(Do Not Use This Application for Renewal of an Existing License)

FOR OFFICIAL USE ONLY

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

Lic#: 3360841161
TAO, KEVIN K
336 Cred #2892827 03/17/2009
By:NON-EXAM
SSN [redacted]

quired by 720 ILCS 570/1 et. seq. (Illinois datory. Furnishing by applicant of false or nformation constitutes grounds for denying oursuant to such application.

1. If you hold a non-renewed Controlled Substance License, you must reinstate that license. Do not apply for a new license.
2. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.
3. A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or located.
4. A State Controlled Substances Registration is prerequisite to a Federal Controlled Substances Registration.
5. Controlled Substances License will not be issued to a temporary license holder.

A. Type or print legibly with black ink only.
B. The fee is $5 - Make check payable to the Department of Financial and Professional Regulation. THIS FEE IS NOT REFUNDABLE! (Separate application/fee is required for each registration.)
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

1. PROFESSIONAL NAME	2. PROFESSIONAL CODE - Check applicable box	3. LICENSURE METHOD	4. FEE
Controlled Substances	☐319 Dentist ☑336 Physician ☐316 Podiatrist ☐390 Veterinarian	Registration	$5

PART II: Applicant Identifying Information

1. NAME LAST	FIRST	MIDDLE	2. TITLE (e.g., M.D., O.D., etc.)	3. UNITED STATES SOCIAL SECURITY NO.
TAO	KEVIN		MD	[redacted]

4. PERMANENT MAILING ADDRESS CITY STATE/COUNTRY ZIP CODE COUNTY
[redacted]

5. NAME OF BUSINESS AND ILLINOIS LOCATION (STREET/CITY/ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED
MACNEAL HOSPITAL - EMERGENCY DEPT.
3249 S. OAK PARK AVE
BERWYN
IL 60402+____

6. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)

7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY
Work ([redacted]) FAX ( ) ____
Area Code Area Code
Home ([redacted]) FAX ( ) ____
Area Code Area Code

PART III: Professional Activity

Practitioner--Check and complete one of the following:

	Professional License Number
☐Dentist	019 - ____
☑Physician	036 - 122799
☐Podiatrist	016 - ____
☐Veterinarian	090 - ____

PART IV: Drug Schedule

Circle the schedules for which you are applying:

II IIN III IIIN IV V

NAME (Last, First, MI):

PART V: 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.*		✓
2. Have you been convicted of a felony?		✓
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.		✓
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.		✓
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.		✓
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.		✓

PART VI: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

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? Yes ☐ No ☑
   (NOTE: If you are not subject to a child support order, answer "no.")

SS#:

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.)

   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? Yes ☐ No ☑

Profession:

PART VII: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

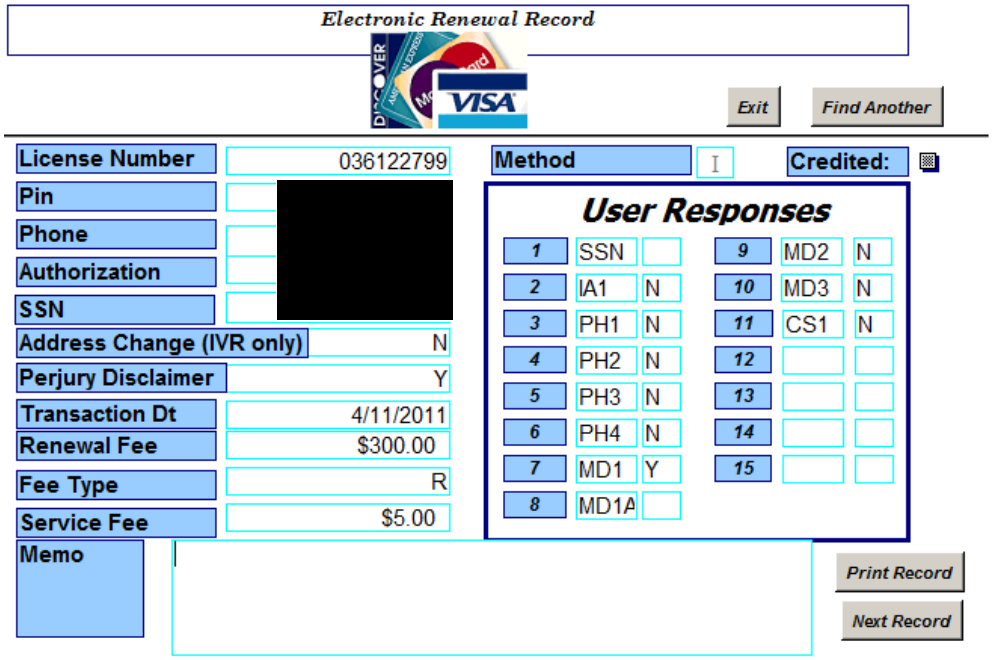
3/13/09
Date of Application

[redacted]
Signature of Applicant

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.

Application must be completed in its entirety.
If not completed, it will be returned to the address noted on front of application.

Kevin K Tao –
036122799
2011



Electronic Renewal Record

Exit | Find Another

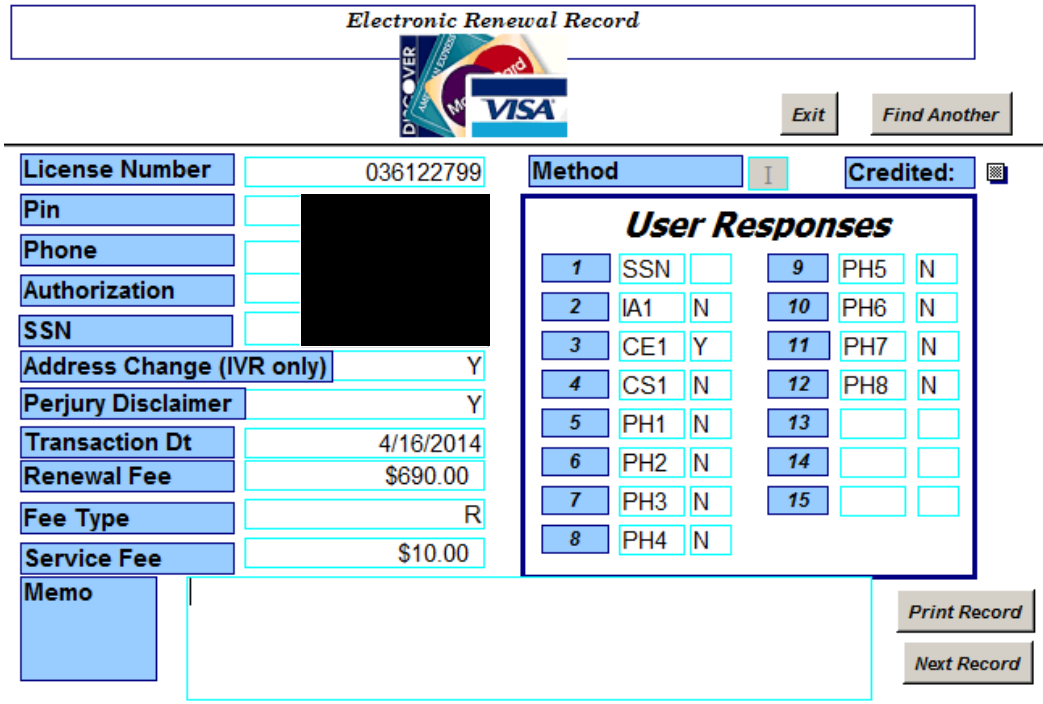
License Number	036122799	Method	I	Credited:	
Pin					
Phone					
Authorization					
SSN					
Address Change (IVR only)	N				
Perjury Disclaimer	Y				
Transaction Dt	4/11/2011				
Renewal Fee	$300.00				
Fee Type	R				
Service Fee	$5.00				
Memo					

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

2014



Electronic Renewal Record

Exit | Find Another

License Number	036122799	Method	I	Credited:	
Pin					
Phone					
Authorization					
SSN					
Address Change (IVR only)	Y				
Perjury Disclaimer	Y				
Transaction Dt	4/16/2014				
Renewal Fee	$690.00				
Fee Type	R				
Service Fee	$10.00				
Memo					

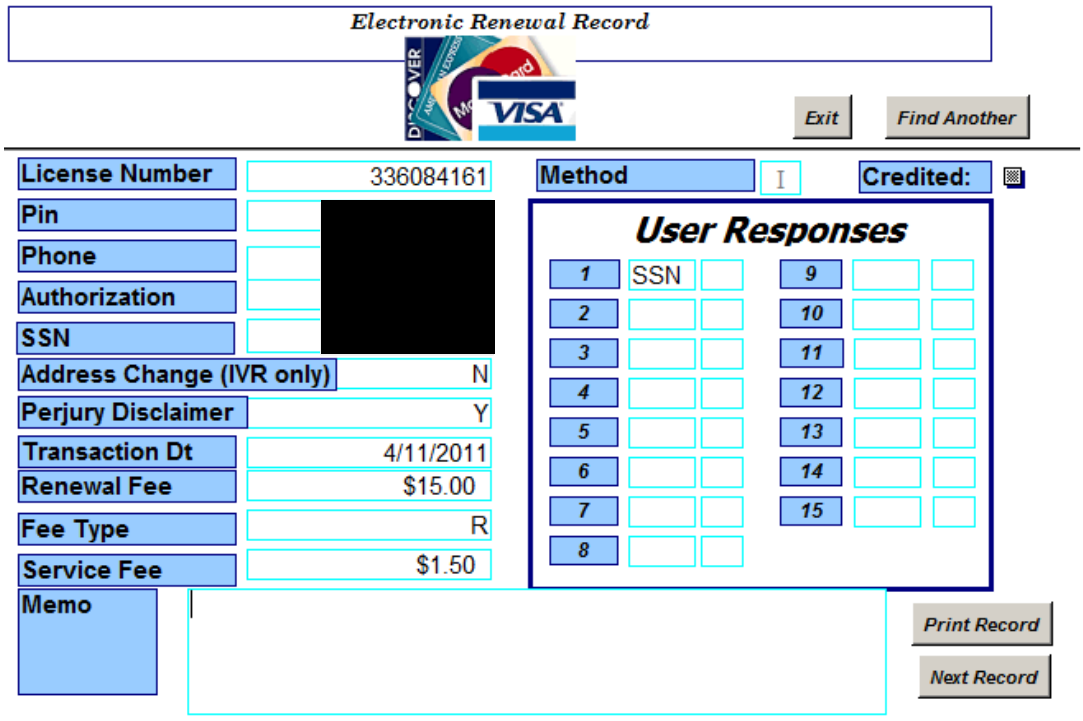
User Responses

1	SSN		9	PH5	N
2	IA1	N	10	PH6	N
3	CE1	Y	11	PH7	N
4	CS1	N	12	PH8	N
5	PH1	N	13		
6	PH2	N	14		
7	PH3	N	15		
8	PH4	N			

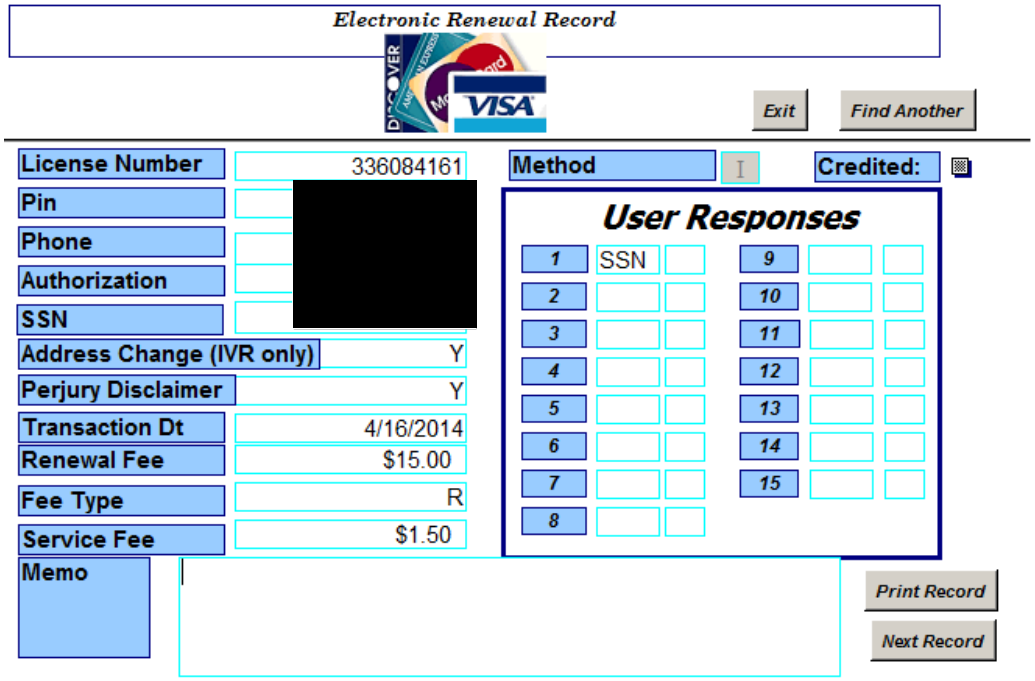
Print Record | Next Record

336084161

2011



2014



IDFPR

Credit Card Renewal Question Codes, Definitions and Response/Direction (updated 01/26/2014)

Question Code	Question	Response/Direction
This is the default perjury question for all licensees and is not coded.	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.
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.
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.

Question Code	Question	Response/Direction
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 involuntariuly 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.
PH5	Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act?	If no, continue to next question. If yes then person must contact the department.
PH6	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?	If no, continue to next question. If yes then person must contact the department.
PH7	Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act?	If no, continue to next question. If yes then person must contact the department.
PH8	Are you currently charged with or have you been convicted of a forcible felony?	If no, continue to next question. If yes then person must contact the department.
PR1	Are you subject to a Peer Review?	If Yes, continue to next question. If No skip question PR2.
PR2	If you are subject to a Peer Review has it satisfactorily been completed?	If Yes, continue to next question. If No then person must contact the department.

Question Code	Question	Response/Direction
SP1	Do you have a current Basic Life Support 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 ACPE Approved PharmD Program?	Record Answer and proceed to next question
SP9	Have you attended a class or seminar within the past 5 years that teaches techniques or guidelines, or both, for humane animal euthanasia?	Record Answer and proceed to next question
SPA	Have you maintined current national certification (CNM, CRNA, etc.) used to qualify for licensure as an APN?	Record Answer and proceed to next question
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.
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.

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. Si[illegible] other d[illegible] h your a[illegible]
5. If [illegible] differ- er [illegible] submit Pl[illegible] rriage lic[illegible] [illegible] order.

Lic#:036.122799
TAO, KEVIN K
036 Cred #2883688 02/09/2009
By:ACCEPT EXAM
SSN [redacted]

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	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
PHYSICIAN	0 3 6	ACCEPTANCE OF EXAM	$ 300

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.

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental 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	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO.
TAO	KEVIN	K	MD	[redacted]

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY
[redacted]

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY
5757 N. LINCOLN AVE SUITE 27, CHICAGO IL 60659-____

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)

7. MOTHER'S MAIDEN NAME
KOH

8. PLACE OF BIRTH CITY STATE/COUNTRY
[redacted]

9. DATE OF BIRTH
[redacted]
Month Day Year

10. AGE
29
☐ Female
☑ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED
Work: (___) ___-____ (Area Code)
Home: [redacted] (Area Code)
Fax: (___) ___-____ (Area Code)
Fax: (___) ___-____ (Area Code)

12. PREFERRED e-MAIL ADDRESS(ES) (If available)
[redacted]

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

NAME (Last, First, MI): TAO, KEVIN K

SS#: [redacted]

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 12

Graduated High School? ☑ Yes ☐ No

Received OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION
DOWNERS GROVE S. HS	DOWNERS GROVE, IL	05 / 1997 (Month / Year)

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 (8)

Graduated? ☑ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	TYPE OF DEGREE EARNED
UNIVERSITY OF ILLINOIS - CHICAGO	CHICAGO, IL	Month/Year 8/97	Month/Year 12/00	BS
UNIVERSITY OF ILLINOIS - CHICAGO - MEDICINE	CHICAGO, IL	8/01	5/05	MD

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	Did You Complete Training?
NYU - BELLEVUE HOSPITAL CENTER	NEW YORK, NY	Month/Year 7/05	Month/Year 6/09	☐ Yes ☑ No CURRENT
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

NAME (Last, First, MI): TAO KEVIN K

SS#: [redacted]

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 NEW YORK	PHYSICIAN	245973	9/6/07	ACTIVE
State of Current Licensure where you most recently have been practicing.				
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 (Passed, Failed, Absent)
USMLE STEP I	IL	6/03	PASS
USMLE STEP II CS	IL	11/05	PASS
USMLE STEP II CK	IL	11/05	PASS
USMLE STEP III	NY	3/07	PASS

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

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.*		X
2. Have you been convicted of a felony?		X
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.*		
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.*		X
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.*		X
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.*		X

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. ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

b) CHART III - Select the examination site you desire and enter Test Center Code: ☐☐☐☐

c) CHART IV - Find your School of Graduation and enter school code: ☐☐☐☐☐

d) Record the number of times you have taken this exam in Illinois or any other state: ☐☐

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

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? Yes ☐ No ☑
   (NOTE: If you are not subject to a child support order, answer "no.")

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.)

   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? Yes ☐ No ☑

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.

[redacted]

Signature of Applicant

1/27/09
Date

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.

NAME (Last, First, MI): THAO, KEVIN K

SS#: [redacted]

Profession: PHYSICIAN

Dunn, Sandra

From: Tao, Kevin [redacted]
Sent: Monday, February 09, 2009 10:15 PM
To: FPR, PRFGROUP05
Subject: RE: Physician License Inquiry

I'm currently a licensed physician in New York and am relocating to Chicago. I am applying for a physician license in Illinois.
I've already submitted my application but recently had a change of address. I need to change my permanent address to:

Kevin Tao
[redacted]

Is that possible or is it too late? I'm so sorry for the inconvenience. I am changing jobs/offices and nobody knows yet.

Thank you so much,
-Kevin Tao

Address changed 2/11/09 [signature]

-----Original Message-----
From: Dunn, Sandra on behalf of FPR, PRFGROUP05
Sent: Wed 1/28/2009 11:32 AM
To: Tao, Kevin
Subject: RE: Physician License Inquiry

Your USMLE score transcript is filed in our correspondence; you do not need to resubmit the scores. You should request an official certification of your license from the New York Board to be sent to the Illinois Board.

-----Original Message-----
From: Tao, Kevin [redacted]
Sent: Tuesday, January 27, 2009 4:43 PM
To: FPR, PRFGROUP05
Subject: Physician License Inquiry

PROFESSION =Physician
LICENSEE-NAME =Kevin Tao
LICENSE-NO =
SOC-SEC-NMB [redacted]
PHONE-NMB = [redacted]
INQUIRY=Hello. I'm currently a licensed physician in New York and am relocating to Chicago. I am applying for a physician license in Illinois. I have 2 questions.
#1. About 2 years ago I sent a copy of my USMLE transcript to the Illinois State Board in anticipation of this and was wondering if you still had the transcript or if I needed to resend it.
#2. Regarding the document "CT" Certification by licensing agency/board. Does that have to be filled out by my New York State Medical Board?

Thank you very much.
Kevin Tao, MD
[redacted]

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: TAO — FIRST: KEVIN — MIDDLE: K

3. ADDRESS STREET, CITY, STATE, ZIP CODE: [redacted]

4. DATE OF BIRTH: [redacted] (Month Day Year)

5. SOCIAL SECURITY NUMBER: [redacted]

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

6. MAIDEN OR GIVEN SURNAME:

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

A. NAME OF BUSINESS / INSTITUTION: NYU - BELLEVUE HOSPITAL CENTER

ADDRESS STREET, CITY, STATE, ZIP CODE: 462 1ST AVE, NEW YORK, NY 10016

DATE OF EMPLOYMENT/ATTENDANCE
From 07 / 01 / 2005 (Month / Day / Year)
To 06 / 29 / 2009 (Month / Day / Year)

HOURS WORKED PER WEEK: 60

TYPE OF EMPLOYMENT: ☑ Full-time ☐ Part-time

TOTAL TIME WORKED (Year/Month): 4 YEARS

JOB TITLE: RESIDENT PHYSICIAN

DESCRIPTION OF DUTIES PERFORMED: EMERGENCY MEDICINE RESIDENCY PROGRAM

B. NAME OF BUSINESS / INSTITUTION: BELLEVUE DEPT. OF PSYCHIATRY

ADDRESS STREET, CITY, STATE, ZIP CODE: 462 1ST AVE, NEW YORK, NY 10016

DATE OF EMPLOYMENT/ATTENDANCE
From 01 / 01 / 2008 (Month / Day / Year)
To 06 / 29 / 2009 (Month / Day / Year)

HOURS WORKED PER WEEK: 3

TYPE OF EMPLOYMENT: ☐ Full-time ☑ Part-time

TOTAL TIME WORKED (Year/Month): 1 YEAR 6 MONTHS

JOB TITLE: MEDICAL MOONLIGHTER

DESCRIPTION OF DUTIES PERFORMED: MEDICAL CLEARANCE OF PSYCHIATRIC ADMISSIONS

NAME (Last, First, MI):

SS#:

Profession:

C. NAME OF BUSINESS / INSTITUTION
UNIV OF IL-CHICAGO DEPT. ANESTHESIOLOGY

JOB TITLE
ANESTHIA EXTERN

ADDRESS STREET, CITY, STATE, ZIP CODE
1740 W. TAYLOR ST, CHICAGO IL 60612

DESCRIPTION OF DUTIES PERFORMED
ASSISTED ON CALL OB-ANESTHESIA RESIDENTS ON LABOR AND DELIVERY

DATE OF EMPLOYMENT/ATTENDANCE
From 05 / 01 / 2004 (Month / Day / Year)
To 04 / 01 / 2005 (Month / Day / Year)

HOURS WORKED PER WEEK
6

TYPE OF EMPLOYMENT
☐ Full-time ☑ Part-time

TOTAL TIME WORKED (Year/Month)
1 YEAR

D. NAME OF BUSINESS / INSTITUTION
HARRIS BANK

JOB TITLE
REMITTANCE PROCESSOR II

ADDRESS STREET, CITY, STATE, ZIP CODE
2000 S. FINLEY RD, LOMBARD IL 60148

DESCRIPTION OF DUTIES PERFORMED
PROCESSED BILL PAYMENTS

DATE OF EMPLOYMENT/ATTENDANCE
From 09 / 01 / 2000 (Month / Day / Year)
To 08 / 01 / 2002 (Month / Day / Year)

HOURS WORKED PER WEEK
20

TYPE OF EMPLOYMENT
☐ Full-time ☑ Part-time

TOTAL TIME WORKED (Year/Month)
2 YEARS

E. NAME OF BUSINESS / INSTITUTION
KANE LADZINSKY + MENDOZA LTD

JOB TITLE
LITERATURE REVIEWER

ADDRESS STREET, CITY, STATE, ZIP CODE
225 W. WASHINGTON #1100, CHICAGO IL 60606

DESCRIPTION OF DUTIES PERFORMED
LITERATURE REVIEW RELATED TO CELLULAR TELECOMMUNICATIONS AND EFFECTS ON THE BRAIN

DATE OF EMPLOYMENT/ATTENDANCE
From 05 / 01 / 2002 (Month / Day / Year)
To 10 / 01 / 2002 (Month / Day / Year)

HOURS WORKED PER WEEK
3

TYPE OF EMPLOYMENT
☐ Full-time ☑ Part-time

TOTAL TIME WORKED (Year/Month)
5 MONTHS

F. NAME OF BUSINESS / INSTITUTION
NATIONAL YOUTH LEADERSHIP FORUM

JOB TITLE
FACULTY ADVISOR

ADDRESS STREET, CITY, STATE, ZIP CODE
888 16TH ST NW #800, WASHINGTON DC 20006

DESCRIPTION OF DUTIES PERFORMED
FACULTY ADVISOR FOR HIGH SCHOOL STUDENT SUMMER MEDICINE PROGRAM

DATE OF EMPLOYMENT/ATTENDANCE
From 06 / 01 / 2002 (Month / Day / Year)
To 07 / 01 / 2002 (Month / Day / Year)

HOURS WORKED PER WEEK
80

TYPE OF EMPLOYMENT
☑ Full-time ☐ Part-time

TOTAL TIME WORKED (Year/Month)
1 MONTH

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CERTIFICATION & VERIFICATION UNIT
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, TAO KEVIN
WAS ISSUED LICENSE/CERTIFICATE NUMBER 245973 FOR THE PRACTICE OF MEDICINE ON 09/06/07.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:
DATE OF BIRTH: [redacted]
SCHOOL ATTENDED: U ILL - CHICAGO
DATE OF GRADUATION: 05/08/05
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
03/07	[redacted]								
01/05									
06/03									

EXMS TAKEN=03

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 08/31/09
ADDRESS: [redacted]

DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.
COMMENTS:

I MARTIN CARMODY, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE AFORESAID INFORMATION IS TRUE AND CORRECT.

THE UNIVERSITY OF THE STATE OF NEW YORK * THE STATE EDUCATION DEPARTMENT * 1784

RECEIVED [redacted] 2/03/09
FEB 10 2009
PRINCIPAL CLERK

IDPR-MEDICAL UNIT

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

(Examination Applicants Only)

SUPPORTING DOCUMENT

TN-MED

(CTS)

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	2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER
TAO	KEVIN	K	[redacted]	[redacted]

4. ADDRESS STREET, CITY, STATE, ZIP CODE: [redacted]

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

Profession Name: PHYSICIAN — Profession Code: 036

6. MAIDEN OR GIVEN SURNAME:

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:

Continental Testing Services, Inc.
P.O. Box 100
LaGrange, Illinois 60525-0100

This is to certify that the above-named applicant satisfactorily completed 44 months of postgraduate clinical training in EMERGENCY MEDICINE
(Name of Specialty Program)

from 07/01/2005 (MM/DD/YYYY) to 07/01/2009 (MM/DD/YYYY) at the following hospital:

Hospital: NYU/BELLEVUE HOSPITAL

Number and Street: 462 1ST AVE OK

City, State and Zip Code: NEW YORK NY 10016

RECEIVED
MAR 3 2009
IDPR-MEDICAL UNIT

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

- [x] 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: JEFFREY MANKO

Signature of Postgraduate Clinical Training Program Director: [redacted]

University/Hospital SEAL

Date of this Certification: 2/25/09

Telephone No: 212-562-4317

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

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 : 07/23/2007

TAO, KEVIN

Recipient:

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

Examinee: Tao, Kevin
Alt Name(s): Tao, Kevin Kuoming

Examinee ID#: [redacted]
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 Total	Three-Digit Score MP	Two-Digit Score Total	Two-Digit Score MP	Comments
	06/05/2003	Pass	[redacted]				

USMLE STEP 2

Clinical Knowledge (CK)

	Test Date	Pass/Fail	Three-Digit Score Total	Three-Digit Score MP	Two-Digit Score Total	Two-Digit Score MP	Comments
	01/18/2005	Pass	[redacted]				

Clinical Skills (CS)*

	Test Date	Pass/Fail	Three-Digit Score Total	Three-Digit Score MP	Two-Digit Score Total	Two-Digit Score MP	Comments
	01/27/2005	Pass	[redacted]				

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score Total	Three-Digit Score MP	Two-Digit Score Total	Two-Digit Score MP	Comments
CONNECTICUT	03/26/2007	Pass	[redacted]				

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