

Please use the following key to indicate membership status in sections **CE** (Hospital Membership – Current and Pending) and **DF** (Ambulatory Surgical Treatment Center Practice) below.

- **A. Active**
- **B. Courtesy**
- **C. Consulting**
- **D. Adjunct**
- **E. Suspended/Terminated/Resigned**
- **F. Active Provisional Staff**
- **G. Senior Staff**
- **H. Associate**
- **I. Provisional**
- **J. Affiliate**
- **K. Pending**
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Chapter A

SECTION CE. HOSPITAL MEMBERSHIP – CURRENT AND PENDING

Please list all hospitals at which you are a member of the Medical Staff and have clinical privileges or have applications for privileges pending. (Include additional sheets if more than three hospitals.)

A. Primary Hospital

Hospital Name: __________________________________________

Address: ________________________________________________

Street City State Zip

Membership Status (see above): _______ Dates: _______ To Present

From (mm/yy)

Department/Division: ________ Medical Staff Office

FAX: (_______)

Department Telephone #: (____________)

Do you have admitting privileges at this hospital? ☐ Yes ☐ No

Any limitations in your area of specialty at this hospital? ______________________________

B. Other Hospital

Hospital Name: __________________________________________

Address: ________________________________________________

Street City State Zip

Membership Status (see above): _______ Dates: _______ To Present

From (mm/yy)

Department/Division: ________ Medical Staff Office

FAX: (_______)

Department Telephone #: (____________)

Do you have admitting privileges at this hospital? ☐ Yes ☐ No
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Any limitations in your area of specialty at this hospital?

C. Other Hospital

Hospital Name: ________________________________

Address: ____________________________
Street City State Zip

Membership Status (see above): _______ Dates: ___________ To Present
From (mm/yy)

Department/Division: _______ Medical Staff Office

FAX: (____ )

Department Telephone #: (____ )

Do you have admitting privileges at this hospital? ☐ Yes ☐ No

Any limitations in your area of specialty at this hospital?

Check here if you have appended additional information for this section ☐
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

**Chapter A**

**SECTION DF. AMBULATORY SURGICAL TREATMENT CENTER PRACTICE**

Please list all ambulatory surgical treatment centers where you currently have clinical privileges. Use the Membership Status key at the top of page 7 listed prior to Section E. (Include additional sheets if more than three ASTCs.)

### A. Primary Ambulatory Surgical Treatment Center

| ASTC Name: | [ ]              |
| Address:   | [ ]              |
| Street    | City            |
| [ ] State | Zip             |
| FAX#:     | Telephone #:    |
| [ ]       | [ ]             |
| Membership Status (see above): | Dates: |
| [ ] From (mm/yy) | [ ] To (mm/yy) |

### B. Other Ambulatory Surgical Treatment Center

| ASTC Name: | [ ]              |
| Address:   | [ ]              |
| Street    | City            |
| [ ] State | Zip             |
| FAX#:     | Telephone #:    |
| [ ]       | [ ]             |
| Membership Status (see above): | Dates: |
| [ ] From (mm/yy) | [ ] To (mm/yy) |

### C. Other Ambulatory Surgical Treatment Center

| ASTC Name: | [ ]              |
| Address:   | [ ]              |
| Street    | City            |
| [ ] State | Zip             |
| FAX#:     | Telephone #:    |
| [ ]       | [ ]             |
| Membership Status (see above): | Dates: |
| [ ] From (mm/yy) | [ ] To (mm/yy) |
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Check here if you have appended additional information for this section. ☐
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Chapter A

SECTION EG. WORK HISTORY

List chronologically (most recent first) all work engagements (including employment, self-employment, service as an independent contractor, and military service) in the past 4 years. Do not duplicate internship, residency, and fellowship information previously reported. If there is any gap of greater than 30 days in chronology, explain it on a separate page.

Current work place: ____________________________________________________________
Address: _________________________________________________________________
  Street       City       State       Zip
Telephone Number: (          )          Fax Number: (          )
Title or Professional Occupation: ______________________________________________
Time in this employment: From: _______________ To Present
  (mm/yy)

Previous work place: __________________________________________________________
Address: _________________________________________________________________
  Street       City       State       Zip
Telephone Number: (          )          Fax Number: (          )
Title or Professional Occupation: ______________________________________________
Time in this employment: From: _______________ To:
  (mm/yy)

Previous work place: __________________________________________________________
Address: _________________________________________________________________
  Street       City       State       Zip
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Telephone Number: (          ) Fax Number: (          )

Title or Professional Occupation: __________________________________________________________

Time in this employment: From: __________________ To: __________________

( mm/yy) ( mm/yy)

Previous work place: ________________________________________________________________

Address: __________________________________________ Street City State Zip

Telephone Number: (          ) Fax Number: (          )

Title or Professional Occupation: ______________________________________________________

Time in this employment: From: __________________ To: __________________

( mm/yy) ( mm/yy)

Previous work place: ________________________________________________________________

Address: __________________________________________ Street City State Zip

Telephone Number: (          ) Fax Number: (          )

Title or Professional Occupation: ______________________________________________________

Time in this employment: From: __________________ To: __________________

( mm/yy)

Previous work place: ________________________________________________________________

Address: __________________________________________ Street City State Zip

Telephone Number: (          ) Fax Number: (          )

Title or Professional Occupation: ______________________________________________________

Time in this employment: From: __________________ To: __________________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(mm/yy)

Previous work place: __________________________________________
Address: ______________________________________________________
           Street             City            State            Zip

Telephone Number:   (    )________________ Fax Number:   (    )__________
Title or Professional Occupation: ___________________________________
Time in this employment: From: ___________________ To: ________________
                         (mm/yy)        (mm/yy)

Previous work place: __________________________________________
Address: ______________________________________________________
           Street             City            State            Zip

Telephone Number:   (    )________________ Fax Number:   (    )__________
Title or Professional Occupation: ___________________________________
Time in this employment: From: ___________________ To: ________________
                         (mm/yy)        (mm/yy)

Previous work place: __________________________________________
Address: ______________________________________________________
           Street             City            State            Zip

Telephone Number:   (    )________________ Fax Number:   (    )__________
Title or Professional Occupation: ___________________________________
Time in this employment: From: ___________________ To: ________________
                         (mm/yy)        (mm/yy)

Check here if you have appended additional information for this section.  ☐
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS
SECTION H. PROFESSIONAL REFERENCES

Please list the names of three individuals who have personal knowledge (within the past 12 months) of your current clinical abilities, ethical character and interpersonal skills and who would be willing to provide this information upon request. Do not list partners or department chairpersons. Do not list relatives or people listed elsewhere in this credentialing form.

CONFIDENTIAL INFORMATION

1. Name: ____________________________ Title: ____________________________
   Last               First               MI               Degree

   Specialty: ____________________________

   Mailing Address: ____________________________

   Street __________________ City ____________ State ____________ Zip ____________
   Telephone Number: (__________)   Number: (__________)
   Relationship: ____________________________ Known: ____________________________

2. Name: ____________________________ Title: ____________________________
   Last               First               MI               Degree

   Specialty: ____________________________

   Mailing Address: ____________________________

   Street __________________ City ____________ State ____________ Zip ____________
   Telephone Number: (__________)   Number: (__________)
   Relationship: ____________________________ Known: ____________________________

3. Name: ____________________________ Title: ____________________________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

<table>
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<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Degree</th>
</tr>
</thead>
</table>

Specialty: __________________________
Mailing Address: __________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Telephone Number: (_______) Fax Number: (_______)
Relationship: __________________________ Known Years: __________________________
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

SECTION F. MEDICAL EDUCATION/CLINICAL TRAINING UPDATE

Please provide an update of your medical education and clinical training over the past four years. Do not duplicate internship, residency, and fellowship information previously reported. (Attached additional sheets if necessary.)

FIRST UPDATE

- [ ] Fellowship
- [ ] Residency
- [ ] Other

Institution Name: ____________________________
Department Chair or Program Director: ____________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Degree</th>
</tr>
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</table>

Mailing Address:

<table>
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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</tbody>
</table>

Telephone Number: (____)  Fax Number: (____)  

Dates attended: From: ________ To: ________

<table>
<thead>
<tr>
<th>mm/yy</th>
<th>mm/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Type of internship:  [ ] Rotating  [ ] Straight

If straight, please list specifically

Did you successfully complete this program?  [ ] Yes  [ ] No
If no, please list specialty:

Were you the subject of any disciplinary action during your attendance at this institution? (Attached an explanation of a "Yes" answer.)  [ ] Yes  [ ] No

SECOND UPDATE

- [ ] Fellowship
- [ ] Residency
- [ ] Other

Institution Name: ____________________________
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

Department Chair and Program Director:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address:
- Street
- City
- State
- Zip

Dates attended: From: __________ To: __________
- Mm/yy

Types of internship: ☐ Rotating ☐ Straight:
If straight, please list specialty:

Did you successfully complete this program? ☐ Yes ☐ No

Were you the subject of any disciplinary action during your attendance at this institution? ☐ Yes ☐ No
(Attach an explanation of a "Yes" answer.)

Check here if you have appended additional information for this section: ☐
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Chapter A

SECTION GI. PROFESSIONAL HISTORY: CONFIDENTIAL

Submit with all applications. Please answer the following questions to the best of your knowledge with a "yes" or "no". If you answer "yes" to any questions, please complete FORM A. Please make copies of FORM A as needed and complete one form for each "yes" answer.

Adverse or Other Actions

1. Has your license to practice in any jurisdiction ever been denied, restricted, limited, suspended, revoked, cancelled and/or subject to probation, either voluntarily or involuntarily, or has your application for a license ever been withdrawn?  □ Yes □ No

2. Have you ever been reprimanded and/or fined, been the subject of a complaint, and/or been notified in writing that you have been investigated as the possible subject of a criminal, civil or disciplinary action by any state or federal agency that licenses providers?  □ Yes □ No

3. Have you lost any board certifications, and/or failed to recertify?  □ Yes □ No

4. Have you been examined by a Certifying Board but failed to pass?  □ Yes □ No

5. Has any information pertaining to you, including malpractice judgements and/or disciplinary action, ever been reported to the National Practitioner Data Bank (NPDB) and/or any other practitioner data bank?  □ Yes □ No

6. Has your federal DEA number and/or state controlled substances license been restricted, limited, relinquished, suspended or revoked, either voluntarily or involuntarily, and/or have you ever been notified in writing that you are being investigated as the possible subject of a criminal or disciplinary action with respect to your DEA or controlled substance registration?  □ Yes □ No

7. Have you or any of your hospital or ambulatory surgical treatment center (ASTC) privileges and/or membership been
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

denied, revoked, suspended, reduced, placed on probation, proctored, placed under mandatory consultation or non-renewed?

8. Have you voluntarily or involuntarily relinquished or failed to seek renewal of your hospital or ASTC privileges for any reason? □ Yes □ No

9. Have any disciplinary actions or proceedings been instituted against you and/or are any disciplinary actions or proceedings now pending with respect to your hospital or ASTC privileges and/or your license? □ Yes □ No

10. Have you ever been reprimanded, censured, excluded, suspended and/or disqualified from participating in Medicare, Medicaid, CHAMPUS and/or any other governmental health-related programs, or voluntarily withdrawn to avoid an investigation relating to those programs? □ Yes □ No

11. Have Medicare, Medicaid, CHAMPUS or PRO authorities, and/or any other third party payors, brought charges against you for alleged inappropriate fees and/or quality-of-care issues? □ Yes □ No

12. Have you been denied membership and/or been subject to probation, reprimand, sanction or disciplinary action, or have you ever been notified in writing that you are being investigated as the possible subject of a criminal or disciplinary action by any health care organization, e.g., hospital, HMO, PPO, IPA, professional group or society, licensing board, certification board, PSRO, or PRO? □ Yes □ No

13. Have you withdrawn an application or any portion of an application for appointment or reappointment for clinical privileges or staff appointment or for a license or membership in an IPA, PHO, professional group or society, health care entity or health care plan prior to a final decision to avoid a professional review or an adverse decision? □ Yes □ No

PROFESSIONAL LIABILITY ACTIONS

If you answer "yes" to any questions in this section, please complete FORM B. Please make copies of FORM B, if needed, and complete one for each "yes"answer.
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1. Have any professional liability judgements ever been entered against you? □ Yes □ No

2. Have any professional liability claim settlements ever been paid by you and/or paid on your behalf? □ Yes □ No

3. Are there any currently pending professional liability suits, actions and/or claims filed against you? □ Yes □ No

4. Has any person or entity ever been sued for your clinical actions? □ Yes □ No

LIABILITY INSURANCE

If you answer "yes" to this question, please complete FORM C.

Have you ever been denied or voluntarily relinquished your professional liability insurance coverage, and/or have had your professional liability insurance coverage canceled or non-renewed or limits reduced? □ Yes □ No

CRIMINAL ACTIONS

If you answer "yes" to any questions in this section, please complete FORM D. Please make copies of FORM D, if needed, and complete one for each "yes" answer

1. Have you been charged with or convicted of a crime (other than a minor traffic offense) in this or any other state or country and/or do you have any criminal charges pending other than minor traffic offenses in this State or any other state or country? □ Yes □ No

2. Have you been the subject of a civil or criminal complaint or administrative action or been notified in writing that you are being investigated as the possible subject at a civil, criminal or administrative action regarding sexual misconduct, child abuse, domestic violence or elder abuse? □ Yes □ No

MEDICAL CONDITION

If you answer "yes" to this question, please complete FORM E.
Do you have a medical condition, physical defect or emotional impairment that in any way impairs and/or limits your ability to practice medicine with reasonable skill and safety? □ Yes □ No

CHEMICAL SUBSTANCES OR ALCOHOL ABUSE

If you answer "yes" to any questions in this section, please complete FORM F. Please make copies of FORM F, if needed, and complete one for each "yes" answer.

1. Are you currently engaged in illegal use of any legal or illegal substances? □ Yes □ No

2. Do you currently overuse and/or abuse alcohol or any other controlled substances? □ Yes □ No

3. If you use alcohol and/or chemical substances, does your use in any way impair and/or limit your ability to practice medicine with reasonable skill and safety? □ Yes □ No

4. Are you currently participating in a supervised rehabilitation program and/or professional assistance program that monitors you for alcohol and/or substance abuse? □ Yes □ No

INVESTMENTS

In the last 5 years have you and/or a member of your family purchased or made an investment in (other than securities of a publicly traded company), or otherwise have a business interest in any clinical laboratory, diagnostic or testing center, hospital, surgicenter, and/or other business dealing with the provision of ancillary health services, equipment or supplies? □ Yes □ No

If "yes", please provide explanation: ____________________________________________

__________________________________________________________________________

__________________________________________________________________________
SECTION H.J. PRIMARY SITE INFORMATION

Please provide the following information for the primary site at which you practice.

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Group/Business Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Building Name</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Office Address – Number and Street – Suite</td>
</tr>
<tr>
<td></td>
<td>City County State Zip</td>
</tr>
<tr>
<td></td>
<td>( ) ( ) ( ) ( )</td>
</tr>
<tr>
<td></td>
<td>Main Telephone Number Office Administrator – Last First MI</td>
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<td>( ) ( )</td>
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<tr>
<td></td>
<td>Beeper Number Fax Number E-Mail</td>
</tr>
<tr>
<td></td>
<td>( ) ( )</td>
</tr>
<tr>
<td></td>
<td>Emergency Number Answering Service</td>
</tr>
</tbody>
</table>

Are you currently accepting new patients at this location? □ Yes □ No

If "yes", describe any restrictions (e.g., appointment type, patient type):

________________________________________________________________________

Please provide the number of active patients enrolled with you at this site: __________

Please provide the number of patient visits you have at this site per year: __________

List any special skills or qualifications you or your office staff have that enhance your ability to practice medicine or treat certain patients or classes of patients. List separately any special language skills, such as fluency in a foreign language or proficiency in sign language.

Special Skills of Practitioner: ______________________________________________
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

Special Skills of Staff: ____________________________________________

Languages Spoken by Practitioner: ________________________________

Languages Written by Practitioner: ________________________________

Languages Spoken by Staff: _______________________________________

Languages Written by Staff: _______________________________________

Please provide the following information about physicians/practitioners who provide coverage for patients enrolled at this site when you are not available.

Name: __________________________________________

Last  First  MI  Degree

Specialty: _____________________________________________

Address: ___________________________ Telephone: ( )

Street  City  State  Zip

Availability: ☐ Days  ☐ Nights  ☐ Weekends  ☐ Holidays

CONFIDENTIAL INFORMATION: Tax ID#:

Name: __________________________________________

Last  First  MI  Degree

Specialty: _____________________________________________

Address: ___________________________ Telephone: ( )

Street  City  State  Zip

Availability: ☐ Days  ☐ Nights  ☐ Weekends  ☐ Holidays

CONFIDENTIAL INFORMATION: Tax ID#:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Name: ____________________________

Last First MI Degree

Specialty: ____________________________

Address: ____________________________ Telephone: (____)_______

Street City State Zip

Availability: □ Days □ Nights □ Weekends □ Holidays

CONFIDENTIAL INFORMATION: Tax ID#: ____________________________
**SECTION 1K. ADDITIONAL SITE INFORMATION**

Please provide the following information for each additional site at which you practice. If there is more than one additional site, copy and complete this section for each additional site.

Please provide the following information for the primary site at which you practice.

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Group/Business Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Building Name</td>
</tr>
<tr>
<td></td>
<td>Office Address – Number and Street – Suite</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Main Telephone Number</td>
</tr>
<tr>
<td></td>
<td>Beeper Number</td>
</tr>
<tr>
<td></td>
<td>Emergency Number</td>
</tr>
</tbody>
</table>

Are you currently accepting new patients at this location? □ Yes □ No

If "yes", describe any restrictions (e.g., appointment type, patient type):

Please provide the number of active patients enrolled with you at this site: _________

Please provide the number of patient visits you have at this site per year: _________
List any special skills or qualifications you or your office staff have that enhance your ability to practice medicine or treat certain patients or classes of patients. List separately any special language skills, such as fluency in a foreign language or proficiency in sign language.

Special Skills of Practitioner: _____________________________________________

Special Skills of Staff: ________________________________________________

Languages Spoken by Practitioner: ______________________________________

Languages Written by Practitioner: _______________________________________

Languages Spoken by Staff: _____________________________________________

Languages Written by Staff: ____________________________________________

Please provide the following information about physicians/practitioners who provide coverage for patients enrolled at this site when you are not available.

Name: _______________________________________________________________

Last                First                MI                Degree

Specialty: ____________________________________________________________

Address: _____________________________________________________________

Telephone: (______)

Street       City       State       Zip

Availability: □ Days   □ Nights   □ Weekends   □ Holidays

CONFIDENTIAL INFORMATION: Tax ID#: ___________________________________________

Name: _______________________________________________________________

Last                First                MI                Degree

Specialty: ____________________________________________________________

Address: _____________________________________________________________

Telephone: (______)

Street       City       State       Zip
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Availability:  ☐ Days  ☐ Nights  ☐ Weekends  ☐ Holidays

CONFIDENTIAL INFORMATION: Tax ID#:

Name: ____________________________________________

Last       First       MI       Degree

Specialty: ________________________________________

Address: __________________________________________ Telephone: (____)_____

Street       City       State       Zip

Availability:  ☐ Days  ☐ Nights  ☐ Weekends  ☐ Holidays

CONFIDENTIAL INFORMATION: Tax ID#:

Please provide the following information about physicians/practitioners who practice in this office:

Name    Specialty:

Last    First    MI

Name    Specialty:

Last    First    MI

Name    Specialty:

Last    First    MI

End Recredentialing and Business Data Gathering Form.

Attach Forms A-F As Required.
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

FORM A – ADVERSE AND OTHER ACTIONS

DUPLICATE this form as necessary to complete separate sheet for EACH occurrence that applies. Use reverse side of this form if additional space is needed.

Applicant Name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

Indicate the number of ONE of the questions in Section I to which you answered "yes":

Question Number: ______________________

A. Describe the circumstances surrounding this occurrence. Please include the date of the occurrence.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. Provide an explanation of any actions taken. Please include the date the action was taken.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C. Provide the current status of the issue.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

D. If known: Contact:

Department/Committee: ______________________________________

Address: ____________________________________________________

Street City State Zip

Telephone Number: (____) ______________________________

Signature: _______________________________ Date: ________________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

FORM B – PROFESSIONAL LIABILITY ACTIONS

DUPLICATE this form as necessary to complete a separate sheet for EACH action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: ____________________________________________

A. Plaintiff’s Name: 

          Last             First             MI

          If court case, Case Name & Case Number: ________________________________

B. Your Involvement in the Care (Attending, Consulting, Etc.) ____________________

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Named in Suit, Etc.) ________________________________

D. Allegations, including Patient Outcome, If Available:

          _________________________________________________________________

          _________________________________________________________________

          _________________________________________________________________

E. Date of Incident (mm/yy) __________ F. Date Filed (mm/yy) ________________

G. Date Case Closed (mm/yy): ________________

          Case Resolution:

          □ Dismissed          □ Judgement       □ Arbitration          □ Other

          □ Settlement Out of Court □ Pending    □ Mediation

H. Amount Paid on Your Behalf (if any): $ ________________

I. Professional Liability Insurer Name (if one was involved): ______________________

J. Insurer Telephone Number: (____) __________ K. Policy Number: ________________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

L. Insurer Address (Street, City, State, Zip Code):

________________________________________________________________________

Signature: ________________________________ Date: ______________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

FORM C – LIABILITY INSURANCE

DUPLICATE this form as necessary to complete a separate sheet for EACH action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: _____________________________________________________________

Last First MI

A. History of Professional Liability Insurance (Please Check One)
   □ Cancelled Voluntarily     □ Non-Renewed
   □ Cancelled Involuntarily   □ Application Denied

B. Carrier Name: _____________________________________________________________

C. Carrier Telephone Number: ( ) ____________________________________________

D. Policy Number: ____________________________

E. Carrier Address: __________________________________________________________
   Street City State Zip

F. Dates of Coverage: From (mm/yy): _________ To (mm/yy): _____________

G. Circumstances Involved: ______________________________________________________________________________________
   ______________________________________________________________________________________

Signature: ___________________ Date: ___________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

FORM D – CRIMINAL ACTIONS

DUPLICATE this form as necessary to complete a separate sheet for EACH incident. Use reverse side of this form if additional space is needed.

Applicant Name: ____________________________________________

Last                        First                        MI

A. Date of Incident (mm/yy): ________________________________

B. Date of Complaint or Conviction (mm/yy): ____________________

C. Date of Resolution (mm/yy): ________________________________

D. Type of Resolution (Dismissed, Plea Bargain, Misdemeanor, Felony): ____________

E. Allegations: _____________________________________________

________________________________________________________________________

________________________________________________________________________

F. Details of Incident: _________________________________________

________________________________________________________________________

________________________________________________________________________

G. Actions Taken Against You: _________________________________

________________________________________________________________________

________________________________________________________________________

H. Current Status of Situation: _________________________________

________________________________________________________________________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

I. Medical Practice Privileges Affected as a Result of This Situation: _____________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Signature: __________________________ Date: __________
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

FORM E – MEDICAL CONDITION

DUPLICATE this form as necessary to complete a separate sheet for EACH condition. Use reverse side of this form if additional space is needed.

Applicant Name: ____________________________________________________________

A. Describe this medical condition: ____________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

B. To what extent does or could this condition affect your current ability to practice medicine in your specialty area or to perform a full range of clinical activities?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

C. What is the current status of your condition? _________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

D. Provide the name and address of your personal physician/health care provider who can provide information about your health condition.

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Last First MI Degree</td>
<td>( )</td>
</tr>
</tbody>
</table>

| | | ( ) |
|----------------------------------|------------------|
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Signature: _______________________________ Date: _______________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

FORM F – CHEMICAL SUBSTANCES OR ALCOHOL ABUSE

DUPLICATE this from as necessary to complete a separate sheet for EACH chemical substance incident. Use reverse side of this form if additional space is needed.

Applicant Name: ________________________________  Last               First               MI

Describe the substance you use: _______________________________________________________

A. To what extent does, or could, your use of this substance affect your current ability to practice medicine in your specialty area or to perform a full range of clinical activities?
   ______________________________________________________________________________
   ______________________________________________________________________________

B. Monitored by State Board Mandate (Name and Address)
   ______________________________________________________________________________
   ______________________________________________________________________________

C. Monitored Voluntarily (Name and Address)
   ______________________________________________________________________________
   ______________________________________________________________________________

D. Other information about the current status of your use of substances:
   ______________________________________________________________________________

E. Abstinent since (mm/yy): __________________________

F. Provide the name and address of your personal physician/health care provider who can provide information about your treatment for alcohol or chemical substance use and can comment on what impact (if any) it has on your current/future professional practice.

Name: ____________________________________________  Last               First               MI               Degree

Address: __________________________________________  Last               First               MI

Telephone Number: (____) ____________________________
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Signature: ____________________________ Date: __________

(Source: Amended at 26 Ill. Reg. 18416, effective December 15, 2002)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 965.APPENDIX C  Health Care Professional Update Data Gathering Form

STATE OF ILLINOIS

Health Care Professional Update Data Gathering Form

The Health Care Professional Credentials Data Collection Act [410 ILCS 517] requires that this form be collected from health care professionals by hospitals, health care entities, and health care plans that desire to recredential the professional. Each hospital, health care entity, and health care plan may also require completion of supplemental forms.

INSTRUCTIONS

This form is for updating only. Other forms are required for credentialing and for recredentialing.

The data marked as "Confidential Information" shall be maintained in confidence to the extent required by law. They may be used by the health care plan, entity or hospital and by their agents for credentialing and recredentialing and internal business purposes.

AFFIRMATION OF INFORMATION

I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief. I understand that falsification or omission of information will be grounds for rejection or termination, in addition to penalties provided by law. I further agree to promptly inform all entities to which this form was sent and not rejected of any change required to be updated by the Health Care Professional Credentialing and Business Data Gathering Update Form.

I understand that this application does not entitle me to participation in any hospital, health care entity, or health plan.

________________________________________  __________________________  __________________________
Applicant's Signature  Type or Print Name  Date

**PLEASE BE ADVISED THAT EACH HOSPITAL, HEALTH CARE ENTITY, AND HEALTH CARE PLAN MAY ALSO REQUIRE COMPLETION OF AN ATTESTATION AND RELEASE OF INFORMATION.

NOTIFICATION OF CHANGES
Provider's Name: 

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Degree</th>
</tr>
</thead>
</table>

Date Completed: 

(mm/yy)

Date of Birth: 

(mm/yy)

Illinois Professional License Number: 

Social Security Number: 

The following sections of the Health Care Professional Recredentialing and Business Data Gathering Form contain updated information and are attached (check as appropriate).

**ATTACHMENTS**

- Section A. General Information
- Section B. Professional Information
- Section C. Hospital Membership – Current & Pending Professional Liability Insurance
- Section D. Ambulatory Surgical Treatment Center Practice Education and Training
- Section E. Work History Hospital Membership – Current and Pending
- Section F. Medical Education/Clinical Training Update Ambulatory Surgical Treatment Center Practice
- Section G. Professional History: Confidential Work History
- Section H. Primary Site Information Professional References
- Section I. Additional Site Information Professional History: Confidential
- Section J. Primary Site Information
- Section K. Additional Site Information

The updated sections are attached and the particular items updated in those sections are highlighted.
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 26 Ill. Reg. 18416, effective December 15, 2002)
DEPARTMENT OF TRANSPORATION

NOTICE OF ADOPTED AMENDMENT

1) **Heading of the Part:** Airport Land Loan Program

2) **Code Citation:** 92 Ill. Adm. Code 15

3) **Section Number:** Adopted Action:
   15.30 Amendment

4) **Statutory Authority:** Implementing and authorized by Section 34b of the Illinois Aeronautics Act [620 ILCS 5/34b]

5) **Effective Date of Rulemaking:** December 12, 2002

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Does this rulemaking contain incorporations by reference?** No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) **Notice of Proposal Published in Illinois Register:** August 23, 2002; 26 Ill. Reg. 12746

10) **Has JCAR issued a Statement of Objection to this amendment?** No

11) **Difference(s) between proposal and final version:** None

12) **Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR?** No changes were necessary.

13) **Will this rulemaking replace an emergency rule currently in effect?** No

14) **Are there any amendments pending on this Part?** No

15) **Summary and Purpose of Rulemaking:** By this Notice, the Department is adopting a clarification of Section 15.30(e) concerning loan conditions. The revision allows an Airport Owner (Owner) to secure more than one loan as long as the owner is not in default of an outstanding, unpaid loan under this Part.

16) **Information and questions regarding this adopted amendment shall be directed to:**

   Mr. James V. Vildilli
DEPARTMENT OF TRANSPORATION

NOTICE OF ADOPTED AMENDMENT

Chief, Bureau of Airport Engineering
Illinois Department of Transportation
Division of Aeronautics
#1 Langhorne Bond Drive
Springfield, Illinois 62707-8415
217/785-8514

The full text of the adopted amendment begins on the next page:
DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION
CHAPTER I: DEPARTMENT OF TRANSPORTATION
SUBCHAPTER b: AERONAUTICS

PART 15
AIRPORT LAND LOAN PROGRAM

Section
15.10 Purpose
15.20 Definitions
15.30 Airport Eligibility
15.40 Eligible Property
15.50 Application Procedure
15.60 Evaluating and Prioritizing Loan Applications
15.70 Conditions of Loan
15.80 Repayment Requirements
15.90 Default

AUTHORITY: Implementing and authorized by Section 34b of the Illinois Aeronautics Act [620 ILCS 5/34b].


Section 15.30 Airport Eligibility

The Department may make a loan to an Owner subject to the following conditions and in compliance with this Part:

a) the airport must be publicly owned;
b) the airport must have been in operation as of January 1, 1999 (Section 34b(a)(1) of the Act);
c) the Owner must have current height restrictive zoning for the public airport (see 620 ILCS 25 and 30);
d) the airport does not provide scheduled commercial air service in counties greater than 5,000,000 population (Section 34b(a)(2) of the Act);
e) the Owner is does not in default of have an outstanding, unpaid loan under this Part.

(Source: Amended at 26 Ill. Reg. 18476, effective December 12, 2002)
NOTICE OF ADOPTED AMENDMENT

1) **Heading of the Part:** Official Testing Stations

2) **Code Citation:** 92 Ill Adm. Code 448

3) **Section Numbers:**
   - Adopted Action:
     - 448. Exhibit B New


5) **Effective Date of Amendment:** December 12, 2002

6) **Does this rulemaking contain an automatic repeal date?** No

7) **Does this amendment contain incorporations by reference?** No

8) A copy of the adopted amendment is on file in the Department’s Office of Chief Counsel and also in the Division of Traffic Safety and is available for public inspection.

9) **Notice of Proposal Published in Illinois Register:** August 30, 2002; 26 Ill. Reg. 13078

10) **Has JCAR issued a Statement of Objection to this amendment?** No

11) **Differences between proposal and final version:** The Department moved Exhibit A and Exhibit B to the end of the listing in the Table of Contents.

12) **Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR?** No changes were necessary.

13) **Will this amendment replace an emergency amendment currently in effect?** No

14) **Are there any amendments pending on this Part?** No

15) **Summary and Purpose of Amendment:** By this Notice, the Department has adopted a new Exhibit B that establishes inspection criteria for contract carriers pursuant to P.A. 92-108, effective January 1, 2002. P.A. 92-108 requires vehicles designed to carry 15 or fewer passengers that are operated by contract carriers transporting employees in the course of employment to be inspected semi-annually at Illinois Official Testing Stations. This Part
DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENT

governs the inspection criteria for certain vehicles, including these applicable contract carriers, required to be inspected at Illinois Official Testing Stations.

16) Information and questions regarding this adopted amendment shall be directed to:

Ms. Catherine Allen
Illinois Department of Transportation
Division of Traffic Safety
P. O. Box 19212
Springfield, Illinois  62794-9212
(217) 785-1181

The full text of the adopted amendment begins on the next page:
DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION
CHAPTER I: DEPARTMENT OF TRANSPORTATION
SUBCHAPTER e: TRAFFIC SAFETY (EXCEPT HAZARDOUS MATERIALS)

PART 448

OFFICIAL TESTING STATIONS

Section
448.5 Effective Date
448.10 Address for Correspondence
448.15 Other Acceptable Certificates of Safety or Inspection
448.20 Definitions
448.30 Application Procedure for a Station Permit
448.40 Applicant Qualifications
448.50 Official Testing Station Qualifications
448.60 Lane Qualifications
448.70 Lane Classification, Requirements, and Safety Test Equipment
448.80 General Responsibility of Station Owner
448.90 Certified Safety Tester
448.100 Certificates of Safety
448.110 Official Test Procedure
448.120 Forms, Records and Reports
448.130 Supervision and Enforcement

APPENDIX A Safety Test Procedures and Specifications

EXHIBIT A Testing Procedures
ILLUSTRATION A Tires
ILLUSTRATION B Tire and Steering Wheel Limits
ILLUSTRATION C Suspension Components
ILLUSTRATION D Steering Components
ILLUSTRATION E Air Suspension Components
ILLUSTRATION F Guide to Lighting Requirements
ILLUSTRATION G Glazing Chart
ILLUSTRATION H Glazing Illustrations

APPENDIX B Trucksters (Cargo Carrying Motorcycles)
APPENDIX C Buses – Additional Requirements
APPENDIX D Driver Education Training Cars
APPENDIX E Requisition for Certificates of Safety and Lane Forms
APPENDIX F Monthly Vehicle Inspection Station Report
APPENDIX G Report of Lost or Stolen Safety Certificates
APPENDIX H Rejected Vehicles
NOTICE OF ADOPTED AMENDMENT

APPENDIX I  Defective, Mutilated or Replacement Certificate of Safety Report
APPENDIX J  Vehicle Inspection Report
ILLUSTRATION A  Second Division Vehicle Certificate of Safety
ILLUSTRATION B  Placement of Second Division Vehicle Certificate of Safety on Vehicle
EXHIBIT A  Rebuilt Vehicles
EXHIBIT B  Contract Carriers


DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENT

Section 448.EXHIBIT B  Contract Carriers

19.1  Every owner of a contract carrier transporting employees in the course of their employment on a highway in Illinois in a vehicle designed to carry 15 or fewer passengers shall, before operating the vehicle upon the highways in Illinois, submit it to a safety test and secure a certificate of safety furnished by the Department as set forth in Section 13-109 of the Illinois Vehicle Code. [625 ILCS 5/13-101]

19.2  Contract carriers must meet the requirements of Section 448.Appendix A (Safety Test Procedures and Specifications).

19.3  If the contract carrier vehicle meets the applicable requirements of this Part, the certified safety tester shall affix a certificate of safety to the windshield of the vehicle as prescribed in 92 Ill. Adm. Code 451.140(o).

19.4  First division vehicles (those vehicles designed for the carrying of not more than 10 persons) [625 ILCS 5/1-217] are not required to be equipped with warning devices or splash guards.

19.5  Second division vehicles (those vehicles which are designed for carrying more than 10 persons) [625 ILCS 5/1-217] must meet the requirements of Section 448.Appendix C (Buses – Additional Requirements).

(Source:  Added at 26 Ill. Reg. 18479, effective December 12, 2002)
DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF EMERGENCY AMENDMENT

1) **Heading of the Part:** Naprapathic Practice Act

2) **Code Citation:** 68 Ill. Adm. Code 1295

3) **Section Number:** 1295.75
   **Emergency Action:** New Section

4) **Statutory Authority:** Naprapathic Practice Act [225 ILCS 63]

5) **Effective Date of Amendment:** December 16, 2002

6) **If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it will expire:** This emergency rule is to expire when the proposed rule is adopted.

7) **Date Filed in Index Department:** December 16, 2002

8) **A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.**

9) **Reason for Emergency:** This emergency rulemaking implements P.A. 92-655, effective July 16, 2002, which changed fees under this Act from statutory to administrative rule.

10) **A Complete Description of the Subjects and Issues Involved:** As stated above, this rulemaking implements P.A. 92-655, moving the fees under this Act from statute to administrative rule.

11) **Are there any proposed Amendments to this Part pending:** No

12) **Statement of Statewide Policy Objectives:** This rulemaking has no impact on local government.

13) **Information and questions regarding this Amendment shall be directed to:**

    Jean Courtney
    Department of Professional Regulation
    320 West Washington, 3rd Floor
    Springfield IL  62786
    217/785-0813
    Fax #:  217/782-7645
DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF EMERGENCY AMENDMENT

The full text of the emergency amendment begins on the next page:
DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF EMERGENCY AMENDMENT

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1295
NAPRAPATHIC PRACTICE ACT

Section
1295.05 Application for Licensure as a Naprapath under Section 65 of the Act (Grandfather)
1295.10 Approved Naprapathy Program
1295.20 Application for Licensure on the Basis of Examination
1295.30 Examination
1295.40 Endorsement
1295.50 Renewals
1295.60 Inactive Status
1295.70 Restoration
1295.75 Fees

EMERGENCY
1295.110 Granting Variances

AUTHORITY: Implementing the Naprapathic Practice Act [225 ILCS 63] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105-15(7)].


Section 1295.75 Fees

EMERGENCY

The following fees shall be paid to the Department for the administration of the Act and are not refundable:

a) Application Fees
   1) The fee for application for a license is $250.
   2) The fee for application as a continuing education sponsor is $250. State colleges, universities, and State agencies are exempt from payment of this fee.

b) Renewal Fees
   1) The fee for the renewal of a license as shall be calculated at the rate of $125 per year.
DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF EMERGENCY AMENDMENT

2) The fee for renewal as a continuing education sponsor is $125 for the renewal period.

c) General Fees

1) The fee for the restoration of a license other than from inactive status is $20 plus payment of all lapsed renewal fees, but not to exceed $600.

2) The fee for the issuance of a duplicate license, for the issuance of a replacement license for a license that has been lost or destroyed or for the issuance of a license with a change of name or address, other than during the renewal period, is $20. No fee is required for name and address changes on Department records when no duplicate license is issued.

3) The fee for a certification of a licensee’s record for any purpose is $20.

4) The fee to have the scoring of an examination authorized by the Department reviewed and verified is $20 plus any fees charged by the applicable testing service.

5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.

6) The fee for a roster of persons licensed as naprapaths in this State shall be the actual cost of producing the roster.

(Source: Added by emergency rulemaking at 26 Ill. Reg. 18484, effective December 16, 2002, for a maximum of 150 days)
DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF EMERGENCY AMENDMENT

1) **Heading of the Part:** Professional Counselor and Clinical Professional Counselor Licensing Act

2) **Code Citation:** 68 Ill. Adm. Code 1375

3) **Section Numbers:**
   - Emergency Action:
     - 1375.205 New Section

4) **Statutory Authority:** Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107].

5) **Effective Date of Amendments:** December 16, 2002

6) **If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they will expire:** These emergency rules are to expire when the proposed rules are adopted.

7) **Date Filed in Index Department:** December 16, 2002

8) **A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.**

9) **Reason for Emergency:** This emergency rulemaking implements P.A. 92-710 (Sunset Rewrite), effective July 25, 2002, that changed fees under this Act from statute to administrative rule.

10) **A Complete Description of the Subjects and Issues Involved:** As stated above, this rulemaking implements P.A. 92-710, moving the fees under this Act from the statute to administrative rule.

11) **Are there any proposed Amendments to this Part pending:** No

12) **Statement of Statewide Policy Objective (if applicable):** This rulemaking has no impact on local government.

13) **Information and questions regarding this Amendment shall be directed to:** Interested persons may submit written comments within 45 days after this issue of the *Illinois Register* to:

   Jean A. Courtney
   Department of Professional Regulation
DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF EMERGENCY AMENDMENT

320 West Washington, 3rd Floor
Springfield IL  62786
217/785-0813;
Fax #:  217/782-7645

The full text of the emergency amendment begins on the next page:
DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF EMERGENCY AMENDMENT

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1375
PROFESSIONAL COUNSELOR AND CLINICAL PROFESSIONAL COUNSELOR LICENSING ACT

SUBPART A: LICENSED PROFESSIONAL COUNSELOR

Section
1375.10 Temporary License as a Professional Counselor (Repealed)
1375.20 How to Obtain a Permanent License as a Professional Counselor After Receiving a Temporary License (Repealed)
1375.30 Application for Examination/Permanent Licensure as a Professional Counselor
1375.40 Professional Experience as a Professional Counselor after December 31, 1998
1375.50 Approved Professional Counseling Programs
1375.60 Examination – Professional Counselor
1375.70 Endorsement – Professional Counselor
1375.80 Restoration – Professional Counselor

SUBPART B: LICENSED CLINICAL PROFESSIONAL COUNSELOR

Section
1375.100 Temporary License as a Clinical Professional Counselor (Repealed)
1375.110 How to Obtain a Permanent License as a Clinical Professional Counselor After Receiving a Temporary License (Repealed)
1375.120 Application for Examination/Permanent Licensure as a Clinical Professional Counselor
1375.130 Professional Experience for Licensure as a Clinical Professional Counselor Beginning January 1, 1999
1375.135 Clinical Professional Counselor Licenses for Clinical Psychologists and Clinical Social Workers
1375.140 Approved Clinical Professional Counseling Programs
1375.150 Examination – Clinical Professional Counselor
1375.160 Endorsement – Clinical Professional Counselor
1375.170 Restoration – Clinical Professional Counselor

SUBPART C: GENERAL

Section
DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF EMERGENCY AMENDMENT

1375.200 Renewals
1375.205 Fees

EMERGENCY
1375.210 Inactive Status
1375.220 Continuing Education
1375.225 Unprofessional Conduct
1375.230 Granting Variances

APPENDIX A Course Descriptions

AUTHORITY: Implementing the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107] and authorized by Section 60(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/60(7)].


Section 1375.205 Fees

EMERGENCY

The following fees shall be paid to the Department for the administration of the Act and are not refundable:

a) Application Fees
   1) The fee for application for a license as a professional counselor and a clinical professional counselor is $150.
   2) The fee for application as a continuing education sponsor is $500. State colleges, universities, and State agencies are exempt from payment of this fee.

b) Renewal Fees
   1) The fee for the renewal of a license as a professional counselor and a clinical professional counselor shall be calculated at the rate of $60 per year.
   2) The fee for renewal as a continuing education sponsor is $250 for the renewal period.

c) General Fees
   1) The fee for the restoration of a license other than from inactive status is $20 plus payment of all lapsed renewal fees, but not to exceed $300.
   2) The fee for the issuance of a duplicate license, for the issuance of a replacement license for a license that has been lost or destroyed or for the issuance of a license with a change of name or address, other than during
DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF EMERGENCY AMENDMENT

the renewal period, is $20. No fee is required for name and address changes on Department records when no duplicate license is issued.

3) The fee for a certification of a licensee’s record for any purpose is $20.

4) The fee to have the scoring of an examination authorized by the Department reviewed and verified is $20 plus any fees charged by the applicable testing service.

5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.

6) The fee for a roster of persons licensed as professional counselors or clinical professional counselors in this State shall be the actual cost of producing the roster.

(Source: Added by emergency rulemaking at 26 Ill. Reg. 18488, effective December 16, 2002, for a maximum of 150 days)
DEPARTMENT OF STATE POLICE

NOTICE OF EMERGENCY AMENDMENT

1) **Heading of the Part:** Sample Collection for Genetic Marker Indexing

2) **Code Citation:** 20 Ill. Adm. Code 1285

3) **Section Number:** 1285.50  
**Emergency Action:** Amendment

4) **Statutory Authority:** Implementing and authorized by Section 5-4-3 of the Unified Code of Corrections [730 ILCS 5/5-4-3] and authorized by Section 2605-15 of the Civil Administrative Code of Illinois [20 ILCS 2605/2605-15].

5) **Effective Date of Amendment:** December 23, 2002

6) **If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:** This amendment will not expire before the end of the 150-day period.

7) **Date Filed with the Index Department:** December 16, 2002

8) **A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency’s principal office and is available for public inspection.**

9) **Reason for Emergency:** Public Act 92-0829 mandated an extraordinary increase in the number of genetic marker samples to be processed. By permitting alternatives to the single-kit submission procedure, innovative means can be proposed and implemented to manage effectively the increased volume.

10) **A Complete Description of the Subjects and Issues Involved:** This amendment permits submitting agencies to propose an alternative means for collection and delivery of the genetic marker samples. If the Department finds the proposed method effective in light of the intent of the legislation, permission can be granted in writing to proceed.

11) **Are there any proposed amendments to this Part pending?** No

12) **Statement of Statewide Policy Objective:** These rules will not require a local government to establish, expand, or modify its activities in such a way as to necessitate additional expenditures from local revenues.

13) **Information and questions regarding this amendment shall be directed to:**

   Mr. James W. Redlich  
   Chief Legal Counsel
DEPARTMENT OF STATE POLICE

NOTICE OF EMERGENCY AMENDMENT

Illinois State Police
124 East Adams Street, Room 102
Post Office Box 19461
Springfield, Illinois 62794-9461
Telephone: (217) 782-7658

The full text of the Emergency Amendment begins on the next page:
DEPARTMENT OF STATE POLICE

NOTICE OF EMERGENCY AMENDMENT

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT
CHAPTER II: DEPARTMENT OF STATE POLICE

PART 1285
SAMPLE COLLECTION FOR GENETIC MARKER INDEXING

SUBPART A: PROMULGATION

Section
1285.10 Purpose
1285.20 Definitions

SUBPART B: OPERATIONS

Section
1285.30 Responsibilities
1285.40 Voluntary Samples
1285.50 Procedures for Collection
EMERGENCY
1285.60 Privacy Protection
1285.70 Expungement of Records
1285.80 Non-participation

AUTHORITY: Implementing and authorized by Section 5-4-3 of the Unified Code of Corrections [730 ILCS 5/5-4-3] and authorized by Section 2605-15 of the Civil Administrative Code of Illinois [20 ILCS 2605/2605-15].


SUBPART B: OPERATIONS

Section 1285.50 Procedures for Collection
EMERGENCY

a) Genetic Marker Indexing Kits shall be provided as needed by the Department to the designated agencies. The designated agencies shall order Genetic Marker Indexing Kits from a vendor specified by the Department. The kits shall be supplied and shipped at no cost to the designated agency. Each kit shall contain,
NOTICE OF EMERGENCY AMENDMENT

but not be limited to, a receipt form, an instruction sheet, and containers for sample collections.

b) The collection site shall be any location chosen by the designated agency for sample collection.

c) The offender shall be positively identified before the samples are collected.

d) The samples shall be collected by qualified personnel as described by Section 5-4-3(d) of the Act.

e) The receipt form, including the fingerprint of the qualifying offender, shall be completed by the designated agency at the time of sample collection.

f) The completed kit shall be delivered or sent to the Department address indicated in the kit instructions.

g) Alternative collection procedures may be requested by a designated agency and may be utilized if the proposed procedures ensure the quality of the sample and the reliability of the identification and are approved in writing by the Department Director or designee.

(Source: Amended by emergency rulemaking at 26 Ill. Reg. 18493, effective December 23, 2002, for a maximum of 150 days)
NOTICE OF CORRECTIONS TO PROPOSED AMENDMENTS

1) The Heading of the Part for which proposed rulemaking is being corrected: Administration of the Illinois Public Community College Act

2) Code Citation: 23 Ill. Adm. Code 1501

3) Illinois Register citation to Notice of Proposed Amendments: 26 Ill. Reg. 16691; November 15, 2002

4) Section being corrected: 1501.501
1501.520

5) Correction being made: In Section 1501.501, the rulemaking incorrectly stated 48 public community college districts. The proposed amendment should state 48 public community colleges. The corrected text begins on the following pages.

In Section 1501.520(h), the rulemaking incorrectly stated that scholarship funds may be awarded for three successive semesters. The language of the proposed amendment has been changed to state that scholarship funds may be awarded for the fall and spring semesters of two successive years to clarify the intent of the revision. The corrected text begins on the following pages.
The following second notices were received by the Joint Committee on Administrative Rules during the period of December 10, 2002 through December 16, 2002 and have been scheduled for review by the Committee at its January 9, 2003 meeting in Springfield. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

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Individuals to Perform Industrial Radiography  
(32 Ill. Adm. Code 405)  
26 Ill. Reg.  
15170
WHEREAS, a severe weather system moved through south central Illinois resulting in two deaths, multiple injuries and extensive damage to homes, power lines and trees in the community of Centralia in Marion county; and,
WHEREAS, on May 9, 2002, I proclaimed Marion County a disaster area; and,
WHEREAS, I hereby find that the demands placed on funds regularly appropriated to the Illinois Emergency Management Agency in coping with this disaster are unexpectedly great; and,
WHEREAS, I hereby find that monies available from the Disaster Relief fund are insufficient to meet the needs of the Illinois Emergency Management Agency in coping with this disaster; and,
WHEREAS, Section 9 of the Illinois Emergency Management Act, 20 ILCS 3305/9, authorizes the Governor to transfer and expend monies appropriated for other purposes to cope with a disaster when other sources of money are insufficient or to borrow for a term not to exceed 2 years from the United States government or other public or private source, until such time as a quorum of the General Assembly can convene to enact legislation as it may deem necessary; and,
WHEREAS, the President of the Senate and the Speaker of the House have certified that the Senate and House are not in session;
THEREFORE, pursuant to the power vested in me by the Illinois Constitution, and Section 9 of the Illinois Emergency Management Act, I, George H. Ryan, hereby order the following:

A total of $27,600 of expenditure authority shall be transferred from the Department of Transportation, Article 51, Section 18b of P.A. 92-538 to the Illinois Emergency Management Agency into the line “Payable from General Revenue Fund, For costs incurred in the prior years,” Article 90, Section 4 of P.A. 92-538.

This order shall take effect immediately.

Issued by the Governor December 12, 2002
Filed by the Secretary of State December 12, 2002
PROCLAMATIONS

2002-609
December 11, 2002 as Harold "Bud" Ford Day

WHEREAS, Harold "Bud" Ford has served in the position of Illinois State Fair Manager since February 1999; and
WHEREAS, in the four years Mr. Ford has been Manager, two State Fair attendance records have been broken; and
WHEREAS, Mr. Ford was influential in creating five different themed areas, the Gate 2 Archway, and the 150th Anniversary Time Capsule at the State Fair; and
WHEREAS, Mr. Ford also initiated the process of improving the cleanliness and beautification of the Fairgrounds; and
WHEREAS, Mr. Ford has shown a remarkable ability to work with all people, a trait that helped make the Illinois State Fair one of the top five State Fairs in the United States;
THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim December 11, 2002, as HAROLD “BUD” FORD DAY in Illinois.

Issued by the Governor December 11, 2002
Filed by the Secretary of State December 16, 2002

2002-610
December 12, 2002 as Chief Carl Flagg Day

WHEREAS, Chief Carl Flagg is a product of the Chicago Schools, having attended Sherwood Grammar School, Tilden Technical High School, Wilson Junior College and Roosevelt University; and
WHEREAS, Carl Flagg joined the Illinois Department of Corrections as an investigator in February 1979. In 1985, Mr. Flagg became a shift supervisor in the Department's Fugitive Apprehension Unit, where he served until April 1993. At that time, he became Chief of the Fugitive Apprehension Unit, a position he filled until September 1999, when IDOC Director Donald N. Snyder Jr. named Mr. Flagg Special Assistant to the Director. Prior to his career at the IDOC, Mr. Flagg served in the United States Air Force and the Chicago Police Department, achieving the rank of Sergeant in both forces; and
WHEREAS, Mr. Flagg has received numerous honors for dedicated service and bravery in the four decades in which he has worked for organizations that serve and protect the public, including being named IDOC Employee of the Year in 1991 for successfully resolving a hostage situation instigated by a fugitive. He has also received numerous citations and recognition from the Chicago Police Department, Federal Bureau of Investigation and United States Marshall Service for his work within the law enforcement community; and
WHEREAS, Mr. Flagg was directly involved in the apprehension of prison escapees from Illinois, and particularly cases involving dangerous, desperate and cunning criminals from the maximum security Stateville Correctional Center. Several cases required detailed, creative use of street contacts, court ordered surveillance, specialized investigative techniques and threats to his own personal safety; and
PROCLAMATIONS

WHEREAS, Mr. Flagg will be retiring from the Illinois Department of Corrections after 24 years of faithful and dedicated service;
THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim December 12, 2002, as CHIEF CARL FLAGG DAY in Illinois, bestowing my deepest congratulations and best wishes in his life after retirement.
Issued by the Governor December 11, 2002
Filed by the Secretary of State December 16, 2002

2002-611
January 8, 2003 as Evelyn Handler Day

WHEREAS, Evelyn Handler, a product of the Chicago Public Schools, is the oldest active teacher in the State of Illinois; and
WHEREAS, Mrs. Handler, a graduate of Von Humboldt Elementary and Tuley High School, received her bachelor's degree from the University of Chicago at the age of 19; and
WHEREAS, Mrs. Handler began her career as a social worker, later making a career change to become a teacher, fulfilling her life-long dream; and
WHEREAS, after teaching for five years at Mather High School, Mrs. Handler came to Lake View High School, where she has remained for over 40 years. During this time she has worked for five principals and served as chairperson of the Social Studies Department, sponsor of the National Honor Society, sponsor of the Student Council, and advisor of Mayor Daley's Book Club. She participates in the Partners-in-Law Program with DePaul University and is the liaison with the local universities in placing student teachers; and
WHEREAS, Mrs. Handler's students have been introduced to the world beyond the classroom by their involvement in the annual Mock Trial that culminates with actual courtroom participation. Her students have had priceless history lessons listening to and questioning her guest speakers, who come from a wide variety of experiences and backgrounds; and
WHEREAS, Mrs. Handler was one of 15 Chicago Social Studies teachers selected to spend two weeks in Germany, where she spoke at businesses and schools. She has also traveled to Russia, China, Eastern and Northern Europe, always bringing what she learned back to the classroom; and
WHEREAS, Mrs. Handler has been featured on the front page of the Chicago Tribune, was ABC TV's Harry Posterfield's Someone You Should Know, the subject of a Chicago Educator spot on Cable TV 23, highlighted in the Lerner Booster and Region One news, guest speaker at Wright College's Future Teacher's Recognition Ceremony, recipient of the Beacon of Light Award at Wright College, the subject of CBS TV's Burleigh Hynes' interview, and recognized by Mayor Daley at the City Council; and
WHEREAS, Mrs. Evelyn Handler will celebrate her 85th birthday at a surprise party at Lake View High School on January 8, 2003;
THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim January 8, 2003, as EVELYN HANDLER DAY in Illinois.
Issued by the Governor December 9, 2002
2002-612
November 21, 2002 as Vernon L. "Bud" Schafer Day

WHEREAS, Vernon L. "Bud" Schafer was born in Springfield, Illinois on November 21, 1922, and has resided in Springfield his entire life; and
WHEREAS, born to John and Alma Schafer, Bud was one of five children, three boys and two girls; and
WHEREAS, Bud Schafer married Mary M. Kienzler on January 7, 1950, in Springfield; and
WHEREAS, Bud Schafer is the father of 14 children, including four sets of twins, and has 26 grandchildren; and
WHEREAS, Bud Schafer was a carrier pilot with the U.S. Navy from 1943-1947, was employed with Schafer Gainer Mills and Hatchery from 1948-1972 and with Ace Hardware from 1972 until his retirement in 1990; and
WHEREAS, Bud Schafer will be celebrating his 80th birthday on Sunday, November 24, 2002, with an open house at the Church of the Little Flower Quonset Hut from 1-4 p.m.;
THEREFORE, I, George H. Ryan, Governor of the State of Illinois, do hereby proclaim November 21, 2002, as VERNON L. “BUD” SCHAFER DAY in Illinois.

Issued by the Governor November 22, 2002
Filed by the Secretary of State December 16, 2002
a) **Part (Heading and Code Citation):** Practice and Procedure for Hearings Before the Property Tax Appeal Board, 86 Ill. Adm. Code 1910.

1) **Rulemaking**

   A) **Description:** The purpose of the proposed rulemaking is to revise and update various sections of Part 1910, Practice and Procedure for Hearings Before the Property Tax Appeal Board.

   B) **Statutory Authority:** 35 ILCS 200/Art.7 and 16-180 through 16-195

   C) **Scheduled meeting/hearing date:** Not yet determined

   D) **Date agency anticipates First Notice:** May or June 2003

   E) **Effect on small businesses, small municipalities or not for profit corporations:** None

   F) **Agency contact person for information:**

      James W. Chipman  
      Executive Director  
      Property Tax Appeal Board  
      Rm. 402, Stratton Office Building  
      401 S. Spring St.  
      Springfield, Illinois 62706  
      217/782-6076

   G) **Related rulemaking and other pertinent information:** None
DEPARTMENT OF STATE POLICE

JANUARY 2003 REGULATORY AGENDA

a) Part (Heading and Code Citation): Firearm Owner’s Identification Card Act; 20 Ill. Adm. Code 1230

1) Rulemaking:

   A) Description: The rule will be amended to revise and update procedures associated with granting, denying and revoking the Firearm Owner’s Identification Card and related activities.

   B) Statutory Authority: 20 ILCS 2605/2605-15 and 430 ILCS 65/11

   C) Schedule of meeting/hearing date: No schedule has been established at this time.

   D) Date agency anticipates First Notice: No date has been determined at this time.

   E) Effect on small businesses, small municipalities or not for profit corporations: The amendment will have no effect on small businesses, small municipalities or not for profit corporations.

   F) Agency contact person for information:

      Mr. James W. Redlich
      Chief Legal Counsel
      Illinois State Police
      124 East Adams Street, Room 102
      P.O. Box 19461
      Springfield, Illinois 62794-9461
      217/782-7658

   G) Related rulemakings and other pertinent information: None

b) Part (Heading and Code Citation): Firearm Transfer Inquiry Program; 20 Ill. Adm. Code 1235

1) Rulemaking:

   A) Description: The rule will be amended to revise and update procedures associated with the Firearm Transfer Inquiry Program and related activities.

   B) Statutory Authority: 20 ILCS 2605/2605-15 and 430 ILCS 65/3.1

   C) Schedule of meeting/hearing date: No schedule has been established at this time.

   D) Date agency anticipates First Notice: No date has been determined at this time.
DEPARTMENT OF STATE POLICE

JANUARY 2003 REGULATORY AGENDA

E) **Effect on small businesses, small municipalities or not for profit corporations:**
The amendment will have no effect on small businesses, small municipalities or not for profit corporations.

F) **Agency contact person for information:**

   Mr. James W. Redlich  
   Chief Legal Counsel  
   Illinois State Police  
   124 East Adams Street, Room 102  
   P.O. Box 19461  
   Springfield, Illinois 62794-9461  
   217/782-7658

G) **Related rulemakings and other pertinent information:** None

c) **Part (Heading and Code Citation):** Sex Offender Registration Act; 20 Ill. Adm. Code 1280

1) **Rulemaking:**

   A) **Description:** The rule will be amended to revise and update procedures and policies relating to the implementation of the Sex Offender Registration Act.

   B) **Statutory Authority:** 20 ILCS 2605/2605-15 and 730 ILCS 150/4

   C) **Schedule of meeting/hearing date:** No schedule has been established at this time.

   D) **Date agency anticipates First Notice:** No date has been determined at this time.

   E) **Effect on small business, small municipalities or not for profit corporations:** The amendment or rule will have no effect on small businesses, small municipalities or not for profit corporations.

   F) **Agency contact person for information:**

       Mr. James W. Redlich  
       Chief Legal Counsel  
       Illinois State Police  
       124 East Adams Street, Room 102  
       P.O. Box 19461  
       Springfield, Illinois 62794-9461  
       217/782-7658

   G) **Related rulemakings and other pertinent information:** None
DEPARTMENT OF STATE POLICE

JANUARY 2003 REGULATORY AGENDA

d) Part (Heading and Code Citation): Sex Offender and Child Murderer Community Notification Law; 20 Ill. Adm. Code 1282

1) Rulemaking:

A) Description: The rule will be amended to revise and update procedures and policies relating to implementation of the Child Sex Offender and Murderer Community Notification Law.

B) Statutory Authority: 20 ILCS 2605/2605-15 and 730 ILCS 152

C) Schedule of meeting/hearing date: No schedule has been established at this time.

D) Date agency anticipates First Notice: No date has been determined at this time.

E) Effect on small businesses, small municipalities or not for profit corporations: The amendment will have no effect on small businesses, small municipalities or not for profit corporations.

F) Agency contact person for information:

Mr. James W. Redlich
Chief Legal Counsel
Illinois State Police
124 East Adams Street, Room 102
P.O. Box 19461
Springfield, Illinois 62794-9461
217/782-7658

G) Related rulemakings and other pertinent information: None

e) Part (Heading and Code Citation): Sample Collection for Genetic Marker Indexing; 20 Ill. Adm. Code 1285

1) Rulemaking:

A) Description: The rule will be amended to revise and update procedures and policies relating to Sample Collection for Genetic Marker Indexing.

B) Statutory Authority: 20 ILCS 2605/55a and 730 ILCS 5/5-4-3

C) Schedule of meeting/hearing date: No schedule has been established at this time.
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D) Date agency anticipates First Notice: No date has been determined at this time.

E) Effect on small businesses, small municipalities or not for profit corporations: The amendment will have no effect on small businesses, small municipalities or not for profit corporations.

F) Agency contact person for information:

Mr. James W. Redlich
Chief Legal Counsel
Illinois State Police
124 East Adams Street, Room 102
P.O. Box 19461
Springfield, Illinois 62794-9461
217/782-7658

G) Related rulemakings and other pertinent information: None

f) Part (Heading and Code Citation): Testing of Breath, Blood and Urine for Alcohol, Other Drugs, and Intoxicating Compounds; 20 Ill. Adm. Code 1286

1) Rulemaking:

A) Description: The rule will be amended to revise and update procedures and policies relating to the testing of breath, blood and urine for alcohol, drugs, and intoxicating compounds.

B) Statutory Authority: 20 ILCS 2605/2605-15, 625 ILCS 5/6-106.1A, 625 ILCS 5/11-501.2, 625 ILCS 5/11-501.5, 625 ILCS 5/11-501.6, 625 ILCS 5/11-501.8, 625 ILCS 40/5-7.5, 625 ILCS 45/5-16b, and 625 ILCS 45/6-1

C) Schedule of meeting/hearing date: No schedule has been established at this time.

D) Date agency anticipates First Notice: No date has been determined at this time.

E) Effect on small businesses, small municipalities or not for profit corporations: The amendment will have no effect on small businesses, small municipalities or not for profit corporations.

F) Agency contact person for information:

Mr. James W. Redlich
Chief Legal Counsel
Illinois State Police
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124 East Adams Street, Room 102
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G) Related rulemakings and other pertinent information: None

g) Part (Heading and Code Citation): Imaging Products; 20 Ill. Adm. Code 1298

1) Rulemaking:
   A) Description: The rule will be proposed in order to establish requirements and procedures for purchasing imaging products produced by the Department of State Police.
   B) Statutory Authority: 20 ILCS 2605/2605-15
   C) Schedule of meeting/hearing date: No schedule has been established at this time.
   D) Date agency anticipates First Notice: No date has been determined at this time.
   E) Effect on small businesses, small municipalities or not for profit corporations: The rules will have no effect on small businesses, small municipalities or not for profit corporations.
   F) Agency contact person for information:
       Mr. James W. Redlich
       Chief Legal Counsel
       Illinois State Police
       124 East Adams Street, Room 102
       P.O. Box 19461
       Springfield, Illinois 62794-9461
       217/782-7658
   G) Related rulemakings and other pertinent information: None
1) **Heading of the Part:** Licensing of Radioactive Material

2) **Code Citation:** 32 Ill. Adm. Code 330

3) **Register citation of proposed or adopted rulemaking and other pertinent action:** 26 Ill. Reg. 17623; 12/13/02

4) **Explanation:** In Issue 50 (12/13/02) of the *Illinois Register*, this proposed rulemaking was printed with an error. Subsection 330.220(b)(3)(K) was shown as “Shall comply with the provisions of 32 Ill. Adm. Code 340.1205, 340.1210, 340.1220 and 340.1260 for reporting radiation incidents, theft, loss, and leakage of, or contamination by, licensed material, but shall be exempt from the other requirements of 32 Ill. Adm. Code 340.1205, 340 and 400.” The text should read “Shall comply with the provisions of 32 Ill. Adm. Code 340.1205, 340.1210, 340.1220 and 340.1260 for reporting radiation incidents, theft, loss, leakage of, or contamination by, licensed material, but shall be exempt from the other requirements of 32 Ill. Adm. Code 340 and 400.”. To fully inform the public of the text changes, Section 330.220 of this proposed rulemaking is reprinted below. JCAR regrets any inconvenience the initial printing error may have caused.
JOINT COMMITTEE ON ADMINISTRATIVE RULES

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DEPARTMENT OF NUCLEAR SAFETY

TITLE 32: ENERGY
CHAPTER II: DEPARTMENT OF NUCLEAR SAFETY
SUBCHAPTER b: RADIATION PROTECTION

PART 330
LICENSING OF RADIOACTIVE MATERIAL

SUBPART A: GENERAL PROVISIONS

Section
330.10 Purpose and Scope
330.15 Incorporations by Reference
330.30 License Exemption – Source Material
330.40 License Exemption – Radioactive Materials Other Than Source Material

SUBPART B: TYPES OF LICENSES

Section
330.200 Types of Licenses
330.210 General Licenses – Source Material
330.220 General Licenses – Radioactive Material Other Than Source Material

SUBPART C: SPECIFIC AND GENERAL LICENSES

Section
330.240 Filing Application for Specific Licenses
330.250 General Requirements for the Issuance of Specific Licenses
330.260 Special Requirements for Issuance of Certain Specific Licenses for Radioactive Materials
330.270 Special Requirements for Specific Licenses of Broad Scope
330.280 Special Requirements for a Specific License to Manufacture, Assemble, Repair, or Distribute Commodities, Products, or Devices that Contain Radioactive Material
330.290 Requirements for Emergency Plans
330.300 Issuance of Specific Licenses
330.310 Terms and Conditions of Specific and General Licenses
330.320 Expiration and Termination of Licenses
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330.330 Renewal of Licenses
330.340 Amendment of Licenses at Request of Licensee
330.350 Department Action on Application to Renew or Amend
330.360 Persons Possessing a License for Source, Byproduct, or Special Nuclear Material in Quantities Not Sufficient to Form a Critical Mass on Effective Date of This Part (Repealed)
330.370 Persons Possessing Accelerator-Produced or Naturally-Occurring Radioactive Material on Effective Date of This Part (Repealed)
330.400 Transfer of Material
330.500 Modification and Revocation of Licenses
330.900 Reciprocal Recognition of Licenses

SUBPART D: TRANSPORTATION (Repealed)

Section
330.1000 Transportation of Radioactive Materials (Repealed)

APPENDIX A Exempt Concentrations
APPENDIX B Exempt Quantities
APPENDIX C Quantities of Radioactive Materials Requiring Consideration of the Need for an Emergency Plan for Responding to a Release

TABLE A Group I (Repealed)
TABLE B Group II (Repealed)
TABLE C Group III (Repealed)
TABLE D Group IV (Repealed)
TABLE E Group V (Repealed)
TABLE F Group VI (Repealed)

APPENDIX D Limits for Broad Licenses (Section 330.270)
APPENDIX E Schedule E (Repealed)
APPENDIX F Schedule F (Repealed)
APPENDIX G Financial Surety Arrangements (Section 330.250(c)(1)(D)) (Repealed)
APPENDIX H Wording of Financial Surety Arrangements (Section 330.250(c)(1)(E)) (Repealed)

AUTHORITY: Implementing and authorized by the Radiation Protection Act of 1990 [420 ILCS 40].
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SUBPART B: TYPES OF LICENSES

Section 330.220 General Licenses - Radioactive Material Other Than Source Material

a) Certain Devices and Equipment. A general license is hereby issued to transfer, receive, acquire, possess and use radioactive material incorporated in the following devices or equipment that have been manufactured, tested and labeled by the manufacturer in accordance with a specific license issued to the manufacturer by the U.S. Nuclear Regulatory Commission for use pursuant to 10 CFR 31.3. This general license is subject to the provisions of 32 Ill. Adm. Code 310.40 through 310.90, 340, 341, 400 and Sections 330.40(a)(2), 330.310, 330.400 and 330.500 of this Part.

AGENCY NOTE: Attention is directed particularly to the provisions of 32 Ill. Adm. Code 340 that relate to the labeling of containers.

1) Static Elimination Device. Devices designed for use as static eliminators contain, as a sealed source or sources, radioactive material consisting of a total of not more than 18.5 MBq (500 microCi) of polonium-210 per device.

2) Ion Generating Tube. Devices designed for ionization of air contain, as a sealed source or sources, radioactive material consisting of a total of not more than 18.5 MBq (500 microCi) of polonium-210 per device or a total of not more than 1.85 GBq (50 mCi) of hydrogen-3 (tritium) per device.

b) Certain Measuring, Gauging or Controlling Devices

1) A general license is hereby issued to commercial and industrial firms and to research, educational and medical institutions, individuals in the conduct of their business and State or local government agencies to receive, acquire, possess, use or transfer, in accordance with the provisions of subsections (b)(2) through (4) of this Section, radioactive material,
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excluding special nuclear material, contained in devices designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing light or an ionized atmosphere.

2) The general license in subsection (b)(1) of this Section applies only to radioactive material contained in devices that have been manufactured and labeled in accordance with the specifications contained in a specific license issued by the Department pursuant to Section 330.280(d) of this Part or in accordance with the specifications contained in a specific license issued by the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State that authorizes distribution of devices to persons generally licensed by the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State.

AGENCY NOTE: Regulations under the Federal Food, Drug and Cosmetic Act authorizing the use of radioactive control devices in food production require certain additional labeling. Regulations thereon which is found in 21 CFR 179.21.

3) Any person who receives, acquires, possesses, uses or transfers radioactive material in a device pursuant to the general license in subsection (b)(1) of this Section:

A) Shall assure that all labels affixed to the device at the time of receipt, and bearing a statement that removal of the label is prohibited, are maintained on the device and shall comply with all instructions and precautions provided by such labels;

B) Shall assure that the device is tested for leakage of, or contamination by, radioactive material and proper operation of the on-off mechanism and indicator, if any, at no longer than 6-month intervals or at such other intervals as are specified in the label; however:

i) Devices containing only krypton need not be tested for leakage of, or contamination by, radioactive material; and

ii) Devices containing only tritium or not more than 3.7 MBq (100 microCi) of other beta and/or gamma emitting material or 370 kBq (10 microCi) of alpha emitting material and devices held in storage in the original shipping container prior to initial installation need not be tested for any purpose;
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C) Shall assure that testing (including testing required by subsection (b)(3)(B) of this Section), installation, servicing and removal from installation involving the radioactive material, its shielding or containment is performed:
   i) In accordance with the instructions provided by the labels; or
   ii) By a person holding an applicable specific license from the Department, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State to perform such activities;

D) Shall maintain records showing compliance with the requirements of subsections (b)(3)(B) and (C) of this Section. The records shall show the results of tests concerning the installation, testing for leakage or contamination, servicing and removal of radioactive material, its shielding or containment. The records also shall show the dates of performance of and the names of persons performing these tests. Records of tests for leakage of, or contamination by, radioactive material required by subsection (b)(3)(B) of this Section shall be maintained for 1 year after the next required test for leakage or contamination is performed or until the sealed source is transferred or disposed of. Records of tests of the on-off mechanism and indicator required by subsection (b)(3)(B) of this Section shall be maintained for 1 year after the next required test of the on-off mechanism and indicator is performed or until the sealed source is transferred or disposed of. Records which are required by subsection (b)(3)(C) of this Section, other than records of tests for leakage of, or contamination by, radioactive material, shall be maintained for a period of 2 years from the date of the recorded event or until the device is transferred or disposed of;

E) Upon the occurrence of a failure of or damage to, or any indication of a possible failure of or damage to, the shielding of the radioactive material or the on-off mechanism or indicator, or upon the detection of 185 Bq (5 nCi) or more removable radioactive material, shall immediately suspend operation of the device until it has been repaired by the manufacturer or other person holding an applicable specific license from the Department, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State to repair such devices, or disposed of by transfer to a person
authorized by an applicable specific license to receive the
radioactive material contained in the device and, within 30 days,
furnish to the Department a report containing a brief description of
the event and the remedial action taken;
F) Shall not abandon the device containing radioactive material;
G) Except as provided in subsection (b)(3)(H) of this Section, shall
transfer or dispose of the device containing radioactive material
only by transfer to a specific licensee of the Department, the U.S.
Nuclear Regulatory Commission, an Agreement State or a
Licensing State whose specific license authorizes him to receive
the device and, within 30 days after transfer of a device to a
specific licensee shall furnish to the Department a report
containing identification of the device by manufacturer's name and
model number and the name and address of the person receiving
the device. No report is required if the device is transferred to the
specific licensee in order to obtain a replacement device;
H) Shall transfer the device to another general licensee only:
i) Where the device remains in use at a particular location. In
such case the transferor shall give the transferee a copy of
subsection (b) of this Section and any safety documents
identified in the label on the device and, within 30 days
after the transfer, report to the Department the
manufacturer's name and model number of device
transferred, the name and address of the transferee and the
name and/or position of an individual who may constitute a
point of contact between the Department and the transferee;
or
ii) Where the device is held in storage in the original shipping
container at its intended location of use prior to initial use
by a general licensee;
I) Shall notify the Department in writing no later than 30 days after
receiving a device containing radioactive material. Such
notification shall include:
i) The name and mailing address of the general licensee;
ii) Information about the device, including the manufacturer,
model, serial number, date of receipt, location of use within
the radiation installation, and radionuclides and activities
within the device;
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iii) Addresses at which devices are used or stored; and
iv) The name and telephone number of an individual responsible for having knowledge of the applicable regulations and the authority to take required actions to achieve compliance. The appointment of a responsible individual does not relieve the general licensee of its responsibility to ensure compliance with the regulations;

J) Shall report changes in the information submitted pursuant to subsection 330.220(b)(3)(I) of this Section. Changes shall be reported within 30 days after they occur;

K) Shall comply with the provisions of 32 Ill. Adm. Code 340.1205, 340.1210, 340.1220 and 340.1260 for reporting radiation incidents, theft, loss, leakage of, or contamination by, licensed material, but shall be exempt from the other requirements of 32 Ill. Adm. Code 340 and 400.

4) An out-of-state general licensee or other person from out-of-state shall notify the Department in writing prior to transporting a device into Illinois. The notification shall include the proposed locations and periods of possession. The notification shall also include the information required by subsection (b)(3)(I) of this Section, except that the date of receipt of a device and its location within a radiation installation need not be reported. The out-of-state person shall report proposed changes in the notification information previously submitted under this subsection (b)(4) before the changes occur.

5) The general license in subsection (b)(1) of this Section does not authorize the manufacture of devices containing radioactive material.

6) The general license provided in subsection (b)(1) of this Section is subject to the provisions of 32 Ill. Adm. Code 310.40 through 310.90, 326, 331, 341 and Sections 330.310, 330.400 and 330.500 of this Part.

c) Luminous Safety Devices for Aircraft

1) A general license is hereby issued to receive, acquire, possess and use tritium or promethium-147 contained in luminous safety devices for use in aircraft, provided:

A) Each device contains not more than 370 GBq (10 Ci) of tritium or 11.1 GBq (300 mCi) of promethium-147; and

B) Each device has been manufactured, assembled or imported in accordance with a specific license issued by the U.S. Nuclear Regulatory Commission, or each device has been manufactured or
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assembled in accordance with the specifications contained in a specific license issued by the Department or an Agreement State to the manufacturer or assembler of such device pursuant to licensing requirements equivalent to those in 10 CFR 32.53 published January 1, 1998, exclusive of subsequent amendments or editions.

2) Persons who receive, acquire, possess or use luminous safety devices pursuant to the general license in subsection (c)(1) of this Section are exempt from the requirements of 32 Ill. Adm. Code 340 and 400, except that they shall comply with the provisions of 32 Ill. Adm. Code 340.1210 and 340.1220.

3) This general license does not authorize the manufacture, assembly or repair of luminous safety devices containing tritium or promethium-147.

4) This general license does not authorize the receipt, acquisition, possession or use of promethium-147 contained in instrument dials.

5) This general license is subject to the provisions of 32 Ill. Adm. Code 310.40 through 310.90, 341 and Sections 330.310, 330.400 and 330.500 of this Part.

d) Ownership of Radioactive Material. A general license is hereby issued to own radioactive material without regard to quantity. Notwithstanding any other provisions of this Part, this general license does not authorize the manufacture, production, transfer, receipt, possession or use of radioactive material.

e) Calibration and References Sources

1) A general license is hereby issued to those persons listed below to receive, acquire, possess, use and transfer, in accordance with the provisions of subsections (e)(4) and (5) of this Section, americium-241 in the form of calibration or reference sources:
   A) Any person who holds a specific license issued by the Department that which authorizes him to receive, possess, use and transfer radioactive material; and
   B) Any person who holds a specific license issued by the U.S. Nuclear Regulatory Commission that which authorizes him to receive, possess, use and transfer special nuclear material.

2) A general license is hereby issued to receive, possess, use and transfer plutonium in the form of calibration or reference sources in accordance with the provisions of subsections (e)(4) and (5) of this Section to any person who holds a specific license issued by the Department that which authorizes him to receive, possess, use and transfer radioactive material.

3) A general license is hereby issued to receive, possess, use and transfer
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radium-226 in the form of calibration or reference sources in accordance with the provisions of subsections (e)(4) and (5) of this Section to any person who holds a specific license issued by the Department that which authorizes him to receive, possess, use and transfer radioactive material.

4) The general licenses in subsections (e)(1) through (3) of this Section apply only to calibration or reference sources that which have been manufactured in accordance with the specifications contained in a specific license issued to the manufacturer or importer of the sources by the U.S. Nuclear Regulatory Commission pursuant to 10 CFR 32.57 or 70.39, or that which have been manufactured in accordance with the specifications contained in a specific license issued by the Department, an Agreement State or a Licensing State pursuant to licensing requirements equivalent to those contained in 10 CFR 32.57 or 70.39, published January 1, 1998, exclusive of subsequent amendments or editions.

5) The general licenses provided in subsections (e)(1) through (3) of this Section are subject to the provisions of 32 Ill. Adm. Code 310.40 through 310.90, 340, 341, 400 and Sections 330.310, 330.400 and 330.500 of this Part. In addition, persons who receive, acquire, possess, use or transfer one or more calibration or reference sources pursuant to these general licenses:

A) Shall not possess at any one time, at any one location of storage or use, more than 185 kBq (5 microCi) of americium-241, 185 kBq (5 microCi) of plutonium or 185 kBq (5 microCi) of radium-226 in such sources;

B) Shall not receive, possess, use or transfer such source unless the source, or the storage container, bears a label that which includes one of the following statements, as appropriate, or a statement that which contains the information called for in one of the following statements, as appropriate:

i) The receipt, possession, use and transfer of this source, Model ____ , Serial No. _______, are subject to a general license and the regulations of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority. Do not remove this label.

CAUTION – RADIOACTIVE MATERIAL – THIS
JOINT COMMITTEE ON ADMINISTRATIVE RULES

NOTICE OF PUBLICATION ERROR

DEPARTMENT OF NUCLEAR SAFETY

SOURCE CONTAINS (AMERICIUM-241) (PLUTONIUM). DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE.

Name of Manufacturer or Importer

AGENCY NOTE: Showing only the name of the appropriate material.

ii) The receipt, possession, use and transfer of this source, Model ___, Serial No. ______, are subject to a general license and the regulations of a Licensing State. Do not remove this label.

CAUTION – RADIOACTIVE MATERIAL – THIS SOURCE CONTAINS RADIIUM-226. DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE.

Name of Manufacturer or Importer

C) Shall not transfer, abandon or dispose of the source except by transfer to a person authorized by a license from the Department, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State to receive the source;

D) Shall store the source, except when the source is being used, in a closed container adequately designed and constructed to contain americium-241, plutonium or radium-226 which might otherwise escape during storage; and

E) Shall not use the source for any purpose other than the calibration of radiation detectors or the standardization of other sources.

6) These general licenses do not authorize the manufacture of calibration or reference sources containing americium-241, plutonium or radium-226.

f) General License for Use of Radioactive Material for Certain In Vitro Clinical or
JOINT COMMITTEE ON ADMINISTRATIVE RULES

NOTICE OF PUBLICATION ERROR

DEPARTMENT OF NUCLEAR SAFETY

Laboratory Testing

AGENCY NOTE: The New Drug provisions of the Federal Food, Drug and Cosmetic Act also govern the availability and use of any specific diagnostic drugs in interstate commerce.

1) A general license is hereby issued to any physician, veterinarian, clinical laboratory or hospital to receive, acquire, possess, transfer or use, for any of the following stated tests, in accordance with the provisions of subsections (f)(2) through (6) of this Section, the following radioactive materials in prepackaged units for use in in vitro clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals:
   A) Carbon-14, in units not exceeding 370 kBq (10 microCi) each.
   B) Cobalt-57, in units not exceeding 370 kBq (10 microCi) each.
   C) Hydrogen-3 (tritium), in units not exceeding 1.85 MBq (50 microCi) each.
   D) Iodine-125, in units not exceeding 370 kBq (10 microCi) each.
   E) Mock iodine-125 reference or calibration sources, in units not exceeding 1.85 kBq (50 nCi) of iodine-129 and 185 Bq (5 nCi) of americium-241 each.
   F) Iodine-131, in units not exceeding 370 kBq (10 microCi) each.
   G) Iron-59, in units not exceeding 740 kBq (20 microCi) each.
   H) Selenium-75, in units not exceeding 370 kBq (10 microCi) each.

2) No person shall receive, acquire, possess, use or transfer radioactive material pursuant to the general license established by subsection (f)(1) of this Section until he has filed the Department form entitled "Certificate – In Vitro Testing with Radioactive Material Under General License," with the Department and received from the Department a validated copy of the form with certification number assigned. No person shall transfer a validated copy of the form to another person without prior written consent of the Department. The following information shall be furnished to the Department on the form entitled "Certificate – In Vitro Testing with Radioactive Material Under General License":
   A) Name and address of the physician, veterinarian, clinical laboratory or hospital;
   B) The location of use; and
   C) A statement that the physician, veterinarian, clinical laboratory or hospital has appropriate radiation measuring instruments to carry out in vitro clinical or laboratory tests with radioactive material as
DEPARTMENT OF NUCLEAR SAFETY

authorized under the general license in subsection (f)(1) of this Section and that such tests will be performed only by personnel competent in the use of such instruments and in the handling of the radioactive material.

3) A person who receives, acquires, possesses or uses radioactive material pursuant to the general license established by subsection (f)(1) of this Section shall comply with the following:

A) The general licensee shall not possess at any one time, pursuant to the general license in subsection (f)(1) of this Section, at any one location of storage, or use a total amount of iodine-125, iodine-131, selenium-75, iron-59 and/or cobalt-57 in excess of 7.4 MBq (200 microCi).

B) The general licensee shall store the radioactive material, until used, in the original shipping container or in a container providing equivalent radiation protection.

C) The general licensee shall use the radioactive material only for the uses authorized by subsection (f)(1) of this Section.

D) The general licensee shall not transfer the radioactive material to a person who is not authorized to receive it pursuant to a license issued by the Department, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State, nor transfer the radioactive material in any manner other than in the unopened, labeled shipping container as received from the supplier.

E) The general licensee shall dispose of the mock iodine-125 reference or calibration sources described in subsection (f)(1)(E) of this Section as required by 32 Ill. Adm. Code 340.1010(a).

4) The general licensee shall not receive, acquire, possess or use radioactive material pursuant to subsection (f)(1) of this Section:

A) Except as prepackaged units that which are labeled in accordance with the provisions of an applicable specific license issued pursuant to Section 330.280(g) of this Part or in accordance with the provisions of a specific license issued by the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State that which authorizes the manufacture and distribution of iodine-125, iodine-131, carbon-14, hydrogen-3 (tritium), iron-59, selenium-75, cobalt-57 or mock iodine-125 to persons generally licensed under subsection (f) of this Section or its equivalent; and

B) Unless one of the following statements, as appropriate, or a
statement that which contains the information called for in one of the following statements, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure that which accompanies the package:

i) This radioactive material shall be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority.

Name of Manufacturer

ii) This radioactive material shall be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of a Licensing State.

Name of Manufacturer

5) The physician, veterinarian, clinical laboratory or hospital possessing or using radioactive material under the general license of subsection (f)(1) of this Section shall report in writing to the Department, any changes in the information furnished by him in the "Certificate – In Vitro Testing with
Radioactive Material Under General License", Department Form KLM.006. The report shall be furnished within 30 days after the effective date of the change.

6) Any person using radioactive material pursuant to the general license of subsection (f)(1) of this Section is exempt from the requirements of 32 Ill. Adm. Code 340 and 400 with respect to radioactive material covered by that general license, except that such persons using the mock iodine-125 described in subsection (f)(1)(E) of this Section shall comply with the provisions of 32 Ill. Adm. Code 340.1010(a), 340.1205, 340.1210 and 340.1220.

7) This general license is subject to the provisions of 32 Ill. Adm. Code 310 and 331.

g) Ice Detection Devices

1) A general license is hereby issued to receive, acquire, possess, use and transfer strontium-90 contained in ice detection devices, provided each device contains not more than 1.85 MBq (50 microCi) of strontium-90 and each device has been manufactured or initially transferred in accordance with a specific license issued by the U.S. Nuclear Regulatory Commission or each device has been manufactured or initially transferred in accordance with the specifications contained in a specific license issued by the Department or an Agreement State to the manufacturer of the device pursuant to licensing requirements equivalent to those in 10 CFR 32.61.

2) Persons who receive, acquire, possess, use or transfer strontium-90 contained in ice detection devices pursuant to the general license in subsection (g)(1) of this Section:

A) Shall, upon occurrence of visually observable damage, such as a bend or crack or discoloration from overheating to the device, discontinue use of the device until it has been inspected, tested for leakage or contamination and repaired by a person holding a specific license from the U.S. Nuclear Regulatory Commission or an Agreement State to manufacture or service those devices; or shall dispose of the device pursuant to the provisions of 32 Ill. Adm. Code 340.1010(a);

B) Shall assure that all labels affixed to the device at the time of receipt, and which bear a statement which prohibits removal of the labels, are maintained on the device thereon; and

C) Are exempt from the requirements of 32 Ill. Adm. Code 340 and
JOINT COMMITTEE ON ADMINISTRATIVE RULES

NOTICE OF PUBLICATION ERROR

DEPARTMENT OF NUCLEAR SAFETY

400 except that such persons shall comply with the provisions of 32 Ill. Adm. Code 340.1010(a), 340.1210, 340.1220 and 340.1260.

3) This general license does not authorize the manufacture, assembly, disassembly or repair of strontium-90 in ice detection devices.

4) This general license is subject to the provisions of 32 Ill. Adm. Code 310.40 through 310.90, 341 and Sections 330.310, 330.400 and 330.500 of this Part.

(Source: Amended at 27 Ill. Reg. ______, effective _____________)
ILLINOIS ADMINISTRATIVE CODE

Issue Index

Rules acted upon in Volume 26, Issue 52 are listed in the Issues Index by Title number, Part number, Volume and Issue.

Inquires about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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REGULATORY AGENDA
## Order Form

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