

## ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I,	, understand that when I am employed as a
(Employee Name)	
	, I will become a mandated reporter under the
report to be made to the child abuse and n whenever I have reasonable cause to believe t	25 ILCS 5/4]. This means that I am required to report or cause a neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) that a child known to me in my professional or official capacity there is no charge when calling the Hotline number and that the week, 365 days per year.
recognizing and reporting child abuse/neg	d reporters understand their critical role in protecting children by lect, DCFS administers an online training course entitled <b>Training for Mandated Reporters</b> , available 24 hours a day,
grounds for failure to report suspected child al	y of communication between me and my patient or client is not buse or neglect, I know that if I willfully fail to report suspected f a Class A misdemeanor. This does not apply to physicians who sciplinary Board for action.
Nursing Act of 1987, the Medical Practice Ac Acupuncture Practice Act, the Illinois Optome Physician Assistants Practice Act of 1987, the Licensing Act, the Clinical Social Work and S Act, the Dietetic and Nutrition Services Practice Practice Act, the Respiratory Care Practice Act	asing under, but not limited to, the following acts: the Illinois of 1987, the Illinois Dental Practice Act, the School Code, the etric Practice Act of 1987, the Illinois Physical Therapy Act, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Social Work Practice Act, the Illinois Athletic Trainers Practice ice Act, the Marriage and Family Therapy Act, the Naprapathic t, the Professional Counselor and Clinical Professional Counselor athology and Audiology Practice Act, I may be subject to license port suspected child abuse or neglect.
I affirm that I have read this statement and hawhich apply to me under the Abused and Negle	ave knowledge and understanding of the reporting requirements, ected Child Reporting Act.
	Signature of Applicant/Employee
CANTS 22 Rev. 5/2019	Date

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