



**LOYOLA  
MEDICINE**

*We also treat the human spirit.®*

Date

Medical Licensing Unit  
Illinois Department of Financial and Professional Regulation  
320 West Washington Street  
Springfield IL 62786

RE: \_\_\_\_\_

Enclosed please find a complete application packet for above named physician for the extension of Temporary Medical License #125-

- 4-page application
- CA MED form, signed and sealed
- Letter from program director
- \$100 check
- Return of original temporary medical license

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Program Coordinator

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GME Office