

**INSTRUCTIONS FOR GRADUATES OF U.S. MEDICAL SCHOOLS
TEMPORARY ILLINOIS PHYSICIAN LICENSE APPLICATION**

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

Forms may be **printed** and completed with **black ink** or typewriter; **OR input your data directly** from your computer to fill-in all sections of all pages. Please print out all pages, and sign page 4 of the application.

- A. [Four-Page Application](#) for Licensure
- B. [VE-PC](#) (Verification of Employment/Experience-Professional Capacity)
- C. [ED-MED](#) (Certification of Education Supporting Document)
- D. [Application Checklist for Temporary Physician](#)

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 GUIDELINES FOR 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 = **\$100.00** 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 (If you do not have an Illinois address, use Rush's as below)
- 5. Business Address - please list the following:
Rush University Medical Center - GME
600 S. Paulina St., AcFac 527
Chicago, IL 60612 - 3844
- 6. Maiden Name/Surname or any other name(s) if applicable (in 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.

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 Nikita Ross or Mykael Moss for further instructions (312-942-5495).

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.*
2. **ED-MED** (Certification of Education)
*If you are graduating from an Illinois medical school, this year you do not need to fill out the ED-MED form. If you attend an out-of-state medical school or a school that does not submit a printout to the Illinois Department of Professional Regulation, complete the **ED-MED form sections 1 through 8, sign and date the form.** You must forward the form to the dean/registrar of your medical school. Your medical school needs to complete the remainder of the ED-MED form **no earlier than 30 DAYS prior to completion or program completion** of school requirements. Have your school forward the ED-MED form to you or Rush GME, 600 S. Paulina, Suite 527, Chicago, IL 60612-3844 a.s.a.p.) It is your responsibility to make sure this is done by your school.*
3. 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.
4. **Application Checklist for Temporary Physician** must be included and completed.
5. **Official transcripts** (marks) from any school(s) documenting **premedical (undergraduate) education**.
6. Any **name change documentation**, if applicable (i.e. xerox copy of marriage license/divorce decree).

Mail the application form, VE-PC, checklist, \$100 fee and any readily-available completed forms immediately.

Send any remaining supporting documents (i.e. ED-MED and Pre-med transcripts) as soon as possible to:

**Rush University Medical Center, GME
600 S. Paulina St., 527 Ac Fac
Chicago, IL 60612 - 3844**

If you have questions, please feel free to call the GME Office at 312-942-5495.

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 "later or in the third year" if program length is more than three years.)