[Letter must be on Rush letterhead]

Illinois Department of Professional and Financial Regulation

320 West Washington, 3rd Floor

Springfield, IL 62786

March 5, 2020

**RE: *Resident Name***

**Temporary License # 125-*######***

**[*Find the license number in the resident’s MedHub profile in the Certifications tab*]**

To Whom It May Concern:

Dr. \_\_\_\_\_ is requesting an extension to his temporary medical license that is set to expire on \_\_\_\_\_. He/she will complete their residency/fellowship at Rush University Medical Center in the \_\_\_\_ Program on (End Date).

Per ACGME and the American Board of \_\_\_\_\_, a \_\_\_\_\_\_ residency/fellowship consists of \_\_ months/years of training.

Should you require any additional information, please feel free to contact us at \_\_\_\_\_\_.

Sincerely,

***Program Director’s Name***

Residency Program Director