

Information Bulletin: Opioid Alternative Pilot Program

Revoking a Physician Certification

<https://icts.illinois.gov>

Revoking a Physician Certification

1. Sign In to the system.
2. Click the Certification tab.
3. In the Certification Listing, find the Certification and click the record.

Note: Click a heading to sort the list.

To view, amend, or revoke an existing Physician Certification, click on the appropriate record below

Physician Certification Number	Patient SSN	Patient Last Name	Patient First Name	Plan
PC-2016-000041	984-98-1951	Baker	Becky	Stand
PC-2016-000083	787-98-3904	Baker	Jeff	Star
PC-2016-000089	283-72-8382	Ben	Keller	Star
PC-2016-000082	181-65-1651	Blair	Jan	Sta
PC-2016-000067	789-45-6123	Brown	Robert	Sta
PC-2016-000086	272-73-7293	Daves	Nancy	Stand
PC-2016-000042	898-49-8498	Davis	Molly	Stand

Figure 3-1 Certification Listing

4. When the page opens, the fields are read-only. Click the Edit button at the bottom of the page to make the fields editable.
5. From the Certification Status dropdown, select *Revoked*.

Certification Status	Active
Amended Date	
Amend Reason	

Active
 Active
Revoked ←
 Eligible

Figure 3-2 Certification Status = Revoked

6. From the Revocation Reason dropdown, select a value.

Amend Other Reason	
Revocation Reason	▼ R
Physician PIN	
<div style="border: 1px solid black; padding: 2px;"> <p>The patient ceases to suffer from the condition. ←</p> <p>The physician/patient relationship has terminated.</p> <p>The continued use of cannabis is contraindicated for the patient.</p> </div>	
<p>I hereby certify that I am a physician duly licensed to practice medicine in the state of Illinois. The qualifying patient is under my treatment or management and/or their primary care. I attest the information provided in this physician certification is true and correct.</p> <p>A patient in possession of a written certification indicating eligibility to participate in the Opioid Alternative Pilot Program shall not be considered an unlawful user or addicted to narcotics solely as a result of his/her pending application to or participation in the program. The physician certification does not constitute a prescription for medical cannabis.</p> <p>Physician Signature <input style="width: 150px;" type="text" value="Amos Cochrane"/></p>	

Figure 3-3 Revocation Reason dropdown

7. Enter the Physician Signature.

I hereby certify I have made or confirmed the patient has been diagnosed with and is currently undergoing treatment for which an opioid has been prescribed or could be prescribed based on generally accepted standards of care under the requirements of the Opioid Alternative Pilot Program Act and by my signature below certify the following:

1. I have established a bona-fide physician-patient relationship with the qualifying patient. The qualifying patient is under my care, as specified on this physician certification. This bona-fide physician-patient relationship is not limited to the preparation of a written certification for the patient to participate in the Opioid Alternative Pilot Program or a consultation simply for that purpose.
2. I have conducted an in-person physical examination of the qualifying patient within the last 30 calendar days. I completed an assessment of the qualifying patient's current medical condition and any needed diagnostic testing, related to the diagnosis and treatment of the patient for a condition for which an opioid was prescribed or could be prescribed based on generally accepted standards of care. I understand the Illinois Department of Public Health may request additional confirmation of the assessment(s) performed for this qualifying patient.
3. I have completed an assessment of the qualifying patient's medical history, including the review of medical records from other treating physicians, if any, from the previous 12 I have established a medical record for the qualifying patient and his/her continued treatment for the condition(s) under my care.

I hereby certify I am a physician duly licensed to practice medicine in the state of Illinois. The qualifying patient is under my treatment or management and/or their primary care. I attest the information provided in this physician certification is true and correct.

A patient in possession of a written certification indicating eligibility to participate in the Opioid Alternative Pilot Program shall not be considered an unlawful user or addicted to narcotics solely as a result of his/her pending application to or participation in the program. The physician certification does not constitute a prescription for medical cannabis.

Physician Signature

Figure 3-4 Physician Signature

8. Enter the PIN.

Physician PIN	●●●●
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Figure 3-5 Physician PIN

9. Click the Save Revoke button.

10. The Certification Listing appears. The Certification Status is *Revoked*. The patient will receive an email and a notification about the expired registration.

Note: Next, proceed to the Physician Notification tab where you can create a Revocation notification for the patient.

Physician Notification: Creating a Revocation Notification

After the physician revokes a registration from a patient, he/she must create a revocation notification to let the patient know the certification has been revoked.

To create a revocation notification:

11. Sign In to the system.
12. Hover over the Physician Notifications tab and click New Physician Notifications.
13. From the Subject dropdown, select *Certification Rejected*.

Subject: Certification Rejected

Message: Your physician certification has been rejected.

Attachment 1: C:\fakepath\Rejection Letter.docx [Browse](#)

Attachment 2: [Browse](#)

Attachment 3: [Browse](#)

Figure 3-6 Certification page

14. Complete the other fields
15. Click Save.
16. The notification appears in the Physician Notifications listing.

Physician Address Phone Certification **Physician Notifications**

Last Name: doctor
First Name: nick

[+ New](#) [Print](#) [CSV](#) [Column Filters \(OFF\)](#)

Subject	Date	Date Notification Opened
▶ Certification Rejected	01/09/2019 03:52 PM	01/16/2019 05:07 PM
▶ Certification Rejected	01/15/2019 02:17 PM	

Figure 3-7 Physicians Notifications listing