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**LOYOLA  
UNIVERSITY  
HEALTH SYSTEM**

Loyola University Chicago

Trainee: \_\_\_\_\_

Department: \_\_\_\_\_

**Required Temporary Medical License Application Documents**

- Fee** \$100
- 4-page application form** – signed and dated by applicant. (Please check for pertinent information on right hand column of each page of application.)
- VE-PC** form – to include information for the past 5 years only of applicant's history.
- CA-MED** form – signed and dated by program director
- CT** form if the physician was permanently licensed in another state or country
- Undergraduate **transcripts**

US Medical School Graduates:

- ED-MED** form (non-Illinois medical school graduates, or those graduating 2 years prior to start of training)

International Medical Graduates must also include the following:

- ECFMG** certificate
- ED-NON** Certification of Education
- AF-MED** certification of affiliations

Any documents in foreign language must also be accompanied by an English translation.

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Program Coordinator

Date

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GME Office

Date