Application - TEMPORARY MEDICAL PERMIT

Name	Neharika Bhardwaj
Credential	TEMPORARY MEDICAL PERMIT

Fee Details

NITIAL APPLICATION FEE	$ 230 00
	$ 230.00

Temporary Physician Licensure Instructions

- **Applicants may apply to receive a Temporary Physician License to complete a program of post-graduate clinical training in the State of Illinois.**
- **The applicant must be accepted for a position in a program of post-graduate clinical training approved by the Department AND meet all Illinois requirements for temporary licensure in effect at the time of application. Applications should be submitted at least 60 days prior to the program start date to allow for timely processing.**
- **The fee for initial licensure is $230. All fees are non-refundable.**
- **Temporary licenses may be extended or issued to another program to allow for completion of post-graduate clinical training approved by the Department. A new application and fee must be submitted along with proof of acceptance into an approved program for a period of training approved by the Department. The program director must submit a letter explaining the reason for the extension or issuance of the license.**
- **All inquiries and correspondence from IDFPR will be directed to the Graduate Medical Education office of the hospital. The GME office of the hospital may contact IDFPR directly to obtain the updated status of your application.**

Application Method

1. Please select your licensure method.
Initial Licensure - Nonexamination

Public and Mailing Addresses

2. Please verify or enter your Public Address

Address Line 1 836 W Wellington Ave
Address Line 2
City Chicago
State L
Zip Code 60657-5147
County
Country UNITED STATES
Phone
Cell Phone

3. Please verify or enter your Mailing Address

Address Line 1
Address Line 2
City
State
Zip Code
County
Country UNITED STATES
Phone
Cell Phone

Personal Information

6. Birth City

7. Birth State *(if foreign born choose UNKNOWN)*

8. Birth Country

9. Gender

10. Which ethnicity best describes you?

Date of Birth

11. Date of Birth
05/03/1993

Name Change

12. Do any of your supporting documents have a different name than your current legal name?
No

13. If you answered *"Yes"* to the question above, please add proof of your name change in the grid below

Previous Name on Document(s)	From	To	Supporting Document Type	Supporting Document Upload	Name Change Reason(s)

Education Location

14. Were you educated in the U.S. or one of its Territories or were you Foreign Educated?

Foreign Educated

Education Information - Future Dates

15. Please list information on your primary school education in the grid below

Primary School Type (High School, or GED)	School Name	City	State (If foreign, select Unknown)	Country	Date Graduated
Graduated	Evergreen Valley High School	San Jose	California	UNITED STATES	05/25/2011

16. Please list information on your undergraduate, graduate and vocational training degree(s) earned in the grid below

College, University, or Training School	City	State (If foreign, select Unknown)	Country	Attendance From	Attendance To	Degree Major(If more than one major per degree, separate each by a comma.)	Degree Earned (For example B.S., M.A. or M.B.A.)	Graduated?
Indira Gandhi Medical College	Shimla	Unknown	INDIA	07/11/2011	12/31/2016		MBBS	Graduated

Postgraduate Clinical Training Information

17.

Please list information on your postgraduate clinical training in the grid below

Name of Sponsoring Institution	Address 1	Address 2	City	ZIP	State	Country	Program Name	Specialty	Start Date	End Date	Program Completion	Total Months Completed
Indira Gandhi Medical College	Ridge Sanjauli Road, Lakkar Bazar		Shimla	_____	Unknown	INDIA	Internship	Internship	01/01/2016	12/12/2016	Completed Entire Program	12

18.

If you have selected Completed Partial Program, please provide a detailed statement with the date and signature, explaining partial completion.

LCME Verification

21.

Did you graduate from a medical school accredited by the Liaison Committee on Medical Education (LCME) or an osteopathic medical school accredited by the American Osteopathic Association (AOA)?

No

Proof of Pre-Medical Education

22. How will you deliver your proof of education to IDFPR?

I will scan and upload my official transcripts in the file upload question below.

23.

Please upload an official transcript verifying completion of at least two academic years of instruction in a college, university, or other institution.

The transcript must bear the official seal and signature of the institution.

Note If you graduated from a 6-year medical program, please proceed to question 24 to upload your official transcript.

med transcript-submit.pdf

Medical School Transcripts and Diploma - Temporary

24. How will you deliver your proof of education to IDFPR?

I will scan and upload my official transcripts in the file upload question below.

25.

Please upload an official transcript issued by your medical school verifying your medical education including your degree conferred and graduation date. If the transcript does not include your date of graduation and degree conferred, upload a copy of your diploma. Official transcripts must be submitted from each medical school attended.

***Current year U.S. graduates Please upload both an official transcript AND a certification of graduation (Supporting Document ED-MED) issued by your medical school. Both your transcript and ED-MED must be issued not more than 30 days prior to your expected graduation date. Incomplete forms will not be accepted by the Department. You may download the ED-MED form HERE.**

diploma.pdf
med transcript-submit.pdf

Non-LCME Accredited Medical School Certification

26.

Please have the dean of your medical school complete the ED-NON form in its entirety. Incomplete forms will not be accepted by IDFPR.

You may download the form HERE. Please upload the form when completed.

ed-non form finalsubmission.pdf

Proof of Internship or Social Service

28.

Please upload proof of satisfactory completion of an internship or social service, if it was required for the conferral of the degree. The proof must be an official statement issued by your medical school documenting that you have completed an internship or social service.

medical school performance evaluation.pdf
Intership Certificate.JPG
5.5 years Summary.JPG

ECFMG Certificate

29.

Please provide proof of your <u>current</u> ECFMG certification. You may need to contact the ECFMG and pay any associated fees to obtain your records.

ECFMG.pdf

Physician Verification of Employment/Experience

30.

Please record your work history chronologically for the five (5) years preceding the date of application, starting with present employment. For each position held, please provide complete information including the name of each practice/work location along with the address where patient care was provided, your dates of employment, job title, description of duties performed, and time employed.

Name of Practice/Work Location	Employer Address	Employer Address	Employer City	Employer Country	Employer State	Employer Zip	Dates of Employment - Start Date	Dates of Employment - End Date	Currently Employed	Were you a full-time employee or a part-time employee?	Please state your job title at the time of your employment.	Please provide a description of the duties you performed during your employment.	Total Number of Years Employed	Months Employed
Indira Gandhi Medical College	Ridge Sanjauli Road, Lakkar Bazar		Shimla	INDIA		______	01/01/2016	12/31/2016	No	Full-Time	Medical Intern	Worked in hospital setting to provide care for patients. Diagnosed Medical Conditions. Conducted Medical Procedures. Administered Treatments.	1	12

Record of Licensure

31. Please list all other related or non-related professional licenses held in Illinois or another state(s).

Please be sure to list all temporary, trainee or apprenticeship licenses or permits.

License Type	License Status	License Number	City	State (If foreign country, select UNKNOWN)	Country

Proof of Out of State Licensure - Medical

32.

You must submit license certifications from your state of *original licensure* and *current licensure*.

You may do this by uploading either

1. **A License Certification (CT) Form Completed in the State of Licensure <u>OR</u>**
   - **A CT Form can be access Here**
2. **A State Agency or State Board's Official Certification**

State (If foreign, select Unknown)	State of Original Licensure?	My state of licensure	Upload a copy of your license certification

CCA

Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

33. Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act as a part of a criminal sentence?

No

34. 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?

No

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

No

36. If you answered yes to any of the above statements, please attach a certified copy of the court records regarding your conviction, description of the nature of the offense, date of discharge, if applicable, and a statement from the probation or parole office.

Personal History - Medical Specific pt.1

37. Have you ever been disciplined (including but not limited to restricted, suspended, or terminated) by any hospital or health care entity?

No

38. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated.

39. Have you ever resigned in lieu of discipline or while under investigation that could lead to any restriction, suspension, or termination by any hospital or health care entity?

No

40. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated.

41. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges 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 privileges/memberships.

No

42. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated AND request the hospital or health care facility to submit a report directly to the Department regarding the action.

43. Has your provider status ever been restricted, suspended or terminated by any insurance carrier, including but not limited to Medicare, Medicaid, Tricare or any private carrier?
No

44. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated.

Personal History - Medical Specific pt.2

45. Have you ever voluntarily surrendered a license to practice medicine 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.
No

46. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Department

47. Have you ever withdrawn an application for a license to practice medicine or any temporary/resident license in any other state, country, or U.S. federal jurisdiction?
No

48. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated and request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Department.

49. Have you ever been admonished, reprimanded, censured and/or disciplined in any way by any professional or medical society or association or committee thereof, 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.
No

50. If you answered yes to the question above, upload a signed/dated complete and accurate explanation and request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Department.

Personal History pt. 1

Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

51. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.
No

52. ***If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.***

53. Have you been convicted of a felony? (In general, a felony conviction by itself does not usually result in denial of licensure.)
No

54. ***If yes, attach a detailed explanation or a copy of the Certificate of Relief from Disabilities by the Prisoner Review Board.***

55. Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position?
No

56. ***If yes, attach a detailed explanation.***

Personal History pt. 2

57. Have you had or do you 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?
■

58. ***If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.***

59. 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?
No

60. ***If yes, attach a detailed explanation.***

Child Support, Student Loan and Tax History

61. In accordance with 5 ILCS 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.

Are you more than 30 days delinquent in complying with a child support order?
No

62. ***If yes, upload a detailed explanation.***

63. In accordance with 20 ILCS 2105-15(a)(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."

Have you ever been or are you currently in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?
No

64. ***If yes, upload a detailed explanation and proof of a satisfactory repayment record (if applicable).***

65. 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?

No

66. ***If yes, upload a detailed explanation.***

Certifying Statements

67. I attest that I will respond to the Division's requests for supplemental information.
Yes

68. I understand that the fees for this application are not refundable.
Yes

69. By entering my full legal name and today's date in the fields below I certify and attest under penalty of perjury that the information provided to the Department in this application is true and accurate to the best of my knowledge.
Neharika Bhardwaj

70. Today's Date
03/31/2019

Review