

**INSTRUCTIONS FOR GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS  
TEMPORARY ILLINOIS PHYSICIAN LICENSE APPLICATION**

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

(Forms may be printed and completed with black ink only or typewriter; **OR** input data directly from your computer to fill-in all pages.)

- A. [Four-Page Application](#) For Licensure
- B. [VE-PC](#) (Verification of Employment/Experience-Professional Capacity)
- C. [ED-NON](#) (certification of education supporting document)
- D. [AF-MED](#) (clinical teaching facility documentation)
- E. [Application Checklist for Temporary License](#)
- F. [CT](#) (licensing certification documentation from EVERY state/country in which you hold/held a permanent license, if applicable)

HELPFUL HINTS TO FILLING OUT THE APPLICATION:

**Application for Licensure and/or Examination Page 1**

**Part I: Application Category Information**

- A1.** Professional Name= **Temporary Physician Licensure**      **A2.** Professional Code = **125**  
**A3.** Licensure Method = **Nonexamination**  
**A4.** Fee = **\$100.00** Check or money order in US \$ payable to “IDFPR”  
(Illinois Department of Financial and Professional Regulation)

- 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 (MD or MBBS, etc.)
- 3. Social Security Number (*leave blank if you do not have one yet*)
- 4. Permanent Mailing Address (*If you do not have an Illinois address, use Rush's as below*)
- 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 GME phone number (312) 942-5495.*  
*For your work fax number, list Rush GME phone number (312) 942-5727.*
- 12. Preferred e-mail address (es) 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 (either in the US or another country).  
**Box 6:** List your undergraduate (if applicable) and medical school training here.  
**Box 7:** *Only include information here if you have been/are in any internship or residency already.*

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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 #4.*

**Part V: Record of Examination**

In this section please **list all USMLE or FLEX examinations** taken.  
ALL EXAMINATION ATTEMPTS 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 GME for further instructions (312)-942-5495 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: 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 read the certifying statement and then **sign and date** this section to complete your application.

**Supporting Documents**

1. **VE-PC** (Verification of Employment/Experience-Professional Capacity)  
**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.*
2. **ED-NON** (Certification of Education of **U.S. Accredited** Medical College)  
**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 medical school needs to complete the remainder of the ED-NON form **after your completion of graduation**. Have your school return the completed ED-NON form to you or Rush GME (address below). It is your responsibility to make sure your school does this and GME receives it.
3. **AF-MED** (Certificate of Affiliation)  
**Complete the Applicant section** (Questions 1 – 6) and **give to your medical school** with the ED-NON form. The Dean/Registrar of the school must certify either A. or B., dependent upon whether the clinical teaching facility in which 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 be supplied by your school.
4. 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 needed). The licensing board or Ministry needs to return the completed form back to you so that you can forward it to GME. This can be faxed TO the agency, but the original (with seal) must be mailed back.  
Note: Some states charge for this service; call ahead to be prepared and to facilitate a fast turnaround.
5. Any **name change documentation**, if applicable (i.e. xerox copy of marriage license/divorce decree).
6. **Official transcripts** (marks) from any school(s) documenting at least 2 years of premedical education AND from **medical school** with the school seal affixed (original English translation, if applicable). These will be returned to you after processing. A copy of your medical school diploma is also required.
7. Xerox of **ECFMG Certificate** as current, valid verification of your successful completion of requirements.

**Mail the application form and send supporting documents as soon as possible to:**

Graduate Medical Education  
Rush University Medical Center  
600 S. Paulina St. 527 Ac Fac  
Chicago, IL 60612 - 3844

**If you have questions, please call GME at 312-942-5495.**

Note: A temporary certificate is issued in the name of the applicant for a specific program and to a specific institution and is good for up to 3 years from the date of issuance. (An extension can be applied for in the third year, if program length is more than three years.)