

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 ILCS 60/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**CERTIFICATE OF ACCEPTANCE  
FOR  
SPECIALTY/RESIDENCY PROGRAM**

SUPPORTING DOCUMENT

**CA-MED**

**NOTE: An applicant shall not commence specialty/residency training before he or the hospital/institution receives written notice of the approval of his application from the Department of Financial and Professional Regulation.**

**APPLICANT: Complete the applicant section of this form, then forward it to the hospital/institution that has accepted you for specialty/residency training, for completion of the remainder of the form.**

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH MM/DD/YYYY	3. SOCIAL SECURITY NUMBER
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE HEET. Record profession name and three digit profession code for which you are making Illinois application.	
6. MAIDEN OR GIVEN SURNAME	Temporary Physician License _____ 1 2 5 Profession Name Profession Code	

**ADMINISTRATOR: Complete the remainder of this form and return it to the applicant.**

A. HOSPITAL/INSTITUTION NAME Rush University Medical Center	B. BEGINNING DATE MM/DD/YYYY	C. ENDING DATE MM/DD/YYYY
D. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE 600 S. Paulina St., 403 AAC, Chicago, IL. 60612	E. SPECIALTY/RESIDENCY NAME	
F. BUSINESS TELEPHONE NUMBER Area Code ( <u>3</u> <u>1</u> <u>2</u> ) <u>9</u> <u>4</u> <u>2</u> — <u>0</u> <u>3</u> <u>1</u> <u>2</u>	G. YEAR OF POSTGRADUATE TRAINING PGY -	

I do hereby declare that the above named applicant will be accepted for specialty/residency training as indicated above if, subsequent to the evaluation of medical education and/or clinical skills by the Department of Financial and Professional Regulation, the applicant is found to be eligible for licensure.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Print Name of Program Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

SEAL