

## INSTRUCTIONS FOR GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS TEMPORARY ILLINOIS PHYSICIAN LICENSE APPLICATION

To be considered for temporary licensure in Illinois, the following forms and supporting documents must be submitted to the Loyola University Medical Center Office of GME as soon as possible, but **no later than April 8, 2013** to be assured of a timely start to your training program:

(Click on link to access document. All documents should be printed and filled out in **BLACK** ink only.)

Temporary Physician License Application for IMG: <http://www.idfpr.com/Renewals/apply/forms/md-t.pdf>

### **Guidelines:**

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 = Non-examination
- A4. Fee = \$230.00 Check or money order payable to IDFPR  
Illinois Department of Financial & Professional Regulation)
- B. Check box indicating the appropriate information

#### Part II: Applicant Identifying Information

- 1. Name
- 2. Title: M.D. or D.O.
- 3. Social Security Number
- 4. Permanent Mailing Address (If you do not have an Illinois address, use Loyola's address as shown under #5)
- 5. Business Address - please list the following:  
Loyola University Medical Center  
GME Office, 105/2840  
2160 S. First Avenue  
Maywood, IL 60153
- 6. Maiden Name/Surname or any other name(s) if applicable
- 7. Mother's Maiden Name
- 8. Place of Birth (City, State/Country)
- 9. Date of Birth (Month/Day/Year format)
- 10. Age, Gender
- 11. Work, Home Phone and Fax Numbers  
For your work phone number, contact your program coordinator  
For your work fax number, contact your program coordinator
- 12. Preferred e-mail address.

#### Part III: Education Information

- Boxes 1-4: Elementary School through 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 an internship or residency program in a US teaching hospital already.*

#### Part IV: Record of Licensure Information

*If you have ever had a permanent license(s), or have held a related professional license, you need to complete a CT form to send to your state or country's licensing board(s).*

*If you have never been licensed as a physician in the United States or abroad, leave this section blank.*

#### 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, including failures.*

#### Part VI: Personal History Information

ALL APPLICANTS must complete this part. Check "Yes" or "No" as appropriate. If any response is "YES," contact Anne Hartford in the GME office for instructions.

#### 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**

#### **CCA Form**

This form must be completed and included in packet in order for your application to be reviewed and your license to be issued

#### **VE-PC (Verification of Employment/Experience-Professional Capacity)**

This form is to be used by all applicants. 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.

#### **ED-NON (Certification of Education of non-LCME Accredited Medical College)**

Complete the Applicant section, Questions 1 – 8, date and sign the form. Forward the form to the dean/registrar of your medical school for processing.

**The remainder of the ED-NON form must be completed and signed no earlier than 30 days prior to your graduation date.**

Please instruct your school forward the ED-NON form to you or:

Loyola University Medical Center  
(Your Clinical Specialty Department/Division)  
2160 S. First Avenue  
Maywood, IL 60153

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

### **AF-MED (Certificate of Affiliation)**

Complete the Applicant section (Questions 1 – 6) and give to your medical school with the ED-NON form. The Dean/Registrar of the school must certify either A. or B., dependent upon whether the clinical teaching facility in which you did your core clinical rotations was OWNED or OPERATED by your medical school or AFFILIATED OR CONTRACTED. This form may be sent back to you or sent directly to Loyola's GME Office. If B. is selected, additional forms must be supplied by your school.

### **CT – Certification of Licensure**

The CT form is to be completed ONLY IF you have EVER held a permanent license in any state or country. Complete the top half of the form and send it to each appropriate licensing agency. The document must be completed by the jurisdiction of original licensure and the jurisdiction where you have most recently been practicing. This applies to individuals licensed in a U.S. jurisdiction or foreign country or province. Please direct the licensing entity to return the completed form directly 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 to verify so you may include payment with your request to avoid delay.

### **CA-MED Form**

Complete the top portion only. Your coordinator will complete the bottom half before sending your application to IDFPR

**Any name change documentation**, if applicable (i.e. copy of marriage license/divorce decree).

**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). Your original documents will be returned after processing. You must also provide a photocopy of the documents. A copy of your medical school diploma is also required.

**ECFMG**, VQE or FMGEMS, a current copy of your certification is required.

Although you must be ECFMG-certified by the program start date, you may complete your application documents before you begin your training program at Loyola. When you submit your documents, please include photocopies of your exam results. When you receive your ECFMG certificate, you must provide a photocopy to the GME Office.

### **Fifth Pathway**

Individuals graduating from a Fifth Pathway program must submit, in addition to all of the documents requested above, verification of completion of an approved Fifth Pathway program.

### **Social Service**

Individuals must submit proof of completion of internship or social service if required prior to the granting of their degree.

**PLEASE NOTE:** For any individuals who graduated from a medical or osteopathic college more than 2 years prior to the date of application for licensure, not actively engaged in the practice of medicine or engaged in a formal program of medical education in another state, territory, country, or province, in addition to meeting all requirements for licensure, must submit documentation to the Illinois Department of Financial and Professional Regulation evidencing professional capacity since graduation from medical school. For further details, please click link. <http://www.idfpr.com/Renewals/apply/forms/md-t.pdf>

All temporary licenses are issued for a maximum period of three (3) years. If your program is longer than three (3) years, an extension for the additional year(s) will be granted.