

PH 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 DIPLIPLAN@ILLINOIS.GOV

DATE:	LINKS TO ADMINISTRATIVE CODE GOVERNING PERSONNEL										
	Executive Officer Pr	ublic H	lealth Administra	ntor Me	dical Healtl	n Officer	Denial of Po	ersonnel Applic	cation		
PLEASE FILL IN											
LOCAL HEALTH DEPARTMENT: EXECUTIVE						OFFICER POSITION:					
APPLICANT'S NAME:			DATE C	F HIRE:							
					(or to be hir	ed)					
APPLICANT INFORMATION											
			PHONE	**							
LAST NAME			FIIONE	. #							
FIDOT			DEDCO	NAL EM	AII						
FIRST	MIDDLE		PERSO	NAL EM	AIL						
MAIDEN/Other Name			WORK	EMAIL							
LHD GUIDE TO THE PERSONNEL INFO	OPMATION FORM (PIF)										
POSITION: Section 600.310 Public Health Ad											
a. The Public Health Administrator shall possess, at a minimum, the following education and experience: EDUCATION MET EXPERIENCE MET											
1. A master's degree in public health from a college or university accredited by the North Central Association or other regional,						YF	s No	YES	NO		
nationally-recognized accrediting agency, and two years of full-time administrative experience in public health; COMMENTS NO YES NO											
COMMENTO											
2 A sundoute de sus sistematical field f		المنتا المنت	h - Nouth Countrel Accou		L						
 A graduate degree in a related field f regional, nationally-recognized accrec 	liting agency, which may include b	ut sháll	not be limited to a ma	ster's degre	e in public	EDUCA	TION MET	EXPERIENCE	E MET		
administration, nursing, environmenta experience in public health; or	ıl health, community health, health	n educati	ation, and two years of full-time administrativ			YE	S NO	YES	NO		
COMMENTS											
3. A bachelor's degree from a college or	cuniversity accredited by the North	n Control	Accociation or other r	egional							
nationally-recognized accrediting ager					wo years		TION MET	EXPERIENCE	EMEI		
must be in public health.						YE	S NO	YES	NO		
COMMENTS											
POSITION: Section 600.320 Medical Health (Officer										
a. The Medical Health Officer shall possess, at	a minimum, the following educati	on and e	experience:								
 A master's degree in public health fror two years of full-time administrative ex 	n a college or university accredited	by the	North Central Associat	on or other	regional, natio	nally-recogn	ized accrediting	gagency, and			
2. A license to practice medicine in all of it	ts branches in Illinois; and		EDUCATION	MET	LICEN	SURE MET	. E)	(PERIENCE MET	Т		
3. Two years of full-time administrative ex	perience in public health administr	ration.	EDUCATION	I NOT ME	T LICEN	SURE NOT	MET E	(PERIENCE NOT	Т МЕТ		
COMMENTS											
b) An incumbent Medical Health Officer, who	has received approval by IDPH, an	d has be	en employed as a Med	lical Health	Officer prior to	the effective	date of this Pa	rt, shall be			
considered in compliance with the educatio 600.300. This is for those who have been as	n and experience requirements of	subsecti	on (a) of this Section, a	ind shall be	exempt from the	ne approval _l	procedures spec	cified in Section			
COMMENTS	proved prior to 2017.										
) Carifornia : Dill III III III	Decod of Decod of the Prince	h '	atti at a ta a ta a		destant to the						
c). Certification in Public Health by the American	Board of Preventive Medicine or I	board ce	ertification in a related	specialty is (desirable but no	ot required.		CERTIFICAT	ION		
								YES	NO		
COMMENTS											

08/25 page 1 of 2

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 y public health or administrat	ears of public health or administra ive experience with a bachelor's do	ntive experience with a master's de egree. Explain how you meet the ex	egree or higher, or four years of experience requirement.					
COLLEGE TRANSCRIPTS ATTACHED RESUME CLICK TO ATTACH CLICK TO ATTACH CLICK TO ATTACH CLICK TO ATTACH									
I SIGN	NIFY THE INFORMATION CONTAINED IN THIS F	DRM IS TRUE AND CORRECT TO THE BEST OF M	IY KNOWLEDGE AND BELIEF. I REALIZE THAT						
IVIJAA	EFRESENTATION OF THIS INFORMATION AT AN	THINE WAT BE CAUSE FOR REVOCATION ON D	DAFFROVALOF THIS AFFEICATION.						
SIGNATURE OF APPLICANT _									
APPLICANT EMAIL:									
SIGNATURE OF BOARD OF HEALTH PRESIDENT OR AUTHORIZED DESIGNEE:									
TRESIDENT ON ACTIONIZED									
BOARD OF HEALTH PRESIDENT OR AUTHORIZED DESIGNEE EM									
OFFICE USE ONLY: STATEMENT BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH									
APPLICANT'S NAME:	_	POSITION OF							
MEETS THE OUAL IEICAT	TION REQUIREMENTS FOR THE	- AS DEFINED	IN THE "CERTIFIED LOCAL HE	ΔΙΤΗ					
MLETS THE QUALIFICAT	ION REGUIREMENTS FOR THE		ODE", 77 ILL. ADM. CODE 600 SUBPAR						
IDPH APPROVALS		EDUCATION MET	EXPERIENCE MET APPROVAL	STATUS DATE					
REGIONAL HEALTH OFFICER		YES NO	YES NO YES	NO					
COMMENTS									
DI AN ADMINISTRATOR									
PLAN ADMINISTRATOR		YES NO	YES NO YES	NO					
COMMENTS									
ASSISTANT DIRECTOR									
		YES NO	YES NO YES	NO					
COMMENTS									



08/25 page 2 of 2