

# (125) IL TEMPORARY MEDICAL LICENSE

Initial Licensure Checklist



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(125) TEMPORARY ILLINOIS PHYSICIAN LICENSE  
INITIAL LICENSURE CHECKLIST FOR ONLINE APPLICATION

General Information:

\* Please contact [Thi Tran](#) directly if you have any licensing questions or concerns \*

1. Before completing your online application, please read each step below. This will aid you in accurately completing your application and eliminate delays in processing. The application requirements listed below follow the same order as the online application questions.

The questions you might have may already be in this guide. Please read through this licensing guide first.

! Go to the [IDFPR Online Service Portal](#) to create a new online account and complete the new application online.

- o MEDICAL BOARD (Physician & Surgeon & Chiropractor) > TEMPORARY MEDICAL PERMIT

Medical Board (Physician & Surgeon & Chiropractor) 

|  | Board                  | License                                 |
|--|------------------------|---|
| To apply for an <i>individual</i> professional license you must create an individual account with the IDFPR. | Illinois Medical Board | LICENSED PHYSICIAN AND SURGEON          |
| To apply for an <i>individual</i> professional license you must create an individual account with the IDFPR. | Illinois Medical Board | LICENSED CHIROPRACTIC PHYSICIAN         |
| To apply for an <i>individual</i> professional license you must create an individual account with the IDFPR. | Illinois Medical Board | TEMPORARY MEDICAL PERMIT                |
| To apply for an <i>individual</i> professional license you must create an individual account with the IDFPR. | Illinois Medical Board | LIMITED MEDICAL TEMPORARY PERMIT        |
| To apply for an <i>individual</i> professional license you must create an individual account with the IDFPR. | Illinois Medical Board | LICENSED PHYSICIAN CONTROLLED SUBSTANCE |

! Please have documents ready ([see Application Requirements](#)) when completing your online application.

2. Applications should be submitted to the IDFPR no later than April in order to prevent delays to the applicant's scheduled start date in the postgraduate clinical training program.

! This should happen as soon as you are matched with your training program. Please be in touch with your Program Coordinator and GME Project Manager from the GME Office, [Thi Tran](#).

3. Disclosure of all information – Don't try to hide potentially derogatory information from a licensing board. It is much better to come forward with the information, assist the board in obtaining records and other necessary data, and provide information about mitigating circumstances that would prevent license denial.
4. Disclosure of your U.S. Social Security Number (SSN), if you have one, is mandatory, in accordance with 5 ILCS 100/10-65 to obtain a license. The number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any Tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification. *Reporting a number on your application that is not your SSN may be grounds for denial of licensure.*

*Applicants who do not have a social security number to submit to the IDFPR must complete a paper-based application of the temporary license AND submit the [SSN Affidavit](#). An SSN must be obtained once the applicant is in the U.S. for 10 days. Please contact [Thi Tran](#) directly about this process.*

5. Any document in a foreign language must be accompanied by an original, notarized translation that has been transcribed by a person other than the applicant, who is fluent in both English and the language of the document. The translator must certify to the above requirements as well as to the accuracy of the translation.
6. The application fee for an initial license is **\$230.00** and is non-refundable.

! Initial (125) Temporary Physician License – \$230.00

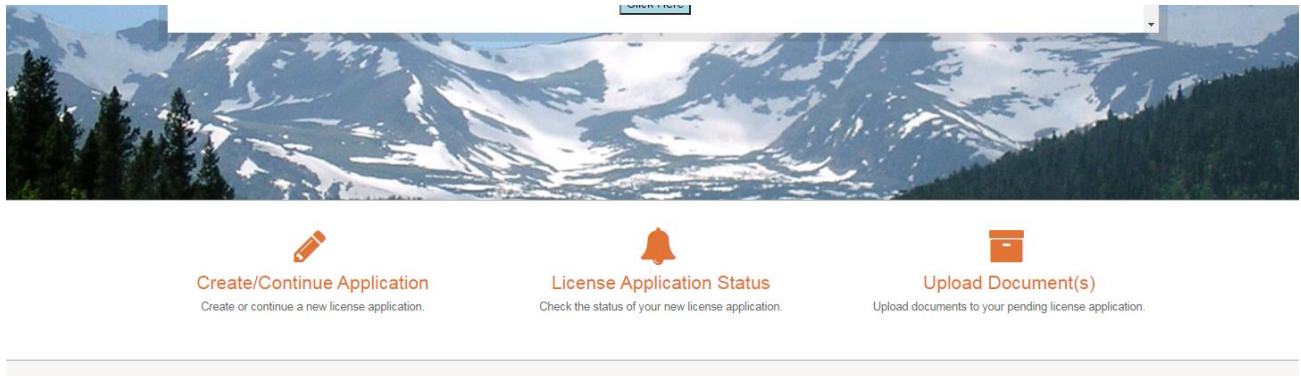
! NOTES: All major credit and debit cards as well as ACH and eCheck are accepted.

7. Applicants may monitor the status of their license application through the IDFPR Online Services Portal. In addition, each GME Office has a separate account through the online portal where the hospital may access and monitor the status of temporary license applications submitted by their residents.

! For the Public Address section, please use this information:

Rush University Medical Center, GME  
600 S. Paulina St., Suite 403 AAC  
Chicago, IL 60612-1833  
Phone Number: 312-942-0312

8. After the license application is complete, the temporary license shall be issued to the hospital sponsoring the postgraduate clinical training program. The applicant shall not commence training until the temporary license has been issued by the IDFPR designating the effective date and expiration date of the license.
9. For your application to be processed, ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE UPLOADED IN THE PORTAL UNDER "UPLOAD DOCUMENTS" AND SUBMITTED online with the application and required fee unless otherwise directed in the instructions. These supplemental documents can be found on the [GME Licensing Webpage](#) or in the [Application Checklist](#) (below).



## Qualifications:

1. Applicant must have been accepted for specialty training in a program of postgraduate clinical training approved by the IDFP. The initial temporary license shall be issued for 1, 2, or 3 years based on the program's accredited length of training as determined by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).
2. Applicant must have completed at least two (2) academic years of instruction in a college, university, or other institution. An academic year is a minimum period of nine (9) months.
3. Applicant must have graduated from a medical college or an osteopathic medical college:
  - (A) Located in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA); or
  - (B) Located outside of the United States or Canada that meets the following requirements:
    - (1) The medical college is officially recognized by the jurisdiction in which it is located for the purpose of receiving a license to practice medicine in all of its branches.
    - (2) The medical program consists of at least two (2) academic years of study in the basic medical sciences; and at least two (2) academic years of study in the clinical sciences. An academic year is a minimum period of nine (9) months.
    - (3) The clinical sciences must have been completed while enrolled in the medical college which conferred the degree. This must include at least four (4) weeks of core clerkship rotations in internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. The core clerkship rotations must have been taken and completed in clinical teaching facilities owned, operated or formally affiliated with the medical college which conferred the degree or under contract in teaching facilities owned, operated or affiliated with another medical college which is officially recognized by the jurisdiction in which the medical school which conferred the degree is located.
4. **International Medical Graduates (IMGs):**  
Applicant who is a graduate of a medical college located outside of the United States or Canada must hold a current and valid certification issued by the Educational Commission for Foreign Medical Graduates (ECFMG).
5. Applicant must have been engaged in the active practice of medicine or engaged in formal study or training in a program of medicine in the five (5) years preceding the date of application. Otherwise, applicant must demonstrate proof of professional capacity, i.e. 150 CME hours AMA PRA Category 1 Credit.
6. Applicant who has been granted a license to practice medicine in another jurisdiction must demonstrate official proof of original licensure and current licensure held.
7. Applicant must be of good moral character, i.e. no conduct/activities that would constitute grounds for discipline under the [Medical Practice Act](#).

## Application Requirements:

1. Completed online application including all required information:
  - Public and Mailing Address
  - Place of Birth
  - Date of Birth
  - Name Change
  - Education Location
  - Education Information
  - Postgraduate Clinical Training Information
  - Record of Licensure
2. Applicant must upload official transcript verifying completion of at least two (2) academic years of instruction in a college, university, or other institution (undergraduate). Transcript must bear official seal and signature of the institution. Note: Graduates from a 6-year medical program, please proceed to next question to upload official transcript verifying 6-year medical program.
3. An official medical college transcript including degree conferred and graduation date must be emailed or mailed by your medical college or provided to the applicant for upload. If transcript does not include degree conferred and graduation date, applicant must upload copy of medical diploma.
  - ! For current year U.S. graduates, an official transcript AND a certification of graduation ([Supporting Document ED-MED](#)) issued/certified **by the medical college**. *The transcripts need to be printed within 45 days of the graduation date listed on the ED-MED form*. DO NOT certify this form more than 45 days prior to the graduation date. Incomplete forms will not be accepted.
  - You should still submit your application and provide the certified educational documents later when they are available.
    - o Again, the medical college transcript must be emailed or mailed by the medical college or provided to the applicant who will upload it.
      - Your school can send transcripts directly to [FPR.MedicalUnit@illinois.gov](mailto:FPR.MedicalUnit@illinois.gov) (no-reply email).
      - If your school cannot send the transcript electronically, please have them mail it directly to: **ATTN: IDFPR MEDICAL UNIT, 320 West Washington, 3rd Floor, Springfield, IL 62786**
4. Applicant who is a graduate of a medical college located outside of the United States or Canada must upload Supporting Document ED-NON completed by the applicant's medical college. The document must verify that the applicant has met the requirements found under Qualifications (3)(B)(1-3) detailed above. The document must be currently dated and signed by the Dean of the medical college and bear the official seal of the medical college. Incomplete forms will not be accepted.
  - ! ED-NON form can be found [here](#).
5. Applicant must upload Supporting Document CA-MED (Certificate of Acceptance for Residency Program) completed by the Program Director of a postgraduate clinical training program approved by the IDFPR. The document must be currently dated and signed by the Program Director and bear the official seal of the hospital sponsoring the training program. Incomplete forms will not be accepted.
  - ! CA-MED form can be found [here](#).
  - ! Please notify your Program Coordinator. They will obtain the signatures from the Program Director and the official seal from Thi at the GME Office.
6. Applicant who is a graduate of a medical college located outside of the United States or Canada must upload proof of satisfactory completion of an internship or social service if it was required for the conferral of the applicant's medical degree.
7. Applicant who is a graduate of a medical college located outside of the United States or Canada must upload proof of current and valid certification issued by the ECFMG.
8. Applicant must verify work history related to the practice of medicine in the five (5) years preceding the date of application. This information may be necessary to demonstrate the applicant's professional capacity. If the applicant has not been engaged in formal study or training in a program of medicine or engaged in the active practice of medicine in the five (5) years preceding the date of application, applicant must upload proof of professional capacity, i.e. documentation verifying completion of 150 CME hours of AMA PRA Category 1 Credit.
9. Applicant who has been granted a license to practice medicine in another U.S. state or in a foreign country must submit official license certifications from the jurisdiction of original licensure and the jurisdiction of current licensure.

10. Applicant must answer questions about:

- Health care worker licensure pursuant to 20 ILCS 2105-165(a)
- Discipline or action taken by hospitals or other health care entities, insurance carriers, or professional societies or associations
- Criminal convictions, discharge from military service or government position, disease or condition that interferes with professional work
- Child support, student loan, and tax compliance

## Application Checklist

For your application to be processed, ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE UPLOADED IN THE PORTAL UNDER "UPLOAD DOCUMENTS" AND SUBMITTED online with the application and required fee unless otherwise directed in the instructions. These supplemental documents can be found on the GME Licensing Webpage.

Before you submit your application, check the following items to make sure your application is complete!

| APPLICATION REVIEW   | COMPLETED |
|--|-----------|
| Application Category Information   |           |
| Applicant Identifying Information  |           |
| Education Information  |           |
| Record of Licensure Information  |           |
| Record of Examination  |           |
| Personal History Information   |           |
| Examination Coding Information (if applicable)   |           |
| Child Support and/or Student Loan Information  |           |
| Certifying Statement   |           |
| SUPPORTING DOCUMENTS   | SUBMITTED |
| Application Fee - \$230  |           |
| <a href="#">CA-MED Form</a> (required; must be uploaded on IDFPR online portal; see directions on how to upload)   |           |
|  |           |
| <a href="#">CT (Certification of Licensure)</a> Form from <i>original</i> and <i>current</i> state of licensure ( <i>for those already with permanent license in another state/jurisdiction – do not complete if it does not apply to you</i> )  |           |
|  |           |
| ECFMG Certificate (copy; FMG; if applicable)   |           |
| Medical School Diploma (copy)  |           |
| Transcripts and ED-MED school certification: <ul style="list-style-type: none"> <li>• Proof of Pre-Medical (undergraduate) (official transcript of grades issued by college or university with school seal affixed)</li> <li>• Proof of Medical Education (official transcript of grades issued by college or university with school seal affixed)</li> <li>• AND <a href="#">ED-MED Form</a> (required) – completed &amp; certified by an official from your medical college</li> </ul> |           |
| Proof of Name Change (if applicable)   |           |
| <a href="#">ED-NON Form</a> (IMG only)   |           |
| 5 <sup>th</sup> Pathway/Social Service (if applicable)   |           |