

INSTRUCTIONS FOR GRADUATES OF U.S. DENTAL SCHOOLS ILLINOIS TEMPORARY DENTAL LICENSE APPLICATION

To be considered for temporary dental licensure in Illinois, the following forms and supporting documentation **must** be submitted to the Loyola University Medical Center Office of GME as soon as possible, but **no later than April 7, 2008** 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**) <http://www.idfpr.com/dpr/apply/forms/dn-temp.pdf>.

Guidelines

Application for Licensure and/or Examination Page 1

Part I: Application Category Information

- A1. Professional Name = Temporary Dental Licensure
- A2. Professional Code = 018
- A3. Licensure Method = Non-examination
- A4. Fee = \$150.00 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: DDS or DMD
- 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, 101/1740
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, list Loyola GME number 708-327-4463
For your work fax number, list Loyola GME fax number 708-216-9033
- 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 any internship or residency program 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 licensing board(s).

If you have never been licensed as a physician, leave this section blank.

Part V: Record of Examination

In this section please list all applicable examinations taken. *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 either Dorothy Jambrosek or Barbara Dunlop in the GME office for instructions at 708-327-4463.

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

WH (Work History)

Employment since graduation from your dental program to the present.

ED-DEN form (Certification of Education)

This form must be completed by a school official of the Podiatric Medicine college/university indicating that you have graduated, or that you will graduate prior to entering into your postgraduate training program. A school seal **must** be affixed.

CA-DEN (Certification of Acceptance/Postgraduate Training)

Your program will complete this form and submit it to the GME office.

CT (Certification of Licensure)

If you have held a license in another state or country, this form must be completed by the jurisdiction of the original license. The licensing agency/board should return the completed CT form directly to the following address.

Illinois Department of Financial and Professional Regulation
ATTN: Dept. of Professional Regulation
320 W. Washington St., L and T1

Springfield IL 62786

Please return all documents (unless noted otherwise above) and fee to:

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