



IDFPR

Illinois Department of
Financial and Professional Regulation

Division of Professional Regulation

Qualifications for Licensure:

TEMPORARY PODIATRIC PHYSICIAN (135)

Effective: 06/2025
Revised: N/NNNN

READ ME FIRST

The Division of Professional Regulation hopes that you will find the below useful in successfully applying for a license in the State of Illinois. Carefully review this information as it will assist you in applying for your license and eliminate any processing delays.

Important:

- An application is active for three years from the date of receipt by the Department.
- Before contacting the Department, please review our FAQs for answers to most questions. <http://www.idfpr.illinois.gov/About/FAQ.html>)
- If your question is not addressed in our FAQ's, please contact the department at 1-800-560-6420.
- Temporary Podiatric Physician licensure is issued only to those individuals who have been accepted or appointed to a position in a post-graduate program approved by the Council on Podiatric Medical Education (CPME) which includes residencies and preceptorships.
- **The temporary license will expire three years from the beginning date of the program or from the date of issuance if later than the beginning date of the program.** 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 the licensee changes his preceptorship or residency program, the licensee shall reapply for a new temporary license.
- Section 12(A) of the [Podiatric Medical Practice Act of 1987 \(225 ILCS 100/\)](#) and [Rules 68 IAC Section 1360.65](#) provide the requirements for Temporary Podiatric Physician.

LICENSE QUALIFICATIONS

Education:

- Graduation from an approved Podiatric Medicine College or University as described in [Rules 68 IAC Section 1360.20](#).

Examination:

- Passing score on parts 1 and 2 of the National Board of Podiatric Medical Examiners (NPBME) examination.

Acceptance or Appointment to a Postgraduate Program:

- One must be accepted or appointed to a Postgraduate training program.
- The Postgraduate training program, residency or preceptorship must be approved by the Council on Podiatric Medical Education (CPME).

REQUIRED SUPPORTING DOCUMENTS

One must provide:

Proof of Education:

An official transcript documenting graduation from an approved Podiatric Medicine College or University as described in [Rules 68 IAC Section 1360.20](#).

Proof of Examination:

One must contact the Federation of Podiatric Medical Boards (FPMB) to make arrangements for an official score report for Parts 1 and 2 of the NBPME examination to be sent to IDFPF.

Proof of Acceptance:

Certification of Acceptance for Postgraduate Training Program [\(CA-POD\)](#) form completed by the administrator of a CPME approved postgraduate training/residency program for which you have been accepted.

Applicants licensed in another state must also provide:

Certification of Licensure from another state/US jurisdiction. Certification of Licensure is detailed information about the license such as: status, issue and expiration date, and whether the license has been disciplined. The other state board or agency provides the information and *certifies* that it is true and correct as of a specific date. You may use [form CT](#) to request Certification of Licensure from the other state board. Most states have their own format for this information. IDFPF will accept other state's formats if it contains the required minimum information. If the Certification is only available online, you may print the online certification/verification and upload it. If the other state board will only send the certification directly to IDFPF, you will need to upload evidence of ordering the certification or confirmation of delivery to IDFPF.

IMPORTANT INFORMATION ONCE LICENSED

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- It is your responsibility to update your contact information including email address with the Department to ensure that you receive all courtesy renewal email reminders and other notifications.