

## PERMANENT LICENSURE

### Instructions for Graduates of U.S. and International Medical Schools

If you have taken all USMLE Steps 1, 2 & 3 or the COMLEX, and have completed at least 24 months in an approved US or Canadian clinical training program. Go to: <https://www.idfpr.com/Renewals/apply/forms/md-ac-end.pdf> to print application and forms. (Select Physician Licensure by Acceptance of Examination). **Effective 2/2/2015 all residents applying for a Illinois Physician license must submit to a criminal background and provide evidence of Fingerprint processing from the Illinois State Police or its designated agent.**

Complete items 1 - 13 below. (International Graduates must also provide 15-16.) If you do not currently have a valid Illinois Temporary Medical License.

Please follow instructions and helpful hints below carefully.

There are two options to completing the forms:

- o Print the application and complete in BLACK INK ONLY.

1. Complete the 4-page application

On page 1:

- #1 Professional Name = PHYSICIAN/SURGEON #2 Professional Code = 036  
#3 License Method = "ENDORSEMENT" if you are permanently licensed in another state OR  
"ACCEPTANCE OF EXAMINATION" if you have taken all 3 parts  
of the USMLE, COMLEX, or the LMCC (Canada).  
#4 Application Fee = \$700.00 (check payable to "IDFPR")

On page 3, Part V: Be sure to list all attempts of USMLE exams, and/or COMLEX taken

2. **\$700.00** - in the form of a **check or money order** payable to "IDFPR" (Illinois Department of Professional and Financial Regulation).
3. **Official transcripts** from **undergraduate** school(s) (showing at least 2 years of premedical education) with school **seal affixed**. (International graduates with a valid Illinois Temporary License transcripts are not required or if you are a US grad with an active Illinois temp license issued after April 1, 2012 you need not submit transcripts) Official premedical transcripts from U.S. institutions can be sent electronically directly to the IDFPR at [fpr.medicalunit@illinois.gov](mailto:fpr.medicalunit@illinois.gov).
4. **Official transcripts** from **medical school** (showing 2 years of study in basic medical sciences and 2 years core clinical clerkships) with school **seal affixed** (International graduates with a valid Illinois temporary license transcripts are not required or if you are a US grad with an active Illinois temp license issued after April 1, 2012 you need not submit transcripts) Official medical transcripts from U.S. institutions can be sent electronically directly to the IDFPR at [fpr.medicalunit@illinois.gov](mailto:fpr.medicalunit@illinois.gov).
5. **Copy** of original **medical school diploma** (**original** English translation required if applicable). This is only required **IF your degree and date awarded is NOT on your medical school transcript**.
6. **VE-PC form** - Complete sections 1 through 6.  
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 list your medical school information here as well.*
7. **TN-MED form** - Proof of (at least) 24 months of satisfactory completion of clinical training in an approved training facility within the U.S. or Canada. An Institutional SEAL must be affixed. (**See your GME Office**). If requesting from an institution where a seal is not available, the signature **MUST** be notarized, and sent with a letter on the program/institutional letterhead stating no seal exists.
8. **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.

9. **Criminal Background Check Certifying Statement of Fingerprint Submission form (FP-MED)**

Individuals applying for licensure must submit to a criminal background check and provide evidence of fingerprints.

Illinois residents may contact a licensed fingerprint vendor to schedule an appointment by going to:

<https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp>. Complete the FP-MED form or a receipt issued by a licensed fingerprint vendor and submit it with your application and fee.

**Out-of-State** Residents may obtain a fingerprint form **ISP6-404B** provided by the Illinois State Police or request a **FP card** by calling the IDFPR at 1-800-560-6420. Take the fingerprint card to your local Police department to obtain classifiable prints. The fingerprint card and processing fee of **36.50** must be mailed to: **Illinois State Police Bureau of Identification, 260 North Chicago Street, Joliet, IL 60432. Fingerprints must be taken within 60 days from the date the application is submitted to the IDFPR.**

10. **PH Form (Personal History Form)** a new required form that **must** be completed and returned with your application.

11. **CT form** -Complete this form **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 with seal and give it back to you so that it is included with your application packet. Note: Some states charge for this service and will send directly to the IDFPR.

**If you already have a temporary license in Illinois, do not complete this CT form; discard it.**

- *Please specify on pg. 3 sec. IV. License type and State in which your license is currently held.*

12. **Name change documentation** if applicable (e.g. Xerox of marriage license/divorce decree /name change)

13. Complete the **Application Checklist for Physicians** - This form **MUST** be sent as the cover sheet with the application and documents.

14. Also attached is an application for "**State Controlled Substance Registration**". While you are in training at Rush, you may use Rush's DEA number. If you wish to have your own DEA number, you will need to complete this form. This is **required** in order to be eligible to apply for your DEA number or to use your current DEA number in Illinois. Please complete both pages of the application, list Rush University Medical Center as your business address (1650 W. Harrison St., GME 466 Atrium, Chicago, IL 60612), circle all drug schedule options, attach appropriate fee (\$5 check payable to IDFPR - can be added to license application fee), and send to IDFPR with your license application. Once you receive your Controlled Substance License (it will be mailed to GME), you may apply for your DEA (on the DEA website <http://www.idfpr.com/Renewals/apply/forms/f0500cs.pdf>)

Please complete all of the above and **mail to IDFPR (Attention: Cash Unit) 320 W. Washington BLVD.  
3 FL. Springfield, IL. 62786**

15. **Proof of Examination:** Request the appropriate Board(s) or Council to forward an official transcript of your examination history of USMLE, COMLEX, and/or LMCC **directly to the Medical Unit**, Illinois Dept. of Professional & Financial Regulation, 320 W. Washington, Springfield, IL 62786 (phone 217.782.8556). To complete the **EBAHR** on-line applications go to [www.fsmb.org](http://www.fsmb.org) select licensure examination, then select transcripts. The (\$65 fee) can be charged to a credit card. For COMLEX scores, download the form from [www.nbome.org](http://www.nbome.org) and follow instructions.

**Additional requirements for International Graduates without a current Illinois training license:**

16. **ED-NON Form** -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 to complete 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 from the supervising physician for each clerkship rotation completed. Have your school return the completed form to you or IDFPR. It is your responsibility to make sure IDFPR receives it.

17. Xerox of **ECFMG Certificate** as current, valid verification of your successful completion of requirements.

**Permanent licenses are issued in the name of the applicant and mailed directly to the home address** as indicated on the application. **You must provide RUSH GME with a copy of your license when you receive it.** Please fax to 312.942.5727. **You may not begin your program until this is done.** All permanent licenses are due to **expire July 31, 2017 regardless of the application date.** *Should you have questions, call Denise Chaney at (312) 942-0312*