

INSTRUCTIONS FOR GRADUATES OF U.S. PODIATRIC SCHOOLS

TEMPORARY ILLINOIS PODIATRIC LICENSE APPLICATION

To be considered for temporary 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/po-tem.pdf>.

Temporary licenses will be issued only to individuals who have been accepted or appointed to a position in a post-graduate program approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association which includes residencies and preceptorships.

Your temporary license will expire one year from the date of issuance. However, if a temporary license holder terminates or is discharged from a residency or preceptorship program, the temporary license shall be null and void. If preceptorship or residency program is changed, you will need to reapply for a temporary license. The original temporary license must be returned to Springfield before a new license will be issued.

Guidelines

Application for Licensure and/or Examination

Part I: Application Category Information

- A1. Professional Name = Temporary Podiatric Physician Licensure
- A2. Professional Code = 135
- A3. Licensure Method = Non-examination
- A4. Fee = \$250.00 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: DPM
- 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. Illinois requires that Parts I and II of the NBPME are passed prior to obtaining Temporary licensure. *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

Application Checklist for Temporary Podiatric Physician

This form must be submitted along with the rest of your application documents and required fee for submission to the IDFPR.

ED 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-POD (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 to you for submission with the rest of your application documents.

Fee

The application fee of \$250 should be made in the form of a check or money order and made payable to the Illinois Department of Financial and Professional Regulation.

Proof of Examination

Transcript requests may be found at <http://www.nbpme.info/Downloads.htm>. Please print out and fill out in black ink only. The fee for your transcript request is \$35.00. Fill out request completely and mail along with fee to:

- Thomson Prometric
ATTN: NBPME
2000 Lenox Drive, 3rd Floor
Lawrenceville, NJ 08648.

Telephone: (877) 302-8952

Your scores must sent directly to:

Continental Testing Services
Podiatric Licensing Unit
P. O. Box 100
LaGrange IL 60525

Worthwhile Noting:

Your temporary license may be renewed one time only in the following situations:

1. Serving full-time in the Armed Forces
2. An incapacitating illness documented by a currently licensed physician
3. Proof of continuance of a postgraduate training program