

**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:

- A. Go to: <https://www.idfpr.com/Renewals/apply/forms/md-t.pdf> to print application and forms
(Stroll to select Physician Temporary Licensure)
- B. **VE-PC** (Verification of Employment/Experience-Professional Capacity)
- C. **ED-MED** (Certification of Graduation Supporting Document) **Only current year medical graduates.**
- D. **ED-NON** (Certification of Graduation Supporting Document) **Only for International medical graduates**
- E. **CT** (Licensing certification documentation from EVERY State/Country in which you hold/held a permanent license, if applicable)
- F. **CCA Form** (Health Care Workers Charge with or Convicted of Criminal Acts) a new required form that must be completed and returned with your application for licensure.
- G. **PH Form** (Personal History Form) a new required form that must be completed and returned with your application for Licensure.
- H. **Social Security Affidavit** – Must be completed by all IMG's without an U.S. social security number.
- I. **Official Transcripts – documenting premedical (undergraduate) education.**
- J. **Official Medical School Transcripts – (only if you are not a current year medical graduate)**

*If you currently hold or have ever held a **permanent** license in another state or country, you will also need to complete a **CT** form.*

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 = **\$230.00** Check or money order payable to **IDFPR**
(Illinois Department of Financial & 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 (M.D. or D.O.)
- 3. Social Security Number
- 4. Permanent Mailing Address (use Rush's as below)
- 5. Business Address - please list the following:
Rush University Medical Center - GME
1650 W. Harrison St., 466 Atrium
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 University GME phone number **(312) 942-5495**.
For your work fax number, list Rush University GME phone number **(312) 942-5727**.
- 12. Preferred e-mail address. 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.

Box 6: List your undergraduate and medical school training here.

Box 7: *Only include information here if you have been/are in any internship or residency program already.*

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Part IV: Record of Licensure Information

*If you have **never** been licensed as a physician, leave this section blank.*

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).*

Part V: Record of Examination

In this section please **list all USMLE, COMLEX, National Boards and FLEX examinations**, taken in Illinois or any other state. EACH EXAMINATION ATTEMPT 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 Denise Chaney for further instructions (312-942-0312).

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 the 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 five (5) years preceding the date of application beginning with present employment. *If you were in medical school within the last 5 years please list your medical school information here.*

US GRADS ONLY:

2. **Official Premed Transcripts** (undergrad) transcripts **must be requested** and submitted to GME.
3. **Proof of Medical School - Official Medical School Transcripts** – An official medical 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 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. Have your school forward to you or Rush GME 1650 W. Harrison, Suite 466 Atrium, Chicago, IL. 60612-3844 a.s.a.p. The IDFPR is now accepting **premedical** and **final medical school transcripts (that include the graduation date and conferred degree date)** electronically from **United States** schools. All transcripts must be official, addressed and sent directly to IDFPR from the school. They will not accept them from a third party. The mailbox address for the transcripts is fpr.medicalunit@illinois.gov. If there is any question about the origin or the authenticity of the electronic transcript, a hard copy will be requested.

It is your responsibility to make sure this is done by you school.

INTERNATIONAL GRADS ONLY:

- 3a. **ED-NON** (Certification of Education of **Non U.S. Accredited** Medical College)
Complete the Applicant section (Questions 1 – 4) date and 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 or Rush GME (address below). It is your responsibility to make sure your school does this and GME receives it.
- 3b. **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. The ED-NON form and foreign transcripts will **NOT** be accepted electronically.
- 3c. Xerox of **ECFMG Certificate** as current, valid verification of your successful completion of requirements.
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 you need). *The licensing board or Ministry needs to return the completed form back to you so that it is included with your application packet* This 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.
5. **CCA Form** (Health Care Workers Charge with or Convicted of Criminal Acts) is a required form that must be completed and returned with your application for licensure.
6. **PH Form** (Personal History Form) is a required form that must be completed and returned with your application.
7. Any **name change documentation**, if applicable (i.e. xerox copy of marriage license/divorce decree).

**Mail the application form, checklist, \$230 fee and any readily-available completed forms immediately.
Send any remaining supporting documents (i.e. ED-MED and ED-NON medical school transcripts and CT if applicable)
as soon as possible to:**

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

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 and 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.)