

**(036) PERMANENT ILLINOIS PHYSICIAN LICENSE**  
**LICENSURE BY ACCEPTANCE OF EXAMINATION & LICENSURE BY ENDORSEMENT**

**General Information:**

The permanent license is on a **three-year cycle** not tied to the application date. All expire **July 31, 2020**.

**IMPORTANT:** If you decide to apply before application period is open, you are required to renew again with a fee of \$501. If you have an IL permanent license, please forward a copy to [Thi Tran](#) at the GME office.

These instructions cover licensure requirements for endorsement and acceptance of examination applicants only. If you are applying on the basis of endorsement you **MUST BE** currently licensed to practice medicine in all of its branches in another jurisdiction.

1. Before completing your online application, please read each step below. This will aid you in **accurately** completing your application and eliminate delays in processing. The application requirements listed below follow the same order as the online application questions.
  - ! Go to the [IDFPR Online Service Portal](#) to create a new or sign into your online account and complete the new application online.
  - ! Please have documents ready (see Application Requirements) when completing your online application.
2. Applications must be submitted to the IDFPR **at least 90 days prior** to the applicant's scheduled start date in the postgraduate clinical training program. Thi Tran from the GME Office will advise you on the open application period.
3. **Disclosure of your U.S. Social Security Number (SSN)**, if you have one, is **mandatory**, in accordance with 5 ILCS 100/10-65 to obtain a license. The number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any Tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification. *Reporting a number on your application that is not your SSN may be grounds for denial of licensure. Applicants who do not have a social security number to submit to the IDFPR must complete the [SSN Affidavit](#). A SSN must be obtained soon after.*
4. Any document 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. The translator must certify to the above requirements as well as to the accuracy of the translation.
5. The **application fee for an initial license is \$500.00** and is non-refundable.
  - ! Initial (036) Permanent Physician License – \$500.00
  - ! NOTES: All major credit and debit cards as well as ACH and eCheck are accepted.
6. Applicants may monitor the **status of their license application** through the **IDFPR Online Services Portal**. In addition, each GME Office has a separate account through the online portal where the hospital may access and monitor the status of temporary license applications submitted by their house staff.
  - ! For the Public Address section, please use this information:  
Rush University Medical Center, GME  
600 S. Paulina St., Suite 403 AAC  
Chicago, IL 60612-1833
7. After the license application is complete, the license shall be issued to the hospital sponsoring the postgraduate clinical training program. The applicant shall not commence training until the license has been issued by the IDFPR designating the effective date and expiration date of the license.
8. In order for your application to be processed, **ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE UPLOADED AND SUBMITTED** online with the application and required fee unless otherwise directed in the instructions.

## Qualifications & Requirements:

Contact the Federation of State Medical Boards (FSMB) at 817/868-4041 or at [www.fsmb.org](http://www.fsmb.org) for information on how to apply for USMLE Step 3.

- ◆ To be licensed in Illinois, you must:
  - Be of good moral character
  - Meet educational, examination and experience requirements
  - Report your U.S. social security number
  - Submit the online application for licensure, along with the appropriate fee, and all other applicable forms to the Illinois Department of Financial and Professional Regulation (IDFPR)

### ◆ Criminal Background Check

All individuals applying for initial licensure as a physician or chiropractic physician in Illinois must submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. See [Important Notice – Criminal Background Check](#) requirement for more information concerning this requirement.

A list of licensed fingerprint vendors is available on the [Board's website](#). Please contact a licensed fingerprint vendor and schedule an appointment to have your fingerprints taken and transmitted to both the ISP and the FBI for completion of a criminal history background check. The fingerprint vendor will require you to provide the Originating Requester Identification ("ORI") number assigned to the agency requesting the fingerprint inquiry. **Please note that the agency is the Department of Financial and Professional Regulation. The agency ORI number is IL920704Z. The request is for licensing purposes. The purpose code is PHY.**

### ◆ Fees:

The licensure fee for Physician and Surgeon is \$500. It is non-refundable.

| Profession:         | Profession Code | Licensure Method   | Fee      |
|---------------------|-----------------|--------------------|----------|
| Physician & Surgeon | 036             | Acceptance of Exam | \$500.00 |
| Physician & Surgeon | 036             | Endorsement        | \$500.00 |

Please note: You will have to pay additional fees, charged by the providers, for:

- Administration of examinations
- Use of the Federation Credentials Verification Service (FCVS)
- ECFMG certification reports
- Examination scores/reports
- Certifications of Licensure

### ◆ Education Requirements:

To satisfy the education requirements for licensure as a physician, you must present evidence of the following:

- **Professional Education**  
Satisfactory completion of 6-year post-secondary course of study consisting of two (2) academic years of a course of instruction in a college or university and four (4) academic years of medical education. The four (4) academic years of medical education shall consist of two (2) academic years of study in the basic medical sciences and two (2) academic years of study in the clinical sciences while enrolled in the medical college that conferred the degree (an academic year is defined as a minimum of nine (9) months in length); or graduated from a medical or osteopathic college accredited by the Liaison Committee on Medical Education or the American Osteopathic Bureau on Professional Education.
- **Endorsement applicants** licensed in another jurisdiction prior to January 1, 1988 must meet the above criteria or be a graduate of a foreign medical education program that was considered approved by the Illinois Department of Financial and Professional Regulation on or before December 31, 1987.
- **Graduates of Foreign Medical Colleges** must submit the following documents:
  - Verification of ECFMG certification
  - Certification of Education (ED-NON form)

#### ◆ Experience Requirements:

- **Postgraduate Training Requirements**

Satisfactory completion of twelve (12) months of approved training is required if you entered the postgraduate residency training program December 31, 1987, or before; twenty-four (24) months is required if you entered the program January 1, 1988, or after. All training must have been completed in an approved training facility in the U.S. or Canada.

- **Professional Capacity**

ALL applicants who have NOT been engaged in the active practice of medicine or who have NOT been enrolled in a medical program for two (2) or more years prior to application must also submit documentation of [Professional Capacity](#).

- **Examination Requirements**

The current examinations required for licensure as a physician in Illinois are either:

- Step 1, Step 2, and Step 3 of the United States Medical Licensing Examination (USMLE)  
OR
- Part I, Part II, and Part III of the examinations of the National Board of Osteopathic Medical Examiners (NBOME)  
OR
- Licensee of the Medical Council of Canada examination (LMCC)

However, if you have completed one of the following combinations of NBME, FLEX, and USMLE examination parts with scores acceptable to Illinois, you can satisfy the examination requirement by having the appropriate testing body send your scores to IDFPR.

Please contact Thi about Acceptable Examination Combinations for Medical License if completed prior to January 1, 2000.

#### ◆ Verifying Your Credentials

To ensure authenticity of credentials, IDFPR requires that your qualifications of licensure be **verified independently**. Verified credentials may be submitted from the Federation Credentials Verification Service (FCVS) or from each organization where you met the requirement. Following are detailed instructions and requirements for applying for licensure using the Federation Credentials Verification Service (FCVS) and applying for licensure without using the FCVS.

\* Note: Submission of the FCVS Profile is optional. It is not required for licensure.

#### **Federation Credentials Verification Service (FCVS)**

The Federation Credentials Verification Service (FCVS) is operated by the Federation of State Medical Boards of the United States, Inc., a national nonprofit organization that provides services for the state medical and osteopathic licensing authorities in the U.S., Guam, Puerto Rico and the Virgin Islands. Its primary purpose is to provide a centralized, uniform process for state licensing authorities – as well as private, governmental and commercial entities – to obtain a verified, primary source record of a physician’s “core” credentials.

By using FCVS to verify your credentials, you will establish a permanent repository of primary source-verified documents. Once your file is established, these documents will be available for your use at any time. The documents that FCVS verifies and stores for you fall into the following categories:

- Identity
- Medical Education
- Examination History (state licensing authorities only)
- Board Action/Disciplinary History
- ECFMG Certification (if applicable)

! FCVS will charge you a [fee](#) for gathering and forwarding your initial Profile, and only a processing fee for forwarding additional Profiles (called “Subsequent Requests”). Average processing time to collect and forward your initial Profile is approximately 8 weeks (graduates from medical schools outside the U.S. generally take 2-3 weeks longer). Once your permanent file is established, subsequent requests are typically forwarded within 2-3 weeks. We suggest that you contact FCVS at 1-888-ASK-FCVS and discuss the appropriateness of using its services based upon your individual situation.

The IDFPR accepts Physician Information Profiles compiled by FCVS. If you choose to use FCVS, you must still apply for licensure in Illinois by submitting the Illinois licensure application, licensure fee of \$500, and certain other documentation. In certain circumstances where direct verification of credentials cannot be accomplished, it will be necessary for the applicant to meet verification procedures as indicated in the following section on verification by the IDFPR. The Department reserves the right to reject any or all portions of the FCVS documentation.

If your credentials are already on file with FCVS, contact FCVS at 1-888-ASK-FCVS to have them forwarded to the Illinois Department of Financial and Professional Regulation.

### Applicants Using FCVS

Applicants using FCVS must submit the following:

#### **FCVS Physician Information Profile**

##### **U.S. or Canadian Medical School Graduates**

- Illinois Medical Application
  - Complete the appropriate application. All questions must be answered and your signature must be attached.
- CCA form (Health Care Workers Charged With *OR* Convicted of Criminal Acts)
  - Supporting document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.
- PH form (IDFPR Personal History Information)
  - Supporting document PH must be completed and submitted with each application. Your application will not be processed without completion of this form.
  - These questions must be answered with either “yes” or “no.” If any of your responses to numbers 1 through 6 are “yes”, submit the following [documentation](#).
- VE-PC form (Verification of Employment/Experience-Professional Capacity)
  - This form is to be completed by all applicants. Record your work history chronologically for the five (5) years preceding the date of application beginning with present employment. Also list any breaks of six (6) months or longer in your medical practice since graduation from medical school. If you have not been actively engaged in the practice of medicine or in a formal program of education during the 2 years immediately preceding the filing of your application, refer to [Professional Capacity](#).
- Illinois licensure fee
- An official transcript verifying pre-medical education
- CT form (Certification of Licensure)
  - Supporting document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.

##### **Graduates of Foreign Medical Colleges**

- Illinois Medical Application
  - Complete the appropriate application. All questions must be answered and your signature must be attached.
- CCA form (Health Care Workers Charged With *OR* Convicted of Criminal Acts)
  - Supporting document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.
- PH form (IDFPR Personal History Information)
  - Supporting document PH must be completed and submitted with each application. Your application will not be processed without completion of this form.
- VE-PC form (Verification of Employment/Experience-Professional Capacity)
  - See above
- Illinois licensure fee
- An official transcript verifying pre-medical education
- CT form (Certification of Licensure)
  - Supporting document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.
- Proof of satisfactory completion of internship or social service, if required for conferral of the degree.
- ED-NON form (Certification of Education)
  - Must be completed by the Non-LCME accredited medical college with official, original seal and signature.

### Verification by the IDFPR

If you are not using FCVS, we must receive evidence of your compliance with each licensure requirement directly from the organization where you met the requirement (e.g., testing agency, licensing authority, hospital, employer, etc.).

To assist in the evaluation process, applicants must submit official transcripts issued by the medical college or university with the school seal affixed. You must also submit an 8-1/2 x 11-inch photocopy of any foreign documents. All documents submitted in a foreign language MUST be accompanied by an official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation. The translator's certifying statement must be submitted with the translation. Subsequent to review, all official foreign documents will be returned via regular mail. If you would like original documents returned other than by regular mail, you must provide a prepaid envelope.

### Applicants NOT Using FCVS

Applicants NOT using FCVS must submit the following:

#### • U.S. or Canadian Medical School Graduates

- Illinois Medical Application
  - Complete the appropriate application. All questions must be answered and your signature must be attached.
- CCA form (Health Care Workers Charged With *OR* Convicted of Criminal Acts)
  - Supporting document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.
- PH form (IDFPR Personal History Information)
  - Supporting document PH must be completed and submitted with each application. Your application will not be processed without completion of this form.
  - These questions must be answered with either "yes" or "no." If any of your responses to numbers 1 through 6 are "yes", submit the following [documentation](#).
- VE-PC form (Verification of Employment/Experience-Professional Capacity)
  - This form is to be completed by all applicants. Record your work history chronologically for the five (5) years preceding the date of application beginning with present employment. Also list any breaks of six (6) months or longer in your medical practice since graduation from medical school. If you have not been actively engaged in the practice of medicine or in a formal program of education during the 2 years immediately preceding the filing of your application, refer to [Professional Capacity](#).
- Illinois licensure fee
- An official transcript verifying pre-medical education\*\*
- An official medical transcript with the school seal affixed and copy of your medical school diploma\*\*
  - Official transcripts must be submitted from each and every medical school attended
- CT form (Certification of Licensure)
- Verification of Pass/Fail Examination History (FLEX, National Board, USMLE)
  - Official transcripts must be sent directly from the appropriate board(s)
- TN-MED form (Certification of Postgraduate Clinical Training)
  - This must be completed by the program director of the postgraduate clinical training program (residency) where your training was completed.

\*\* U.S. or Canadian graduates: If you hold a valid, active IL temporary license issued after April 1, 2012, you are not required to resubmit the items above that have asterisks.

- **Graduates of Foreign Medical Colleges**

- Illinois Medical Application
  - Complete the appropriate application. All questions must be answered and your signature must be attached.
- CCA form (Health Care Workers Charged With *OR* Convicted of Criminal Acts)
  - Supporting document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.
- PH form (IDFPR Personal History Information)
  - Supporting document PH must be completed and submitted with each application. Your application will not be processed without completion of this form.
  - These questions must be answered with either “yes” or “no.” If any of your responses to numbers 1 through 6 are “yes”, submit the following [documentation](#).
- VE-PC form (Verification of Employment/Experience-Professional Capacity)
  - This form is to be completed by all applicants. Record your work history chronologically for the five (5) years preceding the date of application beginning with present employment. Also list any breaks of six (6) months or longer in your medical practice since graduation from medical school. If you have not been actively engaged in the practice of medicine or in a formal program of education during the 2 years immediately preceding the filing of your application, refer to [Professional Capacity](#).
- Illinois licensure fee
- An official transcript verifying pre-medical education\*\*
- An official medical transcript with the school seal affixed and copy of your medical school diploma\*\*
  - Official transcripts must be submitted from each and every medical school attended
- CT form (Certification of Licensure)
- Proof of satisfactory completion of internship or social service, if required for conferral of the degree\*\*
- Verification of Pass/Fail Examination History (FLEX, National Board, USMLE)
  - Official transcripts must be sent directly from the appropriate board(s)
- TN-MED form (Certification of Postgraduate Clinical Training)
  - This must be completed by the program director of the postgraduate clinical training program (residency) where your training was completed.
- Verification of ECFMG certification\*\*
- ED-NON form (Certification of Education)\*\*
  - Must be completed by the Non-LCME accredited medical college with official, original seal and signature.

\*\* Foreign medical graduates: If you hold a valid, active IL temporary license, you are not required to resubmit the items above that have asterisks.

## Application Checklist

In order for your application to be processed, **ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE UPLOADED AND SUBMITTED** online with the application and required fee unless otherwise directed in the instructions.

Before you submit your application, check the following items to make sure your application is complete! Forms can be found on IDFPR as well.

| APPLICATION REVIEW  | COMPLETED |
|---|-----------|
| Application Category Information  |           |
| Applicant Identifying Information   |           |
| Education Information   |           |
| Record of Licensure Information   |           |
| Record of Examination   |           |
| Personal History Information  |           |
| Examination Coding Information (if applicable)  |           |
| Child Support and/or Student Loan Information   |           |
| Certifying Statement  |           |
| SUPPORTING DOCUMENTS  | SUBMITTED |
| Application Fee - \$500   |           |
| CCA Form  |           |
| PH Form   |           |
| VE-PC Form  |           |
| FCVS Physician Profile (optional)   |           |
| TN-MED Form   |           |
| ECFMG Certificate (copy; FMG; if applicable)  |           |
| Medical School Diploma (copy)   |           |
| Proof of Pre-Medical and Medical Education (official transcript of grades issued by college or university with school seal affixed)<br>ED-MED Supporting Document |           |
| Proof of Name Change (if applicable)  |           |
| ED-NON (FMG only)   |           |
| 5 <sup>th</sup> Pathway/Social Service (if applicable)  |           |
| CT (Certification of Licensure) Form from <b>original</b> and <b>current</b> state of licensure   |           |
| Exam Scores (sent directly from USMLE, FLEX, National Board, LMCC, or State Board)  |           |
| Criminal Background Check   |           |