



# ILLINOIS DEPARTMENT OF PUBLIC HEALTH PERSONNEL INFORMATION FORM

LOCAL HEALTH DEPARTMENTS ARE REQUIRED TO HAVE AN AFFIRMATIVE ACTION PROGRAM THAT PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICES ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, PHYSICAL OR MENTAL HANDICAP.

THE PURPOSE OF THIS FORM IS TO ADVISE THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH OF ALL PERSONS HIRED OR TO BE HIRED BY LOCAL HEALTH DEPARTMENTS AS AN EXECUTIVE OFFICER FOR WHICH A MINIMUM PERSONNEL QUALIFICATION STANDARD HAS BEEN ESTABLISHED. A DETERMINATION AS TO WHETHER THE APPLICANT MEETS ALL APPLICABLE EDUCATIONAL AND EXPERIENTIAL QUALIFICATIONS WILL BE MADE AND RETURNED TO THE ORIGINATOR WITHIN 45 DAYS OF RECEIPT OF COMPLETED FORMS. SUBMIT THIS FORM AND ALL ATTACHMENTS TO: ILLINOIS DEPARTMENT OF PUBLIC HEALTH, IPLAN ADMINISTRATOR ✉ [DPH.IPLAN@ILLINOIS.GOV](mailto:DPH.IPLAN@ILLINOIS.GOV)

DATE: drop down and select date

### LINKS TO ADMINISTRATIVE CODE GOVERNING PERSONNEL

[Executive Officer](#)

[Public Health Administrator](#)

[Medical Health Officer](#)

[Denial of Personnel Application](#)

### PLEASE FILL IN

LOCAL HEALTH DEPARTMENT:

EXECUTIVE OFFICER POSITION:

APPLICANT'S NAME:

DATE OF HIRE:

(or to be hired)

### APPLICANT INFORMATION

LAST NAME

PHONE #

FIRST

MIDDLE

PERSONAL EMAIL

MAIDEN/Other Name

WORK EMAIL

### LHD GUIDE TO THE PERSONNEL INFORMATION FORM (PIF)

POSITION: [Section 600.310 Public Health Administrator](#) (must meet 1 of 3 requirements)

a. The Public Health Administrator shall possess, at a minimum, the following education and experience:

1. A **master's degree** in public health from a college or university accredited by the North Central Association or other regional, nationally-recognized accrediting agency, and **two years** of full-time administrative experience in public health;

EDUCATION MET

EXPERIENCE MET

YES

NO

YES

NO

COMMENTS

2. A **graduate degree** in a related field from a college or university accredited by the North Central Association or other regional, nationally-recognized accrediting agency, which may include but shall not be limited to a master's degree in public administration, nursing, environmental health, community health, health education, and **two years** of full-time administrative experience in public health; or

EDUCATION MET

EXPERIENCE MET

YES

NO

YES

NO

COMMENTS

3. A **bachelor's degree** from a college or university accredited by the North Central Association or other regional, nationally-recognized accrediting agency, and **four years** of full-time administrative experience, of which at least **two years must be in public health**.

EDUCATION MET

EXPERIENCE MET

YES

NO

YES

NO

COMMENTS

POSITION: [Section 600.320 Medical Health Officer](#) (must meet all 3 requirements)

a. The Medical Health Officer shall possess, at a minimum, the following education and experience:

1. A **master's degree** in public health from a college or university accredited by the North Central Association or other regional, nationally-recognized accrediting agency, and **two years** of full-time administrative experience in public health;
2. A license to practice medicine in all of its branches in Illinois; and
3. Two years of full-time administrative experience in public health administration.

EDUCATION MET

LICENSURE MET

EXPERIENCE MET

EDUCATION NOT MET

LICENSURE NOT MET

EXPERIENCE NOT MET

COMMENTS

- b) An incumbent Medical Health Officer, who has received approval by IDPH, and has been employed as a Medical Health Officer prior to the effective date of this Part, shall be considered in compliance with the education and experience requirements of subsection (a) of this Section, and shall be exempt from the approval procedures specified in Section 600.300. This is for those who have been approved prior to 2017.

COMMENTS

- c). Certification in Public Health by the American Board of Preventive Medicine or board certification in a related specialty is desirable but not required.

CERTIFICATION

YES

NO

COMMENTS

PROFESSIONAL LICENSE OR CERTIFICATION	NUMBER	STATE IN WHICH ISSUED	DATE ISSUED	DATE APPLIED FOR

**EXPERIENCE**

Years of public health and administrative experience  This position requires two years of public health or administrative experience with a master's degree or higher, or four years of public health or administrative experience with a bachelor's degree. Explain how you meet the experience requirement.

**COLLEGE TRANSCRIPTS**

[CLICK TO ATTACH](#)

**ATTACHED RESUME**

[CLICK TO ATTACH](#)

**ATTACHED LICENSURE INFORMATION**

[CLICK TO ATTACH](#)

I SIGNIFY THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I REALIZE THAT MISREPRESENTATION OF THIS INFORMATION AT ANY TIME MAY BE CAUSE FOR REVOCATION OR DISAPPROVAL OF THIS APPLICATION.

SIGNATURE OF APPLICANT

APPLICANT EMAIL:

SIGNATURE OF BOARD OF HEALTH PRESIDENT OR AUTHORIZED DESIGNEE:

BOARD OF HEALTH PRESIDENT OR AUTHORIZED DESIGNEE EMAIL:

OFFICE USE ONLY:	STATEMENT BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH	
<b>APPLICANT'S NAME:</b>	<b>POSITION OF</b>	
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	
<i>MEETS THE QUALIFICATION REQUIREMENTS FOR THE</i>	<i>AS DEFINED IN THE "CERTIFIED LOCAL HEALTH DEPARTMENT CODE", 77 ILL. ADM. CODE 600 SUBPART C: PERSONNEL REQUIREMENTS</i>	

IDPH APPROVALS	EDUCATION MET	EXPERIENCE MET	APPROVAL STATUS	DATE
<b>REGIONAL HEALTH OFFICER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS				
<b>IPLAN ADMINISTRATOR</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS				
<b>ASSISTANT DIRECTOR</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS				

