**INSTRUCTIONS FOR GRADUATES OF U.S. and International MEDICAL SCHOOLS**

**TEMPORARY ILLINOIS PHYSICIAN LICENSE APPLICATION**

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

**If you are an International Medical Graduate without a U.S. social security number you must complete and submit a paper application to the GME office**

Go to: <https://ilesonline.idfpr.illinois.gov/DFPR/Default.aspx> **In the Online Service Portal** click here under **New Application** to create an online account **(or)** if you already have an account login with your user name and password, click (**Individual**) select **NO** and

click **NEXT**. Create a user ID and password, enter your personal email address.

**Public Address:** Rush University Medical Center, GME 1650 W Harrison St., 466 Atrium Chicago, IL 60612 - 3844

**Mailing Address:** (Your home address),

Select **Create Account** after all of the required fields have been completed. The system will send you an email to the address you provided. Close the browser window and click on the email. Follow the instructions in the email and click on the LINK to verify your address. After your account has been verified click **Home** to enter the online service portal dashboard to begin your licensing process.

**ONLINE APPLICATION PROCESS**

Once you have created and registered your account, you will be able to access the Online Services Portal and click on the tab for **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**. 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.  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.

**HELPFUL HINTS TO COMPLETING THE APPLICATION**

**Place of Birth and Date of Birth** (city, state, country)

**Provide proof of name change for all supporting documents,** if applicable (i.e. xerox copy of marriage license/divorcedecree).

**Foreign Document:** Any documents 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.

**Fee =** $**230.00** Visa, Master Card or Debit Card (If you are completing a paper application submit a check or money order)

# **Education Information**:

Complete your educational history.

Preliminary school = high school

Add # of undergraduate and medical school years for total.

List your undergraduate and medical school training here.

**Special Training** *Only include information here if you have been/are in any internship or residency program already.*

**Record of Licensure Information**

If you have **never** been licensed as a physician, leave this section blank or answer NO.

If you have ever been licensed as a physician (either temporary or permanent), or have held a related professional license, complete this section. Be sure to state if license is (Temporary, Training or Permanent) under profession name.

If you ever had a permanent license(s), you need to complete a **CT form** to send to your state licensing board(s).

**CA-MED** form will be completed by your program coordinator and emailed to you.

**FCVS Physician Information Profile:**  **Check NO** (if not applicable) **FCVS** is a third party administrator and for an **additiona**l **fee** will

collect all required documents and submit them directly to the IDFPR; however this application process may take a longer period of time

and could delay the issuance of your Illinois license and start date.

# 

**Record of Examination**

Please **list all USMLE, COMLEX, National Boards** and **FLEX examinations**, taken in Illinois or any other state.

# **Supporting Documents**

**US GRADS ONLY:**

**Official Premed Transcripts** (undergrad) transcripts **must be requested** and uploaded to the IDFPR website.

**Proof of Medical School - Official Medical School Transcripts –** An official medical school transcript listing the type and

exact date the degree was conferred with the school seal affixed if applicant has graduated. Applicants who have not

officially graduated, submit an official transcript verifying medical education completed to date, with school seal affixed,

**along** with the **ED-MED (**Certification of Graduation**).** You should Complete Sections **1-8** of the ED-MED and forward

the form to your Dean or Registrar of your medical school for completion. **ED-MED** and transcript may **not** be certified

more than 30 days prior to the graduation date. The completed ED-MED form and transcripts must be uploaded to the

IDFPR’s website. **Premedical** and **final** **medical school** **transcripts** ***(that include the graduation date and conferred***

**degree date*)***from a school in the **United States** can be sent electronically. All transcripts must be official, addressed and sent

directly to IDFPR from the school to[fpr.medicalunit@illinois.gov](mailto:fpr.medicalunit@illinois.gov).  If there are any questions about the origin or the authenticity of the electronic transcript, ahard copy will be requested. **It is your responsibility to make sure this is done by your school.**

**INTERNATIONAL GRADS ONLY:**

**ED-NON** (Certification of Education of **Non U.S. Accredited** Medical College)

**Complete the Applicant section** (Questions 1 – 4) dateand sign the form.

You must forward **the form to the dean/registrar of your medical school for completion** **after graduation** with

school seal affixed. If you completed a core clerkship rotation in a clinical teaching facility which was formally affiliated

or under contract with the medical college which conferred the degree, submit a copy of the affiliation agreement and

evaluation forms by the supervising physician for each core clerkship rotation completed. Have your school return the

completed ED-NON form to you. It is your responsibility to make sure you upload this form to the IDFPR’s website.

**Official transcripts** (marks) from any school(s) documenting at least 2 years of premedical education from

**medical school** with the school seal affixed (original notarized English translation, if applicable). These will be returned to

you after processing if you completed a paper application. A copy of your medical school diploma is also required.

**ECFMG Certificate** Xeroxa copy of your current, validverificationof your successful completion of requirements.

**Social Security Affidavit** must be completed for IMG’s without an U.S. social security number.

**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 you need). The

licensing board or Ministry needs to return the completed form back to you to be uploaded. The CT form can be faxed

to the agency, but an original with seal must be mailed back. **Note:** Some states charge for

this service; call ahead to be prepared to include payment to facilitate a fast turnaround.

**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 lists your medical school information here as well.*

**Health Care Workers Charge with or Convicted of Criminal Acts**) all questions must be answered.

**Personal History Information**) all questions must be answered.

**Applicants may monitor the status of their application through the IDFPR Online Service Portal**

**If you have questions, please feel free to call** **Denise Chaney at 312-942-0312**.

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

1/18