



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

2026 Physicians Batch Renewal Form

Please Do Not exceed more than 25 renewals per check/money order

For physicians and surgeons participating in the Batch Renewal process, do **not** complete an online renewal through the IDFPF online portal. Instead, ask that your employer or organization submit this form directly to IDFPF for processing of your renewal.

PLEASE PRINT

License No: _____ SSN or ITIN: _____ Date of Birth: _____
(last four only)

Name As It Currently Appears On License

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

CHECK HERE IF NAME OR ADDRESS CHANGE. A name change must be accompanied by documentary proof. Proof must be a certified copy with an official stamp or seal and be one of the following: Marriage Certificate, Divorce Decree or Court Order.

I consent to professional organizations having my email address.

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.") Yes No

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes No

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations Yes No

4. Do you certify you have fully complied with this profession's continuing education requirements? Yes No

NOTE: Continuing education is not required for the first renewal of this license. If this is your first renewal, please answer (Yes) to this question.

Making a false statement may subject the licensee to disciplinary action.

You may verify the continuing education requirements of your profession here: <https://idfpr.illinois.gov/rules2015.html>

5. Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been disciplined (including but not limited to restricted, suspended, or terminated) by any hospital, health care entity, or post-graduate clinical training program?

If YES, attach a detailed explanation AND attach all official records related to the action taken. Yes No

6.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you resigned in lieu of discipline or while under investigation that could lead to any restriction, suspension, or termination by any hospital, health care entity, or post-graduate clinical training program?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you had staff membership or privileges in any hospital or health care facility involuntarily reduced, limited, placed on probation, relinquished, denied, revoked, or suspended? You must answer yes if any of these actions are currently pending or if you have withdrawn or failed to proceed with an application for staff membership or privileges?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, has your provider status been restricted, suspended, or terminated by any insurance carrier, including but not limited to Medicare, Medicaid, Tricare, or any private carrier?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you voluntarily surrendered a license to practice your profession in any state, country, or U.S. federal jurisdiction? This does not include allowing your license to expire solely due to non-payment of the renewal fee?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you withdrawn an application for a license to practice your profession or any temporary/resident license in any other state, country, or U.S. federal jurisdiction?</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been admonished, reprimanded, censured, and/or disciplined in any way by any professional or medical society or association, or by any non-licensing governmental agency including but not limited to any governmental assistance agency? (Disciplinary actions include, but are not limited to, any allegations currently pending.) Disclose any stipulation to informal disposition in response to this question.</p> <p>If YES, attach a detailed explanation AND attach all official records related to the action taken.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state court or in federal court? Please do not give details on minor traffic charges but do include information relating to Driving While Intoxicated (DWI) charges.</p> <p>If YES, attach a detailed explanation AND attach certified copies of all court records related to your conviction or plea. In general, a criminal conviction by itself does not usually result in denial of licensure.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been convicted of or pled guilty or nolo contendere to a felony offense in any state court or in federal court? In general, a felony conviction by itself does not usually result in denial of licensure.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board?</p> <p>If YES, attach a copy of your Certificate of Relief.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	<p>Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition: (2) alcohol or other substance abuse: (3) physical disease or condition?</p> <p>If YES, attach a detailed explanation and attach a detailed statement from relevant healthcare providers.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

16 Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere?

If YES, attach a detailed explanation and attach all official records related to the action taken.

Yes No

17 Since your initial application or most recent renewal, whichever is more recent, or if not previously disclosed, have you been discharged other than honorably from the armed service or from a city, county, state, or federal position?

If YES, attach a detailed explanation and attach all official records related to the action taken.

Yes No

18 Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act?

Yes No

19 Are you currently charged with or have you been convicted of a criminal battery against any patient *in the course of patient care or treatment*, including any offense based on sexual conduct or sexual penetration?

Yes No

20 Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act?

Yes No

21 Are you currently charged with or have you been convicted of a forcible felony?

Yes No

If YES to any of the above, attach a personal statement describing the circumstances of the charge or conviction and a certified copy of the court records regarding your charge or conviction, including the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.

Certification Statement

Under penalties of perjury, I declare that I have examined this form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Entity/Employer

Date

Batch Renewal Process Instructions

1. Determine the Appropriate Fee

- Select the correct renewal fee for each licensee based on criteria outlined in fees section.

2. Organize Renewals into Batches

- Include **no more than 25 renewals per batch**. Multiple batches can be mailed in the same package but they must be clearly separated into batches of 25.

3. Apply a Consistent Naming Convention

- Label each renewal using a standardized naming format that includes the batch name and number
- Example: *Rush Hospital Batch Number 1*
- Use a new, sequential batch number for each additional batch (e.g., Batch Number 2, Batch Number 3, etc.) submitted to the Department.

4. Submit the Batch

- Mail each batch to the address provided below.
- Using **tracked and/or overnight delivery** ensures timely and secure receipt.
- **Do not submit checks** for payment to the Department with batches.

5. Payment Process

- Once Illinois Department of Financial and Professional Regulation receives the batch:
 - ◆ The designated contact person listed on the batch renewal form will receive a secure payment link for each batch submitted.
 - ◆ Payment for all renewals in the batch must be completed **electronically** via **eCheck or credit card**.
- Ensure all contact information is accurate to avoid delays.

6. Processing of Renewals

- Renewals will be processed **after payment is received in full**.

Entity/Employer Name: _____

Employer Email: _____

Employer Phone: _____ Batch Name: _____ Batch Number: _____

Fees:

If the licensee has held a Physician and Surgeon license with IDFPR for 365 days or fewer as of the application signature date, the renewal fee is \$181.

If the licensee has held a Physician and Surgeon license with IDFPR for more than 365 days as of the application signature date, the renewal fee is \$543.

You can verify the original license issuance date using the Department's License Lookup eLicense Online.

SEND ALL REQUIRED INFORMATION AND PAYMENT TO:

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION
POST OFFICE BOX 7450
ATTN: PHYSICIAN
SPRINGFIELD, IL 62791-7450**