

**(125) TEMPORARY ILLINOIS PHYSICIAN LICENSE  
INITIAL LICENSURE CHECKLIST**

**General Information:**

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.
  - ! Go to the [IDFPR Online Service Portal](#) to create a new online account and complete the new application online.
  - ! Please have documents ready (see Application Requirements) when completing your online application.
2. Applications must be submitted to the IDFPR **at least 90 days prior** 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 Administrator.
3. **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 the [SSN Affidavit](#). A SSN must be obtained soon after.*
4. 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.
5. 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.
6. 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
7. If asked and you'd like to authorize individuals or companies (such as employers or credential services) to contact the IDFPR on your behalf regarding your application, use this [Authorization For Third Party Contact Form](#). Please use the GME Office address (above), phone number: 312/942-0312, and email: thi\_a\_tran@rush.edu
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. In order for your application to be processed, **ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE UPLOADED AND SUBMITTED** online with the application and required fee unless otherwise directed in the instructions.

## Qualifications:

1. Applicant must have been accepted for specialty training in a program of postgraduate clinical training approved by the IDFPR. **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. **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**. 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. Applicant must **upload official medical college transcript including degree conferred and graduation date**. If transcript does not include degree conferred and graduation date, applicant must upload **copy of medical diploma**.  
  
**!** For current year U.S. graduates, applicant must upload both an official transcript AND a certification of graduation (**Supporting Document ED-MED**) issued by the medical college. Both the medical transcript and ED-MED must be issued not more than 30 days prior to applicant's expected graduation date. Incomplete forms will not be accepted. ED-MED form is included at the end of the checklist.
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** is included at the end of the checklist.
5. Applicant must **upload Supporting Document CA-MED 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 is included at the end of the checklist.  
**!** Please notify your Program Administrator. They will obtain the signatures from the Program Director and the official seal from 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

In order for your application to be processed, **ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE UPLOADED AND SUBMITTED** online with the application and required fee unless otherwise directed in the instructions.

Before you submit your application, check the following items to make sure your application is complete! Forms can be found on IDFPR as well.

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	
<b>CA-MED</b> Form	
<b>CCA</b> Form	
<b>PH</b> Form	
<b>CT</b> (Certification of Licensure) Form from <i>original</i> and <i>current</i> state of licensure	
<b>VE-PC</b> Form	
<b>TN-MED</b> Form	
ECFMG Certificate (copy; FMG; if applicable)	
Medical School Diploma (copy)	
Proof of Pre-Medical and Medical Education (official transcript of grades issued by college or university with school seal affixed) ED-MED Supporting Document	
Proof of Name Change (if applicable)	
ED-NON (FMG only)	
5 <sup>th</sup> Pathway/Social Service (if applicable)	
<b>CT</b> (Certification of Licensure) Form from <i>original</i> and <i>current</i> state of licensure	
Exam Scores (sent directly from USMLE, FLEX, National Board, LMCC, or State Board)	
Criminal Background Check	

## Online Application Instructions:

### ONLINE APPLICATION PROCESS

Once you have created and registered your account, you will be able to access the [IDFPR Online Services Portal](#) and click on the tab for **New Applications**.

The screenshot shows the IDFPR Online Services Portal. On the left is a login form titled "Access Your Account" with fields for "User ID" and "Password", a "Log In" button, and links for "Register", "Forgot Password?", and "Forgot User ID?". On the right is the main portal content with a "Welcome" message and a list of services. A red arrow points to the "New Applications" link at the bottom of the list.

**Access Your Account**

Account Renew HERE

User ID

User ID

Password

Password

Log In

Don't have an account? Register  
Forgot Password? Forgot User ID?

Welcome

## IDFPR Online Services Portal

Welcome to our new Online Services Portal! We currently offer the following:

- New Professional License Applications:** Advance Practice Nurses (APNs), Barbers, Cosmetologists, Estheticians, Licensed Certified Public Accountants (CPAs), Dentists, Dental Hygienists, Licensed Massage Therapists, Licensed Practical Nurses (LPNs), Nail Technicians, Permanent Employee Registration Cards (PERCs), Pharmacy Technicians, Registered Nurses (RNs), and Real Estate Brokerage
- New Business License Applications:** Limited Liability Companies (LLCs), Medical Corporations, Professional Service Corporations (PCs), Public Accounting Firms, Salons/Shops
- New License Applications or Renewals:** Medical Cannabis Dispensary Agents
- New and Additional Controlled Substance Applications:** Advance Practice Nurses (APNs), Dentists, Optometrists, Physician Assistants, Physicians, Podiatrists and Veterinarians

**New Applications**

You should select the link for the Medical profession group. The expanded area lists each online application available for the Medical profession group, e.g., Limited Medical Temporary Permit, **Temporary Medical Permit**, and Licensed Physician and Surgeon. You should click on Start for **Temporary Medical Permit**.

### Medical Board (Physician & Surgeon & Chiropractor)

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

The online application process will require you to enter information and upload supporting documents electronically. **The intent of the online application process is for the applicant to provide all information and upload all required documents when the application is submitted to the IDFPR.** However, that may not always be possible. Therefore, the IDFPR Online Services Portal includes an option for the license applicant to upload documents to a pending license application that was previously submitted to the IDFPR.

NOTE: If a question requires you to upload a specific document and you do not upload the document as required, you should upload a statement of explanation. The statement must indicate why you are not uploading the required document & how and when the document will be provided to the IDFPR.