INSTRUCTIONS FOR LIMITED TEMPORARY ILLINOIS PHYSICIAN LICENSE APPLICATION

You will need to complete the following for your Temporary License Application:

A. Four-Page Application for licensure
B CT *(If you ever held/hold a permanent license in any state or country, if applicable)* 2 pages
C. TEMP-LTD form completed by your current program director as well at Illinois program director
D. Fee

IMPORTANT GUIDELINES FOR COMPLETING THE APPLICATION:

Application for Licensure and/or Examination Page 1

Part I: Application Category Information

A1. Professional Name = LIMITED MEDICAL PERMIT TEMP A2. Professional Code = 130
A3. Licensure Method = Nonexamination
A4. Fee =100.00 certified check or money order payable to "IDFPR"
(Illinois Department of Financial & Professional Regulations)
B. Check box indicating the appropriate information:
If this is your first time applying for a license in Illinois, please check the first box.

Part II: Applicant Identifying Information

1. Name
2. Title = Degree (M.D. or D.O., etc.)
3. Social Security Number
4. Permanent Mailing Address
5. Business Address - please list the following:
   Rush University Medical Center - GME
   600 S. Paulina St., AcFac 527
   Chicago, IL 60612 - 3844
6. Maiden Name/Surname or any other name(s) if applicable (name which supporting documents may be held)
7. Mother's Maiden Name
8. Place of Birth (City, State/Country)
9. Date of Birth (Month/Day/Year format)
10. Age, Gender: Check Male or Female
11. Work, Home Phone and Fax Numbers
For your work phone number, list Rush University GME phone number (312) 942-5495.
For your work fax number, list Rush University GME phone number (312) 942-5727.
12. Preferred e-mail address. Print clearly.

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Part III: Education Information Complete your educational history on this page.

Boxes 1-4: Preliminary school = high school
Box 5: Add # of undergraduate and medical school years for total.
Box 6: List your undergraduate and medical school training here
Box 7: *Include information here about your current residency program. The attendance date can only be to "present". You have not completed training, so check "no".*

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Part IV: Record of Licensure Information

If you have never been licensed as a physician, you can leave this section blank.
If you have ever been licensed as a physician (either temporary or permanent), in any country or the US, or have held/hold a related US professional license, complete this section. You will also need to complete a CT form for each and every permanent license you held/hold. It is your responsibility to ensure that it is sent, received, and forwarded to Rush GME. (Note: This can often be a major timely problem as it may hold up your license being issued.) Refer to instructions on next page: Supporting Documents #3.

Part V: Record of Examination

In this section please list all USMLE and/or COMLEX or LMCC examinations, taken in Illinois or any other state.
EACH/EVERY EXAMINATION ATTEMPT MUST BE SHOWN (even failures).

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Part VI: Personal History Information
ALL APPLICANTS must complete this part. Check "Yes" or "No" as appropriate. If any response is "YES" contact Jennifer Sale-Hayes for further instructions (312-942-2729 or via e-mail).

Part VII: Examination Coding Information
Do not complete. This section does not apply to your temporary physician license application.

Part VIII: Child Support Information
ALL APPLICANTS must complete this question.

Part VIII: 1. & 2. Child support information and educational loan default
ALL APPLICANTS must complete both questions by checking the appropriate boxes.

Part IX: Certifying Statement
You must sign and date this section to complete the application.

Supporting Documents

1. The CT form must be completed ONLY IF you have EVER held/hold a permanent license in any state or country. Complete the top half of the form and send it to each licensing agency (xerox as many copies as you need). The licensing board or Ministry needs to return the completed form back to you so that it is included with your application packet. This can be faxed TO the agency, but an original with the seal must be mailed back.
   Note: Some states charge for this service; call ahead to be prepared to included payment to facilitate a fast turnaround.

2. The TEMP-LTD Certificate of Acceptance for a Limited Specialty/Residency Program in Illinois (this form must be signed and sealed by your out-of-state residency program director and then sent directly to me for the bottom half to be completed by RUSH). Complete sections 1-3 and then give to your Program Director to complete parts A-F.

3. Any name change documentation if applicable (i.e. xerox copy of marriage license/divorce decree).

Mail the application form and send supporting documents as soon as possible to:
Jennifer Sale-Hayes, MS
Rush University Medical Center, GME
600 S. Paulina St. 527 Ac Fac
Chicago, IL 60612 - 3864

If you have questions, please feel free to call Jennifer at 312-942-2729.

Notes: A temporary limited certificate is issued in the name of the applicant for a specific program and to a specific institution and is good for the exact dates of the elective program at Rush. Applications not completely and accurately filled out may be returned. It takes about 8 weeks to guarantee a license being issued *after* the application is complete (with ALL necessary documents received).