

1 TITLE 68: PROFESSIONS AND OCCUPATIONS
2 CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
3 SUBCHAPTER a: ADMINISTRATIVE RULES
4

5 PART 1130
6 ADMINISTRATIVE PROCEDURES FOR GENERAL
7 PROFESSIONAL REGULATION UNDER THE ADMINISTRATIVE CODE
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44 1130.APPENDIX A Notice of Order Requiring Chaperone

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46 AUTHORITY: Implementing Section 2105-15 of the Civil Administrative Code of Illinois [20
47 ILCS 2105/2105-15].

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49 SOURCE: Adopted at 35 Ill. Reg. 7956, effective May 20, 2011; amended at 37 Ill. Reg. 1192,
50 effective February 1, 2013; amended at 37 Ill. Reg. 7479, effective May 31, 2013; amended at 39
51 Ill. Reg. 14514, effective November 6, 2015; amended at 43 Ill. Reg. 5297, effective May 10,
52 2019; Subpart E recodified at 45 Ill. Reg. 13783; amended at 46 Ill. Reg. 2648, effective January
53 28, 2022; amended at 47 Ill. Reg. 6267, effective April 20, 2023; amended at 48 Ill. Reg.
54 _____, effective _____.

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56 SUBPART C: PERMANENT REVOCATIONS

57
58 **Section 1130.230 Chaperone Orders**

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- 60 a) Within 5 days after receiving notice from a prosecuting attorney that a licensed
- 61 health care worker has been charged with any offense for which the sentence
- 62 includes registration as a sex offender; a criminal battery against a patient,
- 63 including any offense based on sexual conduct or sexual penetration, in the course
- 64 of patient care or treatment; or a forcible felony, the Department shall forward a
- 65 chaperone order to the licensed health care worker that requires the worker to
- 66 immediately cease professional practice and not to resume practice with patient
- 67 encounters until authorized to do so by the Department pursuant to an approved
- 68 plan of compliance.
- 69
- 70 b) A licensed health care worker subject to a chaperone order pursuant to Section
- 71 2105-165(c) of the Code shall submit to the Department a written plan of
- 72 compliance within 5 days after receipt of the chaperone order. The plan of
- 73 compliance shall include, at a minimum, the following:
- 74
- 75 1) The number of proposed chaperones;
- 76
- 77 2) The names, mailing address, email address, telephone number and license
- 78 number of each proposed chaperone;
- 79
- 80 3) The days, times, and locations where the licensed health care worker
- 81 subject to a chaperone order will practice;
- 82
- 83 4) The scheduled days, hours and practice locations for each chaperone
- 84 proposed to be utilized; and
- 85

- 86 5) The method to be used to document the presence of a chaperone during all
87 patient encounters. The presence of a chaperone shall be shown by:
88
- 89 A) Maintaining a schedule of the dates, times and locations each
90 chaperone works and having the designated chaperone initial or
91 make a notation in each patient chart every time the patient is seen
92 by the licensed health care worker subject to a chaperone order; or
93
- 94 B) Maintaining a chaperone log listing each patient seen by the
95 licensed health care worker subject to a chaperone order and
96 signed by both that health care worker and the approved chaperone
97 after each patient encounter.
98
- 99 c) A proposed chaperone shall be a licensed health care worker in good standing and
100 shall be subject to the approval of the Department.
101
- 102 d) The written plan of compliance shall be sent to the Department's Probation
103 Compliance Unit at the address included in the chaperone order.
104
- 105 e) No licensed health care worker subject to a chaperone order shall have any patient
106 encounters until the Department has approved his or her written plan of
107 compliance. After approval of the written plan of compliance, the licensed health
108 care worker subject to a chaperone order shall notify the Department in writing if
109 the licensure status of any approved chaperone changes or if a chaperone can no
110 longer serve for any reason. A chaperone approved by the Department shall
111 automatically become ineligible to serve as a chaperone if his or her license is
112 disciplined by the Department, expires or changes to a status that does not permit
113 active practice. The licensed health care worker subject to a chaperone order shall
114 provide, in writing to the Department, the name, mailing address, email address,
115 telephone number and license number of any replacement or additional proposed
116 chaperone, including the scheduled days, hours and practice location for any
117 replacement or additional chaperone proposed to be utilized. No person may act
118 as chaperone until approved by the Department. No licensed health care worker
119 subject to a chaperone order and acting under an approved written plan of
120 compliance shall have any patient encounters without the presence of an approved
121 chaperone. Failure to comply with all requirements of the approved written plan
122 of compliance shall be prima facie evidence of practice without a chaperone.
123
- 124 f) The chaperone shall provide written notice of the chaperone order, by using the
125 form provided in Appendix A or by using his or her own form that is substantially
126 similar to the form in Appendix A, to each of the licensed health care worker's
127 patients at the time of the patient's first visit following the effective date of the
128 chaperone order. A copy of the notice shall be signed by the patient and the

129 chaperone and maintained in the patient's file. The chaperone shall also provide a
 130 copy of the signed notice to the patient.

131
 132 g) A pharmacist subject to a chaperone order shall not be required to include in the
 133 written plan of compliance methods of documenting the presence of a chaperone
 134 as specified in subsection (b)(5) and notice to patients as specified in subsection
 135 (f). In place of these requirements, the pharmacist shall include in the written plan
 136 of compliance that the presence of a chaperone while the pharmacist is on duty at
 137 a pharmacy shall be shown by maintaining a written schedule of the dates, times
 138 and locations each chaperone works and having the designated chaperone verify
 139 by signature his or her presence for the dates, times and locations stated.

140
 141 h) Any health care worker subject to a chaperone order may submit a request to the
 142 Director for a waiver of any of the requirements of subsections (b) and (f) to
 143 allow for the creation of an individually tailored written plan of compliance that
 144 achieves the objectives of the Code and this Part.

145
 146 i) The Department may conduct random inspections and audits to determine
 147 compliance with the chaperone order and the written plan of compliance. A
 148 licensed health care worker subject to a chaperone order and any approved
 149 chaperones shall cooperate with any inspection or audit.

150
 151 j) If the Secretary finds that evidence in his or her possession indicates that a
 152 licensed health care worker subject to a chaperone order has failed to comply with
 153 the chaperone order, failed to file a written plan of compliance, or failed to follow
 154 the terms of the written plan of compliance, he or she may temporarily suspend
 155 without hearing the license of the health care worker until completion of the
 156 criminal proceedings. In instances in which the Secretary temporarily suspends a
 157 license under this Section, the health care worker may contest in writing the
 158 factual basis underlying the temporary suspension by the filing of an appropriate
 159 petition, stating with specificity the particular reasons why the temporary
 160 suspension is not warranted, within 30 days of the imposition thereof. A hearing
 161 on the merits~~upon that person's license~~ must be commenced within 15 days from
 162 the filing of said petition~~after the suspension has occurred~~ and shall be completed
 163 without appreciable delay. An "appropriate petition" is one that disputes the
 164 factual basis of the temporary suspension relating to failure to comply with a
 165 chaperone order, failure to file a written plan of compliance, or failure to follow
 166 the terms of the written plan of compliance. A petition not in compliance herein
 167 is subject to a motion to strike. The Secretary shall appoint an Illinois licensed
 168 attorney to serve as hearing officer in those hearings. The hearing officer shall
 169 report his or her findings of fact, conclusions of law, and recommendation to the
 170 Secretary. The burden of proof rests with the Department in hearings conducted
 171 under this Section, and a recommendation that the license shall remain

172 temporarily suspended shall be made by the hearing officer when the Department
173 establishes by clear and convincing evidence that the licensed health care worker
174 subject to a chaperone order has failed to comply with the chaperone order, failed
175 to file a written plan of compliance, or failed to follow the terms of the written
176 plan of compliance. No temporary suspension shall be stayed during the pendency
177 of any hearing.
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179 k) Any information collected by the Department to investigate compliance with the
180 requirements of this Section shall be maintained by the Department for the
181 confidential use of the Department and shall not be disclosed. The Department
182 may not disclose the information to anyone other than law enforcement officials
183 or regulatory agencies or persons who have an appropriate regulatory interest, as
184 determined by the Secretary. The Department shall have access to any records
185 created by any person in compliance with the requirements of this Section or with
186 a written plan of compliance. However, except for the purposes of the
187 Department, these records shall be accorded the same confidentiality as required
188 by the professional licensing Act governing the particular health care worker or as
189 otherwise provided by law.
190

191 l) In the event that a licensed health care worker subject to a chaperone order or
192 under a temporary suspension pursuant to this Part shall be subsequently charged
193 with any additional offenses that would independently subject the licensed health
194 care worker to the provisions of this Part, the existing chaperone order or
195 temporary suspension order shall remain in effect until all pending charges are
196 resolved by the Circuit Court.
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198 (Source: Amended at 48 Ill. Reg. _____, effective _____)
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200 SUBPART E: SEXUAL HARASSMENT PREVENTION TRAINING AND IMPLICIT BIAS
201 AWARENESS TRAINING
202

203 **Section 1130.525 Cultural Competency Training**
204

205 a) All health care professionals who hold a professional license listed in this Section
206 shall complete a one-hour course in cultural competency. Cultural competency
207 training includes development of a set of integrated attitudes, knowledge, and
208 skills that enables a health care professional or organization to care effectively for
209 patients from diverse cultures, groups, and communities. A licensee may count
210 this one hour for completion of this course towards meeting the minimum credit
211 hours required for continuing education. A licensee who holds multiple licenses
212 subject to this requirement may count this one hour for completion of this course
213 towards meeting the minimum credit hours for continuing education for each
214 professional license without having to repeat the course for each license.

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b) The requirement of completion of a one-hour course in cultural competency training shall apply to any person who holds one or more of the following licenses:

- 1) Physician (medical);
- 2) Physician (osteopathic);
- 3) Chiropractic physician;
- 4) Advanced practice registered nurse;
- 5) Registered nurse;
- 6) Licensed practical nurse;
- 7) Clinical psychologist;
- 8) Optometrist;
- 9) Physical therapist;
- 10) Physical therapist assistant;
- 11) Pharmacist;
- 12) Registered certified pharmacy technician;
- 13) Physician assistant;
- 14) Clinical social worker;
- 15) Social Worker;
- 16) Nursing home administrator;
- 17) Occupational therapist;
- 18) Occupational therapy assistant;
- 19) Podiatric physician;

- 258 20) Respiratory care practitioner;
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260 21) Clinical professional counselor;
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262 22) Professional counselor;
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264 23) Speech-language pathologist;
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266 24) Speech-language pathology assistant;
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268 25) Audiologist;
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270 26) Dentist;
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272 27) Dental hygienist;
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274 28) Behavior analyst; and
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276 29) Assistant behavior analyst.
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278 c) The cultural competency training course may only be provided by the following
279 persons or entities:
280
281 1) a Division-approved continuing education provider for any profession
282 subject to the requirement of cultural competency training;
283
284 2) an entity that is recognized as a continuing education provider under any
285 licensing Act administered by the Division for professions subject to the
286 requirement of cultural competency training;
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288 3) a State of Illinois agency;
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290 4) an Illinois county agency;
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292 5) an Illinois municipality;
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294 6) a federal agency;
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296 7) an accredited community college, college, or university; or
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298 8) a licensed health care institution, such as a hospital or nursing home, for
299 its own employees or associates, or an association or other organization in
300 partnership or collaboration with a licensed health care institution.

- 301
302 d) Notwithstanding subsection (c), a licensee completing a course on cultural
303 competency in order to meet any other State licensure requirement, professional
304 accreditation or certification requirement, or health care institutional practice
305 agreement may count that course toward the one-hour requirement under this
306 Section.
- 307
308 e) The course shall be presented in a classroom setting, a webinar, or online.
309
- 310 f) Course providers shall be subject to all other continuing education requirements
311 for each profession.
- 312
313 g) Completion of this course shall be a condition of renewing a license. This
314 requirement shall become effective for each affected profession for the first
315 applicable license renewal on or after January 1, 2025, at which continuing
316 education requirements apply for that licensee. The course shall be repeated once
317 every six years. If a licensee elects to repeat the course more often, the course
318 shall count towards meeting the minimum credit hours required for continuing
319 education for that licensee's profession but no more than one credit hour for any
320 one renewal period.

321
322 (Source: Added at 48 Ill. Reg. _____, effective _____)
323

324 **Section 1130.550 Alzheimer's Disease and Other Dementias Training**
325

- 326 a) All health care professionals who hold a professional license listed in this Section
327 shall complete a one-hour course on the diagnosis, treatment, and care of
328 individuals with Alzheimer's disease and other dementias. This training
329 requirement only applies to health care professionals who provide health care
330 services to and have direct patient interactions with adult populations age 26 or
331 older in their practice. This training requirement does not apply to health care
332 professionals whose practice is limited to persons under the age of 26. A licensee
333 may count this one hour for completion of this course towards meeting the
334 minimum credit hours required for continuing education. A licensee who holds
335 multiple licenses subject to this requirement may count this one hour for
336 completion of this course towards meeting the minimum credit hours for
337 continuing education for each professional license without having to repeat the
338 course for each license.
- 339
340 b) The requirement of completion of a one-hour course in Alzheimer's disease and
341 other dementias shall apply to any person who holds one or more of the following
342 licenses, subject to the limitation in subsection (a):
343

- 344 1) Physician (medical);
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- 346 2) Physician (osteopathic);
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- 348 3) Chiropractic physician;
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- 350 4) Advanced practice registered nurse;
- 351
- 352 5) Registered nurse;
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- 354 6) Licensed practical nurse;
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- 356 7) Clinical psychologist;
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- 358 8) Optometrist;
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- 360 9) Physical therapist;
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- 362 10) Physical therapist assistant;
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- 364 11) Physician assistant;
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- 366 12) Clinical social worker;
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- 368 13) Social worker;
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- 370 14) Nursing home administrator;
- 371
- 372 15) Occupational therapist;
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- 374 16) Occupational therapy assistant;
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- 376 17) Podiatric physician;
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- 378 18) Respiratory care practitioner;
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- 380 19) Clinical professional counselor;
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- 382 20) Professional counselor;
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- 384 21) Speech-language pathologist;
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- 386 22) Speech-language pathology assistant; and

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23) Audiologist.

c) The Alzheimer's disease and other dementias course may only be provided by the following persons or entities:

- 1) a Division-approved continuing education provider for any profession subject to the requirement of Alzheimer's disease and other dementias training;
- 2) an entity that is recognized as a continuing education provider under any licensing Act administered by the Division for professions subject to the requirements of Alzheimer's disease and other dementias training;
- 3) a State of Illinois agency;
- 4) an Illinois county agency;
- 5) an Illinois municipality;
- 6) a federal agency;
- 7) an accredited community college, college, or university; or
- 8) a licensed health care institution, such as a hospital or nursing home, for its own employees or associates, or an association or other organization in partnership or collaboration with a licensed health care institution.

d) Notwithstanding subsection (c), a licensee completing a course on Alzheimer's disease and other dementias in order to meet any other State licensure requirement, professional accreditation or certification requirement, or health care institutional practice agreement may count that course toward the one-hour requirement under this Section.

e) The course shall be presented in a classroom setting, a webinar, or online.

f) Course providers shall be subject to all other continuing education requirements for each profession.

g) Completion of this course shall be a condition of renewing a license. This requirement shall be effective for each affected profession, subject to the limitation in subsection (a), for the first applicable licensed renewal on or after January 1, 2023, at which continuing education requirements apply for that

430 licensee. The course shall be repeated once every six years. If a licensee elects to
431 complete the course more often, the course shall count towards meeting the
432 minimum credit hours required for continuing education for that licensee's
433 profession but no more than one credit hour for any one renewal period. If a
434 licensee whose profession is listed in subsection (b) but is not subject to the
435 requirement to complete a course of Alzheimer's disease and other dementias
436 elects to complete the course, the course shall count towards meeting the
437 minimum credit hours required for continuing education for that licensee's
438 profession but no more than one credit hour for any one renewal period.

439
440 (Source: Added at 48 Ill. Reg. _____, effective _____)