

rec'd 12/22/2009

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. FEES ARE NOT REFUNDABLE.
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME Physician	2. PROFESSION CODE 0 3 6	3. LICENSURE METHOD Acceptance of Examination	4. FEE \$300
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- ☒ This is the first time I have made application for this profession in Illinois.
- ☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- ☐ Other: _____
- ☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
- ☐ I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

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DEC 31 2009

PART II: Applicant Identifying Information—You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and Confidential Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE Damm, Katherine Allison	2. TITLE (e.g., M.D., D.D.S., etc.) MD	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
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4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
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5. [REDACTED]

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) N/A	7. MOTHER'S MAIDEN NAME Walsh
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8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH	10. AGE
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[REDACTED]

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED	12. PREFERRED e-MAIL
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[REDACTED]

NAME (Last, First, MI)

Damm, Katherine A.

SSN

Profession

Physician

PART III: Education Information				
1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)				
1 2 3 4 5 6 7 8 9 10 11 <u>12</u> Graduated High School? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Received OR G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED		3. LAST PRELIMINARY SCHOOL LOCATION (City and State)		4. DATE OF GRADUATION
EPBP Laker High School		Pigeon, MI		<u>06</u> / <u>11</u> / <u>99</u> / <u>8</u> Month Year
5. COLLEGE OR UNIVERSITY (Circle number of years completed)				
1 2 3 4 5 6 7 <u>8</u> Graduated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
Michigan State University	East Lansing, MI	Month/Year 08/1998	Month/Year 05/2002	BS
MI State University College of Human Medicine	East Lansing, MI	Month/Year 08/2002	Month/Year 05/2006	MD
7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)				
INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
William Beaumont Hospital OB/GYN Residency	Royal Oak, MI	Month/Year 07/2006	Month/Year 12/06 (present)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No June 2010
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI)

Damm, Katherine A.

SS#

Profession:

Physician

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure MI	Physician	4301084565	07/01/06	Current Educational Limited
State of Current Licensure where you most recently have been practicing.				(ACTIVE)
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
USMLE Step 3	MI	08/07	(Passed, Failed, Absent) Passed
USMLE Step 2 CK	MI	12/05	Passed
USMLE Step 2 CS	MI/IL	11/05	Passed
USMLE Step 1	MI	06/2004	Passed

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(If additional space is needed, attach a separate sheet.)

NAME (Last, First, MI):

Damm, Katherine A.

SS#

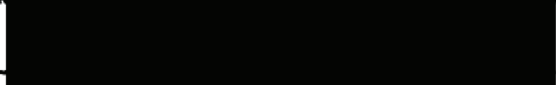
Profession:

Physician

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.			<input checked="" type="checkbox"/>
2. Have you been convicted of a felony?			<input checked="" type="checkbox"/>
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.			<input checked="" type="checkbox"/>
4. Have you had or do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.			<input checked="" type="checkbox"/>
5. 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.			<input checked="" type="checkbox"/>
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.			<input checked="" type="checkbox"/>

PART VII: Examination Coding Information (This part is for examination applicants only)																	
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:																	
a) CHART II - Select examination(s) you desire and enter Test Codes.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
b) CHART III - Select the examination site you desire and enter Test Center Code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
c) CHART IV - Find your School of Graduation and enter school code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
d) Record the number of times you have taken this exam in Illinois or any other state:	<table border="1"> <tr> <td></td><td></td> </tr> </table>																

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)	
<p>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.</p> <p>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.")</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	

PART IX: Certifying Statement	
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.	
 Signature of Applicant	12/06/2009 Date
<p>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.</p>	

**PLEASE RETURN THIS NOTICE WITH YOUR
PERMANENT LICENSE APPLICATION**

Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
320 West Washington, Med-1
Springfield, Illinois 62786

Re: Permission to Check Status of License Application

To Whom It May Concern:

I give my permission for Mary Ann Bryant, Program Coordinator, Office of Graduate Medical Education, University of Chicago Medical Center to inquire as to the status of my Illinois Permanent Licensure Application.

Resident Name: Katherine Damm
Please Print

Soc. Sec. #



Signature



Date

12/06/09

Permitter

MICHIGAN STATE UNIVERSITY KEY TO TRANSCRIPT

Office of the Registrar
East Lansing, MI 48824-0210
Telephone (517) 353-4MSU
1-800-496-4MSU

The Family Educational Rights and Privacy Act of 1974 prohibits the release of this record or disclosure of its contents to any third party without the written consent of the student.

AUTHENTICATION OF THE TRANSCRIPT

There are two formats for transcripts. One is for students' records that are in the automated system; the other is for students' records not in the automated system. Both formats are printed with black ink on paper with green background which repeats MICHIGAN STATE UNIVERSITY over the entire page.

A transcript from the automated records system is official when it bears the signature of the Registrar and the University seal in black ink.

A transcript from the non-automated system is official when it bears the signature of the Registrar and the embossed University seal.

COURSE NUMBERING SYSTEM

001-099	Non-Credit and Institute of Agricultural Technology Courses
100-299	Undergraduate Courses
300-499	Advanced Undergraduate Courses
500-599	Graduate Courses prior to 1960
500-699	Graduate-Professional Courses
800-899	Graduate Courses
900-999	Advanced Graduate Courses

CREDITS

Effective Fall 1992 courses at Michigan State University are given on a semester basis. One credit normally requires three hours of effort a week in class, laboratory, and preparation. To convert to quarter credits, the semester credits should be multiplied by three halves (3/2).

Prior to Fall 1992 courses at Michigan State University were given on a quarter basis.

COURSES REPEATED

A course repeated is indicated differently depending on the transcript format. A transcript created from the automated system has a course repeated indicated by an S (Superseded) in the column headed SR. The course that repeated a superseded course is indicated by an R (Repeat) in the SR column.

In the non-automated system, the course that repeated the previous course is indicated by an R to the left of the course number.

For both formats, term credit and grade-point average (GPA) totals are not adjusted for repeats in the term of the superseded course. The summary totals for the level of the student are adjusted to include only the last entry.

HONORS

An "H" in the Honors column indicates an honors course, honors section of a course, or the student took a non-honors course as honors. The latter indicates additional work was completed beyond normal requirements.

GRADE-POINT AVERAGES

Grade points for each course are determined by multiplying the numerical grade by the number of credits for the course. Credits and grade points for courses in which P, I, N, D, F, W, E, T, C, P, C, R, N, C, U or V have been received do not affect the grade-point average.

A grade-point average of 2.00 is required for graduation from the University for a bachelor's degree; 3.00 for graduate degrees.

The M.S.U. cumulative grade-point average appears on the automated transcript after each term. To compute the M.S.U. cumulative grade-point average on the non-automated transcript, divide the total points earned at M.S.U. for all terms by the total credits carried at M.S.U. for all terms. Credit and point totals appearing on non-automated transcripts at the end of each term indicate:

Fall 1956 to present—total credits earned, total credits carried at M.S.U., total credits earned at M.S.U., and total points earned at M.S.U. to date.

Fall 1950 through Summer 1956—total credits carried, credits earned, and points earned to date. Prior to Fall 1950—total credits and points earned to date.

CURRENT GRADING SYSTEM

THE NUMERICAL SYSTEM:

4.0, 3.5, 3.0, 2.5, 2.0, 1.5, 1.0, 0.0 - Credit is awarded for the following minimum levels—1.0 for undergraduate students and 2.0 for graduate students.

THE CREDIT-NO CREDIT SYSTEM:

CR-CREDIT-Undergraduates must perform at or above the 2.0 level. Graduates must perform at or above the 3.0 level.

NC-NO CREDIT - Performance was below 2.0 level for undergraduates and below 3.0 level for graduates.

THE PASS-NO GRADE SYSTEM:

P-PASS - Credit was granted and the student achieved a level of performance judged to be satisfactory by the instructor.

N-NO GRADE - No credit was granted and the student did not achieve a level of performance judged satisfactory by the instructor.

OTHER SYMBOLS USED:

W-WITHDREW	DF-DEFERRED
V-VISITOR	ET-EXTENSION
U-UNFINISHED	NGR-NO GRADE REPORTED
I-INCOMPLETE	CP-CONDITIONAL PASS

A transcript may temporarily reflect "LDR" as a grade for a course which was dropped late and to which a final grade has not yet been assigned.

PAST GRADING SYSTEMS

Prior to Fall 1988: N-NO GRADE indicated the student officially dropped the course after the middle of the term and was doing passing work, or there was no basis for a grade, or the student did not pass a course approved for grading on a P-N basis.

Fall 1968 to Winter 1972: The grades of 4.5 and 0.5 were included in the numerical system of grading. The 4.5 was awarded only for exceptionally high performance.

Prior to Fall 1969: X-Condition - Until removed and a grade reported, the course was considered to be a deficiency and was included in grade-point averages as a grade of 0.0 under the numerical system. The X-Condition had no effect on the grade-point average if enrollment was on the CR-NC system.

Prior to Fall 1968: A-excellent, B-good, C-fair, D-poor, F-failure, P-pass-given only in credit courses which were approved for grading on pass-fail basis.

PAST GRADE-POINT SYSTEMS

Fall 1968 to Winter 1972: Grades of 4.5 were included in computing grade-point averages only up to a point where the term or cumulative grade-point averages reached 4.00. Thus, the term grade-point average and the cumulative grade-point average was limited to 4.00.

Fall 1950 to Fall 1968: Four points for each credit graded A; 3 for B; 2 for C; 1 for D; 0 for F and X. No points were given for grades P, I, N, V, and DF.

Prior to Fall 1950: Three points for each credit graded A; 2 for B; 1 for C; 0 for D; and -1 for F and X.

MICHIGAN STATE UNIVERSITY

KEY TO TRANSCRIPT

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CURRENT GRADING SYSTEM

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Prior to Fall 1950: Three points for each credit graded A; 2 for B; 1 for C; 0 for D; and -1 for F and X.

Michigan State University

College of Human Medicine

Upon the Nomination of the Faculty and the Dean has conferred upon

Katherine Allison Bamm

the Degree of

Doctor of Medicine

Given under the Seal of the University at East Lansing in the
State of Michigan on this fifth day of May in the
year Two Thousand and Six.



IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**VERIFICATION OF
EMPLOYMENT / EXPERIENCE--
PROFESSIONAL CAPACITY**

SUPPORTING DOCUMENT

VE-PC

1. NAME LAST FIRST MIDDLE

Damm, Katherine Allison

3. ADDRESS STREET, CITY, STATE, ZIP CODE

4. DATE OF BIRTH

2. PLEASE CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING:

Profession Code

- ☒ Permanent Physician License 036
☐ Temporary Physician Training License 125
☐ Chiropractic Physician License 038

5.

6. MAIDEN OR GIVEN SURNAME

N/A

Record work history chronologically for the five (5) years preceding the date of application beginning with present employment.

A. NAME OF BUSINESS / INSTITUTION

William Beaumont Hospital

JOB TITLE

Resident

ADDRESS STREET, CITY, STATE, ZIP CODE

3601 W. 13 Mile Rd, Royal Oak, MI 48073

DESCRIPTION OF DUTIES PERFORMED

OBGYN P&Y1-P&Y4 Duties

DATE OF EMPLOYMENT/ATTENDANCE

HOURS WORKED PER WEEK

From 07, 01, 2006

80

To 12, 06, 2009
Month Day Year

TYPE OF EMPLOYMENT

☒ Full-time ☐ Part-time

TOTAL TIME WORKED (Year/Month)

3 years, 5 months

B. NAME OF BUSINESS / INSTITUTION

(VACATION)

JOB TITLE

ADDRESS STREET, CITY, STATE, ZIP CODE

DESCRIPTION OF DUTIES PERFORMED

DATE OF EMPLOYMENT/ATTENDANCE

HOURS WORKED PER WEEK

From 05, 06, 2006

To 06, 30, 2006
Month Day Year

TYPE OF EMPLOYMENT

☐ Full-time ☐ Part-time

TOTAL TIME WORKED (Year/Month)

* vacation between medical school graduation and the start of residency

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 60/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**CERTIFICATION OF
POSTGRADUATE CLINICAL TRAINING**

SUPPORTING DOCUMENT

TN-MED

(DPR)

APPLICANT: Complete the applicant section. The remainder of this form must be completed by the postgraduate training program director of the institution at which you completed your training.

1. NAME LAST FIRST MIDDLE

Damm, Katherine Allison

2. DATE OF BIRTH

3. SOCIAL SECURITY NUMBER

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

6. MAIDEN OR GIVEN SURNAME

N/A

Physician

Profession Name

036

Profession Code

7. ILLINOIS TEMPORARY LICENSE NUMBER (if applicable)

8. ISSUANCE DATE

POSTGRADUATE CLINICAL TRAINING PROGRAM DIRECTOR

Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT.

This is to certify that the above-named applicant satisfactorily completed 41 months of postgraduate clinical training in Obstetrics and Gynecology
(Name of Specialty Program)

from 07/01/2006 to 12/06/2009 at the following hospital:
MM/DD/YYYY MM/DD/YYYY

Hospital: William Beaumont Hospital

Number and Street: 3601 W. 13 Mile Rd.

City, State and Zip Code: Royal Oak, MI 48073

I further certify that at the time of such training the program was accredited by:

☒ the ACGME
☐ the AOA

☐ the CFPC, RCPSC or FMLAC (Canadian Programs)
☐ not accredited in the US or Canada

Name of Postgraduate Clinical Training Program Director: Robert A. Starr, MD

Signature of Postgraduate Clinical Training Program Director: _____

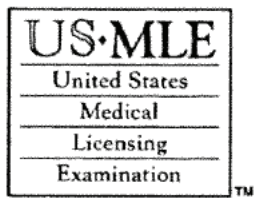
Date of this Certification: _____

University/Hospital
SEAL

Telephone No: _____

(If no seal, attach letter on letterhead
stating no seal exists.)

Damm, Katherine A.



United States Medical Licensing Examination™ (USMLE™) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619850, Dallas, TX 75261-9850 – Telephone (817) 868-4041

Date : 12/15/2009

Recipient:

Illinois Department of Financial and Professional Regulation
ATTN: Sandy Dunn, Manager of Med Licensure
320 W Washington Street
3rd Floor
Springfield, IL 62786

Examinee: Damm, Katherine
Alt Name(s): Damm, Katherine Allison

Examinee ID#:
Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/21/2004						

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
12/05/2005						

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
11/04/2005						

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DEC 16 2009

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
08/02/2007						

MICHIGAN

IDPP MEDICAL UNIT

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

RECEIVED ELECTRONICALLY

036 APPLICATION CHECKLIST

APPLICATION FINDINGS

Approved Program _____ 6-Year
☒ Application Complete
☒ Release on File

MARY ANN BRYANT

POSITIVE PERSONAL HISTORY INFO

Yes# _____ See Worksheet for documents
 VE-PC from Grad to Present for PPH _____
 MLB _____ ITD _____

DOMESTIC GRADUATES

☒ Premedical Transcripts

MICHIGAN ST UNIVERSITY
☒ Medical Transcripts w/degree date 5-5-06
 (EAST LANSING, MI)

FOREIGN GRADUATES

ECFMG _____ 5th Pathway _____ Social Service
 Premedical Transcripts _____ Translations
 Medical Transcripts _____ Translations
 Degree Date _____

FCVS Profile _____

IL TEMP LIC # _____

6-Year Post Secondary Education

AF-MED Part A

AF-MED Part B DOCUMENTATION:

Int Med Hosp: _____
 Evaluation: _____
 AF-MED B _____ and Agreement _____
 OR
 Verbal Affidavits: Hospital _____ School _____

Psych Hosp: _____
 Evaluation: _____
 AF-MED B _____ and Agreement _____
 OR
 Verbal Affidavits: Hospital _____ School _____

Ob/Gyn Hosp: _____
 Evaluation: _____
 AF-MED B _____ and Agreement _____
 OR
 Verbal Affidavits: Hospital _____ School _____

Surgery Hosp: _____
 Evaluation: _____
 AF-MED B _____ and Agreement _____
 OR
 Verbal Affidavits: Hospital _____ School _____

Peds Hosp: _____
 Evaluation: _____
 AF-MED B _____ and Agreement _____ OR Verbal Affidavits: Hospital _____ School _____

ED-NON _____ Total months -must be minimum of 36 w/premed; 54 combined
 Minimum 4-weeks: IM _____ Ob/Gyn _____ Peds _____ Surgery _____
 Psych _____ Psych Affidavit _____

SUPPORTING DOCUMENTS

☒ VE-PC - Verification of Professional Capacity - active practice in 2-years preceding app
 CME Required/Submitted _____

☒ CT - Original Jurisdiction of Licensure - State & Number MI RESIDENT Discipline _____
☒ CT - Current Jurisdiction of Licensure - State & Number MI RESIDENT Discipline _____

☒ TN-MED - Clinical Training - 12 months if began program prior to 1/1/1988; all others 24 months
 Seal or Letter ☒ Accredited ☒

☒ Acceptable Examination or Combination

NBME _____ NBOME/COMLEX _____ FLEX _____ LMCC _____

USMLE ☒ Complete w/in 7-Rule(USMLE only) ☒ Not over 5 Failures ☒ (All exams)

State-constructed _____ must have American Board Certification _____

☐ Name Change

☒ Federation Check

Electronic Renewal Record



Exit Find Another

License Number	036124813	Method	I	Credited:	
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Pin	
Phone	
Authorization	
SSN	
Address Change (IVR only)	Y
Perjury Disclaimer	Y
Transaction Dt	4/26/2011
Renewal Fee	\$300.00
Fee Type	R
Service Fee	\$5.00
Memo	

User Responses

1	SSN		9	MD2	N
2	IA1	N	10	MD3	N
3	PH1	N	11	CS1	N
4	PH2	N	12		
5	PH3	N	13		
6	PH4	N	14		
7	MD1	Y	15		
8	MD1A				

Print Record Next Record

Question Code	Question	Response/Direction
	If the information you will be asked to give is not truthful, disciplinary action may be taken against your license. Do you affirm that the information you are about to give or answer is true and correct?	If yes, then Processing continues. If no, then processing stops and Person must contact department.
PER1	Do you understand that if you provide false or fraudulent information, you could lose your certification, be fined up to \$25,000 or have other penalties assessed?	If yes, then Processing continues. If no, then processing stops and Person must contact department.
PER2	Do you acknowledge that by submitting this renewal that you authorize the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations?	If yes, then Processing continues. If no, then processing stops and Person must contact department.
PER3	Do you swear under penalty or perjury that you are in compliance with all averments pursuant to the Residential Mortgage Act Rules Section 1050.2165?	If yes, then Processing continues. If no, then processing stops and Person must contact department.
CE1	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked. Processing continues. If no then person must contact the department.
CE2	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked and processing continues. If no then question CE4 should be asked.
CE4	Are you exempt from the continuing education requirement?	If yes, continue to CE6. If no then person must contact the department.
CE6	Are you at least 62 years of age?	If yes, no other CE question should be asked and processing continues. If no then question CE7 should be asked.
CE7	Have you been licensed as a cosmetologist, cosmetology teacher or cosmetology clinic teacher for at least 25 years?	If yes, no other CE question should be asked and processing continues. If no then person must contact the department.
CE1C	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked. If no then CE5 question should be asked.
CE5	Are you exempt from the continuing education because you have actively been licensed for 40 years?	If yes, processing continues. If no then person must contact department.

Question Code	Question	Response/Direction
CER1	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked. If no then CER2 question should be asked.
CER2	I am exempt from the CE requirements in accordance with the Real Estate License Act.	If yes, processing continues. If no then person must contact department.
CER3	Have you instructed a minimum of one Illinois approved continuing education course during this pre-renewal period OR taken an instructor training program approved by IDFPR?	If yes, processing continues. If no then person must contact department.
CER4	Have you instructed a minimum of one Illinois approved pre-license education course during this pre-renewal period OR taken an instructor training program approved by IDFPR?	If yes, processing continues. If no then person must contact department.
CEB1	Have you fully complied the required SIX hours of continuing education requirement for the renewal of your license?	Processing continues regardless of Yes or No answer.

Question Code	Question	Response/Direction
CS1	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.)	Must respond if asked. If no process continues. If yes then person must contact the department.
IA1	Would you like to place your license on inactive status?	If yes, and expiration date has not passed, then note and end phone. If after expiration date, then person must pay late renewal fee amount. No other questions should be asked. If no, continue to next question.
IA3	Would you like to place your license on inactive status?	If yes, and expiration date has not passed, inactive fee is required and no other questions should be asked. If after expiration date then person must pay late renewal fee amount plus inactive fee amount. If no, continue to next question.
PH1	Since MMDDYYYY, have you been convicted of any criminal offense in any state or federal court other than minor traffic violations?	If no, continue to next question. If yes then person must contact the department.
PH2	Since MMDDYYYY, have you had or do you now have any disease or condition that impairs or impaired your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community?	If no, continue to next question. If yes then person must contact the department.
PH3	Since MMDDYYYY, 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 no, continue to next question. If yes then person must contact the department.
PH4	Since MMDDYYYY, have your clinical, hospital or practice privileges relating to patient care been involuntarily restricted, suspended or revoked other than for noncompletion of medical records?	If no, continue to next question. If yes then person must contact the department.

Question Code	Question	Response/Direction
SP1	Do you have a current cardio pulmonary resuscitation certificate?	If yes, continue to next question. If no then person must contact department.
SP2	Is the barber school for which you are renewing actually providing instruction and maintaining the equipment required by the Barber, Cosmetology, Esthetics and Nail Technology Act of 1985?	If yes, continue to next question. If no then person must contact department.
SP3	Have you fully complied with the seismic education requirements?	If yes, continue to next question. If no then person must contact department.
SP4	Is the Supervising Physician of Record correct?	If yes, continue to next question. If no then person must contact department.
SP5	Do you have current public liability and property damage insurance with the minimum of \$100,000 per occurrence of property damage and \$300,000 per occurrence of personal injury or bodily harm?	If yes, continue to next question. If no then person must contact department.
SP6	Do you have a current Surety Bond with a \$5,000 minimum?	If yes, continue to next question. If no then person must contact department.
SP7	Are you currently Certified as a Pharmacy Technician?	Record Answer and proceed to next question
SP8	Are you currently a Student enrolled in an Approved Pharmacy Program?	Record Answer and proceed to next question
CON1	Have you been convicted of a crime (other than a minor traffic violation), which you have NOT previously reported to this office?	If no continue to next question. If yes then person must contact department.
CON2	In the past year, have you been arrested and/or convicted of any misdemeanor or felony crime?	If no continue to next question. If yes then person must contact department.
DSP1	Have you had a professional license in this or any other state disciplined and NOT previously reported the action in writing to this office?	If no continue to next question. If yes then person must contact department.
PEN1	Do you currently have any outstanding penalties or fines owed to the Department of Financial and Professional Regulation ?	If no continue to next question. If yes then person must contact department.
SOL1	As a Solicitor, have you completed a loan application or received payment for loan originating in the past year?	If no continue to next question. If yes then person must contact department.
TAX1	Are you more than 30 days in arrears on state taxes due to the Illinois Department of Revenue?	If no continue to next question. If yes then person must contact department.
TAX2	Have you received notification of any unpaid state taxes or unfiled tax return due to the Illinois Department of Revenue, Internal Revenue Service or by any other tax authority?	If no continue to next question. If yes then person must contact department.
ACT1	Do you maintain special accounts or hold money belonging to others?	Record answer and continue to next question.

Question Code	Question	Response/Direction
SSN	Please Enter your Social Security Number	Please enter your Social Security Number. Nine Digits must be entered.
ISAC	Are you more than 30 days in arrears on a student loan acquired through the Illinois Student Assistance Commission?	If no continue to next question. If yes then person must contact department.
CMP1	Are you in compliance with the Home Inspector License Act, Administrative Section 1410.110?	If yes, continue to next question. If no then person must contact department.
AC1	Has your address changed from the one shown on your renewal notice?	If yes, then Address change phone recording will be made at end of renewing.
AC2	Has your address changed from the one shown on your renewal notice?	If yes, then ask question AC2A. If no, do not ask question AC2A and use the fees identified in first renewal fee areas.
AC2A	Is your new address in Illinois?	If yes, the use fees identified in Illinois fee area. If no then use fees identified in non-Illinois fee areas.
	The "MD" questions were asked of Medical (036 & 038) on the 2011 Renewal for the Governor's Office of Healthcare Information Technology	
MD1	Have you implemented an electronic health record (EHR) system in your practice?	If yes, then Skip Question MD1A.
MD1A	If not, do you plan to implement an electronic health record (EHR) system in the next 12 months?	Record Answer and proceed to next question
MD2	Do you use e-prescribing, either through an EHR system or other electronic means?	Record Answer and proceed to next question
MD3	Do you electronically exchange data (e.g. lab results or clinical summaries) with other Physicians or entities outside of your practice or health system?	Record Answer and proceed to next question
Contact The Department	We are unable to renew your license based on the information provided. For additional information contact the department at ###-###-####	Use the Support Phone Field in the Renewal Record. Please enunciate phone # slowly and repeat phone # if possible.