

# Qualifications for Licensure:

# INTERNATIONAL MEDICAL GRADUATE PHYSICIAN LIMITED LICENSE (297)

Effective: 12/2024 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.

# LICENSE QUALIFICATIONS

#### **Education:**

- Official transcript, diploma, <u>and</u> proof of Educational Commission for Foreign Medical Graduates (ECFMG) certification, verified through ECFMG.
   OR
- Official transcript and certification of graduation from the medical education program granting the degree <u>and</u> proof of Educational Commission for Foreign Medical Graduates (ECFMG) certification, verified through ECFMG.

#### **Examination:**

Successful completion of the United States Medical Licensing Examination (USMLE)
 Steps 1, 2, and 3 verified through FSMB.

#### **Experience:**

- A. Training
- 3 years of post-graduate training abroad verified through ECFMG's international credential verification services currently named EPIC.
   OR
- Engaged in active practice of medicine in the country where you have been licensed at least 2 of the last 5 years.
  - If practice occurred 2 years prior to the date of this application, applicant must demonstrate evidence of U.S. clinical experience in one of the following:
    - Clinical Rotation, Observership, Externship, Elective, or active IL PA/APRN license without discipline.
- B. Current, unencumbered physician licensure in another country as verified by ECFMG's international credential verification services, currently named EPIC.

#### Sponsorship:

- Must enter into an agreement within one of the following sponsoring entities:
  - O Hospital, Federally Qualified Health Center, a State-operated mental health facility or developmental center or a correctional center operated by the Department of Corrections, a community health center as defined in 77 III. Adm. Code 591.20, a multispecialty medical practice or clinic with two or more active physicians who hold unrestricted licenses to practice in the State of Illinois and which participates in graduate medical education, or another facility approved by the Division that provides an annual supervisor assessment and summative evaluation designed to develop, assess, and evaluate the individual's nonclinical and clinical skills and familiarity with standards appropriate for medical practice in the State of Illinois.
  - Supervising physician must be IL-licensed, either board certified or actively
    participating in their maintenance of certification in the specialty or completed a
    residency or fellowship in a similar specialty to the one the applicant is pursuing
    and be free of discipline.

## REQUIRED SUPPORTING DOCUMENTS

- TN-IMG Verification of Postgraduate Clinical Training
- VE-IMG Verification of Work History

# IMPORTANT INFORMATION ONCE LICENSED

- License Term: 2 years, renewable
- Renewal: CME requirement applies after the first renewal.
- Practice restricted to sponsoring entity under supervision agreement.
- Must keep contact information updated with the Department.
- Should either party terminate the agreement, it is the responsibility of both the limited license holder and the sponsoring entity to notify the Division immediately and submit a written explanation to the Division why it was terminated.
- Mandatory Requirement for Restricted License: Annual Supervisor Assessment and Summative Evaluation samples are available on the Departments website.