

Internationally Licensed Health Care Professionals

TASK FORCE REPORT

Initial Recommendations for Strenghtening Illinois' Health Care Workforce

ILHCP TASK FORCE | August 14, 2026

IDFPR
Illinois Department of
Financial and Professional Regulation

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ABOUT



This report presents the findings and recommendations of the Internationally Licensed Health Care Professionals ("ILHCP") Task Force, established by Public Act 102-0812 (codified at 225 ILCS 53) to examine how Illinois can responsibly reduce barriers to licensure and practice for internationally trained health care professionals while maintaining patient safety and professional standards. The Task Force evaluated the current licensure landscape, engaged stakeholders, reviewed existing practices and policies, and has identified opportunities to strengthen pathways into Illinois' health care workforce. The recommendations contained in this report reflect a year of collaboration among Task Force members. These perspectives have informed initial recommendations designed to improve transparency, reduce unnecessary barriers, and support workforce integration.

MISSION

To examine barriers to licensure and employment for internationally licensed health care professionals in Illinois and recommend solutions to support their integration into the state's health care workforce.

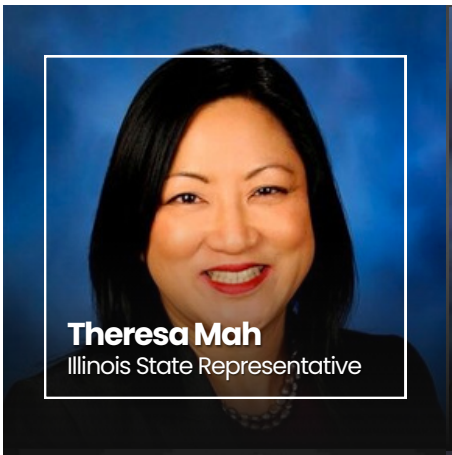


VISION

A health care system in Illinois where internationally licensed professionals are fully integrated, equitably recognized, empowered to serve communities across the state, helping to meet workforce needs and expanding access to quality care.

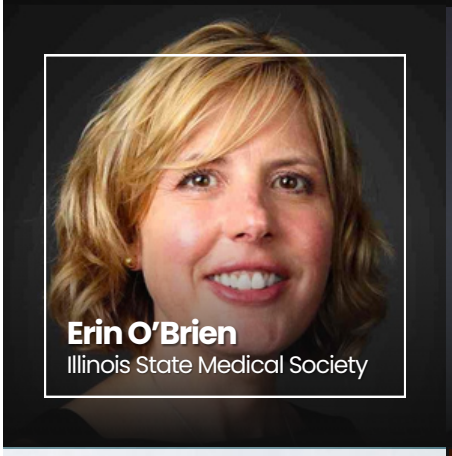


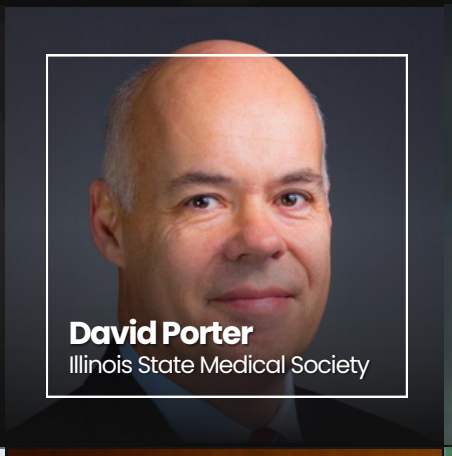
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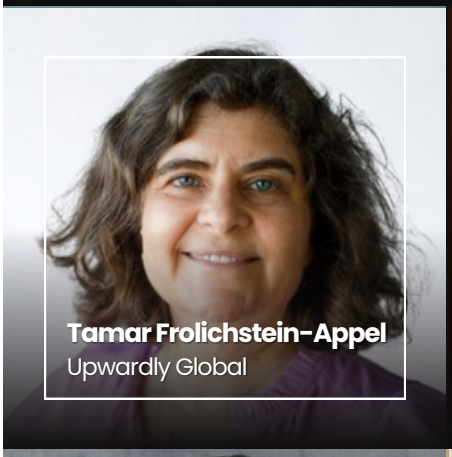

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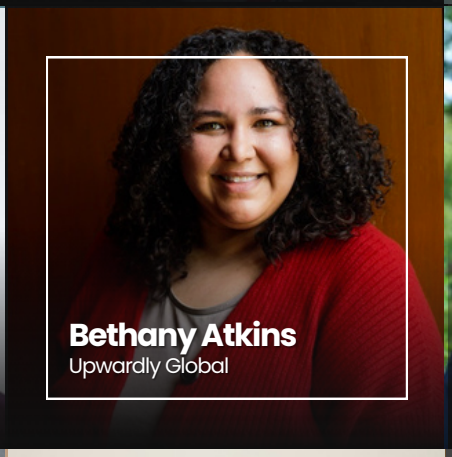

Task Force Chair
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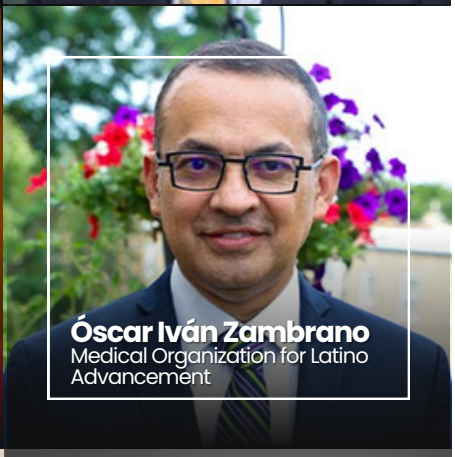

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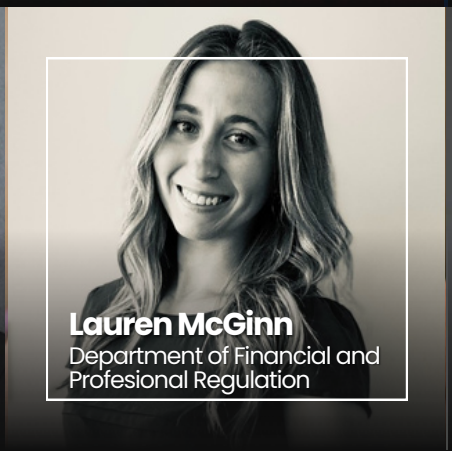

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CURRENT IMG PATHWAY EVALUATION

Goal: Assess the current licensure process for International Medical Graduates (IMGs) in Illinois.

Background and Development of the Illinois International Medical Graduate Pathway

Illinois created the International Medical Graduate ("IMG") Physician Limited License pathway in response to both healthcare workforce needs and the recognition that many internationally trained physicians possess valuable education and clinical experience but face barriers to entering medical practice in the United States. The legislation establishing the pathway was signed into law on June 16, 2023, directing the Illinois Department of Financial and Professional Regulation ("IDFPR or Department") to develop rules creating a new pathway to licensure for qualified international medical graduates. (Public Act 103-0102 (eff. Jan. 1, 2025), amending the Medical Practice Act of 1987 (225 ILCS 60).

Following enactment of the legislation, IDFPR initiated the rulemaking process designed to ensure that the pathway maintained rigorous patient safety standards while creating a practical mechanism for internationally trained physicians to enter the Illinois healthcare workforce. IDFPR sought input from national subject matter experts, state agencies, physician organizations, medical educators, and healthcare stakeholders throughout rulemaking process. (Source: IDFPR, "IMG rulemaking process. (Source: IDFPR, "IMG License Pathway: Built Thoughtfully, Built Right." (2025).

The Department participated in monthly discussions with national experts and collaborated with organizations experienced in physician licensure and graduate medical education. Stakeholder engagement included consultation with representatives from the Federation of State Medical Boards ("FSMB"), the Illinois State Medical Society ("ISMS"), the Illinois Hospital Association ("IHA"), Northwestern University, the American Board of Medical Specialties ("ABMS"), the Illinois Department of Public Health ("IDPH"), and the Illinois Academy of Family Physicians ("IAFP"). These discussions informed both the structure of the pathway and the implementation of administrative requirements. (Source: IDFPR, "IMG License Pathway: Built Thoughtfully, Built Right." (2025).

The Department submitted proposed administrative rules to JCAR on December 30, 2024, before the legislation became effective on January 1, 2025. The proposed rules were published for First Notice on January 10, 2025, initiating the required 45-day public comment period. During this period, IDFPR reviewed and responded to

written and verbal comments submitted by stakeholders and continued accepting comments beyond the formal comment period to ensure interested parties had an opportunity to provide feedback. (Source: IDFPR, "IMG License Pathway: Built Thoughtfully, Built Right." (2025).

Between March and July 2025, the Department conducted biweekly meetings to review public comments, discuss potential revisions, and refine the proposed rules. Following completion of that review, the final rules were submitted to JCAR for Second Notice on July 10, 2025. After JCAR requested additional information on July 24, 2025, the Department provided supplemental materials on July 28, 2025. The rules were placed on Second Notice on July 31, 2025, approved by JCAR without objection on August 13, 2025, and formally adopted on August 29, 2025. (Source: IDFPR, "IMG License Pathway: Built Thoughtfully, Built Right." (2025).

Following adoption of the rules, the Illinois International Medical Graduate licensure announced the pathway on September 12, 2025. (Source: IDFPR, "IDFPR Announces New Pathway to Licensure for Internationally Trained Physicians to Work in Illinois, Press Release (September 12, 2025)). The pathway created a phased approach to llicensure in which qualified physicians first obtain an International Medical Graduate Limited License, practice under supervision at an approved sponsoring institution for two years, transition to an International Medical Graduate Restricted License, and ultimately become eligible to apply for a full Illinois Physician and Surgeon License after satisfying all statutory and regulatory requirements. (Source: 68 Ill. Adm. Code 1285.92 and 93).

The purpose of this section is to document the current pathway processes, identify where responsibility lies throughout the process, evaluate opportunities to improve, and establish a starting point for future recommendations.

Overview of the Current IMG Physician Pathway

The current licensure pathway for IMG physician licensure consists of two connected processes. The first is the external applicant process, which includes all activities completed by applicants and third-party organizations before an application reaches IDFPR. The second is the internal IDFPR review process, which begins once an application has been submitted through CORE, IDFPR's online licensing system.

Separating a review of these two streams is important because many activities affecting an applicant's overall timeline occur outside IDFPR's direct control. Distinguishing between the external applicant process and the Department's internal review process will allow the Task Force to more accurately identify where delays may be occurring, which entities may be responsible for each stage in the pathway, and where there may be opportunities for improvement.

Credential verification, examination verification, document collection, and sponsorship all occur before the Department begins its review. Once an application is submitted, responsibility transitions to IDFPR for evaluation, deficiency resolution, approval, and license issuance.

The External Process for Applicants

The following steps summarize the

applicant journey before IDFPR begins its formal review. **See Table 1.**

Step 1: Confirm Eligibility

Applicants first determine whether they satisfy Illinois eligibility requirements for the International Medical Graduate Physician Limited License. These requirements include qualifying medical education, ECFMG certification, successful completion of USMLE Steps 1, 2, and 3, three years of postgraduate training abroad or qualifying active physician practice abroad, and proof of current unencumbered physician licensure or a certificate of good standing from another country. The license is tied to a sponsoring entity and does not permit independent practice. (Source: 68 Ill. Adm. Code 1285.92 and 93).

Step 2: Secure Required Documents

Applicants gather the documents needed for verification and application submission. These include medical school transcripts and diploma, ECFMG certification, documentation of three years of foreign postgraduate training or a VE-IMG form documenting active practice, a TN-IMG form if applicable, a certificate of good standing, and USMLE Steps 1, 2, and 3 verification through FSMB. (Source: 68 Ill. Adm. Code 1285.92 and 93).

Step 3: Set Up MyIntealth and FSMB Portals

Before applying to IDFPR, applicants set up a MyIntealth account and submit the required education, ECFMG certification, postgraduate training, and certificate of good standing documents for verification. Applicants also set up an FSMB portal and submit USMLE examination information for verification before applying to IDFPR.

Step 4: Secure Sponsorship

Applicants must enter into an agreement with an eligible sponsoring entity and provide the agreement to the Department upon request. Eligible sponsoring entities may include hospitals, a Federally Qualified Health Center, certain State-operated facilities, correctional centers, community health centers, qualifying multispecialty medical practices or clinics, or other Division-approved facilities. The applicant must also have a qualified supervising physician who is licensed in Illinois, appropriately certified or trained in the relevant specialty, and free of discipline. (Source: 68 Ill. Adm. Code 1285.92 and 93).

Step 5: Submit Application Through CORE

After completing the prior steps, applicants apply to IDFPR through CORE by creating an account, selecting the International Medical Graduate Physician Limited License application, completing the required application sections, confirming required documents have been submitted to MyIntealth and FSMB, providing training or practice history, answering disclosure and compliance questions, completing the sponsoring entity attestation, paying the $100 fee, and submitting the application electronically. The application is not considered complete until payment is received.

The Internal Review Process for IDFPR

Once an application is submitted through CORE, responsibility shifts to IDFPR for review and processing. While the Department conducts the licensing review, portions of the overall timeline remain dependent on applicants and third-party

verification organizations. Throughout the review process, IDFPR relies on verified records transmitted through MyIntealth and FSMB and may pause processing while awaiting applicant responses or updated documentation. **See Table 2.**

Step 1. Initial Review

Licensing staff conduct an initial review of the application for completeness to determine whether all required application components have been submitted and the application is ready for substantive review.

Step 2. Receipt of Verified Credentials and Examination Records

As part of the review process, IDFPR receives and relies upon education, training, licensure, and other credential verifications transmitted through MyIntealth, as well as official USMLE examination records transmitted through FSMB. Because these verifications are performed and transmitted by external organizations, the timing of their receipt contributes to the overall application timeline.

Step 3. Review of Verified Application Materials

Licensing staff review the verified education, examination history, postgraduate training or qualifying practice, certification of licensure or letter of good standing, applicant experience, and sponsoring entity information to determine whether statutory and regulatory requirements have been satisfied. Staff also confirm that the supervising entity includes an Illinois business address and matches the sponsoring entity identified in the application.

Step 4. Deficiency Identification

If information is missing, incomplete, or inconsistent, licensing staff identify the deficiencies and notify the applicant through the CORE portal. The application cannot proceed until all identified deficiencies have been addressed.

Step 5. Applicant Response

Applicants submit additional documentation, corrections, or other information necessary to resolve identified deficiencies. The timeliness and completeness of these responses directly affect the overall processing timeline.

Step 6. Receipt of Updated Documentation or Verification

As needed, additional documentation or updated verifications are received from the applicant, MyIntealth, or FSMB. Processing may remain pending until all required information has been received.

Step 7. Re-review

Licensing staff review the newly submitted information and repeat the review and deficiency resolution process as necessary until all licensure requirements have been satisfied.

Step 8. Approval and License Issuance

Once all required documents have been received, verified, and determined to satisfy licensure requirements, and all checklist items are marked complete, the application is approved and the International Medical Graduate Physician Limited License (297) is issued.

Step 9. Supervised Practice

The Physician Limited License authorizes practice only within the approved sponsoring entity under the supervision of a qualified Illinois-licensed physician. If the sponsorship agreement terminates, both the license holder and the sponsoring entity must notify the Department. The supervising physician remains responsible for oversight and supervision throughout the period of limited licensure. (Source: 68 Ill. Adm. Code 1285.92)

Step 10. Renewal or Transition

The Physician Limited License is valid for two years and may be renewed if statutory requirements are met. Once eligible, physicians may apply for an International Medical Graduate Physician Restricted License (298) and, after satisfying all applicable requirements, may subsequently apply for an unrestricted Physician and Surgeon License (036). (Source: 68 Ill. Adm. Code 1285.92 and 93)

Preliminary Evaluation and Observation

The Task Force's preliminary review indicates that the pathway includes numerous safeguards designed to ensure competency and protect patients. IDFPR's pathway incorporates multiple points of validation, including verification of education, training, examination history, foreign licensure, sponsorship and IDFPR review before a license is issued. Responsibility for the application timeline shifts repeatedly among applicants, external verification organizations, sponsoring entities, and IDFPR. As a result, the total timeline to obtain licensure may not accurately reflect the amount of time an application is actually under IDFPR's review.

As implementation of the IMG pathway continues, the Task Force has identified additional issues that warrant further evaluation. Applicants from countries experiencing war, political instability, or other significant disruptions may face challenges obtaining proof of current licensure or a certificate of good standing. The Task Force has also received feedback that additional clarificaiton may be beneficial regarding the requirment of three years of postgraduate training abroad or qualifying active physician practice abroad. These and other implementation issues will contine to be evaluated as IDFPR gains experience administering the pathway.

Recommendations

Future evaluation should develop a more detailed understanding of where time is spent throughout the pathway. The evaluation should distinguish the time applications spend with applicants, external verifications, and IDFPR. As application volume increases, understanding how applications are progressing through each stage will identify opportunities for greater efficiencies, where appropriate.

Future work should also review deficiency trends and applicant feedback surveys to identify recurring issues and prioritize opportunities for improvement.

Sources:

68 Ill. Adm. Code 1285.92

68 Ill. Adm. Code 1285.93

IDFPR, "IMG License Pathway: Built Thoughtfully, Built Right." (2025).

Public Act 103-0102 (eff. Jan. 1, 2025), amending the Medical Practice Act of 1987 (225 ILCS 60).

Table 1.
External Process for Applicants

STEP	RESPONSIBLE PARTY	OUTCOME
1	Applicant	Eligibility Confirmed
2	Applicant	Required documents assembled
3	Applicant	MyIntealth and FSMB portals set up; required credentials and examinations records submitted for verification
4	Applicant & Sponsoring Entity	Sponsorship secured
5	Applicant	Application submitted



Table 2.
Internal Review Process for IDFPR

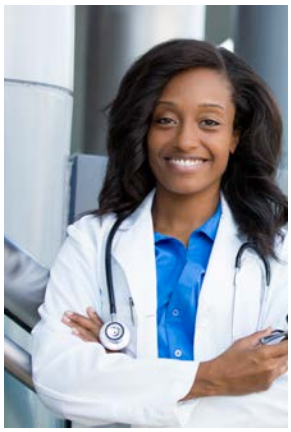
STEP	RESPONSIBLE PARTY	OUTCOME
1	IDFPR	Initial application review completed
2	MyIntealth and FSMB	Verified credentials and examination records received and available for IDFPR review
3	IDFPR	Verified education, examination history, training, licensure, experience, and Sponsoring Entity reviewed
4	IDFPR	Deficiencies identified and communicated to Applicant
5	Applicant	Deficiency response submitted
6	MyIntealth, FSMB, or Applicant	Updated documentation or verification received as applicable
7	IDFPR	Re-review completed; deficiency cycle repeated as needed
8	IDFPR	Physician Limited License (297) issued
9	Licensee, Sponsoring Entity and Supervising Physician	Supervised practice and ongoing compliance maintained
10	IDFPR and Licensee	Renewal of 297 or transition to 298 or 036, if eligible

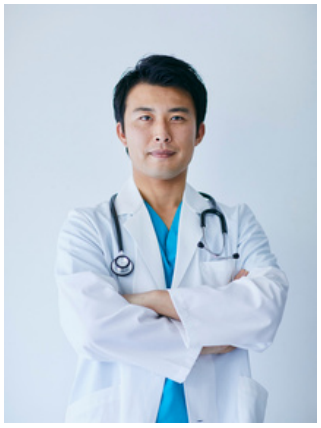
ADDITIONAL PATHWAYS

Goal: Explore pathways for other health-related professons.

This section will first identify and prioritize additional health care professions based on workforce needs. The section will also discuss the feedback of relevant licensing board(s) and professional associations on the workforce shortages in the profession chosen to be analyzed. Internationally licensed health care professionals, also known as internationally trained health care professionals ("ITP"), can help to relieve the shortage in these underserved areas.This analysis will identify and discuss those health care professionals who have little or no presence in such areas – dentists, physical therapists and pharmacists. Finally, this section will explore pathways to Illinois licensure for these ITPs.









The State has one hundred two (102) counties. The following Health Resources and Services Administration ("HRSA") data for the aforementioned professions is categorized in five (5) ranges: meets or exceeds optimal demand, slight shortfall meeting demand, considerable shortfall meeting demand, approaching demand shortage and actual demand shortage. Three health care professions have been identified as part of a statewide workforce shortage.

The following tables show the following:

1. Counties that meet or exceed optimal demand;
2. Counties that have a slight shortfall meeting demand;
3. Counties that have a considerable shortfall meeting demand;
4. Counties that are approaching demand shortage; and
5. Counties that have an actual shortage.

Dentists

Color Code Criteria	Per Capita Rate Ranges	Totals Per County	Percent Totals
Meets or Exceeds Optimal Demand	64.86 – 109.87	8	8%
Slight Shortfall Meeting Demand	54.87 – 64.85	3	3%
Considerable Shortfall Meeting Demand	49.49 – 54.86	5	5%
Approaching Demand Shortage	41.20 - 49.48	11	11%
Actual Demand Shortage	Below 41.20	75	73%

- Optimal Demand Per Capita Rate is 69.35.

Observation: The critical shortage of licensed dentists exists in seventy-five (75) counties throughout Illinois. The counties most affected are located in the southeast and the middle of the State in the northwest.

Physical Therapists

Color Code Criteria	Per Capita Rate Ranges	Totals Per County	Percent Totals
Meets or Exceeds Optimal Demand	115.05-166.73	3	3%
Slight Shortfall Meetinng Demand	92.47-115.04	6	6%
Considerable Shortfall Meeting Demand	76.37-92.46	11	11%
Approaching Demand Shortage	54.65-76.36	23	22%
Actual Demand Shortage	Below 54.65	59	57%

- Optimal Demand Per Capita Rate is 126.41.

Observation: The shortage of physical therapists also exists throughout Illinois. The counties most affected are located in the southern part of the State.

Pharmacists

Color Code Criteria	Per Capita Rate Ranges	Totals Per County	Percent Totals
Meets or Exceeds Optimal Demand	125.58 – 177.36	7	7%
Slight Shortfall Meetinng Demand	109.62 – 125.57	3	3%
Considerable Shortfall Meeting Demand	98.25 – 109.61	6	6%
Approaching Demand Shortage	78.28 - 98.24	12	12%
Actual Demand Shortage	Below 78.28	74	72%

- Optimal Demand Per Capita Rate is 129.27.

Observation: An alarming seventy-four (74) counties lack licensed pharmacists to fill prescriptions for their residents. That amounts to over 70% of all Illinois counties.

Here are the existing pathways to licensure for those health care professions whose licensees are not adequately spread throughout the State.

Dentists

- Proof of Passage of a National Licensing Exam: National Board Dental Examination ("NBDE") Part I and II. Also, a clinical exam ("ADEX") is required.
- Proof of Education Equivalency: Have international education evaluated by a credential evaluation service, such as World Education Service ("WES") or Education Credential Evaluators ("ECE").
- Advanced Training Education Required in the US: Complete at least a two-academic-year program at a Commission on Dental Accreditation ("CODA")-accredited school. The University of Illinois Chicago and Southern Illinois University, Edwardsville both have the required program.

Physical Therapists

- Proof of Passage of a National Licensing Exam: The qualifying exam for the physical therapist ("PT") is the National Physical Therapy Examination ("NPTE"), administered by the Federation of State Boards of Physical Therapy ("FSBPT").
- Proof of Education Equivalency: Applicants who did not complete a physical therapy program from a Commission on Accreditation in Physical Therapy Education ("CAPTE")-accredited school must submit a credential evaluation from the Foreign Credentialing Commission of Physical Therapy ("FCCPT").

Pharmacists

- Proof of Passage of a National Licensing Exam: The Illinois Multistate Pharmacy Jurisprudence ("MPJE") and the North American Pharmacist Licensure Examination ("NAPLEX") examinations.
- Proof of Education Equivalency: Complete the National Association of Boards of Pharmacy ("NABP") Foreign Pharmacy Graduate Equivalency Certification ("FPGEC") program.
- Advanced Training Education Required in the US: Review the sample 1200-hour Course of Clinical Instruction outlines provided in the online application. Locate a pharmacy and a pharmacist who will serve as your preceptor. Arrange with this preceptor and pharmacy to complete the training at the pharmacy. (The pharmacy is allowed to pay you while you work to complete these hours.) You may complete the training in multiple settings (hospital pharmacy, community pharmacy, etc.). Prepare with the preceptor an outline of the 1200-hour course of clinical instruction, similar in scope and



detail to the sample outlines provided in the online application. If you are completing the hours in more than one setting, you would need a separate outline for each setting.

In light of the foregoing, we make the following recommendations for this Task Force Report.

- Based on the most critical workforce shortages, dentists could be the next profession to explore. For internationally trained dentists, additional pathways to licensure could be based upon those pathways adopted for physicians. In addition, Illinois could possibly require that English proficiency be demonstrated through the TOEFL. Similarly, as is currently done with nursing licenses, foreign dental education could be considered.
- Work with the Board of Dentistry, dental associations and dental schools in Illinois to get their feedback on recommendations on how to help the internationally licensed Dentist to get licensed in Illinois.
- Although an official passing exam score from the FSBPT key for the internationally-trained physical therapist, this State should explore viable pathways to licensure for internationally trained physical therapists, as well as for internationally-trained pharmacists.
- As for any foreign education requirements for licensure, applicants in the aforementioned professions could employ a unique pathway that has been successful for nursing. In a remarkable success story in Illinois, one applicant for a nursing license possessed previous substantial psychiatric experience, but their foreign nursing education lacked the requisite psychiatric education.
- For an innovative solution, the Department partnered with a local community college to arrange for the applicant to take a required psychiatric nursing course that would satisfy the Department's licensing requirements. The applicant for nursing license was successful, and is now licensed by the Department. This proven solution can be called a Direct Pathway to licensure, wherein the Department provides assistance to the applicant for health care licensure who needs assistance in meeting certain educational requirements.
- The Department has collaborated with the Chicago Bilingual Nurse Consortium ("CBNC"), which serves internationally educated nurses ("IEN"). It is recommended that similar organizations work with the Department toward more internationally trained health care professionals in the aforementioned professions.
- The Department invited the Chicago Bilingual Nurse Consortium to an Illinois Nursing Workforce Center meeting to discuss ways to collaborate on helping IEN nurses to get licensed. The Chair of the Illinois Community College Deans and Directors discussed a collaboration between the two groups to help the IENs to get licensed in Illinois. As shown in the above success story, community colleges may be able to provide the IEN with courses in which the applicant is deficient. This promising endeavor can lead to opportunities for IENs who already reside in health care workforce shortage areas to apply for nursing licensure in this State.
- According to the CBNC, there are many

IENs throughout the state. These nurses unlicensed Illinois are often employed in rural hospitals and health care clinics in non-health care provider roles. Finding ways to identify these IENs and providing them with resources such as CBNC would be the next steps the Task Force recommends.

In conclusion, as with physicians, other internationally trained health care professionals looking to become licensed in Illinois could have similar pathways to licensure. All three professions in this section have significant shortages in the health care workforce in this State's underserved areas. ITPs can help fill that gap by taking advantage of the opportunities presented by these additional pathways to licensure in the State of Illinois.

Sources:

Illinois Licensing and Enforcement System ('ILES"), July 13, 2026.

Health Resources and Services Administration ("HRSA"), 2023.



COMPETENCY VERIFICATION

Goal: Ensure internationally trained health care professionals demonstrate readiness for safe patient care.

To support sponsoring institutions, supervising physicians, and other stakeholders with a clear understanding of competency verification for limited physician licensure, a sample evaluation form will be made available on the Illinois Department of Financial and Professional Regulation ("IDFPR") physician webpage. This evaluation framework is designed to provide a standardized approach for documenting academic and clinical progress throughout the limited licensure period while promoting transparency.

Purpose of Competency Verification

The primary purpose of competency verification is to ensure that physicians practicing under a limited license have successfully demonstrated the knowledge, clinical skills, professional behaviors, and judgment necessary to practice medicine safely and effectively. Competency verification provides an objective and standardized framework for assessing physician development and determining readiness for progressively greater clinical responsibility.
Rather than relying solely on completion of a training period, competency-based evaluation focuses on demonstrated performance. This approach allows supervising faculty to assess whether physicians are meeting established expectations for independent clinical practice while identifying opportunities for continued professional growth.

Framework for Academic Progress

Throughout all four years of the limited licensure pathway, physicians will undergo formal evaluations conducted by program faculty using nationally recognized competency domains. Regular assessments will provide measurable evidence of progression and ensure that each physician is advancing appropriately toward independent practice.
The evaluation process is centered on six core competencies that represent the essential domains of physician performance.

The Six Core Competencies

1. Patient Care

Physicians are evaluated on their ability to provide compassionate, appropriate, and effective patient care. This includes clinical reasoning, procedural competence, diagnostic accuracy, treatment planning, and patient safety.

2. Medical Knowledge

Evaluations assess understanding and application of biomedical sciences, clinical medicine, epidemiology, and evidence-based practice. Physicians are expected to continually expand their knowledge and integrate current scientific evidence into patient care.

3. Practice-Based Learning and Improvement

Physicians demonstrate the ability to evaluate their own clinical performance, incorporate feedback, analyze outcomes, and apply scientific evidence to improve patient care. Continuous quality improvement and reflective practice are essential components of this competency.

4. Interpersonal and Communication Skills

Effective communication is fundamental to high-quality health care. Physicians are assessed on their ability to communicate clearly with patients, families, colleagues, and members of the health care team while fostering collaboration and shared decision-making.

5. Professionalism

Professionalism encompasses ethical practice, accountability, integrity, cultural sensitivity, respect for patients and colleagues, and adherence to professional responsibilities. Physicians are expected to consistently demonstrate behaviors that promote trust and excellence in medical practice.

6. Systems-Based Practice

Physicians must understand how healthcare systems function and utilize available resources to deliver efficient, coordinated, and patient-centered care. This competency includes collaboration across disciplines, quality improvement initiatives, patient advocacy, and cost-conscious care.

How Competency Data Supports Physician Development

Competency verification serves as more than an evaluation tool; it provides meaningful information that supports physician growth throughout the limited licensure period.

Improving Patient Safety

Competency verification ensures that physicians demonstrate the ability to perform essential clinical responsibilities safely before progressing to greater levels of independence. By confirming mastery of critical skills, supervising faculty can reduce the risk of preventable medical errors while maintaining appropriate oversight.

Ensuring High-Quality Patient Care

Objective assessments confirm that physicians consistently meet established standards in diagnosis, clinical decision-making, communication, treatment planning, and patient management. This promotes reliable, evidence-based care and reinforces expectations for excellence across all training environments.

Providing Objective Assessment

A structured competency framework replaces subjective impressions with measurable performance criteria. Standardized evaluations promote fairness, consistency, and transparency while ensuring that all physicians are assessed using the same expectations and benchmarks.

Identifying Strengths and Learning Needs

Regular evaluations enable faculty to recognize both areas of excellence and opportunities for improvement. Assessment results support individualized learning plans, targeted coaching, and timely feedback that help physicians strengthen specific competencies throughout their training.

Promoting Accountability

Competency verification encourages physicians to take ownership of their professional development by working toward clearly defined expectations. Simultaneously, sponsoring institutions can demonstrate that physicians completing the pathway have achieved recognized standards for safe and effective clinical practice.

Supporting Progressive Independence

As competencies are verified, supervising physicians can confidently increase clinical autonomy while maintaining patient safety. Progressive responsibility allows physicians to build confidence, refine decision-making skills, and prepare for independent practice under appropriate supervision.

Meeting Regulatory Expectations

Documented competency assessments provide objective evidence that physicians have achieved the knowledge, skills, and professional behaviors necessary for licensure and independent practice. This standardized documentation supports regulatory oversight and institutional accountability.

Encouraging Lifelong Learning

Competency-based assessment promotes habits of self-reflection, continuous learning, and professional development that extend well beyond the limited licensure period. Physicians develop the ability to identify learning needs, incorporate feedback, and continually improve throughout their careers.

Expected Outcomes

Upon successful completion of the limited licensure pathway, physicians should consistently demonstrate the clinical knowledge, procedural skills, communication abilities, professionalism, and clinical judgment necessary to provide safe, effective, and patient-centered care.
Graduates of the pathway will be prepared to function independently while maintaining a commitment to evidence-based practice, continuous quality improvement, ethical decision-making, and collaborative healthcare delivery.

Expected Progression of Supervision During the Limited Licensure Period

Year One

During the first year, physicians focus on building foundational clinical knowledge and technical skills while practicing under close supervision. They are expected to recognize the limits of their experience, seek assistance appropriately, respond effectively to feedback, and establish safe clinical habits.

Year Two

By the second year, physicians should demonstrate increasing confidence and competence in managing more complex clinical situations. They are expected to function with greater independence,

exercise sound clinical judgment, and recognize circumstances requiring attending physician involvement. Supervising faculty should observe measurable progression in decision-making, efficiency, communication, and professional responsibility while maintaining appropriate oversight.

Suggested Future Directions

Targeted Individual Development Plans

Institutional faculty can consider implementing the below cited examples of annual and summative evaluation forms. Assessment data should serve as the foundation for individualized development plans. Establishing objective baseline assessments enables supervising faculty to conduct meaningful discussions regarding physician performance, celebrate demonstrated strengths, and identify specific competencies requiring additional development. Tailored learning plans allow educational interventions to be directed where they will have the greatest impact.

Policy Development and Institutional Support

The competency framework can assist sponsoring institutions in strengthening educational programs by promoting comprehensive clinical training, structured mentorship, and clearly defined career pathways. These efforts not only improve physician development but also contribute to workforce stability by encouraging physicians to remain within their sponsoring institutions after completing the limited licensure pathway.

Continuous Learning

Competency verification shifts educational focus from simply acquiring knowledge to consistently applying knowledge in clinical practice. Institutional faculty can consider implementing the below cited examples of annual evaluation forms. Assessment tools should help faculty identify precisely where additional practice, coaching, or experience is needed, supporting continuous improvement throughout training.

Emphasizing Retention

Creating an environment that supports professional growth, recognizes achievement, and offers meaningful opportunities for career advancement can improve physician retention. By investing in physician development throughout the limited licensure period, sponsoring institutions strengthen their ability to retain highly qualified physicians, promote continuity of care, and build a stable, experienced health care workforce.

Through a standardized competency verification framework, sponsoring institutions, supervising faculty, and regulatory stakeholders can collectively ensure that physicians progress in a structured, measurable, and transparent manner. This approach supports physician development, enhances patient safety, promotes educational excellence, and ultimately prepares physicians for successful independent practice while strengthening the health care workforce across Illinois.



Examples of Annual and Summative Evaluation Forms

Summative Evaluation of an International Medical Graduate

Note: This confidential final written evaluation will be maintained in the permanent personnel record of the international medical graduate (IMG) and used to verify training for outside agencies

IMG Name: _____ **Period of Training:** _____ **to** _____

The following is derived from annual evaluations by the supervisor. The evaluation is based upon the Accreditation Council for Graduate Medical Education (ACGME) General Competencies and the specialty-specific Milestones, which define the essential components of clinical competence.

Core Competency	Description	Expectations Met	Expectations Did not met
Patient Care	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health		
Procedural Skills	Demonstrates competence in performing all medical, diagnostic, and surgical procedures considered essential for the area of practice.		
Medical Knowledge	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.		
Practice-Based Learning and Improvement	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.		
Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in effective information and exchange and collaboration with patients, their families, and health professionals.		
Professionalism	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.		
Systems-Based Practice	Demonstrates awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on other resources in the system to provide optimal care.		

Examples of Annual and Summative Evaluation Forms

Evaluation of International Medical Graduate by Supervisor

Evaluator:

International Medical Graduate:

Select the response to the question which most closely aligns with the Internal Medical Graduate's performance under your supervision.

The International Medical Graduate (IMG) cares for patients with chronic conditions (PC-2)

1 = Recognizes a chronic condition and documents a problem list based on the encounter
2 = also develops a relationship with the patient that demonstrates understanding of the disease and its implications while improving care
3 = also engages the patient in self-management of his or her condition
4 = also shows leadership within the patient care team and guides families through utilization of community resources for chronic illness
5 = also personalizes care of patients with multiple chronic conditions and co-morbidities

The IMG partners with the patient, family, and community to improve health through disease prevention and health promotion (PC-3)

1 = Collects a family, social, and behavioral history
2 = also incorporates an awareness of disease prevention and health promotion into patient care
3 = also works with the patient and family to understand and overcome barriers to disease prevention and health promotion
4 = also integrates disease prevention and health promotion into care for all patients
5 = also integrates practice into the community and works to improve population health

The IMG partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment, in a patient-centered, cost-effective manner (PC-4)

1 = Addresses the concerns of patients with ongoing signs, symptoms, or health concerns
2 = also develops a comprehensive differential diagnosis for those patients
3 = also addresses the medical and social needs of those patients and utilizes multidisciplinary resources to deliver effective patient care
4 = also personally takes responsibility for the care of those patients, develops long-term treatment plans for management of their symptoms, and establishes trust with the patient in
5 = also uses multidisciplinary resources and an investigatory approach to contribute to the development of medical knowledge around undifferentiated signs, symptoms, or health concerns

The IMG demonstrates medical knowledge of sufficient breadth and depth to practice in the field of speciality (MK-1)

1 = Demonstrates the capacity to improve medical knowledge through study
2 = also demonstrates the ability to assess and act to increase breadth of knowledge
3 = also achieves a faculty evaluation indicative of competent in the pertinent field of specialty.
4 = also appropriately orders, performs, and interprets diagnostic tests and procedures
5 = also demonstrates a clear passion for life-long learning

The IMG applies critical thinking skills in patient care (MK-2)

METRICS & DATA

Goal: Establish a data framework for tracking progress and outcomes.

To support transparency and provide stakeholders with a clear understanding of licensure activity for the International Medical Graduate (IMG) Limited Physician License, IDFPR will publish monthly data on the physician licensure webpage. This data will provide a clear, consistent view of application trends, processing times, and overall program performance.

The proposed data elements included in the monthly reporting would be:

- Reporting date
- Number of applications submitted to IDFPR
- Number of applications in draft status
- Number of individuals who have submitted documents to EPIC (including partial submissions)
- Number of IMG licenses issued
- Average processing time from application submission to licensure
- Shortest processing time
- Longest processing time

These metrics collectively illustrate applicant activity, workflow volume, processing times, and areas where applicants or administrators may face delays.

The goal of this data framework is to provide clear, data-driven insight into IMG licensing processing times and activity. This supports program development, statutory compliance, operational efficiency, and transparent communication with stakeholders.

Data Areas and Their Importance

- **Applications Submitted to IDFPR:** This metric reflects current workload, applicant demand, and helps determine appropriate staffing or resource allocation.

- **Draft Applications:** Drafts indicate active applicant engagement and help forecast the number of applications expected to enter the review pipeline.

- **EPIC Document Submissions:** Tracking EPIC submissions provides visibility into pre-application progress and identifies potential verification-related delays before an application reaches IDFPR.

- **Licenses Issued:** This demonstrates output volume, completion rates, and overall licensure throughput.

- **Processing Times:** Average, shortest, and longest processing times establish performance benchmarks, highlight workflow efficiencies, and help identify bottlenecks. Processing times may be affected by the completeness of document submission.

How the Data Supports Development

- Helps identify barriers affecting applicants or the Department
- Supports realistic timeline expectations and planning
- Improves applicant experience by spotlighting avoidable delays

Expected Outcomes

- Sustained operational efficiency through continuous monitoring and transparency
- Increased applicant compliance
- Clear performance metrics and improved public transparency

Suggested Future Data Point: Sponsoring Entity Location

This would strengthen reporting by highlighting geographic participation trends, supporting workload forecasting, and confirming health care needs across Illinois.



IMG Application Processing as of 7/31/2026

Number of applications submitted to IDFPR	78
Number of applications in draft status	497
Number of individuals who have submitted documents to EPIC (including partial submssions)	45
Number of IMG licenses issued	11
Average processing time from application submission to licensure (business days)	120
Shortest processing time (business days)	16
Longest processing time (business days)	160

SUCCESS STORIES



Goal: Highlight real-life stories of internationally trained professionals who are successfully navigating licensure pathways.

These stories reflect perseverance, talent, and a deep commitment to patient care. They also highlight the impact of clear pathways and supportive resources in helping internationally trained professionals build fulfilling careers and strengthen communities across Illinois.

MD, Occupational Physician

Moved to Illinois and started researching opportunities. Found Upwardly Global and WeAreDocs. They connected her with Altea Healthcare. Her application process was more complicated. She had extensive experience in Peru and also significant USCE. Hard to know who to talk to at IDFPR and what experience to highlight. Additional challenges with uploading documents in the portal. Need more clarity in the process. Her telehealth experience was considered recent and relevant experience. Now waiting for paperwork to be processed will work at post-accute care facility in Pontiac.



International Education

Perseverance & Resilience

Professional Growth

**To protect individuals' privacy these images do not depict the doctor's featured in these success stories.*

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Residency Applicant

Started a residency in 2023 in California, but needed to stop because of immigration issues. Connected with WeAreDocs and applied for IL limited license in September. Certification through EPIC took a long time to process his most recent experience. He said make sure that you have USCE and can present your knowledge of EMR, HIPAA and US insurance. Important to manage 2 steps, FSMB and EPIC. He is working at Altea Healthcare. He also matched for residency this year.



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SUCCESS STORIES



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MD, Family Medicine

Moved to the US when married to a US citizen, 5 years post graduation. Completed USMLEs and networking for residency, and also following updates with the State of Illinois. She had done a non-academic residency in India and went back to practice there from 2022-2024 and then returned to the US to do US clinical experiences (USCE). She applied for roles around Illinois and connected with a recruiter who connected her with Solvera Health who sponsored her license. The process was not too hard. She is thriving professionally after a long time in survival roles.



International Education

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WORKFORCE DISTRIBUTION

Goal: Understand the geographic distribution of licensed professionals and identify gaps and underserved areas.

This section will focus on analyzing Illinois' current health care workforce using licensure and employment data culled in part from the Health Resources and Services Administration ("HRSA"), the Department, and Illinois organizations representing the various health care professions. HRSA has designated certain locations within Illinois as either a Health Professional Shortage Area ("HSPA"), Medically Underserved Area or Medically Underserved Population. Unlike the HRSA data for this section, the HSPA data is more current because it is updated quarterly.

In addition, this section will make recommendations identifying policy frameworks and incentives to address existing gaps in health care coverage in this State. In Illinois, the physician profession served as a springboard for the Department to explore the pathways for licensure of other health care professionals given the respective educational and experience requirements as set forth in their respective profession statutes.

The international medical graduate physician ("IMG") may now apply to the Department for a limited license to practice medicine in this State. Last year, administrative rules for the Medical Practice Act of 1987 ("MPA") were adopted to not only grant this limited license, but also provide the IMG with a pathway to obtain full unrestricted licensure in accordance with the MPA. Importantly, Illinois relies heavily on HRSA data where an IMG who successfully obtained a limited license may become eligible to apply for a two-year restricted license to practice medicine in an Illinois location designated by HRSA as a Health Professional Shortage Area ("HPSA"), Medically Underserved Area, or Medically Underserved Population.

The Task Force has utilized HRSA data to identify those health care professions in short supply in underserved counties, including not only physicians, but also dentists, physical therapists, pharmacists, and veterinarians. The medical profession provides an appropriate starting point for a "top down" analysis of health care coverage. Indeed, Illinois residents throughout the State's 102 counties often seek health care from physicians licensed to practice medicine in all of its branches prior to seeking care from other professionals.

While it logically follows that such other health care professions as physical therapists and pharmacists can be found in counties served by physicians, the Task Force has identified four health care

professions whose supply is low in several counties in this State. These additional professions include dentists, physical therapists, pharmacists, and veterinarians.

In spring, 2026, the Task Force devised the following methodology for examining current workforce adequacy levels by county based on existing active license counts from Illinois' Open Data Portal and projected demand for health care professions based on HRSA data. The analysis provides a county-level view of potential workforce shortages in various professions in Illinois.

A precise measure of the optimal number of health professionals by county is not possible because currently available data does not capture local need and service coverage at the level of specificity. Accordingly, this analysis uses per capita provider rates as an approximate measure of workforce adequacy relative to county population. For each profession, the optimal per capita benchmark was derived by comparing projected national demand in 2023 to the total 2023 U.S. Census projected population. The year 2023 was selected to maintain consistency with HRSA's most recent county-level workforce data in the Area Health Resources Files ("AHRF") files. This analysis also includes a range of per capita rates intended to indicate varying levels of concern. Those concern levels were adapted from HRSA's AHRF Clinician Dashboard.

In general, the most accurate way to measure workforce coverage in a given area is by using full-time equivalent ("FTE") workers rather than simple headcounts. The per capita data used in this analysis, however, is based on reported active licenses from Illinois' Open Data Portal. That source provides information on active professional licenses in Illinois and indicates where each licensed professional resides, but it does not identify where those individuals practice. As a result, the data does not provide a clear picture of how health care professionals are deployed within a given area, though it does offer a broad indication of where active professionals are likely to be located.

A more accurate measure of local workforce coverage would be an area-level count of Full-Time Equivalent ("FTE") professionals. HRSA provides FTE-based shortage and staffing data in certain contexts, particularly for primary care, dental, and mental health providers. HRSA also reports some FTE-based staffing measures for selected institutional and program settings. However, those measures do not necessarily show how well an entire county is served by a profession overall. For example, a county may have substantial hospital-based registered nurse FTE staffing while still experiencing weak outpatient access. Likewise, the National Health Services Corp (NHSC) FTE data reflects only NHSC-supported sites rather than all providers practicing in the county, and hospital-based physician or dentist FTE data does not capture private practices, community clinics outside the reporting source, retail settings, or other unaffiliated outpatient providers. In addition, many professions in AHRF are reported only as headcounts rather than countywide FTE totals.

The available FTE-based measures are therefore best understood as partial proxies for service availability rather than complete measures of countywide workforce adequacy. In the AHRF context, these measures are often tied to specific facilities or programs, including short-term general hospitals, short-term non-general or long-term hospitals, veterans' hospitals, and NHSC-approved sites.

Some independent studies have attempted to measure workforce adequacy using FTE-based methods for specific professions. For example, a 2025 academic article prepared on behalf of the American Physical Therapy Association used independently collected survey data to report FTE workforce trends among physical therapists. Comparable recent independent FTE-based studies do not appear to be widely available across many other professions included in this analysis.

These benchmarks should therefore be understood as planning tools rather than definitive measures of shortage. They are intended to provide a comparative estimate of potential workforce adequacy across counties, but they do not by themselves establish whether residents in a given area can obtain timely, affordable, or geographically accessible care. Professional counts should be interpreted in light of differences in scope of practice, employment setting, and service delivery model, as raw per capita comparisons may not reflect how readily one profession can substitute for another in meeting local health care needs.

Workforce availability should not be equated with actual access to care. Even where a county appears to have an adequate supply of health professionals, access may remain limited if residents are uninsured, if necessary, services are not covered by insurance, or if providers do not participate in the insurance arrangements available to the local population.

For that reason, the measures used here can be understood as indicators of provider supply rather than complete measures of realized access to care. The Task Force has reviewed the physician workforce in the 102 counties in this State. An HPSA score is a federal metric ranging from 1 through 25 for primary care and mental health, and 1 through 26 for dental care. The higher the score, the greater the need for medical professionals in that area.

As a follow-up to this State's recent efforts to provide pathways to licensure for IMGs, here is a breakdown of the top twelve workforce shortage areas organized by county for the medical profession. **See Table 3.**

According to the Illinois Licensing and Enforcement System ("ILES"), there is one licensed physician residing in Cass County, which happens to have one rural health clinic near the Illinois River in the City of Beardstown named Elmer Hugh Taylor Clinic ("Elmer"), HSPA ID number 1176225944, a part of Sarah D. Culbertson Hospital. Yet this clinic has no physicians practicing there. Instead, Elmer has four nurse practitioners and a licensed clinical social worker. Regarding the assignment of clinicians, Elmer has an HPSA Score of 17. The physician who resides in Cass County practices medicine elsewhere.

Many rural Illinois counties with an aging physician population are of particular concern. Accordingly, strengthening the physician workforce should be considered as a priority. For instance, Gallatin County, which is on the eastern border of Illinois with Kentucky across the Ohio River, has eight such residents who are medical licensees whose licenses are no longer in active status. Gallatin is the third-least populous county in Illinois.

Designated as a rural health clinic during the pandemic and having an HPSA Score of 16, the Jersey Community Hospital ("JCH HealthCare") is located in Hardin, Calhoun County, which is off the Mississippi River on the western border of Illinois. Although no

licensed physician resides in Calhoun, a physician who is a family practitioner practices at JCH in Hardin. This medical doctor lists their address as the main JCH hospital location in Jersey County, and practices medicine with the assistance of two licensed physician assistants in the Hardin location.

Importantly, the Task Force has found the following four health care professions to be in critical short supply in workforce shortage area counties:

1. Dentists
2. Physical Therapists
3. Pharmacists
4. Veterinarians

For each of the above health care professions, we will show the workforce shortage area data by county. HRSA data, however, from 2023. As such, internal Department data, which has been maintained ILES, is current as of summer, 2026. Although ILES does not show the counties where Illinois health care professionals practice or perform professional health care services, it is reasonable to infer that such professionals work in the county in which they reside or a neighboring county.

No HPSA dental health clinic exists in Alexander County. The longtime Federally Qualified Health Center ("FQHC") offering professional dental services is located two counties to the north in Jackson County. Two Brown County rural health clinics designated as HPSA facilities in 2004 provide dental health, though no licensed dentists reside in Brown. In November, 2025, a rural health clinic offering dental services was designated as an HPSA clinic in Edwards County, which is located in southeastern Illinois. **See Table 4.**

Pope County has no HPSA clinic offering primary care, and Bond County has but one rural health clinic, Greenville Family Medicine, LLC, which has an HPSA Score of 16. This clinic does not appear to offer physical therapy, however. In Flora, Clay County, the Clay County Hospital has had a job posting for a physical therapist since July 27, 2022. **See Table 5.**

There is a sense of urgency when it comes to pharmacies available to serve the needs of Alexander County residents. No pharmacies exist in the county seat of Cairo. And Bode Drug in nearby Mound City has recently closed.If Alexander County residents want to obtain their prescription medications in Illinois, they will need to drive thirty (30) miles north to Carbondale for major chain pharmacies like Walgreens or CVS. Fortunately, Pope County residents can meet their pharmaceutical needs in local pharmacies located in the county seat of Colconda, which is located along the Ohio River. **See Table 6.**

Unfortunately for several pet or farm animal owners, no licensed veterinarians live in Alexander, Calhoun, Hardin, Pulaski, or Scott counties.Such counties are among the least populated in this State. Upon obtaining licensure from the Department, these counties offer career opportunities for internationally licensed veterinarians to establish their livelihoods in these aforementioned Illinois counties. **See Table 7.**

The aforementioned data for the four highlighted health care professionals is based upon current internal Department counts of such professionals in those top twelve counties that have a workforce shortage of those respective health care professionals.

HRSA data from 2023 was available to the

Task Force in two of the health care professions where there has been significant need in Illinois' health care workforce shortage areas: dentists and pharmacists. The attached tables show a comparison between HRSA workforce location data and ILES health care licensee residence data.

For a complete picture of how these highlighted health care professionals are spread throughout Illinois, the attached tables show the residences by county of these health care professional licensees.

As a guide for each of the aforementioned health care professions, the Task Force has determined per capita adequacy rates. The following tables summarize the tables that encompass all 102 counties in Illinois. Orange represents actual demand shortage, while blue shows counties that meet or exceed optimal demand. For each county, the ratio of the number of Illinois health care licensees as found in ILES and population counts from the 2020 census gives us the number of such licensees per 100,000 county residents. By dividing this number by the HRSA per capita rate, the Task Force has calculated the particular profession's per capita adequacy rate for every Illinois county.This percentages is shown in Light Blue.

Physicians			
Color Code Criteria	**Per Capita Rate Ranges**	**Totals Per County**	**Percent Totals**
Meets or Exceeds Optimal Demand	135.08-762.31	26	25%
Slight Shortfall Meeting Demand	86.98-135.07	21	21%
Considerable Shortfall Meeting Demand	43.43-86.97	34	33%
Approaching Demand Shortage	10.94-43.42	17	17%
Actual Demand Shortage	Below 10.94	4	4%
° *Optimal Demand Per Capita Rate is 369.92.*			

Active physicians per HRSA includes M.D.(Medical Doctor) and D.O.(Doctor of Osteopathic Medicine) with active status, classified or not classified status, and employed by federal government or non-federal industry. Inactive status includes physicians who are retired, temporarily not in practice, or not active for other reasons and indicated they worked 20 hours or less per week. Not classified status includes physicians who did not provide information on their type of practice or their present employment. Federal status is defined as full time employment by the federal government, including the Army, Navy, Air Force, Veterans Administration, the Public Health Service and other federally funded agencies. M.D. Data are included for Guam, Puerto Rico and the U.S. Virgin Islands. Grand total number of actively licensed physicians is 64,866, according to the Department's 2026 Active License Report. There are 51,629 physicians with a controlled substance license.

Dentists			
Color Code Criteria	**Per Capita Rate Ranges**	**Totals Per County**	**Percent Totals**
Meets or Exceeds Optimal Demand	64.86 – 109.87	8	8%
Slight Shortfall Meeting Demand	54.87 – 64.85	3	3%
Considerable Shortfall Meeting Demand	49.49 – 54.86	5	5%
Approaching Demand Shortage	41.20 - 49.48	11	11%
Actual Demand Shortage	Below 41.20	75	73%
° *Optimal Demand Per Capita Rate is 69.35.*			

Per HRSA, Dental Geographic High Needs/Insufficient Capacity HPSAs must exceed a Population-to-Provider Ratio of 4,000:1 if the provider FTE is greater than zero.

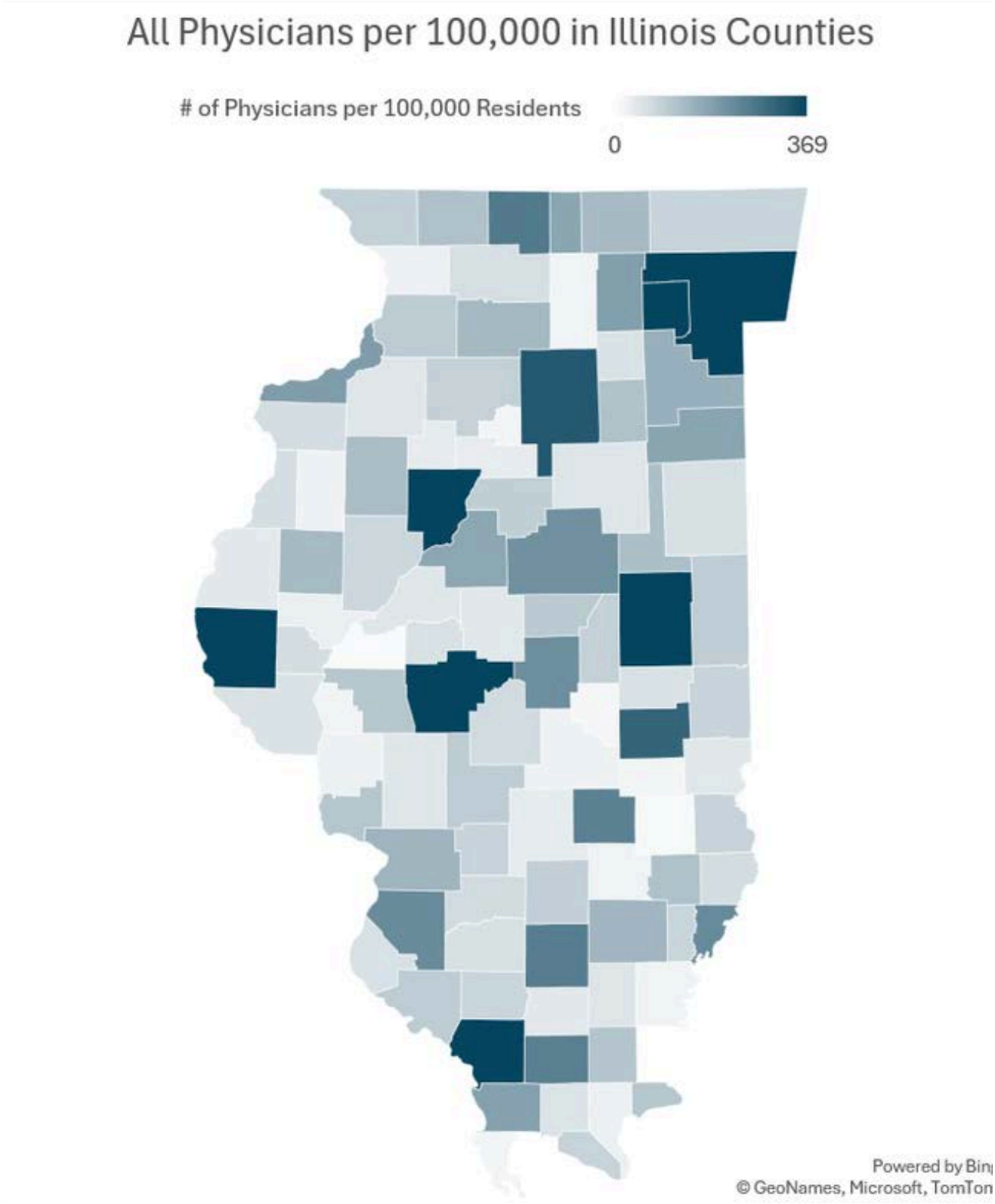
Physical Therapists			
Color Code Criteria	**Per Capita Rate Ranges**	**Totals Per County**	**Percent Totals**
Meets or Exceeds Optimal Demand	115.05-166.73	3	3%
Slight Shortfall Meeting Demand	92.47-115.04	6	6%
Considerable Shortfall Meeting Demand	76.37-92.46	11	11%
Approaching Demand Shortage	54.65-76.36	23	22%
Actual Demand Shortage	Below 54.65	59	57%
° *Optimal Demand Per Capita Rate is 126.41.*			

Pharmacists			
Color Code Criteria	**Per Capita Rate Ranges**	**Totals Per County**	**Percent Totals**
Meets or Exceeds Optimal Demand	125.58 – 177.36	7	7%
Slight Shortfall Meetinng Demand	109.62 – 125.57	3	3%
Considerable Shortfall Meeting Demand	98.25 – 109.61	6	6%
Approaching Demand Shortage	78.28 - 98.24	12	12%
Actual Demand Shortage	Below 78.28	74	72%
° *Optimal Demand Per Capita Rate is 129.17.*			

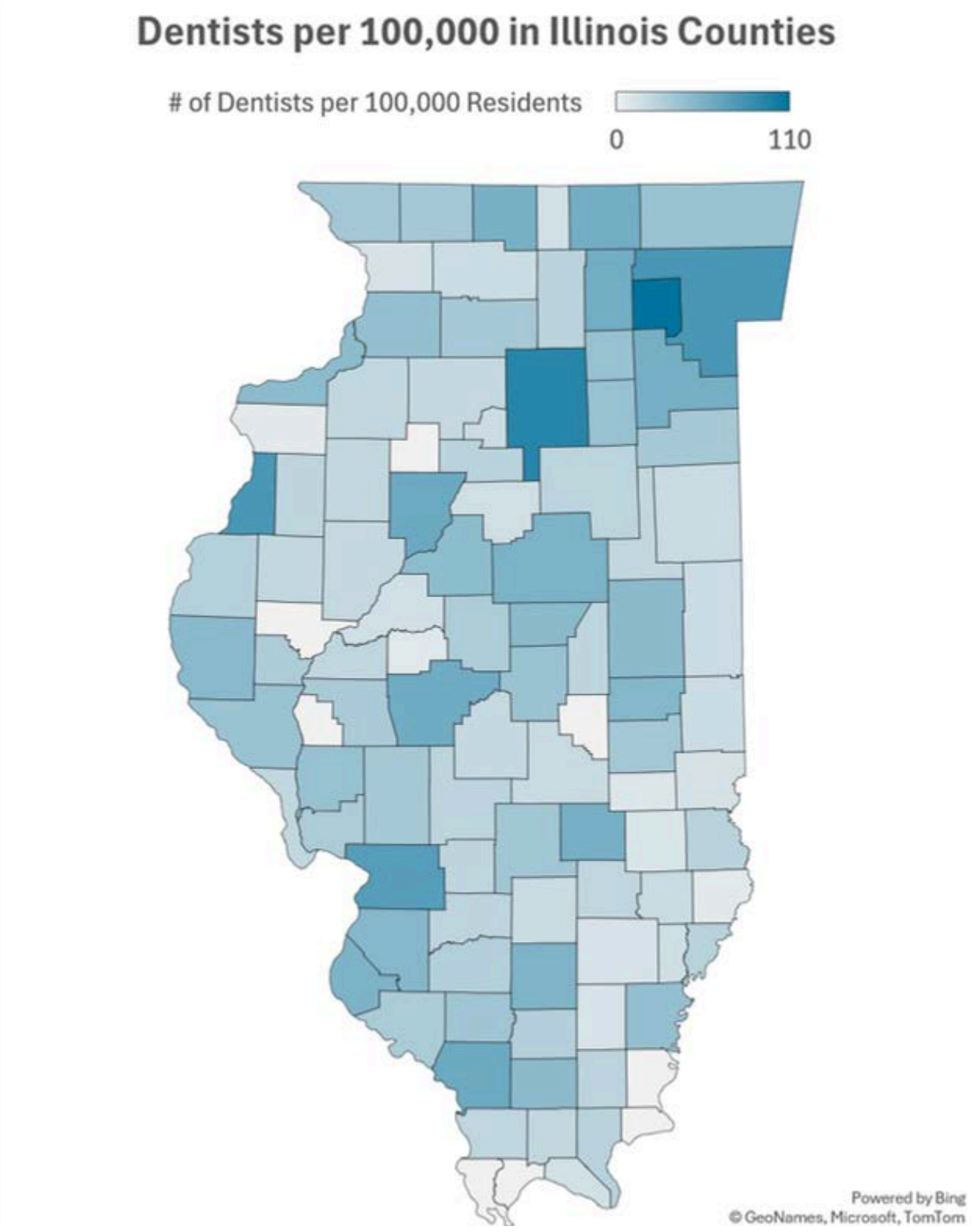
As for the veterinarian profession, the optimal demand per capita rate is 48.43. HRSA does not track workforce data for veterinarians. As such, a 2024 study by the Association of American Veterinary Medical Colleges that covers the demand for and supply of veterinarians in the U.S. to 2032 was referenced.

And for a more visual perspective, the following heat maps show the per capita adequacy rate of these workforce shortage areas based upon the counts of health care licensees provided by Illinois' Data Portal in Spring, 2026.

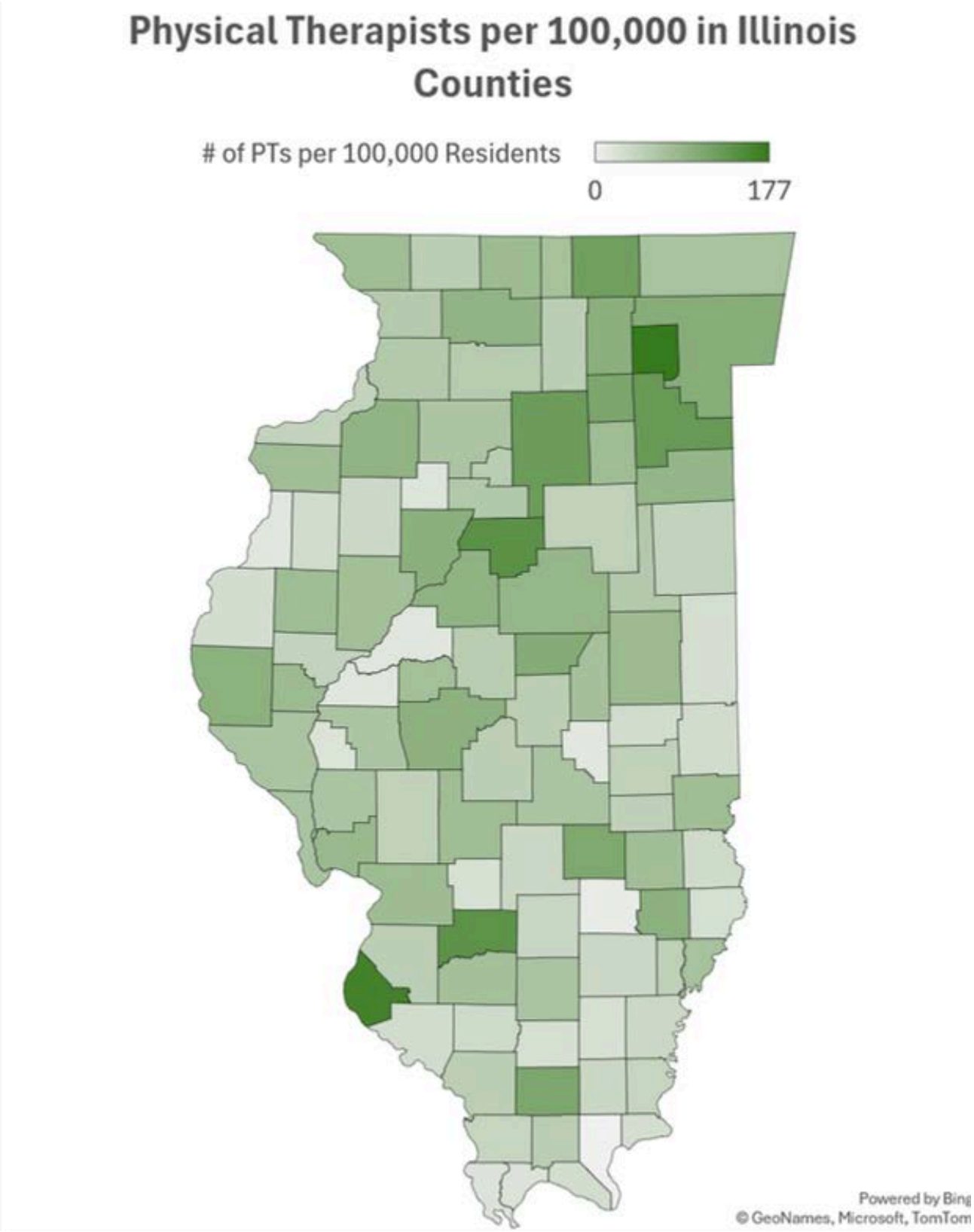
Physicians


All Physicians per 100,000 in Illinois Counties
# of Physicians per 100,000 Residents
0
369
Powered by Bin
© GeoNames, Microsoft, TomTon

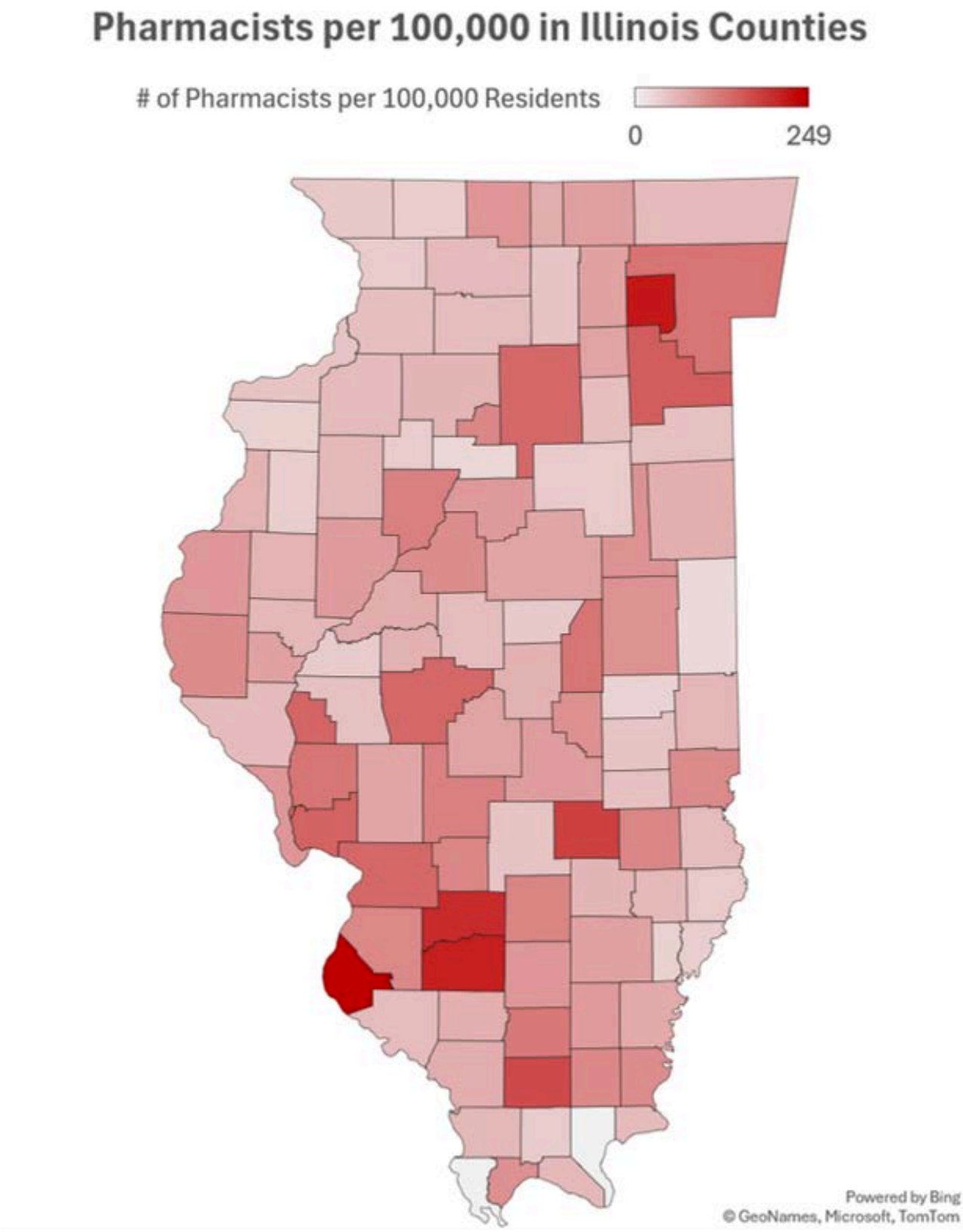
Dentists


Dentists per 100,000 in Illinois Counties
# of Dentists per 100,000 Residents
0
110
Powered by Bing
© GeoNames, Microsoft, TomTom

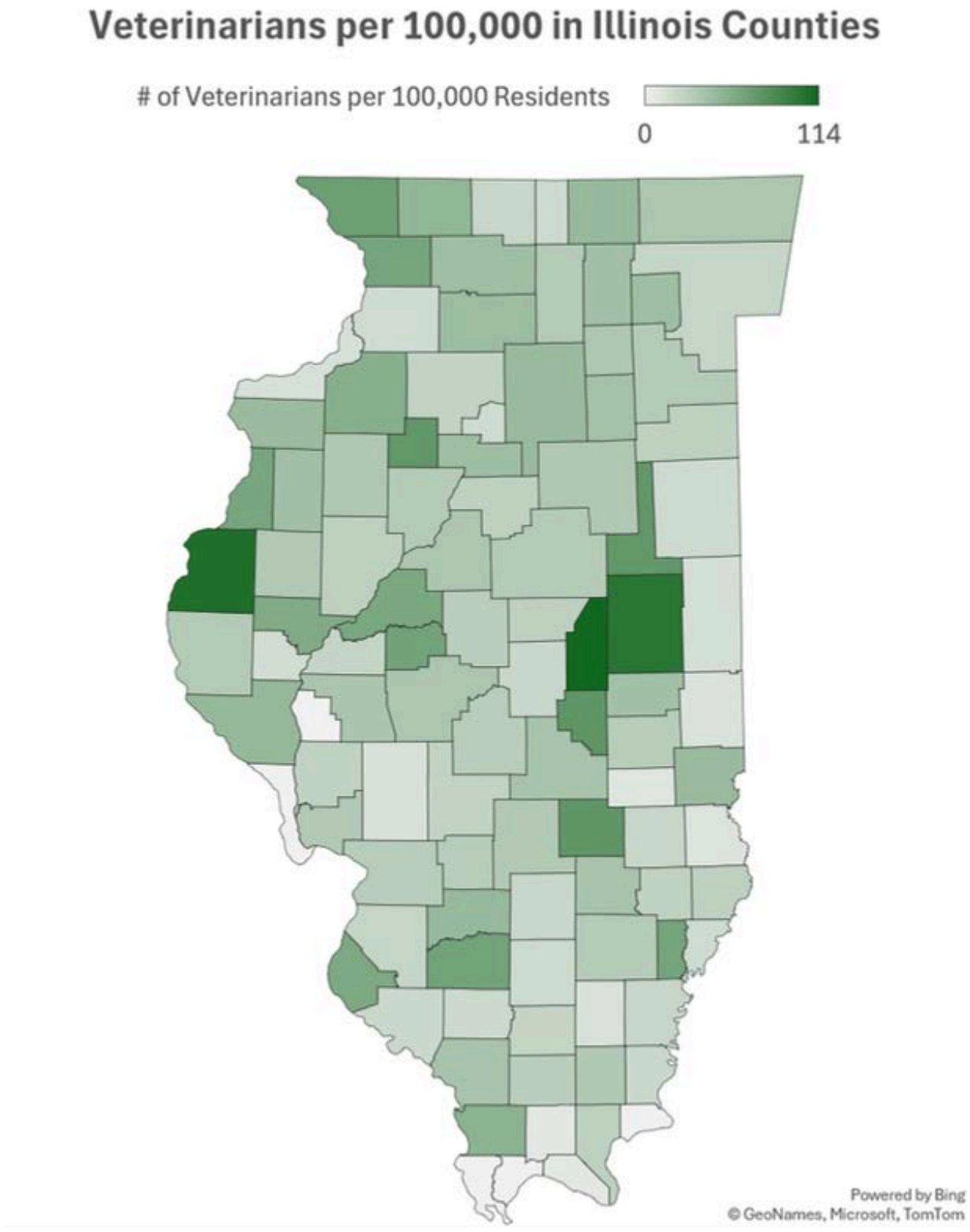
Physical Therapists



Pharmacists



Veterinarians



The Task Force presents its findings regarding Workforce Distribution. In order to ensure that IMGs are able to obtain a license to practice medicine in all of it branches, the Department, in coordination with other state agencies and stakeholders, must be able to assist an IMG in obtaining supervised training for a period of two years, serving in an Illinois health care professional shortage area, as delineated in Public Act 103-102.

The Task Force has looked at federally qualified health centers (FQHCs) with high HPSA Scores as entities that may be able to offer supervised training. The HPSA score is calculated based on provider-to-population ratios, poverty levels, infant health, travel times to care, and specific demographic needs. These designations determine priority for the NHSC loan repayment and clinician placement programs. The following list of FQHCs with high HPSA Scores suggests that there is an urgent need for health care professionals in these HPSA facilities:

1. Community Health & Emergency Services Inc., Jackson County – HPSA Score 22;
2. Cass County Public Health Department, Cass County – HPSA Score 21;
3. Christopher Greater Area Rural Health Planning Corporation, Franklin County – HPSA Score 21;
4. Shawnee Health Service and Development Corporation, Williamson County – HPSA Score 21.

The Illinois Primary Health Care Association ("IPHCA"), which represents FQHCs, has published a map that shows the clinic locations of its member health care organizations. Noteworthy are the Illinois counties where no IPHCA presence is seen. When viewing this map through the attached Map of Illinois Counties provided by the Secretary of States, the lack of IPHCA clinics suggest that such counties are less populated. Attached to this report are maps or lists designating where FQHCs, critical access hospitals, and free & charitable clinics are located in this State.

Along with the IPHCA, such other stakeholders as the Illinois Critical Access Hospitals Networks ("ICHAN"), the Illinois Rural Health Care Association, Illinois Free & Charitable Clinics, the Southern Illinois University ("SIU") School of Medicine, the Illinois State Medical Society ("ISMS"), and the Illinois Health and Hospital Association are resources that can be tapped to identify health care employers able to provide IMGs the required two year training in shortage areas. These stakeholders can also help identify and place ITPs in critical health care workforce shortage areas.

Similar to medical residencies, which are funded by Medicare, potential employers will need additional funds to train IMGs. It is therefore the recommendation of the Task Force that funds from the federal Rural Health Transformation Program be allocated to interested employers. Without funding, it is unlikely that medical facilities will be able to expand their workforce.

Many of the key stakeholders cited above can also assist with employment opportunities for other internationally trained health care professionals ("ITPs"). Our Illinois public university and community college systems should also be used to address gaps in education that are required for licensure. In order to understand best the educational and employment needs of ITPs, it is the recommendation of the Task Force to include the following stakeholders in future discussions:

- Illinois Dental Society;

- Illinois Pharmacists Association;
- Illinois Physical Therapy Association
- Illinois Nurses Association ("ANA–Illinois"); and
- Illinois State Veterinary Medical Association.

In conclusion, opportunities abound for internationally educated and/or trained health care professionals in rural Illinois counties that are HSPAs. Such ITPs have already started their promising journeys to provide health care services in the United States. Upon being granted licensure to practice in Illinois, they should consider the many opportunities to serve Illinois residents in the HSPAs in this State.

Sources

225 ILCS 60/15.5, 68 Ill. Admin Code 1285.92, 68 Ill. Admin Code 1285.93

Illinois Licensing and Enforcement System ("ILES"), July 13, 2026

Health Resources and Services Administration ("HRSA"), 2023

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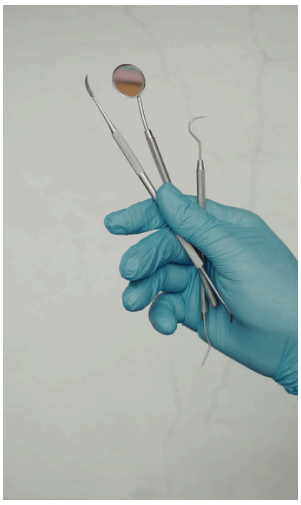






Table 3.

WORKFORCE SHORTAGE AREA DATA BY COUNTY

Physicians

County Code	County	Illinois Population 2020 Census	AHRF Active Physician	Active Licensed Physicians Per 100,000 Residents	Active Licensed Physician Per Capita Adequacy Rate	Active Licensed Physicians – ILES	Population Per Physician
17013	Calhoun, IL	4,437	2	-	0%	-	-
17059	Gallatin, IL	4,946	1	-	0%	-	-
17153	Pulaski, IL	5,193	-	-	0%	-	-
17017	Cass, IL	13,042	2	8	2%	1	13,042
17187	Warren, IL	16,835	8	12	3%	2	8,418
17139	Moultrie, IL	14,526	4	14	4%	2	7,263
17155	Putnam, IL	5,637	2	18	5%	1	5,637
17175	Stark, IL	5,400	1	19	5%	1	5,400
17003	Alexander, IL	5,240	2	19	5%	1	5,240
17035	Cumberland, IL	10,450	2	19	5%	2	5,225
17039	De Witt, IL	15,516	6	19	5%	3	5,172
17171	Scott, IL	4,949	-	20	5%	1	4,949

Table 4.

WORKFORCE SHORTAGE AREA DATA BY COUNTY

Dentists

County Code	County	Illinois Population 2020 Census	Active Licensed Dentists	Active Licensed Dentists Per 100,000 Residents	Active Licensed Dentist Per Capita Adequacy Rate
17003	Alexander, IL	5,240	-	-	0%
17009	Brown, IL	6,244	-	-	0%
17047	Edwards, IL	6,245	-	-	0%
17059	Gallatin, IL	4,946	-	-	0%
17069	Hardin, IL	3,649	-	-	0%
17079	Jasper, IL	9,287	-	-	0%
17139	Moultrie, IL	14,526	-	-	0%
17151	Pope, IL	3,763	-	-	0%
17153	Pulaski, IL	5,193	-	-	0%
17175	Stark, IL	5,400	-	-	0%
17173	Shelby, IL	20,990	1	5	7%
17101	Lawrence, IL	15,280	1	7	9%

Table 5.

WORKFORCE SHORTAGE AREA DATA BY COUNTY

Physical Therapists

County Code	County	Illinois Population 2020 Census	Active Licensed Physical Therapists	Active Licensed Physical Therapists Per 100,000 Residents	Active Licensed Physical Therapist Per Capita Adequacy Rate	Population Per Physical Therapist
17151	Pope, IL	3,763	-	0	0%	N/A
17005	Bond, IL	16,725	1	6	5%	16,725
17025	Clay, IL	13,288	1	8	6%	13,288
17125	Mason, IL	13,086	1	8	6%	13,086
17139	Moultrie, IL	14,526	2	14	11%	7,263
17017	Cass, IL	13,042	2	15	12%	6,521
17071	Henderson, IL	6,387	1	16	12%	6,387
17047	Edwards, IL	6,245	1	16	13%	6,245
17175	Stark, IL	5,400	1	19	15%	5,400
17003	Alexander, IL	5,240	1	19	15%	5,240
17153	Pulaski, IL	5,193	1	19	15%	5,193
17171	Scott, IL	4,949	1	20	16%	4,949

Table 6.

WORKFORCE SHORTAGE AREA DATA BY COUNTY

Pharmacists

County Code	County	Illinois Population 2020 Censu	Active Licensed Pharmacists	Active Licensed Pharmacists Per 100,000 Residents	Active Licensed Pharmacist Per Capita Adequacy Rate	Population Per Pharmacis
17003	Alexander, IL	5,240	-	-	0%	N/A
17151	Pope, IL	3,763	-	-	0%	N/A
17101	Lawrence, IL	15,280	2	13	10%	7,640
17183	Vermilion, IL	74,188	17	23	18%	4,364
17017	Cass, IL	13,042	3	23	18%	4,347
17187	Warren, IL	16,835	4	24	18%	4,209
17041	Douglas, IL	19,740	5	25	20%	3,948
17131	Mercer, IL	15,699	4	25	20%	3,925
17123	Marshall, IL	11,742	3	26	20%	3,914
17185	Wabash, IL	11,361	3	26	20%	3,787
17085	Jo Daviess, IL	22,035	6	27	21%	3,673
17069	Hardin, IL	3,649	1	27	21%	3,649

Table 7.

WORKFORCE SHORTAGE AREA DATA BY COUNTY

Veterinarians

County Code	County	Illinois Population 2020 Censu	Active Licensed Veterinarians	Active Licensed Veterinarians Per 100,000 Residents	Active Licensed Veterinarian Per Capita Adequacy Rate	Population Per Veterinarian
17003	Alexander, IL	5,240	-	-	0%	N/A
17013	Calhoun, IL	4,437	-	-	0%	N/A
17069	Hardin, IL	3,649	-	-	0%	N/A
17153	Pulaski, IL	5,193	-	-	0%	N/A
17171	Scott, IL	4,949	-	-	0%	N/A
17127	Massac, IL	14,169	1	7	15%	14,169
17087	Johnson, IL	13,308	1	8	16%	13,308
17035	Cumberland, IL	10,450	1	10	20%	10,450
17135	Montgomery, IL	28,288	3	11	22%	9,429
17033	Crawford, IL	18,679	2	11	22%	9,340
17081	Jefferson, IL	37,113	4	11	22%	9,278
17045	Edgar, IL	16,866	2	12	24%	8,433

OTHER STATES REVIEW

Goal: Learn from other state models.

Illinois has recently innovated in the licensure of the International Medical Graduate ("IMG") through the adoption of two pathways: the International Medical Graduate Limited License and the International Medical Graduate Restricted License. Although the Department has addressed foreign nursing education for both licensure by application and by endorsement for the professions under the Nurse Practice Act, our State has not yet adopted a pathway for internationally trained nurses. This section will discuss licensure pathways for internationally trained and/or licensed nurses that have been enacted in other states. Other health care professions that are internationally trained and/or licensed include dentists, mental health professionals, and veterinarians. Illinois can learn from other state models to devise innovative solutions that include licensure of internationally trained and/or licensed health care professionals in order to help alleviate workforce shortage problems in our State.

When seeking state licensure to practice professional health care services, internationally trained and/or licensed health care professionals often face the following barriers:

- Limited English language proficiency;
- Inadequate recognition of international credentials and experience;
- Confusing requirements and complex licensing and regulatory systems;
- Lack of regulatory focus and direct assistance; and
- Lack of occupation-specific data on state immigrants and refugees.

Other states have been doing more for licensure by endorsement with waiver authority. Utah and Vermont in particular have notable pathways in a variety of health care license areas for licensure by endorsement.

Utah

Utah has the most expansive model of this general endorsement approach. Signed into law in 2022, SB 43 and follow-up legislation (SB 35 of 2023 and HB 58 of 2024) make internationally licensed or certified candidates eligible for licensure by endorsement in a whole host of licensed professions subject to a procedure being established by the Director. The Department Director is implementing this process on a profession by procession basis.

To date, Utah's Department of Commerce, Division of Professional Licensing, has used

its endorsement authority to create pathways in mental health (behavioral health coaches/technicians, social workers, and psychologists), Nursing, Pharmacy, Physical Therapy, and Temporary Veterinarian Licensing. They have pathways under development in dentistry, internationally trained professionals ("ITPs"), and Engineering. Conceptually, these pathways require inclusion of substantially similar education and training and the possibility of a recommendation for remedial education/training (deficiency pathway) and supervision.

Vermont

In Vermont, the legislation authorized the Director to utilize the services of third-party credential verification services. H 427 (as amended by H 703) requires the Director to adopt rules for professions within her jurisdiction (somewhat limited) prescribing the process for the Director to assess the equivalence of an applicant's professional credentials earned outside the US. Determinations issued by the Director are final and binding on the licensing boards.

Under the rules promulgated in Vermont under these statutes, an applicant with international training/education must adhere to the following process:

1. Applicants must have their credentials evaluated by a Credential Evaluation Service ("CES") approved by the department.
2. If determined to be equivalent, the department accepts the application. If deemed partially equivalent, the applicant may be eligible for licensure upon completion of unfulfilled education or qualifications (deficiency pathway). If non-equivalent, the application for licensure shall be denied.

This process applies to the following health care professions: Acupuncture, Licensed Alcohol and Drug Use Counselors, Applied Mental Health, Applied Behavioral Health Analyst, Athletic Trainers, Audiologists, Dentistry (Dentists, Hygienists, and Therapists), Dieticians, Electrologists, Naturopathic Physicians, LNA Nurses, Nursing Home Administrators, Occupational Therapists, Physical Therapists, Radiologic Technicians, Respiratory Therapists, and Speech-Language Pathologists. It is uncertain at this point how many licenses have been issued under this process.

Maine

Maine offers waiver authority with respect to such licensing requirements as timeframe for a physician who does not meet postgraduate training requirements, but who otherwise meets the statutory requirements for licensure. Specifically, the Board of Licensure in Medicine may waive specific time limits (e.g. 7-year rule) for completing the USMLE/COMLEX exams.

LD 149 (as amended by LD 2035) grants the department director (for those boards under the department's control) the authority to waive licensing requirements and fees. This can be particularly useful when documentation is unavailable due to conficts or non-cooperation in the county or training or education.

LD 149 (as amended by LD 2035) grants the department director (for those boards under the department's control) the authority to waive licensing requirements and fees. This can be particularly useful when documentation is unavailable due to conflicts or non-cooperation in the country of training or education. The authority granted in LD 149 is limited to professions under control of the licensing department

and does not apply to the four major independent and autonomous boards (physician, engineering, nursing, and dentistry).

Virginia

SB 1188 of 2025 requires all regulatory boards to develop regulation to provide a pathway to licensure for individuals with equivalent experience from another country.

Colorado

CO 26-1431 (signed earlier summer 2026 by Governor Polis) adds international licenses and certifications to the existing portability processes.

Other states have adopted or have pending provisional licensure pathways for ITPs. These states include the following: Wisconsin, Idaho, Iowa, Florida, Tennessee, Indiana, Texas, Minnesota, Arkansas, Oklahoma and Washington.

States with enacted Rules or have pending policies being implemented include the following: Virginia, Louisiana, Massachusetts, Nevada, Rhode Island, North Carolina, Georgia, Nebraska, Vermont, and Oregon.

Other states have adopted pathways to licensure for those health care professions that have few professionals in health care workforce shortage areas in Illinois. The following discusses other states' pathways to licensure that the Task Force recommends consideration by this State.

Dentists

Advanced Education Pathway: Relatively common, this pathway allows candidates to waive the requirement of a US-based residency if the candidate completes a CODA-accredited post-doctoral education program. (29 states)

Credential Review and Exam Authorization**:** Some state dental boards are authorized to use credential evaluation, course descriptions and/or patient records to determine if the candidate's non-CODA accredited program is substantially similar to the state's requirements. (Minnesota, Massachusetts, Indiana, Maine, and New Jersey).

Educator License Pathway: Another common pathway, some states permit internationally trained dentists hired and licensed as faculty at universities and other dental programs to practice with scope limitations. Some of these states provide an ultimate pathway to full licensure while others consider the license only valid while the faculty employment continues.(33 states)

Supervision and Limited License Pathway: Similar to the ITP pathway adopted in Illinois for IMGs. (Utah)

Hygienist Pathway: Some states grant an ITP a pathway to licensure as a hygienist. This pathway requires evaluation or credentialling documents and exam passage. (Connecticut, Florida, and Massachusetts - pending in Virginia and Washington)

Nurses

English Language Assessments: California, Hawaii, Montana, New York and Tennessee do not typically require Internationally Trained Nurses (ITNs) to demonstrate English Proficiency as a prerequisite to licensure. For the remainder

of states, an English Language Assessment (ELA).States should look at which ELA is authorized – several only allow the TOEFL and the IELT. States should also examine the scoring requirements for each test as many are academically oriented.

ELA Waivers: Most states waive the ELA requirement for candidates who graduated from a nursing program taught in English or a program in which a majority of the coursework and textbooks are in English.

Credential Evaluation Services: All states require ITN to have their international credentials approved by a credential evaluation service ("CES") prior to taking or passing the NCLEX. Almost all states accept CGNFS (now TruMerit) as a CES provider, many allow candidates to use other providers for this service. The CES network can vary significantly in cost and application processing time, so multiple options may be appropriate.

Implementation Strategy: ELA, Waiver, and CES requirements may be set in board policy, regulation or statute so the approach to reform in each state may differ. A best-practice may be found in Virginia (HB 2211 of 2023), where the Legislature simply instructed the board to adopt multiple options.

Psychologists

Expanded pathways for internationally trained psychologists have been created in Utah, California, and Arkansas.

Social Workers

California and other states have created pathways for internationally trained social workers using the credential verification process. For School Social Workers, Michigan has created a pathway that grants the State Superintendent of Education to grant waivers, creating a pathway for internationally trained school social workers.

Using their general licensure by endorsement authority, Utah is creating or has created pathways for social workers, clinical mental health workers, and behavioral technicians and coaches.

Veterinarians

North Dakota: SB 2129 of 2025 granted the board authority to approve alternate educational institution and allows for temporary licensure under supervision. Utah is doing the same through its endorsement process.

Finances is an issue for ITPs seeking licensure in Illinois. Two states, Maine and Connecticut, have addressed this problem. Here is a summary of their recent legislative initiatives.

Maine: As established by LD 1685 (amended by LD 1533), Maine established a revolving loan program to assist international candidates with licensure including translation, test prep, evaluations, English assessments, license fees and costs to travel to exams. Total loan eligibility per candidate is $700 with CPI.

Connecticut: HB 5001 establishes a needs-based waiver program for costs and license fees for licenses as behavioral or mental health providers for members of racial minorities, English language learners, LGTBQ, or disabled residents.

In conclusion, the Task Force recommends that the IDFPR consider pathways to licensure endorsement that are proven

in other states. It is important to note that licensing through the endorsement pathway has been more successful to date in states in which the licensing department – not the boards – hold rulemaking and license grant authority. Utah, whose regulatory agency for health care professions is similar to the Department, has this model. In particular, Utah, through its Division of Professional Licensing, has an Internationally Trained Applicant Credentialing Program for many professions, not just health care. The Division also offers internationally trained applicant resources for opportunities to become licensed in Utah.

Vermont and Maine have essentially made these reforms applicable only where the department holds the authority and leaves out license areas with independent, autonomous boards. While legislation has been passed in Virginia and now Colorado, implementation could be challenging as in those states the boards hold all authority. Given Illinois' own regulatory structure, the Utah/Vermont model, with the Maine waiver authority added, may be an interesting model to consider. Granted, it is reasonable to infer those two states have implemented solutions swiftly because these states have a smaller population with a smaller licensing and regulatory agency. Still, Utah's model can serve as a guide for the Department to provide more opportunities for ITPs to apply for Illinois licensure.

Sources:

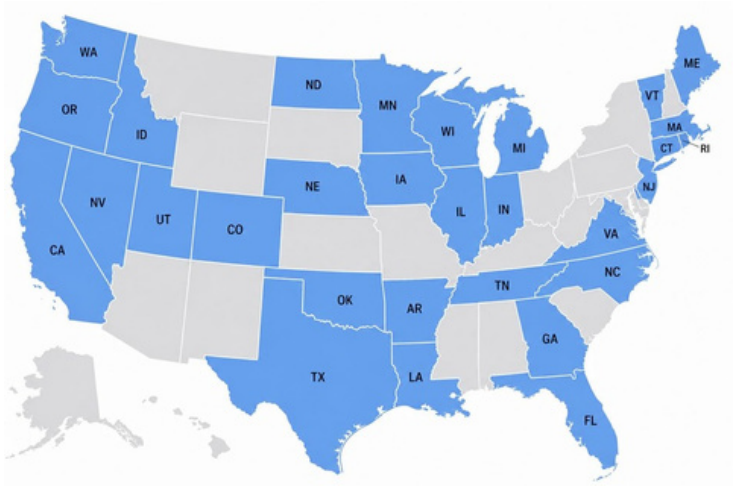
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Me. Stat. tit. 32, §3271.



THANK YOU

Acknowledging Our Partners in Progress

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Your insights helped ensure our recommendations are thoughtful, practical, and responsive to the needs of internationally licensed health care professionals and the communities they serve.

Thank you for being partners in our mission to build a stronger, more inclusive health care workforce in Illinois.

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CONTACT US:

If you have ideas, feedback, or would like to support this important work, we'd love to hear from you.

Please reach out to us at the email address below. Your input helps us build a stronger, more inclusive health care system for all Illinois residents.

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