INSTRUCTIONS FOR PERMANENT LICENSURE
FOR GRADUATES OF U.S. AND INTERNATIONAL MEDICAL SCHOOLS
For Applicants who have taken Step 3 outside of Illinois, or have held a license in another state

NOTE: If you registered, took and PASSED the USMLE Step 3 in ILLINOIS, do not use this application. See Instructions for Permanent Licensure for those who have taken Step 3 in Illinois also found on the Licensure page.

If you already have an ILLINOIS TEMPORARY MEDICAL PERMIT and/or if you registered & passed the USMLE Step 3 somewhere other than ILLINOIS, complete items #1 – 11 below. Your method of licensure will be “ENDORSEMENT.”

Instructions

1. Application Transmittal Checklist
   Physician form which MUST be sent as the cover sheet with the application and documents.

2. Payment
   $700.00 - in the form of a check or money order made payable to the Illinois Department of Professional and Financial Regulations (“IDFPR”).

3. Four Page Application:
   Print out and complete application in BLACK ink only
   a. 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 if you registered for and passed USMLE
         Step 3 in another state.
      #4 Application Fee = $700.00 (check payable to “IDFPR”)
   b. On page 3, Part V:
      Be sure to list all attempts of USMLE exams, National Boards, Osteopathic
      Boards, or FLEX taken, including failures.
      c. Additional Notes:
      Be sure to complete your information (Name, SSN, and Profession
      Code) along the right side of your application.

Supporting Documents

4. Personal History Addendum
   ALL APPLICANTS must complete this form in order for your application to be reviewed
5. **CCA Form**
   This form must be completed and included in your packet in order for your application to be reviewed.

6. **VE-PC Form**
   - You MUST account for the entire time period since medical school graduation including any unemployment/vacations. Any gap in time will delay the processing of your application! Start with CURRENT position.
   - If you answered “Yes” to any question on the Personal History portion of the application MUST list all activities since medical school to present date

7. **TN-MED Form**
   - A minimum of 24 months of clinical training in an accredited US or Canadian program is required
   - Only one program can be verified on each TN-MED Form
   - This form cannot be signed any earlier than the successful completion of the 24 months of training.
   - Complete the top portion of the form and then provide it to your program to complete the bottom half
   - If an institutional seal is not available, the signature MUST be notarized, and a letter on the program/institutional letterhead stating no seal exists attached.

8. **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 in the jurisdiction of original licensure and the jurisdiction where you have most recently been practicing.
   - A Letter of Good Standing from the licensing agency is also acceptable in lieu of the completed CT Form
   - If possible, please direct the licensing entity to return the completed form directly to you so that it is included with your application packet.
   - Any disciplinary information must be submitted by the licensing entity, if applicable
     - You must also submit a detailed, signed statement regarding the discipline.
   - If your medical degree was the only authorization to practice and no license was issued
     - A letter from your medical school or a signed statement from you may be submitted in lieu of a CT form
   - Electronic licensure verifications from VeriDoc, Wisconsin, Indianan, North Carolina and South Dakota are accepted
   - This form 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.
9. **Original, official transcripts from undergraduate school(s)***
   - Transcripts must show at least 2 years of premedical education with school seal affixed.
     - If your premed and medical education were completed at one school over a period of 5 years or more the combined total must equal at least 54 months of education
   - If applicable, official and original translation documents must also be submitted with transcripts if they are written in any language other than English

10. **Official transcripts from medical school***
    - Official, final transcripts with the date medical degree was conferred
    - Transcripts must show 2 years of study in basic medical sciences and 2 years core clinical clerkships with school seal affixed
    - A copy of medical degree will be required ONLY IF transcripts do not bear a full degree date
    - If applicable, official and original translation documents must also be submitted with transcripts if they are written in any language other than English

11. **Name Change Documentation, if applicable**
    If you have married, divorced, or legally changed your name for another reason, you must provide the legal documents verifying the name change.

12. **Proof of Examination**
    - All exam scores are to be sent to IDFPR directly from the examination entity
    - USME and FLEX scores are received electronically – applicants can submit an on-line request at [www.fsmb.org](http://www.fsmb.org)
    - To request COMLEX scores: For NBOME: [http://nbome.org](http://nbome.org)

13. **State Controlled Substances Registration Application**
    While you are in training you may use the institution’s number. However, if you wish to have your own Federal DEA number, you will need to complete this form. The Illinois State Controlled Substances License is required in order to be eligible to apply for a Federal DEA number, or to use your current Federal DEA number in Illinois.
    - Please complete both pages of the application
      - List Loyola University Medical Center as your business address
        1. 2160 S. First St, Bldg 105 Room 2849, Maywood, IL 60153
      - Circle all drug schedule options
      - Attach appropriate fee, a separate $5 check
    - Once you receive your Controlled Substances License, you may apply for your Federal DEA on their website: [www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms.htm](http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms.htm).
Graduates of an International Medical School
In addition to the requirements listed above please also submit the following documentation

14. Copy of valid ECFMG Certificate**

15. Certification of Education; Non- LCME Accredited Medical College (ED-NON form)**
   - Complete the Applicant section, parts 1-4, date and sign the form.
   - Forward the form to the dean/registrar of your medical school for processing
   - Please include the ED-NON Form Instructions for Medical Schools when sending your paperwork to your school.
     - These instructions can be found on the GME website under licensure for incoming housestaff
   - It is your responsibility to secure these documents from your medical school.
   - Please notify your coordinator if you are having difficulty getting in contact with or getting the required forms from your medical school

16. Fifth Pathway, if applicable
   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.

17. Social Service, if applicable
   Individuals must submit proof of completion of internship or social service if required prior to the granting of their degree.

18. Compulsory Rotating Internship
   Must provide a copy of this certificate if completed as part of your medical education program and completed prior to awarding of your medical degree

*** IF YOU ARE A GRADUATE OF AN INTERNATIONAL MEDICAL SCHOOL AND HOLD A VALID, ACTIVE ILLINOIS TEMPORARY LICENSE YOU ARE NOT REQUIRED TO RESUBMIT THESE ITEMS WITH YOUR PERMANENT LICENSURE APPLICATION

Submitting your application
Your permanent license application, supporting document and fees should be sent, by UPS, FED EX or USPS with delivery tracking to:

Illinois Dept. of Professional & Financial Regulations
The Medical Licensing Unit
320 W. Washington
Springfield, IL 62786
Notes

• IF YOU ARE A US OR CANADIAN GRADUATE AND HOLD AN ACTIVE TEMPORARY ILLINOIS LICENSE THAT WAS FIRST ISSUED AFTER APRIL 1, 2012 YOU DO NOT NEED TO RESUBMIT PREMEDICAL AND MEDICAL SCHOOL TRANSCRIPTS

• Permanent licenses are issued in the name of the applicant and are mailed directly to the applicant's home address as indicated on the application.

• You **must** provide GME with a copy of your license when you receive it. It may be brought or sent directly to the GME office or faxed to GME at 708-216-5446.

• You may not begin your program until the GME office has a copy of your license. Duration of current permanent licenses is on a 3-year cycle.

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