125 TEMPORARY LICENSE
FOREIGN MEDICAL SCHOOL GRADUATE

In order to apply for the license follow the link:
http://www.idfpr.com/Renewals/Apply/forms/md-t.pdf

Standard 4-page application jacket and $230.00 fee
- Must be fully completed in all areas
- All education must be listed in order to confirm a minimum combined 54 months education
- All licenses ever held must be listed, including foreign jurisdictions; including temporary permits/registrations
- If affirmative responses on the Personal History or Child Support portion, appropriate documentation submitted

Certification of Acceptance (CA-MED)
- Check ACGME book to ensure program is an accredited training program
- Beginning and ending dates must meet ACGME accredited length of training, not to exceed 3-years
- Can only be signed by the Program Director

Educational Documentation
- Photocopy of ECFMG
- If a graduate from Mexico, 5th Pathway (US citizens only) or Social Service certificate
  - If a 5th Pathway certificate is submitted, ECFMG is not applicable
- Original/official premedical transcripts/mark sheets, bearing original seal of school and signature of school official
  - In some cases, only medical transcripts/mark sheets will be submitted. This occurs in cases where the premed and medical education is combined into 5-years
- Official/original translations of transcripts if in language other than English
- Photocopy of medical diploma/degree which must indicate the date the degree was granted
- Official/original translation of medical diploma/degree if in a language other than English
- Copy of certificate (Internship) if completed/awarded as part of curriculum

Certification of Affiliation (AF-MED)
- Part A signed by Dean of medical school with seal affixed if the clinical teaching facility (hospital) is owned and operated by the medical school
• Part B signed by the current administrator of the hospital when there was a written agreement between the hospital(s) and medical school. In this case the following must also be submitted:
  • Copy of agreement between the school and hospital, making sure this agreement was in effect during the time of the rotation(s). NOTE: If core rotations were completed at different facilities, an AF-MED and agreement must be submitted from each hospital
  • Copy of the evaluation for each of the five (5) required core rotations
• In the event the hospitals were not owned/operated by the medical school and there was no formal affiliation agreement, the AF-MED form is not completed. Affidavits are then required:
  • Affidavit of Verbal Affiliation Agreement Clinical Teaching Facility must be completed and signed by the current administrator of each hospital. Copies of evaluation must also be submitted
  • Affidavit of Verbal Affiliation Agreement Medical School must be completed and signed by the Dean of the medical college

Certification of Education Non-LCME Accredited Medical College (ED-NON)
• Parts 1-8 must be completed by the applicant and signed
• School official completes Parts A-F, signs, dates and affixes seal
• Part B must have exact month/day/year listed for each year applicant attended medical school. There is a formula used to calculate the number of months the applicant attended. Must be a minimum 36 months if premedical education has been verified or a minimum of 54 months if premed and medical education was combined.
• Part D must indicate dates of completion and graduation. If date differ, letter of explanation must be submitted
• Part E – Basic Science Courses must be verified against the transcripts submitted
• Part F – Core Rotations must have exact dates listed, be done in the 3rd/4th year of medical school, verify the hospitals match the AF-MED form(s) submitted, and must be a minimum of 4-weeks in length
  • Exception is Psychiatry. In the cases of the 2-weeks of Psychiatry being verified, the applicant may complete and affidavit attesting to the completion of an additional 2-weeks of psychiatry that was incorporated with another core rotation
Work History – WH

- Ensure the entire time frame from medical school graduation to the present is listed in chronological order with no gaps exceeding 30 days
- Review to determine if professional capacity is in question. Applicant must have been in medical school, residency or actively practicing medicine within 2-years of receipt of application
  - If professional capacity is in question, refer to the following clinical skills reference information.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>CME Hours</th>
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<tbody>
<tr>
<td>2-3 year prior to graduation</td>
<td>50 hours – may consist of a minimum of 20 hours - Category 1 and a maximum of 30 hours - Category 2</td>
</tr>
<tr>
<td>3-4 years prior to graduation</td>
<td>100 hours – may consist of a minimum of 40 hours - Category 1 and a maximum of 60 hours - Category 2</td>
</tr>
<tr>
<td>4-5 years prior to graduation</td>
<td>150 hours – may consist of a minimum of 60 hours - Category 1 and a maximum of 90 hours - Category 2</td>
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</tbody>
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If submitting 150 hours Category 1 CME completed in the past 2-years, application may be approved by Medical Unit without review by the board. All Category 1 CME must include certificates of completion. (photocopies are acceptable)

Certification by Licensing Agency/Board (CT)

- If a permanent, full license has ever been issued, form must be completed by license entity
- If action has been taken against the license, appropriate documentation submitted
- Signed and sealed by the entity

CCA Form

All temporary applications must include the

- Health Care Workers Charged with or conviction of Criminal Acts (CCA Form).