INSTRUCTIONS FOR GRADUATES OF U.S. AND INTERNATIONAL MEDICAL SCHOOLS

PERMANENT LICENSURE

If you DO NOT have an ILLINOIS TEMPORARY MEDICAL PERMIT (training license):

- if you have taken all USMLE Steps 1, 2 & 3 or the COMLEX, and have completed at least 24 months in an approved US or Canadian clinical training program, complete items **1 - 13** below. (**International Graduates** must also provide **14-16**.) If you do not meet these qualifications, call GME at 312.942.5495.

If you already have an ILLINOIS TEMPORARY MEDICAL PERMIT (training license):

- if you registered, took and **PASSED** the USMLE Step 3 in **ILLINOIS**, do not use this application.
  See **Instructions for Permanent Licensure for those who have taken Step 3 in Illinois**.

- if you registered & passed the USMLE Step 3 somewhere other than **ILLINOIS**, or if you took COMLEX, complete **items 1, 2, 6, 7, 9, 10, 11, 12 & 13** below. (**U.S. Medical Graduates** must also provide **3, 4 and 5.**)
  Click on the blue link for each document and follow instructions and helpful hints below carefully.

There are two options to completing the forms:

- Input data directly from your computer to fill-in all sections of all pages
  The print all pages, and sign page 4.

OR

- Print the application and complete with typewriter or print **(BLACK INK ONLY)**

1. Complete the **4-page application** -
   On page 1:
   #1 Professional Name = PHYSICIAN/SURGEON #2 Professional Code = 036
   #3 License Method = **"ENDORSEMENT"** if you are permanently licensed in another state OR **"ACCEPTANCE OF EXAMINATION"** if you have taken all 3 parts of the USMLE, COMLEX, or the LMCC (Canada).
   #4 Application Fee = $300.00 (check payable to "IDFPR")

   On page 3, Part V: Be sure to list all attempts of USMLE exams, and/or COMLEX taken

2. **$300.00** - in the form of a **check or money order** payable to "IDFPR" (Illinois Department of Professional and Financial Regulation).

3. **Official transcripts** from **undergraduate** school(s) (showing at least 2 years of premedical education) with school seal affixed.

4. **Official transcripts** from **medical school** (showing 2 years of study in basic medical sciences and 2 years core clinical clerkships) with school seal affixed.

5. **Copy** of original **medical school diploma** (original English translation required if applicable). This is only required IF your degree and date awarded is NOT on your medical school transcript.

6. **VE-PC** form - **Complete sections 1 through 6.**
   Record your work/education history chronologically for the past five (5) years beginning with present. *If you were in medical school within the last 5 years, please list your medical school information here as well.*

7. **TN-MED** form - Proof of (at least) 24 months of satisfactory completion of clinical training in an approved training facility within the U.S. or Canada. This form **cannot be signed any earlier than 15 days before the completion of the 24 months**. An Institutional SEAL must be affixed. (See your GME Office). If requesting from an institution where a seal is not available, the signature MUST be notarized, and sent with a letter on the program/institutional letterhead stating no seal exists.

8. CT form –Complete this form **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 seal must be mailed back as the seal must be original. Note: Some states charge for this service; call ahead to be prepared to include payment to facilitate a fast turnaround.
If you already have a temporary license in Illinois, do not complete this CT form; discard it.

9. **Name change documentation** if applicable (e.g. xerox of marriage license/divorce decree /name change)

10. **LICENSURE INFORMATION PERMISSION SLIP** - Please complete by printing your info, signing and dating this form which allows Rush GME to intervene on your behalf with IDFPR.

11. Complete the **Application Checklist for Physicians** – This form MUST be sent as the cover sheet with the application and documents.

12. Also attached is an application for **"State Controlled Substance Registration"**. While you are in training at Rush, you may use Rush's DEA number. If you wish to have your own DEA number, you will need to complete this form. This is required in order to be eligible to apply for your DEA number or to use your current DEA number in Illinois. Please complete both pages of the application, list Rush University Medical Center as your business address (600 S. Paulina, GME 527 AcFac, Chicago, IL 60612), circle all drug schedule options, attach appropriate fee ($5 check payable to IDFPR – can be added to license application fee), and return to GME with your license application. Once you receive your Controlled Substance License (it will be mailed to GME), you may apply for your DEA (on the DEA website **www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms.htm**).

Please complete all of the above and **return to RUSH Graduate Medical Education, 527 Academic Facility, 600 S. Paulina Street, Chicago, IL 60612-3844.**
Should you have questions, call Graduate Medical Education Office, at **312.942.5495.**

13. **Proof of Examination:** Request the appropriate Board(s) or Council to forward an official transcript of your examination history of USMLE, COMLEX, and/or LMCC) **directly to** the Medical Unit, Illinois Dept. of Professional & Financial Regulation, 320 W. Washington, Springfield, IL 62786 (phone 217.782.8556). The EBAHR form may be downloaded from **here** and notarized (GME can do this if you are here). Mail it to the address listed. Checks ($50 fee) should be payable to "FSMB". Alternatively, the form may be completed on-line at **https://secure.fsmb.org/trol/** and charged to a charge card.
For COMLEX scores, download the form from **www.nbome.org** and follow instructions.

Additional requirements for International Graduates without a current Illinois training license:

14. **AF-MED** Form -**Complete the Applicant section** (Questions 1 – 6) and **give to your medical school** with the ED-NON form. The Dean/Registrar must certify either A. or B., dependent upon whether the clinical teaching facility where you did your core clinical rotations was OWNED or OPERATED by your medical school or AFFILIATED OR CONTRACTED. This form may be sent back to you or sent directly to Rush GME. If B. is selected, additional forms will need to be supplied by your school.

15. **ED-NON** Form -**Complete the Applicant section** (Questions 1 – 8) and **date and sign the form**. You must **forward the form to the Dean/Registrar of your medical school**. Your school needs to complete the remainder of the ED-NON form **no earlier than 30 DAYS before your completion of school requirements**. Have your school return the completed form to you or Rush GME. It is your responsibility to make sure GME receives it.

16. Xerox of **ECFMG Certificate** as current, valid verification of your successful completion of requirements.

Permanent licenses are issued in the name of the applicant and mailed directly to the home address as indicated on the application. You must **provide RUSH GME with a copy** of your license when you receive it. Bring it, mail it or fax it to 312.942.5727. **You may not begin your program until we have a copy of it.** Current permanent licenses issued now **will expire July 31, 2011 regardless of the application date**.