

1 TITLE 68: PROFESSIONS AND OCCUPATIONS
2 CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
3 SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS
4

5 PART 1285
6 MEDICAL PRACTICE ACT OF 1987
7

8 SUBPART A: MEDICAL LICENSING, RENEWAL
9 AND RESTORATION PROCEDURE
10

11	Section	
12	1285.20	Six Year Post-Secondary Programs of Medical Education
13	1285.30	Programs of Chiropractic Education
14	1285.40	Approved Postgraduate Clinical Training Programs
15	1285.50	Application for Examination (<u>Repealed</u>)
16	1285.60	Examinations
17	1285.70	Application for a License on the Basis of Examination
18	1285.80	Licensure by Endorsement
19	1285.90	Temporary Licenses
20	1285.91	Visiting Resident Permits
21	1285.95	Professional Capacity Standards for <u>Licensure</u> Applicants Having Graduated 22 More Than 2 Years Prior to Application
23	1285.100	Visiting Professor Permits
24	1285.101	Visiting Physician Permits
25	1285.105	Chiropractic Physician Preceptorship (Repealed)
26	1285.110	Continuing Medical Education (CME)
27	1285.120	Renewals
28	1285.130	<u>Reinstatement from Expired, Restoration and Inactive, or Not Renewed</u> Status
29	<u>1285.135</u>	<u>Restoration from Disciplinary Status</u>
30	1285.140	Granting Variances

31
32 SUBPART B: MEDICAL DISCIPLINARY PROCEEDINGS
33

34	Section	
35	1285.200	<u>Illinois State</u> Medical Disciplinary Board
36	1285.205	Complaint Committee
37	1285.210	The Medical Coordinator
38	1285.215	Complaint Handling Procedure
39	1285.220	Informal Conferences (<u>Repealed</u>)
40	1285.225	Consent Orders
41	1285.230	<u>Emergency and/or Temporary</u> Summary Suspension
42	1285.235	Mandatory Reporting of Impaired Physicians by Health Care Institutions
43	1285.240	Standards

- 44 1285.245 Advertising
- 45 1285.250 Monitoring of Probation and Other Discipline and Notification
- 46 1285.255 Rehabilitation
- 47 1285.260 Fines
- 48 1285.265 Subpoena Process of Medical and Hospital Records
- 49 1285.270 Inspection of Physical Premises
- 50 1285.275 Failing to Furnish Information
- 51 1285.280 Mandatory Reporting of Persons Engaged in Post-Graduate Clinical Training
- 52 Programs

53
54 SUBPART C: GENERAL INFORMATION

55
56 Section

- 57 1285.305 Physician Profiles
- 58 1285.310 Public Access to Records and Meetings (Repealed)
- 59 1285.320 Response to Hospital Inquiries
- 60 1285.330 Rules of Evidence (Repealed)
- 61 1285.335 Physician Delegation of Authority (Repealed)
- 62 1285.336 Use of Lasers and Related Technology
- 63 1285.340 Anesthesia Services in an Office Setting

64
65 AUTHORITY: Implementing the Medical Practice Act of 1987 [225 ILCS 60] and the Patients'
66 Right to Know Act [225 ILCS 61] and authorized by Section 2105-15(7) of the Civil
67 Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

68
69 SOURCE: Adopted at 13 Ill. Reg. 483, effective December 29, 1988; emergency amendment at
70 13 Ill. Reg. 651, effective January 1, 1989, for a maximum of 150 days; emergency expired May
71 31, 1989; amended at 13 Ill. Reg. 10613, effective June 16, 1989; amended at 13 Ill. Reg. 10925,
72 effective June 21, 1989; emergency amendment at 15 Ill. Reg. 7785, effective April 30, 1991, for
73 a maximum of 150 days; amended at 15 Ill. Reg. 13365, effective September 3, 1991; amended
74 at 15 Ill. Reg. 17724, effective November 26, 1991; amended at 17 Ill. Reg. 17191, effective
75 September 27, 1993; expedited correction at 18 Ill. Reg. 312, effective September 27, 1993;
76 amended at 20 Ill. Reg. 7888, effective May 30, 1996; amended at 22 Ill. Reg. 6985, effective
77 April 6, 1998; amended at 22 Ill. Reg. 10580, effective June 1, 1998; amended at 24 Ill. Reg.
78 3620, effective February 15, 2000; amended at 24 Ill. Reg. 8348, effective June 5, 2000;
79 amended at 26 Ill. Reg. 7243, effective April 26, 2002; amended at 28 Ill. Reg. 5857, effective
80 March 29, 2004; amended at 29 Ill. Reg. 18823, effective November 4, 2005; amended at 31 Ill.
81 Reg. 14069, effective September 24, 2007; amended at 33 Ill. Reg. 4971, effective March 19,
82 2009; emergency amendment at 35 Ill. Reg. 14564, effective August 12, 2011, for a maximum of
83 150 days; amended at 35 Ill. Reg. 19500, effective November 17, 2011; amended at 38 Ill. Reg.
84 15972, effective August 1, 2014; amended at 40 Ill. Reg. 3503, effective March 4, 2016;
85 amended at 42 Ill. Reg. 12978, effective July 6, 2018; amended at 48 Ill. Reg. _____, effective
86 _____.

87
88 SUBPART A: MEDICAL LICENSING, RENEWAL AND RESTORATION PROCEDURE
89

90 **Section 1285.20 Six Year Post-Secondary Programs of Medical Education**
91

92 The standards for the ~~6-year~~^{6-year} post-secondary program of medical or osteopathic education
93 described in Section 11(A)(2)(a)(i) of the Medical Practice Act of 1987 [225 ILCS 60] (the Act)
94 are:
95

96 a) Completion of at least 2 academic years of undergraduate education in a
97 college of arts and sciences or the equivalent of such education as determined by
98 the Division;~~a course of instruction in a college, university or other institution.~~
99

100 b) Completion of at least 4~~2~~ academic years of study in the basic~~medical~~
101 education including 2 academic years in the study of arts and sciences of
102 medicine as generally recognized by the medical education community in the
103 United States and 2 academic years of clinical study of the practice of medicine as
104 generally recognized by the medical education community in the United States.
105 The Division, upon the recommendation of the Medical Board, has determined
106 that all programs of medical education listed in the International Medical
107 Education Directory or its equivalent are considered to have satisfied the
108 requirements of subsection (b); and,~~which shall include formal instruction in at~~
109 ~~least the following subjects:~~
110

111 ~~1) anatomy;~~

112 ~~2) biochemistry;~~

113 ~~3) physiology;~~

114 ~~4) microbiology and immunology;~~

115 ~~5) pathology;~~

116 ~~6) pharmacology and therapeutics; and~~

117 ~~7) preventive medicine.~~
118
119
120

121 c) Valid certification issued by the Educational Commission for Foreign Medical
122 Graduates or completion of one academic year of supervised clinical training for
123 foreign medical students as defined by the American Medical Association Council
124 on Medical Education (Fifth Pathway Program) in a United States medical
125 school~~The required basic science courses stated in subsection (b) must be taken~~
126
127
128
129

130 ~~and completed as part of a program of medical education taught at a medical~~
131 ~~school and shall not be accepted or co-validated from courses completed as a~~
132 ~~student in a secondary school, community college, or college of liberal arts and~~
133 ~~sciences at which degrees are earned prior to the commencement of the medical~~
134 ~~education program.~~

135
136 d) When the accuracy of any submitted documentation, or the relevance or
137 sufficiency of the coursework or core clerkship rotations is questioned by the
138 Division or the Illinois State Medical Board (Medical Board) because of a lack of
139 information, discrepancies or conflicts in information given, or a need for
140 clarification, the applicant shall be requested to~~At least 2 academic years of study~~
141 ~~in the clinical sciences, while enrolled in the medical college that conferred the~~
142 ~~degree, which shall include at least the following required core clerkship~~
143 ~~rotations:~~

- 144
- 145 1) provide the information as may be necessary; and/or~~internal medicine;~~
- 146
- 147 2) appear for an oral interview before the Medical Board to explain the
148 relevance or sufficiency or otherwise clear up any discrepancies or
149 conflicts in information.~~obstetrics and gynecology;~~
- 150
- 151 3) ~~pediatrics;~~
- 152
- 153 4) ~~psychiatry; and~~
- 154
- 155 5) ~~surgery.~~
- 156

157 e) ~~The core clerkship rotations must have been taken and completed in clinical~~
158 ~~teaching facilities owned, operated or formally affiliated with the medical college~~
159 ~~that conferred the degree or under contract in teaching facilities owned, operated~~
160 ~~or formally affiliated with another medical college that is officially recognized by~~
161 ~~the jurisdiction in which the medical school that conferred the degree is located.~~

162

163 f) ~~Each applicant for licensure who completed rotations in an affiliated teaching~~
164 ~~facility must submit a copy of each affiliation agreement between the medical~~
165 ~~college that conferred the degree and each clinical teaching facility in which a~~
166 ~~core clerkship rotation was completed. The affiliation agreements to be~~
167 ~~considered valid pursuant to Section 11(A)(2)(a)(i) of the Act must:~~

- 168
- 169 1) ~~be in writing;~~
- 170
- 171 2) ~~be dated;~~
- 172

- 173 3) ~~be fully executed by the administrator of the clinical teaching facility and~~
- 174 ~~the Dean of medical college;~~
- 175
- 176 4) ~~clearly define the rights and responsibilities of each party, including~~
- 177 ~~agreements on the role and authority of the governing bodies of both the~~
- 178 ~~clinical teaching facility and the medical college; and~~
- 179
- 180 5) ~~be substantiated by submission of an evaluation form completed by the~~
- 181 ~~supervising physician for each core clerkship rotation.~~
- 182

183 g) ~~Affidavit in Lieu of Affiliation Agreement~~

- 184
- 185 1) ~~If a written affiliation agreement does not exist, the Department of~~
- 186 ~~Financial and Professional Regulation Division of Professional Regulation~~
- 187 ~~(the Division) shall accept, in lieu of the agreement, an affidavit signed by~~
- 188 ~~the current Dean of the medical college and an affidavit signed by the~~
- 189 ~~current medical director of the facility or director of medical education or~~
- 190 ~~program director of the clinical teaching facility that verifies the~~
- 191 ~~following:~~
- 192

- 193 A) ~~that a verbal affiliation agreement existed between the clinical~~
- 194 ~~teaching facility and the medical college at the time the core~~
- 195 ~~clerkship rotation was completed;~~
- 196

- 197 B) ~~that the applicant was authorized to complete the core clerkship~~
- 198 ~~rotation;~~
- 199

- 200 C) ~~that the core clerkship rotation was completed satisfactorily.~~
- 201

- 202 2) ~~The affidavits shall be substantiated by submission of the evaluation form~~
- 203 ~~completed by the supervising physician for each core clerkship rotation.~~
- 204

- 205 h) ~~For the purposes of this Section, "academic year" shall be defined as a minimum~~
- 206 ~~period of 9 months that includes no less than 25 clock hours per week of basic~~
- 207 ~~sciences as set forth in subsection (b) and no less than 40 clock hours per week of~~
- 208 ~~clinical sciences as set forth in subsection (d).~~
- 209

- 210 i) ~~Each clerkship shall be at least 4 weeks in length, shall consist of hands-on~~
- 211 ~~experience with patients that is planned, managed and supervised by faculty of the~~
- 212 ~~medical school conferring the degree, and shall be performed in accordance with~~
- 213 ~~all requirements of the jurisdiction in which it is completed. The 4 week~~
- 214 ~~psychiatry core clerkship rotation may be completed as follows: 2 weeks must be~~
- 215 ~~obtained formally and distinctly in psychiatry and the other 2 week requirement~~

216 ~~may be included in other clinical rotations as verified by the applicant's affidavit.~~

217
218 j) ~~Clinical teaching facilities are defined as those that meet or exceed the~~
219 ~~requirements of Section 1285.40 or that are part of a residency program~~
220 ~~accredited by the Accreditation Council for Graduate Medical Education~~
221 ~~(ACGME), the American Osteopathic Association (AOA), the College of Family~~
222 ~~Physicians of Canada, the Royal College of Physicians and Surgeons of Canada~~
223 ~~or the Federation of Medical Licensing Authorities of Canada.~~

224
225 k) ~~In addition, if the applicant is a graduate of a medical college outside of the~~
226 ~~United States or Canada, he/she must hold a current certification, at the time of~~
227 ~~application for licensure/examination, from the Educational Commission for~~
228 ~~Foreign Medical Graduates (ECFMG).~~

229
230 l) ~~When the accuracy of any submitted documentation, or the relevance or~~
231 ~~sufficiency of the coursework or core clerkship rotations is questioned by the~~
232 ~~Division because of a lack of information, discrepancies or conflicts in~~
233 ~~information given, or a need for clarification, the applicant shall be requested to:~~

234
235 1) ~~provide the information as may be necessary; and/or~~

236
237 2) ~~appear for an oral interview before the Medical Licensing Board (the~~
238 ~~Board) to explain the relevance or sufficiency or otherwise clear up any~~
239 ~~discrepancies or conflicts in information.~~

240
241 (Source: Amended at 48 Ill. Reg. _____, effective _____)

242
243 **Section 1285.40 Approved Postgraduate Clinical Training Programs**

244
245 a) The Division, upon the recommendation of the Medical Board, has determined
246 that all postgraduate clinical training programs accredited by the Accreditation
247 Council for Graduate Medical Education, the American Osteopathic Association,
248 a member board of the American Board of Medical Specialties (ABMS, a
249 member board of the Bureau of Osteopathic Specialists (BOS), the College of
250 Family Physicians of Canada, the Royal College of Physicians and Surgeons of
251 Canada, and the Federation of Medical Licensing Authorities of Canada as of
252 January 1, 1999, are approved programs. If any such postgraduate clinical
253 training program has its accreditation suspended, withdrawn, or revoked by the
254 accrediting body, then the postgraduate clinical training program will no longer be
255 considered an approved program.~~A hospital shall, in the judgment of the Division,~~
256 ~~be deemed approved for the post-graduate clinical training (clinical training)~~
257 ~~required for licensure if it meets the following standards:~~

- 259 1) ~~Contains at least the departments of internal medicine, surgery, obstetrics~~
260 ~~and pediatrics; and has an organized departmentalized staff, holding~~
261 ~~meetings monthly for case reviews and study.~~
262
- 263 2) ~~Has a laboratory employing a full-time technician and at least a part-time~~
264 ~~pathologist, legally empowered to perform laboratory services, visiting the~~
265 ~~laboratory at least 2 days per week.~~
266
- 267 3) ~~Has a radiological department employing an X-ray technician and at least~~
268 ~~a part-time roentgenologist, legally empowered to perform radiology~~
269 ~~services, visiting the department at least 2 days per week.~~
270
- 271 4) ~~Maintains an up-to-date medical library available to residents.~~
272

273 b) Any postgraduate clinical training program that is not approved under subsection
274 (a) shall submit to the Medical Board, for approval, evidence that the program is
275 substantially similar to an approved program described in subsection (a). The
276 program director shall provide the Medical Board the following information as
277 well as any accompanying verifying documentation:~~The hospital shall, upon~~
278 ~~request, provide the Division with the names of staff members of the various~~
279 ~~departments of the hospital.~~

- 281 1) Name and address of sponsoring institution;
282
- 283 2) Name of program;
284
- 285 3) Location of all training sites where fellowship activities are performed;
286
- 287 4) Duration of program;
288
- 289 5) Program's year of inception;
290
- 291 6) Minimum requirements for admitting applicants to program;
292
- 293 7) Clear statement from the Graduate Medical Education Committee at the
294 institution verifying the program is currently approved, including the total
295 number of positions;
296
- 297 8) Number of applicants admitted per academic year;
298
- 299 9) Name of incoming applicants during the current academic year;
300

- 301 10) Name and Illinois license number of each individual who participated in
302 the program for the past 5 years and details of the professional status of
303 each individual currently, if known;
304
- 305 11) Name, specialty, board certification, title, and Illinois license number of
306 the program director and any faculty members with educational and
307 supervisory responsibility for those enrolled in the program;
308
- 309 12) Overall program goals and detailed clinical goals and/or objectives for
310 training those enrolled in the program;
311
- 312 13) Overall didactic goals and objectives and specific educational lectures,
313 conferences, meetings, and projects required to be attended by or given by
314 individuals enrolled in the program;
315
- 316 14) Other specialty or sub-specialty programs at the institution that perform
317 the same or similar teaching and training as the proposed program and
318 why the proposed program is not part of those programs;
319
- 320 15) Any national societies that sponsor the proposed program, including the
321 name, whether a match process exists, whether the incoming enrolled
322 individuals participated in the match process, the process to notify
323 prospective candidates about the programs if not done through a match
324 program, the criteria for a completed application, and the selection process
325 for participants;
326
- 327 16) Whether any accredited programs exist nationally with content the same or
328 similar to the proposed program, the number and location of any identified
329 programs, whether the proposed program is seeking accreditation, where
330 the program is in seeking accreditation if applicable, and why
331 accreditation was not sought if available;
332
- 333 17) Any national organizations that approve, endorse, recognize, sanction, or
334 certify elements of the proposed program's training or entire program
335 including the name(s) of the organization(s), whether the proposed
336 program is seeking approval, certification, or endorsement from the
337 organizations, the status of the approval, certification, or endorsement, and
338 why approval, certification, or endorsement was not sought;
339
- 340 18) A detailed description of the didactic, clinical, and research resources
341 available to program participants;
342

- 343 19) A detailed description of the clinical work and responsibilities of program
- 344 participants;
- 345
- 346 20) A description of a participant's training schedule for each academic year;
- 347
- 348 21) A detailed policy for supervision of program participants;
- 349
- 350 22) Any policies the program will use to avoid clinical and educational
- 351 competition with other program participants or other resident and fellows
- 352 in the program;
- 353
- 354 23) Sample evaluation forms for program participants and any other metrics
- 355 used to evaluate program participants, including any schedule of
- 356 evaluations;
- 357
- 358 24) The process for formal and anonymous feedback related to the program-
- 359 by-program participants;
- 360
- 361 25) Verification that clinical services provided by program participants are not
- 362 billed;
- 363
- 364 26) Verification that practicing medicine outside of the program is not
- 365 permitted by any program participant who holds only a temporary medical
- 366 permit; and
- 367
- 368 27) Whether the proposed program has been approved by the Medical Board
- 369 in the past, including the date of any decision on the program and any
- 370 changes to the program since the approval, including but not limited to
- 371 any sites, faculty, curriculum, and certification.
- 372

373 c) The postgraduate clinical training program~~hospital~~ shall certify, on forms
374 provided by the Division, to the satisfactory completion of not less than 12
375 months of clinical training as required by Section 11(A)(1) of the Act or 24
376 months of clinical training as required by Section 11(A)(2) and (3). The 24
377 months of clinical training shall at minimum include the successful completion of
378 a second year of education in an approved program. The certification shall
379 identify the commencement date and the concluding date of the training.

380

381 d) The Division may accept, upon the recommendation of the Medical ~~Licensing~~
382 Board, post graduate programs completed outside of the United States or Canada.
383 The Medical Board shall consider the factors described in subsection (b)~~has~~
384 ~~determined that all clinical training programs accredited by the Accreditation~~
385 ~~Council for Graduate Medical Education, the American Osteopathic Association,~~

386 ~~the College of Family Physicians of Canada, the Royal College of Physicians and~~
387 ~~Surgeons of Canada and the Federation of Medical Licensing Authorities of~~
388 ~~Canada as of January 1, 1999 meet the minimum criteria set forth in this Section~~
389 ~~and are, therefore, approved, except as provided in subsection (e).~~

390
391 e) ~~In the event of a decision by any of the accrediting bodies listed in subsection (d)~~
392 ~~to suspend, withdraw or revoke accreditation of any clinical training, the Board~~
393 ~~shall proceed to evaluate the program and either approve or disapprove the~~
394 ~~program pursuant to the minimum criteria set out in subsection (a).~~

395
396 (Source: Amended at 48 Ill. Reg. _____, effective _____)

397
398 **Section 1285.50 Application for Examination (Repealed)**

399
400 a) ~~An applicant for licensure to practice medicine in all of its branches must make~~
401 ~~application to the Division or its designated testing service on forms furnished by~~
402 ~~the Division.~~

403
404 b) ~~Each applicant to take the examination for a license to practice medicine in all of~~
405 ~~its branches shall submit to the Division:~~

406
407 1) ~~A fully completed application, signed by the applicant, on which all~~
408 ~~questions have been answered and all programs of medical education~~
409 ~~attended by the applicant have been identified;~~

410
411 2) ~~Proof that the applicant is of good moral character. Proof shall be an~~
412 ~~indication on the application that the applicant has not engaged in any~~
413 ~~conduct or activity that would constitute grounds for discipline under~~
414 ~~Section 22 of the Act. Applications of individuals who answer~~
415 ~~affirmatively to any question on the personal history portion of the~~
416 ~~application or who have engaged in activities that would constitute~~
417 ~~grounds for discipline shall be forwarded to the Enforcement Division of~~
418 ~~the Division of Professional Regulation for further investigation and~~
419 ~~action by the Medical Licensing Board as provided in Section 9(B)(4) of~~
420 ~~the Act;~~

421
422 3) ~~An official transcript of a course of instruction in a college, university or~~
423 ~~other institution as required by Section 1285.20(a) of this Part;~~

424
425 4) ~~An official transcript and diploma or official transcript and certification of~~
426 ~~graduation from the medical education program granting the degree;~~

427
428 5) ~~Individuals applying under Section 11(A)(2)(a)(i) of the Act shall also~~

- 429 submit certification, on forms provided by the Division, that the core
430 clerkship rotations were completed in accordance with Section 1285.20 of
431 this Part and proof of current ECFMG certification set forth in Section
432 1285.20(k);
- 433
- 434 6) Proof of successful completion of the United States Medical Licensing
435 Examination (USMLE) Step 1 and 2 in accordance with Section 1285.60
436 or combination of examinations set forth in Section 1285.60(a)(4).
437 Examination scores shall be submitted directly to the Division from the
438 testing entity;
- 439
- 440 7) Fees as required by Section 21 of the Act;
- 441
- 442 8) Proof of satisfactory completion of an approved clinical training program
443 in accordance with Section 1285.40;
- 444
- 445 9) Documentation of professional capacity, as set forth in Section 1285.95 of
446 this Part, for applicants who have not been engaged in the active practice
447 of medicine or have not been enrolled in a medical program for 2 years
448 prior to application;
- 449
- 450 10) A certification from the jurisdiction of original licensure and current
451 licensure stating:
- 452
- 453 A) The date of issuance and status of the license; and
- 454
- 455 B) Whether the records of the licensing authority contain any record
456 of disciplinary action taken or pending.
- 457
- 458 e) If an applicant for examination has a Physician Information Profile (Profile) from
459 the Federation Credentials Verification Service of the Federation of State Medical
460 Boards of the United States, Inc., the applicant will be required to submit the
461 following:
- 462
- 463 1) A Physician Information Profile that includes, but is not limited to,
464 verification of medical education, ECFMG Certification (if applicable),
465 clinical training and complete examination information. The information
466 contained in the applicant's Profile shall be reviewed by the Division in
467 order to determine if the applicant meets the requirements for licensure as
468 set forth in the Act and this Part;
- 469
- 470 2) A fully completed Illinois medical application, on forms provided by the
471 Division, signed by the applicant, on which all questions have been

- 472 answered;
- 473
- 474 3) ~~Proof that the applicant is of good moral character. Proof shall be an~~
- 475 ~~indication on the Illinois application that the applicant has not engaged in~~
- 476 ~~any conduct or activity that would constitute grounds for discipline under~~
- 477 ~~Section 22 of the Act. Applications of individuals who answer~~
- 478 ~~affirmatively to any question on the personal history portion of the~~
- 479 ~~application or who have engaged in activities that would constitute~~
- 480 ~~grounds for discipline shall be forwarded to the Enforcement Division of~~
- 481 ~~the Division of Professional Regulation for further investigation and~~
- 482 ~~action by the Medical Licensing Board as set out in Section 9(B)(4) of the~~
- 483 ~~Act;~~
- 484
- 485 4) ~~An official transcript of a course of instruction in a college, university or~~
- 486 ~~other institution as required by Section 1285.20(a) of this Part;~~
- 487
- 488 5) ~~Individuals applying under Section 11(A)(2)(a)(i) of the Act shall also~~
- 489 ~~submit certification, on forms provided by the Division, that the core~~
- 490 ~~clerkship rotations were completed in accordance with Section 1285.20 of~~
- 491 ~~this Part;~~
- 492
- 493 6) ~~Documentation of professional capacity, as set forth in Section 1285.95 of~~
- 494 ~~this Part, for applicants who have not been engaged in the active practice~~
- 495 ~~of medicine or have not been enrolled in a medical program for 2 years~~
- 496 ~~prior to application;~~
- 497
- 498 7) ~~A certification from the jurisdiction of original licensure and current~~
- 499 ~~licensure stating:~~
- 500
- 501 A) ~~The date of issuance and status of the license; and~~
- 502
- 503 B) ~~Whether the records of the licensing authority contain any record~~
- 504 ~~of disciplinary action taken or pending;~~
- 505
- 506 8) ~~Fees as required by Section 21 of the Act.~~
- 507
- 508 d) ~~Examination Prior to Completion of Clinical Training~~
- 509
- 510 1) ~~A candidate may apply for the examination and take the examination~~
- 511 ~~given prior to completion of the clinical training required by the Act,~~
- 512 ~~provided the applicant:~~
- 513
- 514 A) ~~satisfies all of the requirements to take the examination for~~

- 515 ~~licensure to practice medicine in all of its branches, except~~
516 ~~completion of an approved program of clinical training; and~~
517
518 ~~B) furnishes a statement from hospital authorities certifying that the~~
519 ~~applicant who is applying to sit for the USMLE Step III has~~
520 ~~completed at least 12 calendar months of the approved program of~~
521 ~~clinical training, and performance in the training is satisfactory to~~
522 ~~date.~~
523
524 ~~2) The results of the examination shall be made available to the applicant but~~
525 ~~no license shall be issued until the Division receives proof of the~~
526 ~~applicant's satisfactory completion of the required approved clinical~~
527 ~~training program.~~
528
529 ~~e) When the accuracy of any submitted documentation or the relevance or~~
530 ~~sufficiency of the course work or training is questioned by the Division or the~~
531 ~~Medical Licensing Board because of lack of information, discrepancies or~~
532 ~~conflicts in information given, or a need for clarification, the applicant seeking~~
533 ~~licensure shall be requested to:~~
534
535 ~~1) Provide information as may be necessary; and/or~~
536
537 ~~2) Appear for an interview before the Medical Licensing Board to explain the~~
538 ~~relevance or sufficiency, clarify information or clear up any discrepancies~~
539 ~~or conflicts in information.~~
540
541 ~~f) Within 60 days after issuance of the license, the physician shall complete a~~
542 ~~physician profile in accordance with Section 1285.305.~~
543

544 (Source: Repealed at 48 Ill. Reg. _____, effective _____)

545
546 **Section 1285.60 Examinations**

- 547
548 a) Examinations for Licensure to Practice Medicine in All of Its Branches. The
549 following examinations are acceptable for licensure:
550
551 1) Completion of all steps of the United States Medical Licensing
552 Examination (USMLE) with a passing performance on each step as
553 determined by the Federation of State Medical Boards (FSMB) and the
554 National Board of Medical Examiners (NBME). All steps must be
555 completed within a ten-year period after passage of the first step.
556 Applicants with a combined degree (MD/PhD) must complete all steps
557 within a twelve-year period after passage of the first step. No applicant

558 may have exceeded the maximum number of attempts for any step as
559 established by the FSMB and the NBME so long as that maximum attempt
560 is 5 or less in accordance with 225 ILCS 60/16.~~Effective July 1, 2016,~~
561 ~~examinations conducted by the Division or its designated testing service~~
562 ~~for licensure to practice medicine in all of its branches shall be conducted~~
563 ~~in the English language and shall, prior to December 31, 1993, consist of:~~

564
565 A) ~~The Federation Licensing Examination – FLEX Component 1—an~~
566 ~~examination placing emphasis on basic and clinical science~~
567 ~~principles and mechanisms underlying high-impact diseases and~~
568 ~~problems encountered in an in-patient, supervised setting, during~~
569 ~~the delivery of health care; and~~

570
571 B) ~~The Federation Licensing Examination – FLEX Component 2—~~
572 ~~emphasis on issues related to the general delivery of health care to~~
573 ~~patients in an ambulatory setting encountered in an independent~~
574 ~~practice.~~

575
576 2) Completion of all levels of the Comprehensive Osteopathic Medical
577 Licensing Examination (COMLEX-USA) with a passing performance on
578 each level as determined by the National Board of Osteopathic Medical
579 Examiners (NBOME). All levels must be completed within a ten-year
580 period after passage of the first level. Applicants with a combined degree
581 (DO/PhD) must complete all steps within a twelve-year period after
582 passage of the first step. No applicant may have exceeded the maximum
583 number of attempts for any level as established by the NBOME~~For those~~
584 ~~applicants who have passed FLEX Component 2 but have not successfully~~
585 ~~completed FLEX Component 1 prior to 1994, the Division shall~~
586 ~~administer FLEX Component 1 twice in 1994. Any applicant who does~~
587 ~~not successfully complete FLEX Component 1 during 1994 shall be~~
588 ~~required to successfully complete USMLE Step 1 and Step 2 in~~
589 ~~accordance with this Section.~~

590
591 3) Completion of all parts of the examination required to qualify for a
592 Licentiate of the Medical Council of Canada (LMCC) with a passing score
593 on each part as determined by the Medical Council of Canada
594 (MCC)~~Beginning January 1, 1994, the examinations for licensure to~~
595 ~~practice medicine in all of its branches shall be Steps 1, 2 and 3 of the~~
596 ~~United State Medical Licensing Examination (USMLE) – a joint program~~
597 ~~of the Federation of State Medical Boards of the United States Inc. and the~~
598 ~~National Board of Medical Examiners.~~

599
600 A) ~~USMLE Step 1 and Step 2 will be administered by the National~~

- 601 ~~Board of Medical Examiners and the Education Commission for~~
602 ~~Foreign Medical Graduates (ECFMG).~~
603
604 B) ~~USMLE Step 3 will be administered by the Division or its~~
605 ~~designated testing service. Examinees shall successfully complete~~
606 ~~Step 1 and Step 2 before applying to the Division to take Step 3 of~~
607 ~~the examination.~~
608
609 4) Completion of all components of the Federation Licensing Examination
610 (FLEX) with a passing score on all components as determined by the
611 FSMB~~The Division will accept the following combinations of~~
612 ~~examinations completed prior to January 1, 2000:~~
613
614 A) ~~FLEX Component 1 taken prior to January 1, 1995, and FLEX~~
615 ~~Component 2 taken prior to January 1, 1994;~~
616
617 B) ~~FLEX Component 1 plus USMLE Step 3;~~
618
619 C) ~~National Board of Medical Examiners (NBME) Part 1 or USMLE~~
620 ~~Step 1 plus NBME Part II or USMLE Step 2 plus FLEX~~
621 ~~Component 2; or~~
622
623 D) ~~NBME Part I or USMLE Step 1 plus NBME Part II or USMLE~~
624 ~~Step 2 plus NBME Part III or USMLE Step 3.~~
625
626 5) Completion of all parts of the National Board of Medical Examiners
627 (NBME) Examination with a passing score on all parts as determined by
628 the NBME~~The passing score on all components, parts or steps of the~~
629 ~~examinations set forth in subsections (a)(2), (3) and (4) shall be a~~
630 ~~minimum of 75 or the passing score set by the authorized testing entity.~~
631
632 6) Completion of all parts of the National Board of Osteopathic Medical
633 Examiners (NBOME) Examination with a passing score on all parts as
634 determined by the NBOME~~In the case of failure on the examination,~~
635 ~~examinees shall be required to retake only that component, part or step of~~
636 ~~the examination on which they did not achieve a passing score.~~
637
638 7) Completion of one of the following examination combinations with a
639 score of 75 or better on each component, step, part, or level:~~In the event~~
640 ~~all USMLE Steps are not successfully completed within 7 years after~~
641 ~~passing the first step taken, either Step 1 or Step 2, credit for any step~~
642 ~~passed shall be forfeited.~~
643

- 644 A) Flex Component I plus USMLE Step 3;
- 645
- 646 B) USMLE Step 1 and USMLE Step 2 plus FLEX Component II;
- 647
- 648 C) NBME Part 1 or USMLE Step 1, plus NBME Part 2 or USMLE
- 649 Step 2, plus NBME Part 2 or USMLE Step 3;
- 650
- 651 D) NBME Part 1 or USMLE Step 1, plus NBME Part 2 or USMLE
- 652 Step 2, plus FLEX Component II; or
- 653
- 654 E) NBOME Part I or COMLEX Level 1, plus NBOME Part II or
- 655 COMLEX Level 2, plus NBOME Part III or COMLEX Level 3.
- 656
- 657 8) ~~Any applicant for licensure to practice medicine in all of its branches who~~
- 658 ~~has been unsuccessful in 5 examinations (any component, part or step of~~
- 659 ~~the examinations accepted by the Division as set forth in subsection~~
- 660 ~~(a)(4)), conducted in this State or any other jurisdiction, shall be deemed~~
- 661 ~~ineligible for further examination and/or licensure until the Division is in~~
- 662 ~~receipt of proof that the applicant has completed, subsequent to his/her~~
- 663 ~~fifth failure:~~
- 664
- 665 A) ~~a course of clinical training of not less than 12 months in an~~
- 666 ~~accredited clinical training program in the United States or Canada~~
- 667 ~~in accordance with Section 1285.40; or~~
- 668
- 669 B) ~~a course of study of 9 months in length (one academic year) that~~
- 670 ~~includes no less than 25 clock hours per week of basic sciences as~~
- 671 ~~set forth in Section 1285.20(b) of this Part and no less than 40~~
- 672 ~~clock hours per week of clinical sciences as set forth in Section~~
- 673 ~~1285.20(d) of this Part; or~~
- 674
- 675 C) ~~any other formal professional study or training in an accredited~~
- 676 ~~medical college or hospital, deemed by the Division to meet the~~
- 677 ~~requirements of subsection (a)(8)(A) or (B).~~
- 678
- 679 9) ~~Failure to appear for any component, part or step of the examination for~~
- 680 ~~which the applicant has been scheduled shall be considered a failure of the~~
- 681 ~~examination.~~
- 682
- 683 b) Examinations for Licensure to Practice Chiropractic
- 684
- 685 1) Effective July 1, 2016, examinations for licensure to practice chiropractic
- 686 ~~shall be conducted in the English language and~~ shall consist of Part I, Part

687 II, Part III, and Part IV of the examination administered by the National
688 Board of Chiropractic Examiners (NBCE)~~and shall consist of Part I, Part~~
689 ~~H, Part III and Part IV.~~

690
691 2) To be successful, examinees must receive a passing score ~~of at least 375~~
692 on all 4 parts of the examination as determined by the NBCE. No
693 applicant may have exceeded the maximum number of attempts for any
694 part as established by the NBCE so long as that maximum attempt is 5 or
695 less in accordance with 225 ILCS 60/16.

696
697 ~~3) Any applicant for licensure as a chiropractic physician who has been~~
698 ~~unsuccessful in 5 examinations conducted in this State or any other~~
699 ~~jurisdiction shall be deemed ineligible for further examination or licensure~~
700 ~~until the Division is in receipt of proof (i.e., certificate of completion of~~
701 ~~training, transcript) that the applicant has completed, subsequent to his/her~~
702 ~~fifth failure, a course of study of 960 classroom hours (one academic year)~~
703 ~~in an accredited chiropractic program or any other equivalent formal~~
704 ~~professional study or training in an accredited chiropractic program as~~
705 ~~approved by the Division.~~

706
707 (Source: Amended at 48 Ill. Reg. _____, effective _____)

708
709 **Section 1285.70 Application for a License on the Basis of Examination**

710
711 a) ~~An~~Each applicant who applies for a physician and surgeon~~for a license to practice~~
712 ~~medicine in all of its branches~~ on the basis of examination shall file an application
713 with~~must submit to~~ the Division together with:

714
715 ~~1) A fully completed application signed by the applicant, on which all~~
716 ~~questions have been answered and all programs of medical education~~
717 ~~attended by the applicant have been identified, including dates of~~
718 ~~attendance;~~

719
720 12) Proof that the applicant is of good moral character. Proof shall be an
721 indication on the application that the applicant has not engaged in any
722 conduct or activities that would constitute grounds for discipline under
723 Section 22 of the Act. Applications of individuals who answer
724 affirmatively to any question on the personal history portion of the
725 application or who have engaged in activities that would constitute
726 grounds for discipline shall be forwarded to the Enforcement Division of
727 the Division of Professional Regulation for further review~~investigation~~
728 ~~and action by the Medical Licensing Board~~ as provided in Section
729 229(B)(4) of the Act;

- 730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
- 23) An official transcript verifying completion of at least 2 years of undergraduate education of a course of instruction in a college, university or other institution as required by Section 1285.20(a) and proof of valid ECFMG certification or proof of completion of a Fifth Pathway Program in accordance with Section 1285.20(c);
 - 34) An official transcript from the medical education program granting the degree verifying that the applicant has met the minimum medical education requirements~~Fee as required by Section 21~~ of the Act;
 - 45) An original, notarized English translation for any document submitted to the Division in a foreign language. The translation must be on the translator's letterhead, and the translator must verify that it is "a complete and accurate translation" to the best of her/his knowledge, and that she/he is fluent in the language translated, and is qualified to translate the document~~official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;~~
 - 56) Proof of completion of an approved postgraduate clinical training program, as required by Section 1285.40~~Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a) of the Act;~~
 - 67) Proof of ~~satisfactory~~ completion of an examination for licensure to practice medicine in all of its branches, as required by approved program of clinical training in accordance with Section 1285.60(a)~~1285.40~~;
 - 78) Proof of professional capacity, as set forth in Section 1285.95, for applicants who have not been engaged in the active practice of medicine or an approved postgraduate clinical training program within 2 years prior to application~~the successful completion of the examination set forth in Section 1285.60. Scores shall be submitted to the Division directly from the testing entity;~~
 - 89) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to one fingerprint card,

773 accompanied by the fee specified by ISP. Fingerprints shall be taken not
774 more than 60 days prior to the application; and~~A certification from the~~
775 ~~jurisdiction of original licensure and current licensure stating:~~
776

777 A) ~~The date of issuance of the license; and~~

778
779 B) ~~Whether the records of the licensing authority contain any record~~
780 ~~of disciplinary action taken or pending;~~

781
782 940) The fee required by Section 21 of the Act.~~Documentation of professional~~
783 ~~capacity, as set forth in Section 1285.95, for applicants who have not been~~
784 ~~engaged in the active practice of medicine or have not been enrolled in a~~
785 ~~medical program for 2 years prior to application; and~~
786

787 11) ~~Verification of fingerprint processing from the Illinois Department of~~
788 ~~State Police (ISP), an ISP live scan vendor whose equipment has been~~
789 ~~certified ——— by ISP, or a fingerprint vendor agency licensed by the~~
790 ~~Division. Out of state residents unable to utilize the ISP electronic~~
791 ~~fingerprint process may submit to ISP one fingerprint card issued by ISP,~~
792 ~~accompanied by the fee specified by ISP. Fingerprints shall be taken~~
793 ~~within the 60 days prior to application.~~
794

795 b) If an applicant for physician and surgeon licensure ~~as a physician to practice~~
796 ~~medicine in all of its branches~~ has a Profile from the Federation Credentials
797 Verification Service of the Federation of State Medical Boards of the United
798 States, Inc. (FSMB), the applicant may request the FSMB to forward to the
799 Division a Physician Information Profile that includes, but is not limited to,
800 verification of medical education, ECFMG Certification (if applicable), clinical
801 training and complete examination information. The information contained in the
802 applicant's profile shall be reviewed by the Division to determine if the applicant
803 meets the requirements for licensure as set forth in the Act and in Sections
804 1285.70(a)(2), (3), (4), (5) and (6).~~will be required to submit the following:~~
805

806 1) ~~A Physician Information Profile that includes, but is not limited to,~~
807 ~~verification of medical education, ECFMG Certification (if applicable),~~
808 ~~clinical training and complete examination information. The information~~
809 ~~contained in the applicant's Profile shall be reviewed by the Division in~~
810 ~~order to determine if the applicant meets the requirements for licensure as~~
811 ~~set forth in the Act and this Part;~~

812
813 2) ~~A fully completed Illinois medical application, on forms provided by the~~
814 ~~Division, signed by the applicant, on which all questions have been~~
815 ~~answered;~~

- 816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
- 3) ~~Proof that the applicant is of good moral character. Proof shall be an indication on the Illinois application that the applicant has not engaged in any conduct or activity that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as set out in Section 9(B)(4) of the Act;~~
 - 4) ~~An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a);~~
 - 5) ~~Individuals applying under Section 11(A)(2)(a)(i) of the Act shall also submit certification, on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 of this Part;~~
 - 6) ~~Documentation of professional capacity, as set forth in Section 1285.95, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application;~~
 - 7) ~~A certification from the jurisdiction of original licensure and current licensure stating:
 - A) ~~The date of issuance and status of the license; and~~
 - B) ~~Whether the records of the licensing authority contain any record of disciplinary action taken or pending;~~~~
 - 8) ~~Fees as required by Section 21 of the Act; and~~
 - 9) ~~Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out of state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.~~
 - e) ~~Proof of Waiver~~

859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901

- 1) ~~The provisions of subsection (a)(8) shall be waived for a candidate for licensure to practice medicine in all of its branches who makes application satisfactory to the Division under Section 9 of the Act who submits proof of the successful completion of:~~
 - A) ~~the National Board of Medical Examiners examination subsequent to January 1, 1964; or~~
 - B) ~~the National Board of Examiners for Osteopathic Physicians and Surgeons examination subsequent to June 1, 1973; or~~
 - C) ~~the Federation Licensing Examination (FLEX) in another state obtaining a FLEX weighted average of 75 or more subsequent to June 1, 1968; or~~
 - D) ~~the Licentiate of the Medical Council of Canada examination (LMCC) subsequent to May 1, 1970; or~~
 - E) ~~The Federation Licensing Examination (FLEX) in another state obtaining a score of 75 or more in each Component in accordance with Section 1285.60.~~
- 2) ~~Verification of the successful completion of the examinations described in subsection (c)(1) shall show the scores achieved by the applicant on the examination. Scores shall be submitted to the Division directly from the testing entity.~~

cd) ~~An~~ Each applicant who applies for a chiropractic physician license on the basis of examination shall file an application with ~~to practice as a chiropractic physician must submit to~~ the Division together with:

- 1) Proof that the applicant is of good moral character. Proof shall be an indication on the application that the applicant has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further review as provided in Section 22 of the Act ~~A fully completed application signed by the applicant, on which all questions have been answered and all programs of chiropractic education attended by the applicant have been identified,~~

- 902 ~~including dates of attendance;~~
903
904 2) An official transcript from the chiropractic education program granting the
905 degree verifying that the applicant has met the minimum chiropractic
906 education requirements of a course of instruction, prerequisite to
907 professional training in a college, university or other institution for those
908 applying pursuant to Section 11(B)(2) of the Act;
909
910 3) Proof of completion of an examination for licensure to practice
911 chiropractic, as required by Section 1285.60(n)~~An official transcript and~~
912 ~~copy of diploma or official transcript and certification of graduation from~~
913 ~~the education program granting the professional degree; the transcript~~
914 ~~shall indicate that the applicant has met the minimum chiropractic~~
915 ~~education requirements of Section 11 of the Act;~~
916
917 4) Proof of professional capacity, as set forth in Section 1285.95, for
918 applicants who have not been engaged in the active practice of
919 chiropractic or enrolled in a program of chiropractic education within 2
920 years prior to application~~that the applicant is of good moral character and~~
921 ~~has not engaged in any conduct or activities that would constitute grounds~~
922 ~~for discipline under Section 22 of the Act. Applications of individuals~~
923 ~~who answer affirmatively to any question on the personal history portion~~
924 ~~of the application or who have engaged in activities that would constitute~~
925 ~~grounds for discipline shall be forwarded to the Enforcement Division of~~
926 ~~the Division of Professional Regulation for further investigation and~~
927 ~~action by the Medical Licensing Board as provided in Section 9(B)(4) of~~
928 ~~the Act;~~
929
930 5) Verification of fingerprint processing from ISP, an ISP live scan vendor
931 whose equipment has been certified by ISP, or a fingerprint vendor agency
932 licensed by the Division. Out-of-state residents unable to utilize the ISP
933 electronic fingerprint process may submit one fingerprint card,
934 accompanied by the fee specified by ISP. Fingerprints shall be taken not
935 more than 60 days prior to the application~~Fee as required by Section 21 of~~
936 ~~the Act; and~~
937
938 6) The fee required by Section 21 of the Act.~~Proof of successful completion~~
939 ~~of Part I, Part II, Part III and Part IV of the examination pursuant to~~
940 ~~Section 1285.60(b) forwarded directly to the Division from the National~~
941 ~~Board of Chiropractic Examiners;~~
942
943 7) ~~Documentation of professional capacity, as set forth in Section 1285.95,~~
944 ~~for applicants who have not been engaged in the active practice of~~

945 ~~medicine or have not been enrolled in a medical program for 2 years prior~~
946 ~~to application;~~

947
948 8) ~~Certification from the jurisdiction of original licensure and current~~
949 ~~licensure stating:~~

950
951 A) ~~The date of issuance of the license; and~~

952
953 B) ~~Whether the records of the licensing authority contain any record~~
954 ~~of disciplinary action taken or pending; and~~

955
956 9) ~~Verification of fingerprint processing from ISP, an ISP live scan vendor~~
957 ~~whose equipment has been certified by ISP, or a fingerprint vendor agency~~
958 ~~licensed by the Division. Out of state residents unable to utilize the ISP~~
959 ~~electronic fingerprint process may submit to ISP one fingerprint card~~
960 ~~issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall~~
961 ~~be taken within the 60 days prior to application.~~

962
963 d) Pursuant to Section 9(B) of the Act, the Division shall verify the licensure
964 information and disciplinary history of each applicant through the Federation of
965 State Medical Boards or the Chiropractic Information Network Board Action
966 Database (CIN-BAD).

967
968 e) When the accuracy of any submitted documentation or the relevance or
969 sufficiency of the course work or training is questioned by the Division or the
970 Medical ~~Licensing~~ Board because of lack of information, discrepancies or
971 conflicts in information given, or a need for clarification, the applicant seeking
972 licensure shall be requested to:

973
974 1) Provide information as may be necessary; and/or

975
976 2) Appear for an interview before the ~~Licensing~~ Board to explain the
977 relevance or sufficiency, clarify information or clear up any discrepancies
978 or conflicts in information.

979
980 f) Within 60 days after issuance of the license, the physician shall complete a
981 physician profile in accordance with Section 1285.305.

982
983 (Source: Amended at 48 Ill. Reg. _____, effective _____)

984
985 **Section 1285.80 Licensure by Endorsement**

986
987 a) An~~Each~~ applicant who holds an active~~currently licensed in another jurisdiction~~

988 ~~who applies to the Division for a~~ license to practice medicine under the laws of
989 another state or jurisdiction and who applies for a physician and surgeon license
990 shall file an application with~~in all of its branches on the basis of endorsement~~
991 ~~must cause to be submitted to~~ the Division together with:

- 992
- 993 1) A certification by the state or jurisdiction of original licensure and current
994 licensure, including the date of issuance of the applicant's license and the
995 current status of the license; the basis of licensure and a description of all
996 examinations by which the applicant was licensed in that state or
997 jurisdiction and the date of passage of any such examinations; and whether
998 the records of the licensing authority contain any record of disciplinary
999 action taken against the applicant.~~signed application, on which all~~
1000 ~~questions have been answered and all programs of medical education~~
1001 ~~attended by the applicant have been identified, including dates of~~
1002 ~~attendance;~~
- 1003
- 1004 2) Proof that the applicant is of good moral character. Proof shall be an
1005 indication on the application that the applicant has not engaged in any
1006 conduct or activities that would constitute grounds for discipline under
1007 Section 22 of the Act. Applications of individuals who answer
1008 affirmatively to any question on the personal history portion of the
1009 application or who have engaged in activities that would constitute
1010 grounds for discipline shall be forwarded to the Enforcement Division of
1011 the Division of Professional Regulation for further review~~investigation~~
1012 ~~and action by the Medical Licensing Board~~ as provided in Section
1013 229(B)(4) of the Act;
- 1014
- 1015 3) An official transcript verifying completion of at least 2 years of
1016 undergraduate education~~of a course of instruction in a college, university~~
1017 ~~or other institution~~ as required by Section 1285.20(a) and proof of valid
1018 ECFMG certification or proof of completion of a Fifth Pathway Program
1019 in accordance with Section 1285.20(c);
- 1020
- 1021 4) An official transcript ~~and diploma or official transcript and certification of~~
1022 ~~graduation~~ from the medical education program granting the degree
1023 verifying that ~~shall be evidence that~~ the applicant has met the minimum
1024 medical education requirements of the Act;
- 1025
- 1026 5) ~~Certification on forms provided by the Division, that the core clerkship~~
1027 ~~rotations were completed in accordance with Section 1285.20 and proof of~~
1028 ~~current ECFMG certification as set forth in Section 1285.20(k) for those~~
1029 ~~applicants who are applying under Section 11(A)(2)(a)(i) of the Act;~~
- 1030

- 1031 56) An original, notarized English translation for any document submitted to
1032 the Division in a foreign language. The translation must be on the
1033 translator's letterhead, and the translator must verify that it is "a complete
1034 and accurate translation" to the best of her/his knowledge, and that she/he
1035 is fluent in the language translated, and is qualified to translate the
1036 document;
1037
1038 67) Proof of completion of an approved postgraduate clinical training
1039 program, as required by Section 1285.40~~Certification of postgraduate~~
1040 ~~clinical training in the United States or Canada;~~
1041
1042 78) Proof of completion of an examination for licensure to practice medicine
1043 in all of its branches as required by Section 1285.60(a);~~Certification from~~
1044 ~~the jurisdiction of original and current licensure stating:~~
1045
1046 ~~A) The date of issuance of the license; and~~
1047
1048 ~~B) Whether the records of the licensing authority contain any record~~
1049 ~~of disciplinary action taken or pending;~~
1050
1051 89) Proof of professional capacity, as set forth in Section 1285.95, for
1052 applicants who have not been engaged in the active practice of medicine
1053 or an approved postgraduate clinical training program within 2 years prior
1054 to application~~The fee required by Section 21 of the Act; and~~
1055
1056 910) Verification of fingerprint processing from ISP, an ISP live scan vendor
1057 whose equipment has been certified by ISP, or a fingerprint vendor agency
1058 licensed by the Division. Out-of-state residents unable to utilize the ISP
1059 electronic fingerprint process may submit ~~to ISP~~ one fingerprint card
1060 ~~issued by ISP~~, accompanied by the fee specified by ISP. Fingerprints shall
1061 be taken not more than~~within the~~ 60 days prior to the application; ~~and~~.
1062
1063 10) The fee required by Section 21 of the Act.
1064
1065 b) If an applicant for physician and surgeon licensure ~~as a physician to practice~~
1066 ~~medicine in all of its branches~~ has a Profile from the Federation Credentials
1067 Verification Service of the Federation of State Medical Boards of the United
1068 States, Inc. (FSMB), the applicant may request the FSMB to forward to the
1069 Division a Profile that includes, but is not limited to, verification of medical
1070 education, ECFMG Certification (if applicable), clinical training and complete
1071 examination information. The information contained in the applicant's Profile
1072 shall be reviewed by the Division to determine if the applicant meets the
1073 requirements for licensure as set forth in the Act and in Sections 1285.80(a)(3),

1074
1075
1076
1077
1078
1079
1080
1081
1082
1083
1084
1085
1086
1087
1088
1089
1090
1091
1092
1093
1094
1095
1096
1097
1098
1099
1100
1101
1102
1103
1104
1105
1106
1107
1108
1109
1110
1111
1112
1113
1114
1115
1116

~~(4), (5), (6) and (7). will be required to submit the following:~~

- ~~1) A Profile that includes, but is not limited to, verification of medical education, ECFMG Certification (if applicable), clinical training and complete examination information. The information contained in the applicant's Profile shall be reviewed by the Division in order to determine if the applicant meets the requirements for licensure as set forth in the Act and this Part;~~
- ~~2) A fully completed Illinois medical application, on forms provided by the Division, signed by the applicant, on which all questions have been answered;~~
- ~~3) Proof that the applicant is of good moral character. Proof shall be an indication on the Illinois application that the applicant has not engaged in any conduct or activity that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;~~
- ~~4) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a);~~
- ~~5) Individuals applying under Section 11(A)(2)(a)(i) of the Act shall also submit certification, on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 of this Part;~~
- ~~6) A certification from the jurisdiction of original licensure and current licensure stating:
 - ~~A) The date of issuance and status of the license; and~~
 - ~~B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;~~~~
- ~~7) Fees as required by Section 21 of the Act; and~~
- ~~8) Verification of fingerprint processing from ISP, an ISP live scan vendor~~

1117 ~~whose equipment has been certified by ISP, or a fingerprint vendor agency~~
1118 ~~licensed by the Division. Out of state residents unable to utilize the ISP~~
1119 ~~electronic fingerprint process may submit to ISP one fingerprint card~~
1120 ~~issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall~~
1121 ~~be taken within the 60 days prior to application.~~
1122

1123 e) ~~In addition to submitting the application required in subsections (a) and (b), each~~
1124 ~~applicant for licensure to practice medicine in all of its branches pursuant to the~~
1125 ~~provisions of Section 19 of the Act upon the basis of having passed a National~~
1126 ~~Board of Medical Examiners Examination prior to January 1, 1964, or having~~
1127 ~~passed a National Board of Examiners for Osteopathic Physicians and Surgeons~~
1128 ~~Examination before June 1, 1973, or having passed the Licentiate of the Medical~~
1129 ~~Council of Canada (LMCC) before May 1, 1970, or having passed the Federation~~
1130 ~~Licensing Examination (FLEX) prior to June 1, 1968, or a State Constructed~~
1131 ~~Examination, shall, subject as hereinafter provided, pass an examination~~
1132 ~~conducted by the Division or its designated testing service to test the clinical~~
1133 ~~competence of the applicant (clinical test). The Division upon recommendation~~
1134 ~~of the Medical Licensing Board has determined that the examination conducted~~
1135 ~~under this Section shall be Component 2 of the FLEX prior to December 31,~~
1136 ~~1993, USMLE Step 3 after January 1, 1994 or the Special Purpose Examination~~
1137 ~~(SPEX) or the Comprehensive Osteopathic Medical Special Purpose Examination~~
1138 ~~for the United States of America (COMSPEX USA) as determined by the Board.~~
1139

1140 1) ~~To be successful in the Component 2 examination of the FLEX, USMLE~~
1141 ~~Step 3, SPEX or COMSPEX USA, applicants must receive a minimum~~
1142 ~~score of 75 or the passing score set by the authorized testing entity. In the~~
1143 ~~case of failure on 3 attempts of the Component 2 examination, USMLE~~
1144 ~~Step 3, SPEX or COMSPEX USA, or any combination thereof, the~~
1145 ~~application for licensure on the basis of endorsement shall be denied. The~~
1146 ~~individuals may thereafter submit an application for licensure on the basis~~
1147 ~~of examination and, if qualified, take the entire examination referenced in~~
1148 ~~Section 1285.60(a)(1), (2) and (3) in accordance with the manner~~
1149 ~~described in that Section.~~
1150

1151 2) ~~The Medical Licensing Board may, in its discretion and in individual cases~~
1152 ~~where the applicable conditions of Section 19 of the Act have been~~
1153 ~~satisfied, make a recommendation to the Director of the Division~~
1154 ~~(Director) for the waiver of the clinical examination requirement herein~~
1155 ~~provided with respect to any such applicant for a license to practice~~
1156 ~~medicine in all of its branches after full consideration of the quality of~~
1157 ~~his/her medical education and clinical training or practical experience,~~
1158 ~~including, but not limited to, whether the applicant is Board Certified in a~~
1159 ~~specialty, has achieved special honors or awards, has had articles~~

1160 published in recognized and reputable journals, has written or participated
1161 in the writing of textbooks in medicine and any other circumstance or
1162 attribute that the Medical Licensing Board accepts as evidence that the
1163 applicant has outstanding and proven ability in any branch of medicine.
1164

1165 cd) ~~An~~ Each applicant who holds an active ~~currently licensed in another jurisdiction~~
1166 ~~who applies to the Division for a~~ license to practice in Illinois as a chiropractic
1167 under the laws of another state or jurisdiction and who applies for a chiropractic
1168 license shall file an application with ~~physician by endorsement must cause to be~~
1169 ~~sent to~~ the Division together with:
1170

1171 1) A certification by the state or jurisdiction of original licensure and current
1172 licensure, including the date of issuance of the applicant's license and the
1173 current status of the license, the basis of licensure and a description of all
1174 examinations by which the applicant was licensed in that state or
1175 jurisdiction and the date of passage of any such examinations and whether
1176 the records of the licensing authority contain any record of disciplinary
1177 action taken against the applicant ~~signed application on which all questions~~
1178 ~~have been answered and all programs of chiropractic education attended~~
1179 ~~by the applicant have been identified, including dates of attendance;~~
1180

1181 2) ~~An official transcript of the courses of instruction prerequisite to~~
1182 ~~professional training in a college, university or other institution for those~~
1183 ~~applying pursuant to Section 11(B)(2) of the Act;~~
1184

1185 23) An official transcript ~~and copy of diploma or official transcript and~~
1186 ~~certification of graduation~~ from the chiropractic medical education
1187 program granting the degree verifying; ~~the transcript shall indicate~~ that the
1188 applicant has met the minimum chiropractic education requirements of the
1189 Act;
1190

1191 34) Proof that the applicant is of good moral character and has not engaged in
1192 any conduct or activities which would constitute grounds for discipline
1193 under Section 22 of the Act. Applications of individuals who answer
1194 affirmatively to any question on the personal history portion of the
1195 application or who have engaged in activities which would constitute
1196 grounds for discipline shall be forwarded to the Enforcement Division of
1197 the Division of Professional Regulation for further review ~~investigation~~
1198 ~~and action by the Medical Licensing Board~~ as provided in Section
1199 229(B)(4) of the Act;
1200

1201 45) Proof of Successful completion of an examination for licensure to practice
1202 chiropractic, as required by Section 1285.60(b); ~~Part I, Part II and Part III~~

- 1203 ~~of the examination administered by the National Board of Chiropractic~~
1204 ~~Examiners.~~
- 1205
- 1206 A) ~~The Medical Licensing Board may, in its discretion and in~~
1207 ~~individual cases where the applicable conditions of Section 19 of~~
1208 ~~the Act have not been satisfied, make a recommendation to the~~
1209 ~~Director to require an applicant to successfully complete the~~
1210 ~~Special Purposes Exam for Chiropractors (SPEC) or Part III of the~~
1211 ~~examination administered by the National Board of Chiropractic~~
1212 ~~Examiners;~~
- 1213
- 1214 B) ~~The Medical Licensing Board may recommend a waiver of Part III~~
1215 ~~of the examination or the SPEC requirement. In making the~~
1216 ~~recommendation, the Licensing Board shall consider the quality of~~
1217 ~~the chiropractic education and practical experience, including, but~~
1218 ~~not limited to, whether he/she is Board Certified in a specialty, has~~
1219 ~~achieved special honors or awards, has had articles published in~~
1220 ~~recognized and reputable journals, has written or participated in the~~
1221 ~~writing of textbooks in chiropractic and any other circumstance or~~
1222 ~~attribute which the Medical Licensing Board accepts as evidence~~
1223 ~~that the applicant has outstanding and proven ability in~~
1224 ~~chiropractic;~~
- 1225
- 1226 6) ~~Certification from the jurisdiction of original and current licensure stating:~~
- 1227
- 1228 A) ~~The date of issuance of the license; and~~
- 1229
- 1230 B) ~~Whether the records of the licensing authority contain any record~~
1231 ~~of any disciplinary action taken or pending;~~
- 1232
- 1233 57) Proof of professional capacity, as set forth in Section 1285.95, for
1234 applicants who have not been engaged in the active practice of
1235 chiropractic or enrolled in a program of chiropractic education within 2
1236 years prior to application~~The fee required by Section 21 of the Act; and~~
- 1237
- 1238 68) Verification of fingerprint processing from ISP, an ISP live scan vendor
1239 whose equipment has been certified by ISP, or a fingerprint vendor agency
1240 licensed by the Division. Out-of-state residents unable to utilize the ISP
1241 electronic fingerprint process may submit ~~to ISP~~ one fingerprint card
1242 ~~issued by ISP~~, accompanied by the fee specified by ISP. Fingerprints shall
1243 be taken not more than~~within the~~ 60 days prior to the application; and.
- 1244
- 1245 7) The fee required by Section 21 of the Act.

1246
1247
1248
1249
1250
1251
1252
1253
1254
1255
1256
1257
1258
1259
1260
1261
1262
1263
1264
1265
1266
1267
1268
1269
1270
1271
1272
1273
1274
1275
1276
1277
1278
1279
1280
1281
1282
1283
1284
1285
1286
1287
1288

de) Pursuant to Section 19(B)9.7 of the Act, the Division shall verify the licensure information and disciplinary history~~check the criminal background~~ of each endorsement applicant through the Federation of State Medical Boards or the Chiropractic Information Network-Board Action Database (CIN-BAD).

ef) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or training is questioned by the Division or the Medical ~~Licensing~~ Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:

- 1) Provide information as may be necessary; and/or
- 2) Appear for an interview before the Medical~~Licensing~~ Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.

fg) Within 60 days after issuance of the license, the physician shall complete a physician profile in accordance with Section 1285.305.

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.90 Temporary Licenses

a) To allow for timely processing, an application for a Temporary License to pursue postgraduate clinical~~specialty/residency~~ training shall be filed, ~~on forms provided by the Division,~~ at least 60 days prior to the commencement date of the training.

b) An applicant for a Temporary License shall file an application with the Division together with~~No application shall be considered complete unless it is signed by the applicant, all questions have been answered and it contains or is accompanied by:~~

- 1) Proof that the applicant is of good moral character and has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further review as provided in Section 22 of the Act~~investigation and action by the Medical Licensing Board;~~

- 1289
1290
1291
1292
1293
1294
1295
1296
1297
1298
1299
1300
1301
1302
1303
1304
1305
1306
1307
1308
1309
1310
1311
1312
1313
1314
1315
1316
1317
1318
1319
1320
1321
1322
1323
1324
1325
1326
1327
1328
1329
1330
1331
- 2) Proof that the applicant has been accepted for a resident or fellow position in a postgraduate clinical training program that is approved by the Division, pursuant to the provisions of Section 1285.40~~An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) of this Part;~~
 - 3) An official transcript ~~and diploma~~ or official transcript and certification of graduation from the medical education program granting the degree verifying~~that shall be evidence~~ that the applicant has met the minimum education requirements of the Act;
 - 4) An official transcript verifying completion of at least 2 years of undergraduate education as required by Section 1285.20(a) and proof of valid ECFMG certification or proof of completion of a Fifth Pathway Program~~Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 of this Part and current ECFMG certification~~ as set forth in Section 1285.20(c)~~(k)~~ for those applicants who are applying under Section 11(A)(2)(a)(i) of the Act;
 - 5) An original, notarized English translation for any document submitted to the Division in a foreign language. The translation must be on the translator's letterhead, and the translator must verify that it is "a complete and accurate translation" to the best of her/his knowledge, and that she/he is fluent in the language translated, and is qualified to translate the document~~Proof that the applicant will be accepted or appointed to a position in a specialty/residency program that is approved by the Division, pursuant to the provisions of Section 1285.40 and the number of postgraduate years for which the applicant has been accepted or appointed;~~
 - 6) Proof of professional capacity, as set forth in Section 1285.95, for applicants who have not been enrolled in a program of medical education or engaged in the active practice of medicine within 5 years prior to application~~A statement identifying all medical education programs attended, including dates of attendance; and~~
 - ~~7) An original notarized English translation for any document submitted to the Division in a foreign language;~~
 - ~~8) A complete work history since graduation from medical school;~~
 - 79) The fee required by Section 21 of the Act.;

1332
1333
1334
1335
1336
1337
1338
1339
1340
1341
1342
1343
1344
1345
1346
1347
1348
1349
1350
1351
1352
1353
1354
1355
1356
1357
1358
1359
1360
1361
1362
1363
1364
1365
1366
1367
1368
1369
1370
1371
1372
1373
1374

- ~~10) Certification from the jurisdictions of original licensure and current licensure stating:
 - ~~A) The date of issuance of the license; and~~
 - ~~B) Whether the records of the licensing authority contain any record of any disciplinary action taken or pending;~~~~
- ~~11) Documentation of professional capacity, as set forth in Section 1285.95 of this Part, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application.~~

c) If an applicant for temporary licensure has a Profile from the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc. (FSMB), the applicant may request the FSMB to forward a Physician Information Profile to the Division that includes, but is not limited to, verification of medical education, ECFMG Certification (if applicable), postgraduate clinical training and complete examination information. The information contained in the applicant's Profile shall be reviewed by the Division to determine if the applicant meets the requirements for licensure as set forth in the Act and in Section 1285.90(b)(3), (4), and (5).~~will be required to submit the following:~~

- ~~1) A Profile that includes, but is not limited to, verification of medical education, ECFMG Certification (if applicable), postgraduate medical education (clinical training) and complete examination information. The information contained in the applicant's Profile shall be reviewed by the Division in order to determine if the applicant meets the requirements for licensure as set forth in the Act and this Part;~~
- ~~2) A fully completed Illinois medical application, on forms provided by the Division, signed by the applicant, on which all questions have been answered;~~
- ~~3) Proof that the applicant is of good moral character. Proof shall be an indication on the Illinois application that the applicant has not engaged in any conduct or activity that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of~~

- 1375 ~~the Division of Professional Regulation for further investigation and~~
1376 ~~action by the Medical Licensing Board as provided in Section 9(B)(4) of~~
1377 ~~the Act;~~
1378
1379 4) ~~Individuals applying under Section 11(A)(2)(a)(i) shall also submit~~
1380 ~~certification, on forms provided by the Division, that the core clerkship~~
1381 ~~rotations were completed in accordance with Section 1285.20 of this Part;~~
1382
1383 5) ~~Documentation of professional capacity, as set forth in Section 1285.95 of~~
1384 ~~this Part, for applicants who have not been engaged in the active practice~~
1385 ~~of medicine or have not been enrolled in a medical program for 2 years~~
1386 ~~prior to application;~~
1387
1388 6) ~~Proof that the applicant will be accepted or appointed to a position in a~~
1389 ~~specialty/residency program that is approved by the Division, pursuant to~~
1390 ~~the provisions of Section 1285.40, and the number of postgraduate years~~
1391 ~~for which he/she has been accepted or appointed;~~
1392
1393 7) ~~A complete work history since graduation from medical school;~~
1394
1395 8) ~~A certification from the jurisdiction of original licensure and current~~
1396 ~~licensure stating:~~
1397
1398 A) ~~The date of issuance and status of the license; and~~
1399
1400 B) ~~Whether the records of the licensing authority contain any record~~
1401 ~~of disciplinary action taken or pending;~~
1402
1403 9) ~~Fees as required by Section 21 of the Act.~~
1404
1405 d) ~~Written notice of the Division's final action on every application for a temporary~~
1406 ~~license shall be given to the applicant and hospital designated in the application.~~
1407 If the application is approved pursuant to Section 17 of the Act and this Section,
1408 the Temporary License~~temporary license shall be delivered or mailed to the~~
1409 ~~hospital and~~ shall be kept in the care and custody of the hospital. Any person not
1410 licensed to practice medicine in all of its branches in the State of Illinois who is
1411 enrolled in a postgraduate clinical training program shall have had a Temporary
1412 License issued on his/her behalf to ~~an approved~~ program that is approved
1413 pursuant to the provisions of Section 1285.40~~of training~~ prior to the
1414 commencement of the training.
1415
1416 e) Commencement of the postgraduate clinical~~specialty/residency~~ training program
1417 prior to the issuance of a Temporary License~~temporary license~~ shall be construed

- 1418 as the unlicensed practice of medicine.
 1419
 1420 f) A Temporary License shall be issued for a maximum of three years as provided in
 1421 this Section. In no event shall a Temporary License be issued ~~for less than one~~
 1422 ~~year except as provided in subsection (j) or~~ for any purpose other than a
 1423 postgraduate clinical training~~post-graduate specialty/residency~~ program required
 1424 for licensure under the Act.
 1425
 1426 g) No more than one Temporary License shall be issued to any person for the same
 1427 period of time.
 1428
 1429 h) ~~If~~When a resident or fellow is terminated~~dismissed~~ or resigns from a postgraduate
 1430 clinical training~~otherwise terminates the specialty /residency~~ program prior to its
 1431 completion, it shall be the responsibility of the staff of the program director
 1432 must~~to~~ notify the Division in writing immediately and describe the specific
 1433 reasons, return the Temporary License to the Division and submit a written
 1434 explanation to the Division indicating why the resident was ~~dismissed or~~
 1435 ~~terminated or resigned. If the Temporary License has been lost or destroyed, the~~
 1436 ~~staff of the program shall submit a written explanation to the Division.~~
 1437
 1438 i) A Temporary License may be transferred from one program to another within the
 1439 initial 3 year period~~only~~ upon ~~the return of the Temporary License and~~ receipt by
 1440 the Division of a new application and payment of a \$20 fee along with proof~~that~~
 1441 ~~contains a work history and a certificate of acceptance~~ that the applicant has
 1442 been~~resident will be~~ accepted ~~for or appointed to~~ a resident or
 1443 fellow~~specialty/residency~~ position in a postgraduate clinical training~~an approved~~
 1444 program that is approved pursuant to the provisions of Section 1285.40. The
 1445 program director must provide a letter to the Division describing the specific
 1446 reasons why the applicant transferred programs. Requests for transfers shall be
 1447 filed with the Division at least 60 days prior to the commencement date of the
 1448 new program.
 1449
 1450 j) The Division shall allow a 14-day extension of the Temporary License~~temporary~~
 1451 ~~license~~ beyond the 3-year period without filing an extension application. In order
 1452 to extend beyond the 14-day period, a new application shall be filed with the
 1453 Division that contains:
 1454
 1455 1) ~~Proof~~a certificate of acceptance indicating that the applicant~~resident~~ has
 1456 been accepted ~~for or appointed to~~ a resident or fellow~~specialty/residency~~
 1457 position in a postgraduate clinical training~~an approved~~ program that is
 1458 approved pursuant to the provisions of Section 1285.40;
 1459
 1460 2) ~~a work history;~~

- 1461
1462
1463
1464
1465
1466
1467
1468
1469
1470
1471
1472
1473
1474
1475
1476
1477
1478
1479
1480
1481
1482
1483
1484
1485
1486
1487
1488
1489
1490
1491
1492
1493
1494
1495
1496
1497
1498
1499
1500
1501
1502
1503
- 23) ~~A~~ letter from the ~~residency~~ program director describing the specific reasons~~advising~~ why an extension of temporary licensure is required~~being requested~~; and
 - 34) The required~~the~~ fee; \$230 for a 3-year Extension of Temporary License; \$165 for a 2-year Extension of Temporary License; or \$100 for a 1-year Extension of Temporary License ~~set forth in Section 21 of the Act.~~
 - k) ~~Temporary licenses may be extended only when the applicant:~~
 - 1) ~~is serving full time in the Armed Forces;~~
 - 2) ~~has an incapacitating illness as documented by a currently licensed physician;~~
 - 3) ~~provides proof of continuance of a residency training program in order to meet the remedial requirements for licensure set forth in Section 1285.60(a)(8); or~~
 - 4) ~~provides proof of continuance of a residency training program.~~
 - k) The Division shall issue a Limited Temporary License~~Licenses~~ for no more than 6 months on behalf of individuals who apply, ~~on forms provided by the Division,~~ and submit evidence that:
 - 1) The applicant is enrolled in a postgraduate clinical training program located in another state that meets the requirements of Section 1285.40 ~~outside of the State of Illinois;~~
 - 2) The applicant has been accepted for a specific period of time to perform, under supervision, a portion of the clinical training at a postgraduate clinical training program in the State of Illinois that is approved pursuant to the provisions of Section 1285.40 ~~in the State of Illinois due to the absence of adequate facilities in another State;~~
 - 3) The approved postgraduate clinical training program in Illinois has assumed supervisory responsibility for the individual during the period specified on his/her application; and
 - 4) The \$100~~the~~ fee ~~set forth in Section 21 of the Act.~~
 - m) A Limited Temporary License may be extended ~~only~~ when an~~the~~ applicant who

1504 was previously granted a Limited Temporary License submits a new application
1505 and \$100 fee to the Division that satisfies all of the requirements as set forth in
1506 Section 1285.90(k).

- 1507
1508 1) ~~is serving full-time in the Armed Forces;~~
1509
1510 2) ~~has an incapacitating illness as documented by a currently licensed~~
1511 ~~physician; or~~
1512
1513 3) ~~provides proof of continuance of a residency training program as~~
1514 ~~documented by the residency training program director.~~
1515

1516 m#) When the accuracy of any submitted documentation or the relevance or
1517 sufficiency of the course work or experience is questioned by the Division or the
1518 Medical Board because of lack of information, discrepancies or conflicts in
1519 information given or a need for clarification, the applicant seeking licensure shall
1520 be requested to:

- 1521
1522 1) Provide information as may be necessary; and/or
1523
1524 2) Appear for an interview before the Medical Board to explain the relevance
1525 or sufficiency, clarify information or clear up any discrepancies or
1526 conflicts in information.
1527

1528 n#) Any individual who participates in any portion of a postgraduate clinical
1529 trainingspecialty/residency program without a Temporary License, a Limited
1530 Temporary License, or a Physician and Surgeon License~~license~~ issued by the
1531 Division shall be considered to be involved in the unlicensed practice of
1532 medicine.
1533

1534 (Source: Amended at 48 Ill. Reg. _____, effective _____)
1535

1536 **Section 1285.91 Visiting Resident Permits**

- 1537
1538 a) An individual who is enrolled in a postgraduate clinical training program outside
1539 the State of Illinois that is approved by the Division and who has been invited or
1540 appointed to perform a portion of ~~that~~ a post graduate clinical training program in
1541 an Illinois patient care clinic or facility that is affiliated with the out-of-state
1542 program~~pursuant to Section 18(C) of the Act~~ shall file an application, on forms
1543 provided by the Division, at least 60 days prior to the commencement date of the
1544 training.
1545
1546 b) No application shall be considered complete unless it is signed by the applicant,

1547
1548
1549
1550
1551
1552
1553
1554
1555
1556
1557
1558
1559
1560
1561
1562
1563
1564
1565
1566
1567
1568
1569
1570
1571
1572
1573
1574
1575
1576
1577
1578
1579
1580
1581
1582
1583
1584
1585
1586
1587
1588
1589

all questions have been answered and it contains or is accompanied by:

- 1) Proof that the applicant has been invited or appointed to perform a portion of the post graduate clinical training program in Illinois in an Illinois patient care clinic or facility that is affiliated with the out-of-state postgraduate training program;
 - 2) Name and address of the patient care clinics or facilities and the date the training is to begin and the length of time of the invitation or appointment;
 - 3) Name and license number of the Illinois physicians who will be responsible for supervising the applicant;
 - 4) Certification from the post-graduate training program that the applicant is approved and enrolled in an out-of-state post-graduate training program approved by the Division;
 - 5) Either:
 - A) Proof that the applicant maintains an equivalent authorization to practice medicine in all of its branches or to practice the treatment of human ailments without the use of drugs and without operative surgery in the applicant's native jurisdiction; or
 - B) Certification of licensure from the jurisdiction in which the applicant's clinical training program is located stating:
 - i) the date of issuance of the license;
 - ii) whether the records of the licensing authority contain any record of any disciplinary action taken or pending; and
 - 6) A fee of \$100; ~~and~~;
 - 7) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit one fingerprint card, accompanied by the fee specified by ISP. Fingerprints shall be taken not more than 60 days prior to the application.
- c) A visiting resident permit will be issued for 180 days.

- 1590 d) No more than one visiting resident permit shall be issued to any person for the
1591 same period of time.
1592
- 1593 e) Written notice of the Division's final action on every application for a visiting
1594 resident permit shall be given to the applicant and the patient care clinics or
1595 facilities. ~~If the application is approved pursuant to Section 18(C) of the Act and
1596 this Section, the visiting resident permit shall be delivered or mailed to the patient
1597 care clinic or facility.~~
1598
- 1599 f) Commencement of the post-graduate training program prior to the issuance of the
1600 visiting resident permit shall be construed as unlicensed practice.
1601
- 1602 g) When a visiting resident is dismissed or otherwise terminates the
1603 specialty/residency program, it shall be the responsibility of the staff of the patient
1604 care clinic or facility to notify the Division immediately, ~~return the Visiting
1605 Resident Permit to the Division~~ and submit a written explanation to the Division
1606 indicating why the visiting resident was dismissed or terminated. ~~If the visiting
1607 resident permit has been lost or destroyed, the staff of the program shall submit a
1608 written explanation to the Division.~~
1609

1610 (Source: Amended at 48 Ill. Reg. _____, effective _____)
1611

1612 **Section 1285.95 Professional Capacity Standards for Licensure Applicants ~~Having~~**
1613 **~~Graduated More Than 2 Years Prior to Application~~**
1614

1615 Pursuant to Section 9(B)(4) of the Act, in determining professional capacity for individuals who
1616 have not been actively engaged in the practice of medicine or as a medical, osteopathic, or
1617 chiropractic student or who have not been engaged in a formal program of medical education
1618 during the 2 years immediately preceding application for licensure as a physician and surgeon or
1619 chiropractic physician and during the 5 years immediately preceding application for temporary
1620 licensure as a physician and surgeon, the individual may be required to complete such additional
1621 testing, training, or remedial education as the Medical Licensing Board may deem necessary to
1622 establish the applicant's present capacity to practice medicine with reasonable judgment, skill
1623 and safety. In determining professional capacity, the Board shall consider, but not be limited to,
1624 the following activities:
1625

- 1626 a) Medical research that is human clinical research consistent with the requirements
1627 of the Federal Food and Drug Administration (21 CFR 50) (2001, no further
1628 amendments or additions included) and the Consumer Product Safety
1629 Commission (16 CFR 1028) (2001, no further amendments or additions included)
1630 or other equivalent medical research.
1631
- 1632 b) Specialized training or education that is clinical training or clinical education such

1633 as, or equivalent to, the following:

1634
1635
1636
1637
1638
1639
1640
1641
1642
1643
1644
1645
1646
1647
1648
1649
1650
1651
1652
1653
1654
1655
1656
1657
1658
1659
1660
1661
1662
1663
1664
1665
1666
1667
1668
1669
1670
1671
1672
1673
1674
1675

- 1) Clinical training that takes place in a residency training program in accordance with the requirements set forth in Section 1285.40 ~~of this Part~~ or the equivalent (e.g., residency training in another state or jurisdiction).
 - 2) Clinical medical practice in the National Health Service or its equivalent.
 - 3) Continuing medical education (CME) recognized by the Accreditation Council on Continuing Medical Education (ACCME), the American Osteopathic Association (AOA), American Chiropractic Association (ACA), or continuing medical education in accordance with Section 1285.110 ~~of this Part~~.
 - 4) Post-graduate education in basic or related medical sciences in any state or jurisdiction.
- c) Publication of original work in clinical medicine published in medical or scientific journals that are listed by the Cumulative Index ~~Medicus~~Medicinas (CIM).
- d) Clinical research or professional clinical medical practice in public health organizations (e.g., World Health Organization (WHO), Malaria Prevention programs, United Nations International Children's Emergency Fund (UNICEF) programs, both national and international).
- e) Having been engaged in clinical research or clinical medical practice at a veterans, military, or other medical institution operated by the federal government.
- f) Other professional or clinical medical activities or chiropractic activities, such as, or equivalent to, the following:
- 1) Presentation of papers or participation on panels as a faculty member at a program approved or recognized by the American Medical Association (AMA) or its affiliates, the American Osteopathic Association (AOA) or its affiliates, the American Chiropractic Association (ACA) or its affiliates, or a recognized specialty society or equivalent recognized by the medical community; or
 - 2) Experience obtained as a Visiting Professor in accordance with Section 18(A) of the Act.

1676 g) Clinical medical practice obtained in violation of the Act shall not be considered
1677 by the Medical Board in determining professional capacity for the purposes of this
1678 Section.

1679
1680 ~~h) Each applicant for temporary licensure, in accordance with this Section, shall~~
1681 ~~submit a certificate of acceptance form signed by the program director of an~~
1682 ~~approved residency training program, in accordance with Section 1285.40 of this~~
1683 ~~Part, attesting that the applicant will be accepted for specialty/residency training,~~
1684 ~~if, upon the evaluation of medical education and clinical skills by the Division,~~
1685 ~~the applicant is found to be eligible for temporary licensure.~~

1686
1687 ~~i) In determining eligibility, the Board will consider any and all documentation of~~
1688 ~~activities submitted by the applicant.~~

1689
1690 (Source: Amended at 48 Ill. Reg. _____, effective _____)

1691
1692 **Section 1285.100 Visiting Professor Permits**

1693
1694 a) Any person not licensed in this State to practice medicine in all of its branches or
1695 as a chiropractic physician who has been appointed as a visiting professor at a
1696 medical, osteopathic or chiropractic program (program of medicine) in this State
1697 must be the holder of a Visiting Professor Permit issued by the Division pursuant
1698 to the provisions of Section 18 of the Act.

1699
1700 b) An application for a Visiting Professor Permit shall be made on forms provided
1701 by the Division. The application shall include:

1702
1703 1) The name and location of the applicant's program of medicine, dates of
1704 attendance, date and type of degree conferred;

1705
1706 2) Certification from the jurisdiction of original licensure indicating:

1707
1708 A) The date of issuance and status of the license; and

1709
1710 B) Whether the records of the licensing authority contain any record
1711 of any disciplinary action or pending action;

1712
1713 ~~3) Verification, signed by a dean of a program of medicine located in another~~
1714 ~~jurisdiction, that the applicant was qualified and has and maintains~~
1715 ~~professor status in the program;~~

1716
1717 34) Certification from the Dean of the program of medicine indicating:
1718

- 1719 A) That the entity has contracted with the applicant and the applicant
1720 has received a faculty appointment to teach in the program;
1721
1722 B) Name and address of the patient care clinics or facilities affiliated
1723 with the medical program at which the applicant will be providing
1724 instruction and/or providing clinical care and a justification for any
1725 clinical activities that will be provided at the facilities;
1726
1727 C) The nature of the educational services to be provided by the
1728 applicant and the qualifications of the applicant to provide these
1729 services;
1730
1731 D) The term of the contract;
1732
1733 ~~45)~~ A copy of the applicant's current curriculum vitae; and
1734
1735 ~~56)~~ The \$600 fee; ~~and of \$300.~~
1736
1737 6) Verification of fingerprint processing from ISP, an ISP live scan vendor
1738 whose equipment has been certified by ISP, or a fingerprint vendor agency
1739 licensed by the Division. Out-of-state residents unable to utilize the ISP
1740 electronic fingerprint process may submit one fingerprint card,
1741 accompanied by the fee specified by ISP. Fingerprints shall be taken not
1742 more than 60 days prior to the application.
1743
1744 ~~e)~~ ~~In determining the need for the issuance of a Visiting Professor Permit, the~~
1745 ~~Division, upon the recommendation of the Medical Licensing Board, shall~~
1746 ~~consider the availability to the program of medicine of the services for which the~~
1747 ~~Visiting Professor Permit is sought.~~
1748
1749 cd) Written notice of the Division's final action on every application for a Visiting
1750 Professor Permit shall be given to the applicant and the program of medicine
1751 designated. ~~When the application is approved, the Visiting Professor Permit shall~~
1752 ~~be delivered or mailed to the program of medicine.~~ The applicant shall not
1753 commence the faculty appointment before the program receives written
1754 notification of the approval of the application. Notification may occur by email to
1755 an applicant's email address of record.
1756
1757 de) The initial Visiting Professor Permit shall be valid for 2 years or for the term of
1758 the faculty appointment, if less than 2 years. The Visiting Professor Permit may
1759 be renewed. Renewed Visiting Professor Permits shall be issued to expire on July
1760 31 in the year of the physician license renewal. Individuals holding a valid
1761 Visiting Professor Permit on the effective date of this Section are eligible for

1762 renewal of that permit pursuant to subsection (ef).

1763

1764 (ef) Permit Renewal

1765

1766 1) ~~For Effective July 31, 2006 for~~ the first renewal of the Visiting Professor
1767 Permit, the permit holder shall file an application with the Division, on
1768 forms provided by the Division, that includes:

1769

1770 A) Certification from the Dean of the program of medicine indicating
1771 the term of the renewal contract and a list of the affiliated patient
1772 care clinics and facilities where the permit holder will be providing
1773 instruction and the justification for any clinical activities that will
1774 be provided at the facilities;

1775

1776 B) Certification from the jurisdiction of original licensure indicating
1777 the current status of the license;

1778

1779 C) Proof of successful completion of:

1780

1781 i) the United States Medical Licensing Examination
1782 (USMLE) Step 2 ~~Clinical Skills and Clinical Knowledge~~ in
1783 accordance with Section 1285.60 for a visiting professor to
1784 practice medicine in all of its branches; or

1785

1786 ii) the National Board of Chiropractic Examiners (NBCE) Part
1787 II or SPEC in accordance with Section 1285.60 for a
1788 visiting professor to practice chiropractic; and

1789

1790 D) The renewal fee of ~~\$600~~\$300.

1791

1792 2) After the first renewal, a Visiting Professor Permit shall be renewed in
1793 accordance with subsection (fg).

1794

1795 (fg) For renewals not made pursuant to subsection (ef), the application for renewal of
1796 a Visiting Professor Permit shall be made on forms supplied by the Division at
1797 least 60 days prior to expiration of the permit. The Visiting Professor Permit
1798 renewal application shall include:

1799

1800 1) Certification from the Dean of the program of medicine indicating a valid
1801 contract between the visiting professor and the school and a list of the
1802 affiliated patient care clinics and facilities where the permit holder will be
1803 providing instruction and the justification for any clinical activities that
1804 will be provided at the facilities;

- 1805
- 1806
- 1807
- 1808
- 1809
- 1810
- 1811
- 1812
- 1813
- 1814
- 1815
- 1816
- 1817
- 1818
- 1819
- 1820
- 1821
- 1822
- 1823
- 1824
- 1825
- 1826
- 1827
- 1828
- 1829
- 1830
- 1831
- 1832
- 1833
- 1834
- 1835
- 1836
- 1837
- 1838
- 1839
- 1840
- 1841
- 1842
- 1843
- 1844
- 1845
- 1846
- 1847
- 2) Certification from the jurisdiction of original licensure indicating the current status of the license;
 - 3) Completion of ~~the~~ 150 hours continuing medical education in accordance with Section 1285.110; and
 - 4) The renewal fee of ~~\$600~~ \$300.
- g) When any person on whose behalf a Visiting Professor Permit has been issued ~~discharges shall be discharged~~ or ~~terminates shall terminate~~ his/her faculty appointment, any permit issued in the name of such person shall be null and void as of the date of discharge or termination. The program of medicine shall immediately ~~provide deliver or mail by registered mail to the Division the Visiting Professor Permit and~~ written notice of the reason for the discharge or termination ~~return of the permit~~.
- h) Only one Visiting Professor Permit shall be issued to an applicant. If the faculty appointment for which the permit was issued is terminated and the holder of the permit desires to remain in the State and practice or teach his/her profession, he/she must apply ~~for~~, meet all the requirements of this State ~~for~~, and receive a license to practice that profession.
- ~~j) Whenever a program of medicine is required to deliver or return a Visiting Professor Permit to the Division and that permit has been lost or destroyed or is for any other reason unavailable for return to the Division, the program of medicine shall immediately mail or deliver to the Division a written explanation concerning the inability to return the permit.~~
- k) When there has been a change in or addition to privileges of a visiting professor or a change in a facility where instruction or clinical care is being provided, the program shall notify the Division in writing of the changes and a justification for the changes. The Division, ~~upon recommendation of the Licensing Board~~, shall review the information and determine if a new permit needs to be issued.
- l) Nothing in this Section shall prohibit the holder of a Visiting Professor Permit from applying for and receiving a license to practice his/her profession in this State during the term of his/her faculty appointment. In the event the holder of a permit is issued a license to practice his/her profession in this State, upon receipt of the license, the permit shall become null and void ~~and shall be returned to the Division~~ pursuant to the provisions of subsection (h).
- m) *Persons holding a permit under this Section shall only practice medicine in all of*

its branches or practice the treatment of human ailments without the use of drugs and without operative surgery in the State of Illinois in their official capacity under their contract within the medical school itself and any affiliated institution in which the permit holder is providing instruction as part of the medical school's educational program and for which the medical school has assumed direct responsibility. (Section 18 of the Act)

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.101 Visiting Physician Permits

- a) Any person not licensed in this State to practice medicine in all of its branches or as a chiropractic physician who has received an invitation or appointment to study, demonstrate, or perform a specific medical, osteopathic, chiropractic or clinical subject or technique in a medical, osteopathic, or chiropractic school, a state or national medical osteopathic, or chiropractic professional association, or society conference or meeting, a hospital, or a patient care clinic or facility ~~or hospital~~ in this State must be the holder of a Visiting Physician Permit issued by the Division pursuant to the provisions of Section 18(B) of the Act.
- b) An application for a Visiting Physician Permit shall be made on forms provided by the Division. The application shall include:
 - 1) Certification from the jurisdiction of current licensure indicating the date of licensure and current status of the license;
 - 2) Certification from the dean or program director of the school or hospital indicating:
 - A) That the person has received an invitation or appointment to study, demonstrate, or perform a specific clinical subject or technique;
 - B) The nature of the educational services to be provided to the applicant;
 - C) The term of the ~~contract~~contact;
 - 3) A copy of the applicant's current curriculum vitae; ~~and~~
 - 4) The fee of ~~\$200; and~~ \$100.
 - 5) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency

- 1891 licensed by the Division. Out-of-state residents unable to utilize the ISP
1892 electronic fingerprint process may submit one fingerprint card,
1893 accompanied by the fee specified by ISP. Fingerprints shall be taken not
1894 more than 60 days prior to the application.
1895
1896 e) ~~In determining the need for the issuance of a Visiting Physician Permit, the~~
1897 ~~Division, upon the recommendation of the Medical Licensing Board, shall~~
1898 ~~consider the availability to the program of medicine of the services for which the~~
1899 ~~Visiting Physician Permit is sought.~~
1900
1901 cd) Written notice of the Division's final action on every application for a Visiting
1902 Physician Permit shall be given to the applicant and/or the school or hospital
1903 designated. ~~When the application is approved, the Visiting Physician Permit shall~~
1904 ~~be delivered or mailed to the program of medicine.~~ The applicant shall not
1905 commence the appointment before the program receives written notification from
1906 the Division of the approval of the application. Notification may be made by
1907 email to the applicant's email address of record.
1908
1909 de) A Visiting Physician Permit shall be valid for 180 days or until such time as the
1910 clinical studies, demonstration, or performance of ~~or~~ techniques are completed,
1911 whichever occurs first.
1912
1913 ef) When the holder of a Visiting Physician Permit has been discharged or terminated
1914 from an appointment, any certificate issued in the name of the person shall be null
1915 and void as of the date of the discharge or termination. The school or hospital
1916 shall immediately provide to the Division ~~deliver or mail by registered mail to the~~
1917 ~~Division the Visiting Physician Permit and~~ written notice of the reason for the
1918 discharge or termination ~~return of the permit.~~
1919
1920 fg) Only one Visiting Physician Permit shall be issued to an applicant per 12-month
1921 period. If, at the conclusion of the term of the appointment for which the permit
1922 was issued, the holder of the permit desires to remain in the State and practice or
1923 teach his/her profession, he/she must apply for and receive a license to practice
1924 medicine in all of its branches or as a chiropractic physician.
1925
1926 h) ~~Whenever a program of medicine is required to deliver or return a Visiting~~
1927 ~~Physician Permit to the Division and that permit has been lost or destroyed or is~~
1928 ~~for any other reason unavailable for return to the Division, the program of~~
1929 ~~medicine shall immediately mail or deliver to the Division a written explanation~~
1930 ~~concerning the inability to return the permit.~~
1931
1932 gi) Nothing shall prohibit the holder of a Visiting Physician Permit from applying for
1933 and receiving a license to practice his/her profession in this State during the term

1934 of the appointment. In the event the holder of a permit is issued a license to
1935 practice in this State, upon ~~issuance~~receipt of the license, the permit shall become
1936 null and void ~~and shall be returned to the Division~~ pursuant to the provisions of
1937 subsection (f).

1938
1939 h) A Limited Visiting Physician Permit will be issued by the Division to an out-of-
1940 state physician who has been requested to perform an emergency procedure in
1941 Illinois.

1942
1943 1) An individual seeking a Limited Visiting Physician Permit shall apply to
1944 the Division, on forms provided by the Division, and submit the
1945 following:

1946 A) Verification of licensure in another jurisdiction;

1947 B) A description of the emergency procedure to be performed;

1948 C) The exact date and location of the procedure;

1949 D) The name and license number of the sponsoring physician who
1950 will be responsible for the applicant;

1951 E) Proof from the hospital that the applicant has approval from the
1952 facility to perform the procedure signed by the administrator of the
1953 hospital;

1954 F) A copy of an ~~up-to-date~~up-to-date curriculum vitae; ~~and~~

1955 G) A \$100 fee; ~~and of \$25.~~

1956 H) Verification of fingerprint processing from ISP, an ISP live scan
1957 vendor whose equipment has been certified by ISP, or a fingerprint
1958 vendor agency licensed by the Division. Out-of-state residents
1959 unable to utilize the ISP electronic fingerprint process may submit
1960 one fingerprint card, accompanied by the fee specified by ISP.
1961 Fingerprints shall be taken not more than 60 days prior to the
1962 application.

1963
1964 2) The permit will be issued for no more than 5 days. However, in
1965 extenuating circumstances, upon review by the Chairman of the
1966 Medical~~Licensing~~ Board or his/her designee, the permit may be extended.

1967 3) ~~The Division shall notify the Medical Licensing Board of the issuance of~~

1976

1977 ~~all Limited Visiting Physician Permits.~~

1978
1979 (Source: Amended at 48 Ill. Reg. _____, effective _____)

1980
1981 **Section 1285.110 Continuing Medical Education (CME)**

1982
1983 *The Division shall promulgate rules of continuing education for persons licensed under the Act*
1984 *that require 150 hours of continuing education per license renewal cycle. This Part shall be*
1985 *consistent with requirements of relevant professional associations, specialty societies, or boards.*
1986 *This Part will also address variances for illness or hardship. In establishing this Part, the*
1987 *Division shall consider educational requirements for medical staffs, requirements for specialty*
1988 *society board certification or for continuing education requirements as a condition of*
1989 *membership in societies representing the 2 categories of licensee (physicians licensed to practice*
1990 *medicine in all of its branches and chiropractic physicians) under the Act. This Part shall assure,*
1991 *but not be limited to, that licensees are given the opportunity to participate in those programs*
1992 *sponsored by or through their professional associations or hospitals that are relevant to their*
1993 *practice. Each licensee is responsible for maintaining records of completion of continuing*
1994 *education and shall be prepared to produce the records when requested by the Division.*
1995 (Section 20 of the Act)

1996
1997 a) Continuing Medical Education (CME) Hours Requirements

1998
1999 1) ~~In For the July 31, 1999 renewal, a licensee will be required to complete 50~~
2000 ~~hours of continuing medical education (CME). The Division will accept~~
2001 ~~CME taken on or after July 1, 1997. Beginning with the July 31, 2002~~
2002 ~~renewal and every renewal thereafter, in~~ order to renew a license, a
2003 licensee shall be required to complete 150 hours of CME~~continuing~~
2004 ~~medical education~~ per prerenewal period.

2005
2006 2) A prerenewal period is the 36 months preceding July 31 in the year of the
2007 renewal.

2008
2009 3) One CME hour shall equal 60 minutes~~one clock hour~~. After completion
2010 of the initial CME hour, credit may be given in 30-minute~~one-half hour~~
2011 increments.

2012
2013 4) A renewal applicant shall not be required to comply with CME
2014 requirements for the first renewal of an Illinois license. A renewal
2015 applicant shall not be required to comply with CME requirements for the
2016 renewal of an Illinois license that has been reinstated to active status
2017 during the pre-renewal period.

2018
2019 5) Individuals licensed in Illinois but residing and practicing in other states

- 2020 shall comply with the CME requirements set forth in this Section.
2021
2022 6) ~~CME Continuing medical education~~ credit hours used to satisfy the CME
2023 requirements of another jurisdiction may be applied to fulfill the CME
2024 requirements of the State of Illinois if the CME required by the other
2025 jurisdiction is verified as approved by the jurisdiction in which the CME
2026 was completed. Licensees may only claim hours that are documented
2027 consistent with the requirements in subsection (c)(7)~~consistent with the~~
2028 ~~CME requirements set forth in this Section.~~
2029
2030 7) The Division, upon recommendation of the Medical ~~Licensing~~-Board, will
2031 accept the American Medical Association Physician Recognition Award
2032 (AMA PRA) certificate awarded to physicians licensed to practice
2033 medicine in all of its branches as documentation of compliance with the
2034 150 CME hours set forth in this Part. The hours shall be earned
2035 consistently with the prerenewal period set forth in subsection (a)(2).
2036
2037 8) CME used to satisfy the requirements for renewal of a license may not be
2038 used to satisfy the CME requirements for another renewal period.
2039
2040 9) The CME requirements set forth in this Section apply to both physicians
2041 licensed to practice medicine in all of its branches and chiropractic
2042 physicians licensed in Illinois.
2043
2044 b) ~~CME Continuing Medical Education (CME)~~ hours for both physicians licensed to
2045 practice medicine in all of its branches and chiropractic physicians ~~licensed to~~
2046 ~~treat human ailments without the use of drugs and without operative surgery~~ in
2047 Illinois shall be earned by, but not limited to, verified attendance at (e.g.,
2048 certificate of attendance or certificate of completion) or participation in a program
2049 or course (program) as follows:
2050
2051 1) CME hours shall be earned as follows:
2052
2053 A) A minimum of 60 hours of required CME shall be obtained in
2054 formal CME programs set forth in subsection (b)(2);
2055
2056 B) A maximum of 90 hours of the required CME shall be obtained in
2057 informal CME programs or activities as set forth in subsection
2058 (b)(3).
2059
2060 2) Formal CME Programs:
2061
2062 A) Formal programs conducted or endorsed by hospitals, specialty

- 2063 societies, and facilities, and other programs offered by ~~or~~ other
2064 organizations approved to offer CME credit as set forth in
2065 subsection (c).
2066
- 2067 B) Formal CME programs conducted by medical, chiropractic or
2068 osteopathic colleges, schools, or education programs. A maximum
2069 of 12.5 hours of CME may be claimed for each month of
2070 postgraduate clinical training completed in a program approved by
2071 the Division in accordance with Section 1285.40, including the
2072 ~~Accreditation Council for Graduate Medical Education, the~~
2073 ~~Council on Continuing Medical Education of the American~~
2074 ~~Osteopathic Association or the Commission on Accreditation of~~
2075 ~~the Council of Chiropractic Education schools, either to prepare~~
2076 ~~individuals for licensure pursuant to the provisions of the Act or~~
2077 ~~for post-graduate training.~~
2078
- 2079 C) CME programs required for certification or recertification by
2080 specialty boards and professional associations.
2081
- 2082 D) Activities conducted by sponsors approved in accordance with this
2083 Section:
2084
- 2085 i) CME activities utilizing enduring materials such as
2086 podcasts, CD-ROMs, DVDs, archived, webinars, printed
2087 educational materials, audiotapes, video cassettes, films,
2088 slides, and computer assisted instruction that provide a
2089 clear, concise statement of the educational objectives and
2090 indicate the intended audience. These programs shall also
2091 have a method of verifying physicians' participation;
2092
- 2093 ii) Live activities, such as specialty society annual meeting
2094 and conferences, workshops, seminars, journal clubs, and
2095 live Internet webinars ~~Journal club activities;~~
2096
- 2097 iii) Internet point-of-care learning – Structured CME activities
2098 using online databases to engage in self-directed learning
2099 on topics relevant to clinical practice ~~Self-assessment~~
2100 ~~activities;~~ and
2101
- 2102 iv) Journal-based CME.
2103
- 2104 3) Informal CME programs or activities shall consist of, but not be limited to,
2105 any of the following activities that the licensee must document, including

- 2106 the dates and a brief description of the activity:
2107
2108 A) Unstructured online searching and learning~~Consultation with peers~~
2109 ~~and experts concerning patients;~~
2110
2111 B) Use of electronic databases in patient care;
2112
2113 C) Consultation with peers and medical experts~~Small group~~
2114 ~~discussions;~~
2115
2116 D) Teaching health professionals;
2117
2118 E) Medical writing;
2119
2120 F) Self-assessment activities~~Teleconferences;~~
2121
2122 G) Preceptorship participation~~Preceptorships;~~
2123
2124 H) Participating in formal peer review and quality assurance activities;
2125
2126 I) Preparation of educational exhibits; or
2127
2128 J) Journal reading including reading authoritative medical literature.
2129

2130 c) CME Sponsors and Formal Programs

- 2131
2132 1) Sponsor, as used in this Section, shall mean:
2133
2134 A) For physicians licensed to practice medicine in all of its branches:
2135
2136 i) Accreditation Council on Continuing Medical Education
2137 and organizations accredited by ACCME as sponsors of
2138 CME;
2139
2140 ii) Illinois State Medical Society, or its affiliates;
2141
2142 iii) Council on Continuing Medical Education for the
2143 American Osteopathic Association and the Illinois
2144 Osteopathic Medical Society or its affiliates; or
2145
2146 iv) Any other organization~~accredited school, college or~~
2147 ~~university, State agency, or any other person, firm, or~~
2148 ~~association~~ that has been approved ~~and authorized~~ by the

2149 Division pursuant to subsection (c)(2) to provide CME in
2150 accordance~~coordinate and present continuing medical~~
2151 ~~education courses and programs in conjunction~~ with this
2152 Section. Organizations eligible to be approved by the
2153 Division are those whose mission and function are:

- 2154 ● Providing clinical services directly to patients; or
- 2155
- 2156 ● The education of healthcare professionals; or
- 2157
- 2158 ● Serving as fiduciary to patients, the public, or
2159 population health.
- 2160

2161

2162 Examples of such organizations include Ambulatory procedure
2163 centers, blood banks, government or military agencies, group
2164 medical practices, health law firms, health professional
2165 membership organizations, infusion centers, insurance or
2166 managed care companies, nursing homes, publishing or
2167 education companies, rehabilitation centers, software
2168 developers.

2169

2170 B) For chiropractic physicians:

- 2171
- 2172 i) Illinois Chiropractic Society, or its affiliates;
- 2173
- 2174 ii) Illinois Prairie State Chiropractic Association, or its
- 2175 affiliates;
- 2176
- 2177 iii) Commission on Accreditation the Council on Chiropractic
2178 Education;
- 2179
- 2180 iv~~iii~~) International Chiropractic Association, or its affiliates;
- 2181
- 2182 vi~~v~~) American Chiropractic Association, or its affiliates; or
- 2183
- 2184 vi~~v~~) Any other accredited school, college or university, State
- 2185 agency, or any other person, firm, or association that has
- 2186 been approved and authorized by the Division pursuant to
- 2187 subsection (c)(2) to coordinate and present continuing
- 2188 medical education courses and programs in conjunction
- 2189 with this Section.

2190

2191 C) Physicians licensed to practice medicine in all of its branches or

2192 chiropractic physicians may earn CME hours from the sponsors set
2193 forth in subsections (c)(1)(A) and (B).

2194
2195 2) An organization~~entity~~, not listed in subsections (c)(1)(A) and (B), seeking
2196 approval as a CME sponsor for formal programs shall submit an
2197 application, on forms supplied by the Division, along with a \$2000
2198 nonrefundable application fee. (State agencies, State colleges and State
2199 universities in Illinois shall be exempt from paying this fee.) The
2200 application shall include:

2201
2202 A) Certification:

2203
2204 i) The provider has a CME mission statement that includes
2205 expected results described in terms of changes in
2206 competence, performance, or patient outcomes that will be
2207 the result of the CME programs~~That all programs offered~~
2208 ~~by the sponsor for CME credit shall comply with the~~
2209 ~~criteria in subsection (c)(3) and all other criteria in this~~
2210 ~~Section;~~

2211
2212 ii) The provider gathers data or information and conducts a
2213 program-based analysis on the degree to which the CME
2214 mission of the program has been met through the conduct
2215 of CME activities~~That the sponsor shall be responsible for~~
2216 ~~verifying completion of each program and provide a~~
2217 ~~certificate of attendance as set forth in subsection (c)(9);~~

2218
2219 iii) The provider identifies, plans, and implements the needed
2220 or desired changes in the overall program (e.g., planners,
2221 teachers, infrastructure, methods, resources, facilities,
2222 interventions) that are required to improve on ability to
2223 meet the CME mission~~That, upon request by the Division,~~
2224 ~~the sponsor shall submit evidence (e.g., certificate of~~
2225 ~~attendance or course material) as is necessary to establish~~
2226 ~~compliance with this Section. Evidence shall be required~~
2227 ~~when the Division has reason to believe that there is not~~
2228 ~~full compliance with the statute and this Part and that this~~
2229 ~~information is necessary to ensure compliance;~~

2230
2231 iv) The provider incorporates into CME activities the
2232 educational needs (knowledge, competences, or
2233 performance) that underlie the professional practice gaps of
2234 their program participants;~~That each sponsor shall submit~~

~~to the Division written notice of program offerings, including program offerings of subcontractors, 30 days prior to course dates. Notice shall include the description, location, date and time of the program to be offered.~~

- v) The provider generates activities that are designed to change competence, performance, or patient outcomes as described in its mission statement;
- vi) The provider chooses educational formats for activities that are appropriate for the setting, objectives, and desired results of the activity;
- vii) The provider develops activities in the context of desirable physician attributes (competencies);
- viii) The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities;
- ix) All programs offered by the provider comply with the criteria for Continuing Medical Education (CME) in Section 1285.110;
- x) The provider is responsible for verifying participants' completion of its programs and providing a certificate of attendance as described in subsection (c)(7); and
- xi) Upon request by the Division, the provider shall submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with this Section. Evidence shall be required when the Division has reason to believe that there is not full compliance with the statute and this Part and that the information is necessary to ensure compliance.

B) A copy of a sample program including course materials, syllabi, and a list of faculty.

3) All formal programs shall:

A) Be educational activities that meet the standards of this Section and that service to maintain, develop, or increase the knowledge, skills,

- 2278 and professional performance that a physician uses to provide care,
2279 or to improve the quality of care provided to patients. These may
2280 include, but are not limited to, educational activities that meet any
2281 of the following criteria:~~Contribute to the advancement, extension~~
2282 ~~and enhancement of the professional skills and scientific~~
2283 ~~knowledge of the licensee;~~
2284
2285 i) Have a scientific or clinical content with a direct bearing on
2286 the quality or cost-effective provision of patient care,
2287 community or public health, or preventive medicine.
2288
2289 ii) Concern quality assurance or improvement, risk
2290 management, health facility standards, or the legal aspects
2291 of clinical medicine.
2292
2293 iii) Concern bioethics or professional ethics.
2294
2295 iv) Are designed to improve the physician-patient relationship.
2296
2297 B) Be learning and development activities that are trustworthy and
2298 based on best practices and high-quality evidence~~Foster the~~
2299 ~~enhancement of general or specialized practice and values;~~
2300
2301 C) Be developed and presented by persons with education and/or
2302 experience in the subject matter of the program;
2303
2304 D) Specify the course objectives, course content and teaching methods
2305 to be used; and
2306
2307 E) Specify the number of CME hours that may be applied to fulfilling
2308 the Illinois CME requirements for license renewal.
2309
2310 4) Each CME formal program shall provide a mechanism for evaluation of
2311 the program and instructor by the participants. The evaluation may be
2312 completed on-site immediately following the program presentation or an
2313 evaluation questionnaire may be distributed to participants to be
2314 completed and returned by mail. The sponsor and the instructor, together,
2315 shall review the evaluation outcome and revise subsequent programs
2316 accordingly.
2317
2318 5) An approved sponsor may subcontract with individuals and organizations
2319 to provide approved programs. All advertising, promotional materials,
2320 and certificates of attendance must identify the licensed sponsor and the

- 2321 sponsor's license number. The presenter of the program may also be
2322 identified but~~identified, but~~ should be identified as a presenter. When a
2323 licensed sponsor subcontracts with a presenter, the licensed sponsor
2324 retains all responsibility for attendance, providing certificates of
2325 attendance and ensuring the program meets all of the criteria established
2326 by the Act and this Part, including the maintenance of records.
2327
- 2328 6) To maintain approval as a sponsor, each shall submit to the Division by
2329 July 31 in the year of renewal a renewal application, and a \$2000 fee ~~and a~~
2330 ~~list of courses and programs offered within the last 36 months. The list~~
2331 ~~shall include a brief description, location, date and time of each course~~
2332 ~~given by the sponsor and by any subcontractor.~~
2333
- 2334 7) Certification of Attendance. It shall be the responsibility of a sponsor to
2335 provide each participant in a program with a certificate of attendance or
2336 participation. The sponsor's certificate of attendance shall contain:
2337
- 2338 A) The name, address, and license number of the sponsor;
 - 2339
 - 2340 B) The name and address of the participant;
 - 2341
 - 2342 C) A brief statement of the subject matter;
 - 2343
 - 2344 D) The number of hours attended in each program;
 - 2345
 - 2346 E) The date and place of the program; and
 - 2347
 - 2348 F) The signature of the sponsor.
 - 2349
- 2350 8) The sponsor shall maintain attendance records for not less than 5 years.
2351
- 2352 9) The sponsor shall be responsible for assuring that no individual renewal
2353 ~~applicant~~ shall receive CME credit for nonparticipation in a program.
2354
- 2355 10) Upon the failure of a sponsor to comply with any of the preceding
2356 requirements of this Section, the Division, after notice to the sponsor ~~and~~
2357 ~~hearing before and recommendation by the Board (see 68 Ill. Adm. Code~~
2358 ~~1110),~~ shall thereafter refuse to accept for CME credit attendance at or
2359 participation in any of that sponsor's CME programs until such time as the
2360 Division receives evidence~~assurances~~ of compliance with this Section.
2361
- 2362 11) Notwithstanding any other provision of this Section, the Division or Board
2363 may evaluate any sponsor of any approved CME program at any time to

2364 ensure compliance with requirements of this Section.

2365
2366 d) Certification of Compliance with CME Requirements
2367

- 2368 1) Each renewal applicant shall certify, on the renewal application, full
2369 compliance with the CME requirements set forth in subsections (a) and
2370 (b).
2371
2372 2) The Division may require additional evidence demonstrating compliance
2373 with the CME requirements (e.g., certificate of attendance). ~~This~~
2374 ~~additional evidence shall be required in the context of the Division's~~
2375 ~~random audit.~~ It is the responsibility of each renewal applicant to retain or
2376 otherwise produce evidence of compliance.
2377
2378 ~~3) When there appears to be a lack of compliance with CME requirements,~~
2379 ~~an applicant shall be notified in writing and may request an interview with~~
2380 ~~the Licensing Board. At that time the Licensing Board may recommend~~
2381 ~~that steps be taken to begin formal disciplinary proceedings as required by~~
2382 ~~Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS~~
2383 ~~100/10-65].~~
2384
2385 ~~4) The Division shall conduct a random audit to verify compliance with the~~
2386 ~~CME requirements.~~

2387
2388 e) Continuing Medical Education Earned in Other Jurisdictions
2389

- 2390 ~~1) If a licensee has earned or is seeking formal CME hours offered in another~~
2391 ~~jurisdiction not given by an approved sponsor for which the licensee will~~
2392 ~~be claiming credit toward full compliance in Illinois, the applicant shall~~
2393 ~~submit an individual program approval request form, along with a \$25~~
2394 ~~processing fee, prior to participation in the program or within 90 days~~
2395 ~~prior to expiration of the license. The Licensing Board shall review and~~
2396 ~~recommend approval or disapproval of the program using the criteria set~~
2397 ~~forth in subsection (c)(3) of this Section.~~
2398
2399 ~~2) If a licensee fails to submit an out of state CME approval form within the~~
2400 ~~required time frame, late approval may be obtained by submitting the~~
2401 ~~approval request form with the \$25 processing fee plus a \$100 per hour of~~
2402 ~~CME late fee not to exceed \$500. The Licensing Board shall review and~~
2403 ~~recommend approval or disapproval of the program using the criteria set~~
2404 ~~forth in subsection (c)(3) of this Section.~~

2405
2406 f) ~~Restoration of Nonrenewed License. Upon satisfactory evidence of compliance~~

~~with CME requirements, the Division shall restore the license upon payment of the required fee as provided in Section 21(e)(5) of the Act.~~

eg) Waiver of CME Requirements

1) Any renewal applicant seeking renewal of a license without having fully complied with these CME requirements shall file with the Division a renewal application along with the required fee set forth in Section 21(e)(4) of the Act, a statement setting forth the facts concerning non-compliance and a request for waiver of the CME requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Division, upon the written recommendation of the Medical Licensing Board, finds from such affidavit or any other evidence submitted that extreme hardship has been shown for granting a waiver, the Division shall waive enforcement of CME requirements for the renewal period for which the applicant has applied.

2) Hardship shall be determined on an individual basis by the Medical Board and be defined as an inability to devote sufficient hours to fulfilling the CME requirements during the applicable prerenewal period because of:

A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period;

B) A temporary incapacitating illness documented by a statement from a currently licensed physician;

C) Temporary undue~~Undue~~ hardship (prolonged hospitalization, family illness); or

D) Any other similar extenuating circumstances.

3) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final decision on the application is made by the Division.

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.120 Renewals

a) Every license issued under the Act shall expire on July 31, 1990, and every third year thereafter. ~~A For the July 31, 1999 renewal, a licensee shall complete 50~~

2450 ~~hours of CME in accordance with Section 1285.110 of this Part. Thereafter, a~~
2451 licensee ~~is~~ will be required to complete 150 hours of CME in accordance with
2452 Section 1285.110 of this Part in order to renew the license. The holder of a
2453 license may renew such license during the month preceding the expiration date by
2454 paying the required fee stated in Section 21(e)(5) of the Act.

2455
2456 b) It is the responsibility of each licensee to notify the Division of any change of
2457 physical or email address. Failure to receive a renewal form from the Division
2458 shall not constitute an excuse for failure to pay the renewal fee and to renew the
2459 license in a timely manner.

2460
2461 c) Practicing or operating on a license that has expired shall be considered
2462 unlicensed activity and shall be grounds for discipline pursuant to Section 22 of
2463 the Act.

2464
2465 ~~d) Any licensee applying for renewal shall be entitled to a hearing in accordance~~
2466 ~~with 68 Ill. Adm. Code 1110 prior to refusal of any renewal or any disciplinary~~
2467 ~~action being taken by the Division against the licensee.~~

2468
2469 (Source: Amended at 48 Ill. Reg. _____, effective _____)
2470

2471 **Section 1285.130 Reinstatement from Expired, ~~Restoration and~~ Inactive, or Not Renewed**
2472 **Status**

2473
2474 a) A licensee seeking reinstatement~~restoration~~ of a license from not renewed status
2475 that has been expired for 3 years or less shall have a license reinstated~~restored~~
2476 upon payment of all lapsed renewal fees required by Section 21 of the Act, a
2477 completed physician profile in accordance with Section 1285.305, and proof of
2478 completion of 150 hours of CME~~continuing education~~ in accordance with Section
2479 1285.110.

2480
2481 b) A licensee seeking reinstatement~~restoration~~ of a license from inactive status that
2482 has been placed on inactive status for 3 years or less shall have the license
2483 reinstated~~restored~~ upon payment of the current renewal fee, submission of a
2484 completed physician profile in accordance with Section 1285.305, and the
2485 continuing education requirements for the last renewal period.

2486
2487 c) A licensee seeking reinstatement~~restoration~~ of a license after it has been expired
2488 or been placed on inactive status for more than 3 years shall file an application, on
2489 forms supplied by the Division, together with the fee required by Section 21 of
2490 the Act, a completed physician profile in accordance with Section 1285.305, and
2491 proof of completion of 150 hours of continuing education in accordance with
2492 Section 1285.110. The licensee shall also submit one or more of the following to

be considered as a factor in determining professional competency:

- 1) Sworn evidence of active practice in another jurisdiction. That evidence shall include a verification of employment and a statement from the appropriate board or licensing authority in the other jurisdiction within 3 years from the date of the application that the licensee was authorized to practice during the term of active practice.
- 2) An affidavit attesting to military service as provided in Section 21 of the Act.
- 3) Proof of successful completion (~~evidenced by Certification of Clinical Training~~) of an approved postgraduate clinical training specialty residency program of at least 12 months in length within 3 years from the date of application.
- 4) Proof of completion evidenced by ~~verification~~Certification of medical education~~Medical Education~~ of a course of study of at least 30 credit~~960 classroom~~ hours (~~one academic year~~) that includes ~~no more than 25 clock hours of basic sciences and 40 clock hours of clinical sciences~~ in a college approved by the Division under the Act within 3 years from the date of application.
- 5) Successful completion of the Step 3 of the United States Medical Licensing Examination (USMLE), the Special Purpose Examination (SPEX) or the Comprehensive Osteopathic Medical Variable Purpose Examination for the United States of America (COMVEX-USA) within 3 years prior to the date of application. To be successful an applicant must receive a passing score as determined by the Federation of State Medical Boards and the National Board of Medical Examiners or the National Board of Osteopathic Medical Examiners. Any applicant for reinstatement who fails Step 3 of the USMLE, the SPEX or the COMBEX-USA 3 times shall be required to furnish proof of 12 months of remedial education in an approved postgraduate clinical training program prior to taking the exam an additional time. If an applicant for reinstatement is unable to complete Step 3 of the USMLE due to unavailability of the examination, the applicant shall take the Special Purpose Examination and must receive a score of 75 or better.
- 6) For individuals ~~with applying for~~ a chiropractic license, proof of completion of 30 credit~~960 classroom~~ hours (academic hours) in an accredited chiropractic program within 3 years from the date of application or the Special Examination for Chiropractic (SPEC) or its

2493
2494
2495
2496
2497
2498
2499
2500
2501
2502
2503
2504
2505
2506
2507
2508
2509
2510
2511
2512
2513
2514
2515
2516
2517
2518
2519
2520
2521
2522
2523
2524
2525
2526
2527
2528
2529
2530
2531
2532
2533
2534
2535

2536 equivalent as approved by the Board.

2537
2538
2539
2540
2541
2542
2543
2544
2545
2546
2547
2548
2549
2550
2551
2552
2553
2554
2555
2556
2557
2558
2559
2560
2561
2562
2563
2564
2565
2566
2567
2568
2569
2570
2571
2572
2573
2574
2575
2576
2577

- d) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is reasonably questioned by the Division because of discrepancies or conflicts in information, information needing further clarification, and/or missing information, the licensee seeking reinstatement~~restoration~~ of a license will be requested to:
 - 1) Provide~~provide~~ information as may be necessary; and/or
 - 2) Explain~~explain~~ the relevance or sufficiency during an oral interview; or
 - 3) Appear~~appear~~ for an oral interview before the Medical Licensing Board designed to determine the individual's current competency to practice under the Act. Upon the recommendation of the Medical Licensing Board, an applicant shall have his or her license reinstated~~restored~~.
- e) Placement of a license into inactive status does not preclude the Division from proceeding with any action pursuant to Section 22 of the Act.

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.135 Restoration from Disciplinary Status

- a) Prior to filing a petition for restoration, a licensee seeking restoration of a license that has been in refuse to renew status, suspended, revoked, or otherwise barred from the practice of medicine for less than two years shall comply with the requirements of Section 130(a).
- b) Prior to filing a petition for restoration, a licensee seeking restoration of a license that has been in refuse to renew status, suspended, revoked, or otherwise barred from the practice of medicine for more than two years shall submit to the Department one or more of the following to be considered as a factor in determining professional competency:
 - 1) Proof of successful completion (evidenced by Certification of Clinical Training) of an approved specialty residency program of at least 12 months in length within two years from the date of application.
 - 2) Proof of completion evidenced by Certification of Medical Education of a course of study of at least 30 credit hours (one academic year) that includes no more than 25 clock hours of basic sciences and 40 clock hours

2578 of clinical sciences in a college approved by the Division under the Act
2579 within two years from the date of application.

2580
2581 3) Successful completion of Step 3 of the United States Medical Licensing
2582 Examination (USMLE) or a Board approved assessment program within
2583 two years prior to the date of the petition for restoration. Any licensee
2584 who fails any portion or all portions of the USMLE shall be required to
2585 furnish proof of remedial education in an approved program. Proof of
2586 additional remedial education in an approved program shall also be
2587 furnished each time the applicant fails the USMLE after undergoing
2588 remedial education (i.e., after the sixth, ninth exam, etc.).

2589
2590 4) For individuals applying for a chiropractic license, proof of completion of
2591 30 credit hours (academic hours) in an accredited chiropractic program
2592 within two years from the date of application or the Part IV of the National
2593 Board of Chiropractic Examiners (NBCE) Exam or its equivalent as
2594 approved by the Board.

2595
2596 (Source: Added at 48 Ill. Reg. _____, effective _____)
2597

2598 **Section 1285.140 Granting Variances**
2599

2600 a) The Director may grant variances from this Part in individual cases where he/she finds that:

2601
2602 a1) the provision from which the variance is granted is not statutorily mandated;

2603
2604 b2) no party will be injured by the granting of the variance; and

2605
2606 c3) the rule from which the variance is granted would, in the particular case, be
2607 unreasonable or unnecessarily burdensome.

2608
2609 b) ~~The Director shall notify the Medical Licensing Board of the granting of a~~
2610 ~~variance, and the reasons for the variance, at the next meeting of the Licensing~~
2611 ~~Board.~~

2612
2613 (Source: Amended at 48 Ill. Reg. _____, effective _____)
2614

2615 **SUBPART B: MEDICAL DISCIPLINARY PROCEEDINGS**
2616

2617 **Section 1285.200 Illinois State Medical ~~Disciplinary~~ Board**
2618

2619 The Illinois State Medical ~~Disciplinary~~ Board (the "Medical~~Disciplinary~~ Board"), whose powers
2620 and duties are set forth in Section 7 of the Act, shall be responsible for all discipline for

2621 physicians licensed under the Medical Practice Act of 1987 and physician assistants licensed
2622 under the Physician Assistant Practice Act of 1987 [225 ILCS 95].

2623

2624 (Source: Amended at 48 Ill. Reg. _____, effective _____)

2625

2626 **Section 1285.205 Complaint Committee**

2627

2628 a) There shall be a Complaint Committee of the ~~Disciplinary~~ Board composed of the
2629 Medical Coordinators established by Section 7(g) of the Act, the Chief of Medical
2630 Investigations (person employed by the Division who is in charge of investigating
2631 complaints against physicians and physician assistants), and at least two voting
2632 members of the ~~Disciplinary~~ Board (at least two of whom shall be physicians)
2633 designated by the ~~Chairperson~~ Chairman of the ~~Disciplinary~~ Board with the
2634 approval of the ~~Disciplinary~~ Board. The Chief of Medical Prosecutions, or his or
2635 her designee, shall participate in this committee to fulfill his or her duty under
2636 subsection (c)(3) ~~Disciplinary Board members shall serve one year terms and may~~
2637 ~~be eligible for reappointment for subsequent terms.~~

2638

2639 b) The Complaint Committee shall meet at least twice a month to exercise its
2640 functions and duties set forth in subsection (c). At least two members of the
2641 ~~Disciplinary~~ Board shall be in attendance in order for any business to be
2642 transacted by the Complaint Committee. The Complaint Committee shall make
2643 every effort to consider expeditiously and take prompt action on each item on its
2644 agenda.

2645

2646 c) The Complaint Committee shall have the following duties and functions:

2647

2648 1) To recommend to the Medical ~~Disciplinary~~ Board that a complaint file be
2649 closed.

2650

2651 2) To refer a complaint file to the office of the Chief of Medical Prosecutions
2652 ~~(person employed by the Division who is in charge of prosecuting formal~~
2653 ~~complaints against licensees)~~ for review.

2654

2655 3) To make a decision in conjunction with the Chief of Medical Prosecutions
2656 regarding action to be taken on a complaint file, ~~including whether to~~
2657 ~~proceed with an informal conference or a formal hearing.~~

2658

2659 4) In determining what action to take or whether to proceed with prosecution
2660 of a complaint, the Complaint Committee shall consider the following
2661 factors, but not be limited to: sufficiency of the evidence presented,
2662 prosecutorial merit under Section 22 of the Act, and insufficient
2663 cooperation from complaining parties.

2664
2665
2666
2667
2668
2669
2670
2671
2672
2673
2674
2675
2676
2677
2678
2679
2680
2681
2682
2683
2684
2685
2686
2687
2688
2689
2690
2691
2692
2693
2694
2695
2696
2697
2698
2699
2700
2701
2702
2703
2704
2705
2706

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.210 The Medical Coordinator

The Medical Coordinator shall be responsible for reviewing complaints and investigations of complaints and for making recommendations to the Complaint Committee and the ~~Disciplinary~~ Board regarding the investigation and disposition of complaints. He or she shall also serve as a member of the Complaint Committee. The Medical Coordinator shall be responsible for consulting with the Probation Compliance Unit, established by the Division, to monitor~~monitoring~~ physicians and physician assistants who have been disciplined to assure compliance with the terms of their~~requirements of~~ probation and/or other disciplinary action and for making status reports to the ~~Disciplinary~~ Board regarding such~~on~~ compliance. The Medical Coordinator shall also be responsible for administering programs of care, counseling, or treatment for enrolled physicians and physician assistants. The Medical Coordinator shall also testify on behalf of the Department within his/her expertise regarding the standards of the profession when requested by the Chief of the Medical Prosecutions and/or his/her designee~~If a complaint is received by the Division that, in the opinion of the Medical Coordinator, requires immediate attention, the Medical Coordinator shall request an immediate investigation of the matter. Complaints requiring immediate attention include, but are not limited to: physical harm or injury to a member of the public; reports of patient neglect; and discrepancies concerning drug inventories.~~

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.215 Complaint Handling Procedure

- a) The following definitions shall apply to this Part:
 - 1) "Initial claim" shall mean an allegation made against a physician or physician assistant that results in a preliminary analysis to determine whether the Division should conduct a further investigation.
 - 2) "Complaint" shall mean the initial claim made against a physician or physician assistant that results in further~~an~~ inquiry or investigation. To become a complaint, an initial claim must present a potential violation of Section 22 of the Act, or Section 21 of the Physician Assistant Practice Act of 1987 (PA Act) and must not be barred by the statute of limitations or be precluded by some other inherent defect that would prevent the Division from being able to prove a~~an~~ Act violation of the Act or PA Act. An inherent defect is the absence of something necessary for something to be complete. An inherent defect includes, but is not limited to, complainants' refusal to provide necessary medical records so that an

2707 investigation may be conducted or completed. ~~The Chief of Medical~~
2708 ~~Investigations shall determine within 30 days whether an initial claim shall~~
2709 ~~become a complaint.~~

2710
2711 3) "Formal Complaint" shall mean the filing by~~motion of~~ the Division
2712 conforming to the rules of practice before the Division~~or the Disciplinary~~
2713 ~~Board or the verified complaint in writing of any person~~ alleging facts that
2714 would constitute grounds for the revocation or other disciplinary action of
2715 the license of a physician or physician assistant under Section 22 of the
2716 Act or Section 21 of the PA Act, respectively.

2717
2718 b) Initial claims against physicians and physician assistants may be made in writing,
2719 via email or internet submission, by telephone, or in person. All initial claims
2720 shall be recorded by the Division and forwarded to the Chief of Medical
2721 Investigations for review. Upon receipt of an initial claim, the Division shall
2722 provide to complainants a brochure that provides information about the complaint
2723 process, the role of the Division, the reasons for disciplinary action, and other
2724 commonly asked questions, to be included in the first mailing sent to the
2725 complainant, along with verification that an initial claim was received and
2726 forwarded to the Chief of Medical Investigations.:

2727
2728 1) ~~A brochure that provides information about the complaint process, the role~~
2729 ~~of the Division, the reasons for disciplinary action, and other commonly~~
2730 ~~asked questions, to be included in the first mailing sent to the complainant,~~
2731 ~~along with verification that an initial claim was received and forwarded to~~
2732 ~~the Chief of Medical Investigations.~~

2733
2734 2) ~~The opportunity to review the Division's characterization of the initial~~
2735 ~~claim and indicate any areas believed to be inaccurate.~~

2736
2737 3) ~~Information as to why an initial claim will not become a complaint and a~~
2738 ~~final opportunity to correct any deficiencies in the initial claim.~~

2739
2740 c) After review, the Chief of Medical Investigations, in conjunction with the Chief
2741 Medical Coordinator and the Chief of Medical Prosecutions, will recommend to
2742 the Complaint Committee~~determine~~ whether an initial claim should~~will~~ become a
2743 complaint. If the recommendation to the Complaint Committee is for the initial
2744 claim to be closed~~an initial claim does not become a complaint,~~ then the Chief of
2745 Medical Investigations shall submit his/her determination and any accompanying
2746 analysis of the initial claim to the Complaint Committee with a recommendation
2747 for closure except as allowed in Section 7.5(e) of the Act.

2748
2749 d) If, after~~After~~ review the Chief of Medical Investigations, in conjunction with a

2750 Medical Coordinator, recommends an initial claim should not be closed it should
2751 be referred to~~will determine that a complaint is ready for immediate consideration~~
2752 by the Complaint Committee for consideration~~prosecution potential~~.

2753
2754 e) No initial claim or complaint shall be deemed closed except upon
2755 recommendation of the Complaint Committee and approval by the
2756 Medical~~Disciplinary~~ Board except as allowed by Section 7.5(e). An initial claim
2757 or complaint considered by the Complaint Committee may be:

- 2758 1) Closed;
- 2759
- 2760 2) Deferred pending further action;
- 2761
- 2762 3) Referred to medical investigations for further investigations, thereby
2763 becoming a complaint; or
- 2764
- 2765 4) Referred to medical prosecutions for further action.
- 2766
- 2767

2768 f) At any time during an investigation the Division may enter into negotiations to
2769 resolve issues informally by way of a consent order. Factors to be considered in
2770 deciding whether to enter into a consent order~~settlement negotiations~~ shall
2771 include, but not be limited to~~to:-~~ sufficient investigation of the case; whether there
2772 was physical harm or injury to a patient; relative severity of the respondent's
2773 alleged conduct; and, past practices of the Division.

2774
2775 g) Recusal~~Disqualification~~ of a Medical~~Disciplinary~~ Board Member

- 2776 1) A Medical~~Disciplinary~~ Board member shall recuse~~disqualify~~
2777 himself/herself from consideration of a complaint or formal complaint
2778 when he/she determines that he/she has a conflict of interest or prejudice
2779 that would prevent him/her from being fair and impartial.
- 2780 2) Participation in the initial stages of the handling of a complaint, including
2781 participation on the Complaint Committee and in informal conferences,
2782 does~~shall~~ not bar a Medical~~Disciplinary~~ Board member from future board
2783 participation or decision-making~~decisionmaking~~ relating to that complaint.
- 2784
- 2785
- 2786

2787 (Source: Amended at 48 Ill. Reg. _____, effective _____)

2788
2789 **Section 1285.220 Informal Conferences (Repealed)**

2790
2791 a) ~~An informal conference is the procedure established by the Division to resolve~~
2792 ~~complaints, licensing issues, or conflicts prior to initiating any action requiring a~~

- 2793 ~~formal hearing. Informal conferences are for the purposes of compliance review,~~
2794 ~~fact finding, and discussion of the issues.~~
2795
2796 b) ~~Notice of an informal conference shall be sent to the respondent not less than 10~~
2797 ~~days before the conference is scheduled. The notice shall include a brief~~
2798 ~~statement of the alleged violations.~~
2799
2800 e) ~~Informal conferences shall be conducted by a Division attorney and shall include~~
2801 ~~a member of the Disciplinary Board or his or her designee.~~
2802
2803 d) ~~The respondent may bring an attorney or other representative to the informal~~
2804 ~~conference.~~
2805
2806 e) ~~The respondent shall have an opportunity at the informal conference to make an~~
2807 ~~oral statement and to present any documents that might be relevant to the matter.~~
2808
2809 f) ~~Results of Informal Conference. The informal conference shall result in one or~~
2810 ~~more of the following recommendations being made to the Board:~~
2811
2812 1) ~~The case be closed.~~
2813
2814 2) ~~The case be investigated further.~~
2815
2816 3) ~~A consent order be entered.~~
2817
2818 4) ~~The matter be referred for a formal hearing.~~

2819
2820 (Source: Repealed at 48 Ill. Reg. _____, effective _____)
2821

2822 **Section 1285.225 Consent Orders**
2823

- 2824 a) In the event ~~that action is taken by~~ the Chief of Medical Prosecutions or his/her
2825 designee recommends~~to recommend~~ that a consent order be entered into, every
2826 reasonable effort shall be made to forward the consent order within 15 days to the
2827 respondent. The respondent shall sign and return the consent order to the
2828 Division within 30 days. If the respondent does not return the consent order
2829 within 30 days, it shall be presumed that the respondent does not wish to enter
2830 into the consent order and the consent order shall be rescinded.
2831
2832 b) The consent order may include, but not be limited to, the following:
2833
2834 1) Disciplinary Actions
2835

- 2836 A) Reprimand
2837
2838 B) Suspension
2839
2840 C) Revocation
2841
2842 D) Probation
2843
2844 E) Fines
2845
2846 F) Permanent Inactive Status
2847
2848 G) Voluntary Surrender of License
2849
2850 2) Non-Disciplinary Actions
2851
2852 A) Remedial continuing medical education
2853
2854 B) Referral to treatment
2855
2856 C) Administrative fees~~warning~~
2857
2858 D) Permanent Inactive Status
2859
2860 E) Voluntary Surrender of License
2861
2862 c) Medical~~Disciplinary~~ Board Action
2863
2864 1) Upon receipt of the properly executed proposed consent order, the
2865 Medical~~Disciplinary~~ Board shall make every reasonable effort to take
2866 action on the consent order at the next scheduled Medical~~Disciplinary~~
2867 Board meeting (but in no event later than 120 days after receipt of the
2868 executed consent order) either to:
2869
2870 A) Sign the consent order; or
2871
2872 B) Reject the consent order with or without recommendations.
2873
2874 2) Every effort shall be made to send~~A copy of~~ any consent order signed by
2875 the Medical~~Disciplinary~~ Board ~~shall be sent~~ to the Director for action
2876 within 10 days.
2877
2878 d) Director Action

2879
2880
2881
2882
2883
2884
2885
2886
2887
2888
2889
2890
2891
2892
2893
2894
2895
2896
2897
2898
2899
2900
2901
2902
2903
2904
2905
2906
2907
2908
2909
2910
2911
2912
2913
2914
2915
2916
2917
2918
2919
2920
2921

- 1) Upon receipt of the properly executed proposed consent order, the Director shall make every reasonable effort to take one of the following actions on the consent order within 15 days:
 - A) Sign the consent order;
 - B) Return the consent order to the Medical Disciplinary Board or Chief of Prosecutions with recommended changes or alternative action; or
 - C) Enter into a consent order different from that recommended by the Medical Disciplinary Board, as deemed proper by the Director ~~under the variance procedure provided in Section 1285.310.~~
- 2) A copy of any consent order executed by the Director pursuant to Section (d)(1)(A) shall be sent to the respondent Board within ~~30~~15 days.

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.230 Emergency and/or Temporary ~~Summary~~ Suspension

- a) Upon receipt by the Division of a certified copy of any order ~~or~~ judgment that a person licensed under this Act is in need of mental treatment, the Director shall issue an order suspending the license. The order shall:
 - 1) Set forth the statutory section of the Act upon which it is based;
 - 2) Incorporate a certified copy of the judicial order or judgment that the person is in need of mental treatment;
 - 3) Notify the licensee that the suspension order takes effect on the date signed by the Director; and
 - 4) Notify the licensee that he or she may resume his or her practice only upon the entry of a Departmental order based upon a finding by the Medical Board that the licensee has been determined to be recovered from mental illness by the court and upon the Medical Board's recommendation that the licensee be permitted to resume his or her practice ~~has 20 days in which to file a written motion to modify the summary suspension order.~~
- b) Emergency or temporary ~~Summary~~ suspension of a license based upon an immediate danger to the public posed by a person's continuation in practice,

pursuant to Section 25 or Section 37 of the Act, or upon failure to comply with terms, conditions, or restrictions or to complete a required program of care, counseling, or treatment pursuant to Section 22 of the Act, shall be as follows:

- 1) A petition for emergency or temporary~~summary~~ suspension shall:
 - A) State the statutory basis for the action petitioned;
 - B) Allege facts, supported by evidence or affidavit sufficient for emergency or temporary~~summary~~ action;
 - C) State that the Medical Coordinator or the Deputy Medical Coordinator has been consulted;
 - D) Be signed by the Chief of Medical Prosecutions; and
 - E) Be presented to the Director either in person, ~~or~~ by telephone, or by videoconferencing technology ~~and in the presence of a court reporter.~~
- 2) An order for emergency or temporary~~summary~~ suspension shall:
 - A) Contain findings of fact sufficient to support imposition of an emergency or temporary~~a summary~~ suspension;
 - B) Recite the statutory basis for the action;
 - C) Provide a date for a formal~~Appoint a~~ hearing ~~officer~~;
 - D) Notify the respondent their license has been suspended and they are prohibited from further practice~~Demand immediate surrender of the license~~; and
 - E) Be signed by the Director.
- 3) A notice of emergency or temporary~~summary~~ suspension shall accompany the order and shall set a hearing date within 15 days of the date on which the order takes effect.~~;~~
 - ~~A) Set a hearing date within 15 days of the date on which the order takes effect;~~
 - ~~B) Name the hearing officer who shall conduct the hearing; and~~

2965
2966
2967
2968
2969
2970
2971
2972
2973
2974
2975
2976
2977
2978
2979
2980
2981
2982
2983
2984
2985
2986
2987
2988
2989
2990
2991
2992
2993
2994
2995
2996
2997
2998
2999
3000
3001
3002
3003
3004
3005
3006
3007

~~Ⓒ) Include a copy of the Division's Practice in Administrative Hearings (68 Ill. Adm. Code 1110).~~

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.235 Mandatory Reporting of Impaired Physicians by Health Care Institutions

- a) Section 23 of the Act requires that the chief administrator or executive officer of any health care institution licensed by the Department of Public Health report to the Disciplinary Board concerning impaired persons. All instances in which a person licensed under the Medical Practice Act of 1987 is impaired by reason of age, drug, or alcohol abuse or physical or mental impairment, is under supervision and, where appropriate, is in a program of rehabilitation, must be reported to the Medical~~Disciplinary~~ Board. The reports must contain sufficient current information to enable the Medical~~Disciplinary~~ Board to evaluate the impairment and determine the appropriateness of the supervision of the program of rehabilitation. ~~If the Board finds the supervision or treatment plan submitted by the institution is not sufficient to meet the needs of the individual, the Board may direct the facility to work with the Medical Coordinators to revise the plan or treatment to meet the specific objections.~~
- b) Contents of Reports. Reports of impaired persons shall be submitted in writing, on forms provided by the Division, that shall include but not be limited to the following information:
 - 1) The name, address, telephone number and title of the person making the report;
 - 2) The name, address, telephone number and type of health care institution where the maker of the report is employed;
 - 3) The name, address, telephone number, and professional license number of the person who is the subject of the report;
 - 4) The name and date of birth~~means of identification used by the institution~~ of any patient or patients whose treatment is a subject of the report, if available, or other means of identification if such information is not available; identification of the hospital or other healthcare facility where the care at issue in the report was rendered, provided;~~provide~~, however, no medical records may be revealed ~~without the written consent of the patient or patients; and further provided that the Disciplinary Board may~~

- 3008 ~~require disclosure of the name, address and telephone number of any~~
3009 ~~patient if it deems the information necessary to an evaluation of the~~
3010 ~~impairment or a determination of the appropriateness of the supervision or~~
3011 ~~program of rehabilitation;~~
3012
3013 5) The nature of the impairment and brief description of the facts that gave
3014 rise to the issuance of the report, including the dates of any occurrences
3015 deemed to necessitate the filing of the report;
3016
3017 6) The terms and conditions of the supervision under which the subject of the
3018 report is conducting activities or practice, including the date supervision
3019 commenced; the term of the supervision; and the name, address, and
3020 telephone number of the person in charge of the subject's supervision.
3021 ~~Upon the request of; and a written consent executed by the subject of the~~
3022 ~~report authorizing the Medical Disciplinary Board, the Medical~~
3023 ~~Coordinators or other designated representatives ~~representative~~ of the~~
3024 ~~Disciplinary Board, ~~to contact~~ the person in charge of the subject's~~
3025 ~~supervision shall provide requested ~~for~~ information, including written~~
3026 ~~documentation, in order to evaluate the progress of the subject's~~
3027 ~~supervision (pursuant to subsection (g)(2));~~
3028
3029 7) If the subject of the report is in a program of rehabilitation, the name,
3030 address, and telephone number of the program and the name and position
3031 of any individual in charge of the program; and
3032
3033 8) Any other information deemed by the reporting person to be of assistance
3034 to the Medical Disciplinary Board and the Medical Coordinators in
3035 evaluating the report, including but not limited to the following items:
3036 drug screens being used and their status; relapses and actions taken;
3037 attendance at work; observations of recovery status and level of
3038 cooperation in recovery; other psychopathology, known and related
3039 physical and mental illnesses; involvement of the family and others in
3040 treatment or supervision; and a copy of the aftercare agreement.
3041
3042 c) Reports of impaired persons shall be submitted to the Disciplinary Board in a
3043 timely manner. The initial report shall be submitted on forms provided by the
3044 Division within 60 days after it is determined that a report is necessary under the
3045 Act and this Part. Periodic reports that evidence written documentation of the
3046 progress of suspension or rehabilitation shall be submitted to the
3047 Medical Disciplinary Board every 6 months, commencing with the time of the
3048 filing of the initial report. A copy of each report shall be sent by the person
3049 making the report to the impaired person.
3050

- 3051 d) The contents of any report shall be strictly confidential, except as otherwise
3052 provided in this subsection (d), and exempt from public disclosure, but may be
3053 reviewed by: ~~Confidentiality~~
3054
3055 1) Members of the Medical Board or their designees; ~~The contents of any~~
3056 ~~report shall be strictly confidential, except as otherwise provided in this~~
3057 ~~subsection (d), and exempt from public disclosure, but may be reviewed~~
3058 ~~by:~~
3059
3060 A) ~~Members of the Disciplinary Board or their designees;~~
3061
3062 B) ~~The Disciplinary Board's designated attorneys;~~
3063
3064 C) ~~The Medical Coordinators or their designees;~~
3065
3066 D) ~~Administrative personnel assigned to open mail containing reports~~
3067 ~~and to process and distribute reports to authorized persons, and to~~
3068 ~~communicate with senders of reports; and~~
3069
3070 E) ~~The person who is the subject of the report or that person's attorney~~
3071 ~~or authorized representative (as evidenced by a written~~
3072 ~~authorization signed by the person who is the subject of the report).~~
3073
3074 2) The Medical Board's designated attorneys; ~~reports may also be handled or~~
3075 ~~processed by other designated persons in a limited manner necessary to~~
3076 ~~implement reports required under the Act by computer, word processing~~
3077 ~~equipment or other mechanical means. The data record shall be limited to~~
3078 ~~the name and address of the originator of the report, the date the initial~~
3079 ~~report was received, the date of the most recent report and the professional~~
3080 ~~license number of the subject of the report.~~
3081
3082 3) The Medical Coordinators or their designees; ~~contents of the confidential~~
3083 ~~reports relating to impaired persons shall not be used or made available in~~
3084 ~~any other administrative proceedings before the Division or any other~~
3085 ~~department; however, violations of the treatment or supervision plan will~~
3086 ~~result in a review of the person's status by the Disciplinary Board, the~~
3087 ~~Medical Coordinators or their designees for possible discipline or revision~~
3088 ~~in the treatment or supervision plan. Reports shall not be disclosed, made~~
3089 ~~available or subject to subpoena or discovery proceedings in any civil or~~
3090 ~~criminal court proceedings.~~
3091
3092 4) Administrative personnel assigned to open mail containing reports and to
3093 process and distribute reports to authorized persons, and to communicate

3094 with senders of reports; and

3095

3096 5) The person who is the subject of the report or that person's attorney or
3097 authorized representative (as evidenced by a written authorization signed
3098 by the person who is the subject of the report); or

3099

3100 6) Other persons otherwise permitted by law.

3101

3102 e) Upon a determination by the MedicalDisciplinary Board that reports on an
3103 impaired person no longer require review and consideration, the
3104 MedicalDisciplinary Board shall notify the maker of the reports to cease sending
3105 the reports and the Medical Board and Division records shall be purged of
3106 information contained in the reports. These determinations shall be based on, but
3107 not be limited to: the type of impairment and the type of rehabilitation program,
3108 length of supervision, occurrence of any relapses and present status of license.

3109

3110 f) Whenever any chief administrative or chief executive officer of any health care
3111 institution makes a report or provides other information to the Disciplinary Board,
3112 or assists the Disciplinary Board concerning an impaired person, acts in good
3113 faith, and not in a willful and wanton manner, the chief administrative or chief
3114 executive officer, and the health care institution employing him, *shall not, as a*
3115 *result of such actions, be subject to criminal prosecution or civil damages*
3116 (Section 23(c) of the Act).

3117

3118 g) The following definitions shall apply to this Section:

3119

3120 1) "Impaired" means the inability to practice medicine with reasonable skill
3121 and safety due to physical and mental disabilities as evidenced by a
3122 written evaluation or clinical evidence that reveals a deterioration of the
3123 physician's ability to deliver competent care, due to problems related to
3124 aging, loss of motor skill, abuse of drugs or alcohol, or mental illness.

3125

3126 2) "Under supervision" means that the performance of the impaired person's
3127 clinical privileges and status of the person's impairment is being observed
3128 and monitored under the authority of a written directive issued in
3129 accordance with a health care institution's or medical staff's bylaws or
3130 rules and regulations.

3131

3132 (Source: Amended at 48 Ill. Reg. _____, effective _____)

3133

3134 **Section 1285.240 Standards**

3135

3136 a) Dishonorable, Unethical or Unprofessional Conduct

3137
3138
3139
3140
3141
3142
3143
3144
3145
3146
3147
3148
3149
3150
3151
3152
3153
3154
3155
3156
3157
3158
3159
3160
3161
3162
3163
3164
3165
3166
3167
3168
3169
3170
3171
3172
3173
3174
3175
3176
3177
3178
3179

- 1) In determining what constitutes dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud or harm the public, the Medical Disciplinary Board shall consider whether the questioned activities:
 - A) Violate the~~Are violative of ethical~~ standards as set forth for physicians promulgated by national associations and/or societies regarding the practice of medicine~~of the profession (such as safeguard patient confidence and records within the constraints of law; respect the rights of patients, colleagues and other health professionals; observe laws under the Act and pertaining to any relevant specialty; to provide service with compassion and respect for human dignity);~~
 - ~~B) Constitute a breach of the physician's responsibility to a patient;~~
 - ~~C) Resulted in assumption by the physician of responsibility for delivery of patient care that the physician was not properly qualified or competent to render;~~
 - ~~D) Resulted in a delegation of responsibility for delivery of patient care to persons who were not properly supervised or who were not competent to assume such responsibility;~~
 - BE) Cause~~Caused~~ actual harm to any member of the public; or
 - CF) Are reasonably likely to cause harm to any member of the public in the future.
- 2) Questionable activities include, but are not limited to:
 - A) Being convicted of any crime an essential element of which is ~~larceny, embezzlement, obtaining money, property or credit by false pretenses or by means of a confidence game,~~ dishonesty, fraud, misstatement or moral turpitude;
 - B) Delegating patient care responsibility to any individual when the physician has reason to believe that the person may not be competent;
 - C) Misrepresenting educational background, training, credentials, competence, or medical staff memberships;

- 3180
3181
3182
3183
3184
3185
3186
3187
3188
3189
3190
3191
3192
3193
3194
3195
3196
3197
3198
3199
3200
3201
3202
3203
3204
3205
3206
3207
3208
3209
3210
3211
3212
3213
3214
3215
3216
3217
3218
3219
3220
3221
3222
- D) Failing to properly supervise subordinate health professional and paraprofessional staff under the licensee's supervision and control in patient care responsibilities; ~~or~~
 - E) Committing of any other act or omission that breaches the physician's responsibility to a patient according to accepted medical standards of practice; ~~or~~
 - F) Adverse action taken by any peer review body; by any health care institution; by any professional society or association related to practice under this Act; by any governmental agency; by any law enforcement agency; or by any court for acts or conduct similar to acts or conduct which would constitute grounds for discipline under this Act; proper documentation of said action taken by the respective entity being *prima facie* evidence thereof;
 - G) Surrender of a license or authorization to practice as a medical doctor, a doctor of osteopathy, a doctor of osteopathic medicine, or doctor of chiropractic medicine in another state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society, while under disciplinary investigation by any of those authorities or bodies, for acts or conduct similar to acts or conduct which would constitute grounds for discipline under this Act; proper documentation of said action taken by the respective entity being *prima facie* evidence thereof;
 - H) Restriction, suspension, or revocation of, or any other adverse action taken against clinical, hospital or practice privileges relating to patient care; proper documentation of said action taken by the respective entity being *prima facie* evidence thereof;
 - I) Termination, restriction, suspension, exclusion, or revocation of, or any other adverse action taken against, provider status from any health care program, including but not limited to private insurance carriers, Medicare, Medicaid, and Tricare; proper documentation of said action taken by the respective entity being *prima facie* evidence thereof;
 - J) Adverse action taken against Federal Drug Enforcement Administration (DEA) Registration, including but not limited to voluntary surrender, consent decree and revocation; proper documentation of said action taken by DEA being *prima facie*

- 3223 evidence thereof;
3224
3225 K) Making gross or deliberate misrepresentations or misleading
3226 claims as to his/her professional qualifications or of the efficacy or
3227 value of his/her treatments or remedies, or those of another
3228 practitioner;
3229
3230 L) Practicing or offering to practice beyond one's competency or
3231 qualifications (for example, providing services or using techniques
3232 for which one is not qualified by education, training, and
3233 experience);
3234
3235 M) Submission of fraudulent claims for services to any health
3236 insurance company or health service plan or third-party payor;
3237
3238 N) If practicing at an Ambulatory Surgical Treatment Center, failure
3239 to maintain privileges as required by the Ambulatory Surgical
3240 Treatment Center Act and its rules;
3241
3242 O) Failing to maintain proper sanitary conditions in any facility or
3243 place a physician has direct responsibility for sanitations (e.g.,
3244 owning a practice); or
3245
3246 P) Failing to generate medical records for any patient encounter
3247 and/or care as specified by accepted medical standards, the
3248 presumption being that proper documentation should occur with
3249 each such encounter.
3250
3251 3) The Division hereby incorporates by reference the "Guidelines for the
3252 Chronic Use of Opioid Analgesics~~Model Policy on the Use of Opioid~~
3253 ~~Analgesics in the Treatment of Chronic Pain~~", Federation of State Medical
3254 Boards, April 2017, 400 Fuller Wiser Road, Suite 300, Euless TX 76039.
3255 No later amendments or editions are included.
3256
3257 b) Immoral Conduct
3258
3259 1) Immoral conduct in the commission of any act related to the licensee's
3260 practice means conduct that:
3261
3262 A) ~~Demonstrates moral indifference to the opinions of the good and~~
3263 ~~respectable members of the profession;~~
3264
3265 B) ~~Is inimical to the public welfare;~~

3266
3267
3268
3269
3270
3271
3272
3273
3274
3275
3276
3277
3278
3279
3280
3281
3282
3283
3284
3285
3286
3287
3288
3289
3290
3291
3292
3293
3294
3295
3296
3297
3298
3299
3300
3301
3302
3303
3304
3305
3306
3307
3308

- ~~A~~) Abuses the physician/patient relationship by taking unfair advantage of a patient's vulnerability; and
- ~~B~~) Is committed in the course of the practice of medicine.

2) In determining immoral conduct in the commission of any act related to the licensee's practice, the ~~Medical~~~~Disciplinary~~ Board shall consider, but not be limited to, the following standards:

- A) Taking advantage of a patient's vulnerability by committing an act that violates established codes of professional behavior expected on the part of a physician;
- B) Unethical conduct with a patient that results in the patient engaging in unwanted personal, financial, or sexual relationships with the physician;
- C) Conducting human experimentation or utilizing unproven drugs, medicine, surgery, or equipment to treat patients, except as authorized for use in an approved research program pursuant to rules of the Illinois Department of Public Health authorizing research programs (77 Ill. Adm. Code 250.130) or as otherwise expressly authorized by law;
- D) Committing an act, in the practice of persons licensed under the Act, of a flagrant, glaringly obvious nature, that constitutes conduct of such a distasteful nature that accepted codes of behavior or codes of ethics are breached;
- E) Committing an act in a relationship with a patient so as to violate common standards of decency or propriety; or
- F) Any other behavior that violates established codes of physician behavior or that violates established ethical principles commonly associated with the practice of medicine.

c) In determining what constitutes gross negligence, the ~~Medical~~~~Disciplinary~~ Board shall consider gross negligence to be an act or omission that is evidence of recklessness or carelessness toward or a disregard for the safety or well-being of the patient, and that results in injury to the patient.

(Source: Amended at 48 Ill. Reg. _____, effective _____)

3309
3310
3311
3312
3313
3314
3315
3316
3317
3318
3319
3320
3321
3322
3323
3324
3325
3326
3327
3328
3329
3330
3331
3332
3333
3334
3335
3336
3337
3338
3339
3340
3341
3342
3343
3344
3345
3346
3347
3348
3349
3350
3351

Section 1285.245 Advertising

- a) Advertising shall contain all information necessary to make the communication informative and not misleading. Advertising shall identify the type of license or academic credential, including, but not limited to, M.D., D.O., or D.C., held by the licensee whose services are being promoted. The form of advertising shall be designed to communicate the information contained in the advertisement to the public in a direct, dignified and readily comprehensible manner.
- b) ~~Any~~If an advertisement ~~is communicated to the public over television or radio, it shall be prerecorded and approved for broadcast by the physician, and a recording of the actual transmission, including videotape,~~ shall be retained for at least 3 years by the physician or licensee.
- c) Advertising shall otherwise comply with Section 26 of the Act.

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.250 Monitoring of Probation and Other Discipline and Notification

- a) The Chief Medical Coordinator, in addition to providing other status reports to the Medical~~Disciplinary~~ Board, shall be responsible for providing status reports on physicians or physician assistants who have been placed on probation or who are otherwise being monitored by the Division~~disciplined to assure compliance with the terms of the discipline.~~
- b) When disciplinary action is taken by the Division against a physician or physician assistant, the Division shall make reasonable efforts to notify the appropriate professional associations of the disciplinary action as soon as practicable after notification to the physician or physician assistant. Any professional association or other interested person who wishes to receive such information may request to be placed on the Division's mailing list.
- e) ~~The status of any licensee against whom disciplinary action is being considered or was taken may be monitored by the Medical Coordinator, who shall report regularly to the Disciplinary Board in writing. The report shall include any of the relevant factors set forth in Section 1285.255 and any other appropriate information that would assist the Disciplinary Board in evaluating rehabilitation and compliance by any licensee who is under orders of suspension, probation or any other type of disciplinary order.~~

(Source: Amended at 48 Ill. Reg. _____, effective _____)

3352
3353
3354
3355
3356
3357
3358
3359
3360
3361
3362
3363
3364
3365
3366
3367
3368
3369
3370
3371
3372
3373
3374
3375
3376
3377
3378
3379
3380
3381
3382
3383
3384
3385
3386
3387
3388
3389
3390
3391
3392
3393
3394

Section 1285.255 Rehabilitation

a) Upon written application to the Medical Disciplinary Board for restoration of a license or permit from a term of probation, suspension, revocation, other disciplinary action certificate, or for any other relief, the Medical Disciplinary Board shall consider, but is not limited to, the following in determining if the person is to be deemed sufficiently rehabilitated to warrant the public trust:

- a) The seriousness of the offense that resulted in the disciplinary action being considered or being taken;
- b) The length of time that elapsed since the disciplinary action was taken;
- c) The profession, occupation, and outside activities in which the applicant has been involved;
- d) Any counseling, medical treatment, or other rehabilitative treatment received by the applicant;
- e) Continuing medical education courses or other types of courses taken to correct the grounds for the disciplinary action being considered or having been taken;
- f) The results of a clinical competency examination, designated by the Disciplinary Board, and paid for by the petitioner;
- g) Written reports and oral testimony by peer review committees or other persons relating to the skill, knowledge, honesty, integrity, and contriteness of the applicant;
- h) Restitution to injured parties;
- i) Future plans of the applicant;
- j) Involvement of the applicant's family and friends in his or her rehabilitation process;
- k) A written report of a physical or mental examination given by a physician selected by the Disciplinary Board and paid for by the person being examined;
- l) Any other information evidencing rehabilitation that would bear upon the applicant's request for relief or restoration of a license;

- 3395 m13) Whether the order imposing sanctions was appealed and, if so, whether a
- 3396 reviewing court granted a stay or delay of imposition of the sanction;
- 3397
- 3398 n14) The date and disposition of any other petition for restoration filed since the last
- 3399 sanction was imposed; and
- 3400

3401 o15) Whether there has been compliance with any probationary terms imposed.

3402

3403 ~~b) The findings of the Disciplinary Board relating to the person's rehabilitation or~~

3404 ~~application for restoration of license or certificate or other relief shall be~~

3405 ~~submitted in written form to the Division for action by the Director.~~

3406

3407 (Source: Amended at 48 Ill. Reg. _____, effective _____)

3408

3409 **Section 1285.260 Fines**

3410

3411 All fines or fees imposed pursuant to Section 22 of the Act shall be paid in full within 60 days of

3412 imposition unless otherwise specified in the applicable Director's order.~~Fines, not to exceed~~

3413 ~~\$5000 for each violation, shall be primarily used in cases not involving patient care. In addition,~~

3414 ~~fines may be imposed in conjunction with other forms of disciplinary actions listed in Section~~

3415 ~~1285.225(b)(1), but shall not be the exclusive disposition of any disciplinary action arising out of~~

3416 ~~conduct resulting in death or injury of a patient.~~

3417

3418 (Source: Amended at 48 Ill. Reg. _____, effective _____)

3419

3420 **Section 1285.265 Subpoena Process of Medical and Hospital Records**

3421

3422 a) Upon a showing by the Division that probable cause exists that a violation of one

3423 or more of the grounds for discipline listed in Section 22 of the Act has occurred

3424 or is occurring, the Medical~~Disciplinary~~ Board ~~may~~shall subpoena the medical

3425 and hospital records of individual patients of any physician licensed under the

3426 Act. Probable cause exists upon a showing that there is a reasonable basis for

3427 believing that a violation has occurred or is occurring.

3428

3429 1) A request for subpoena of individual medical and hospital records from a

3430 Department prosecutor, investigator, or other appropriate staff shall:

3431

3432 A) Be in writing;

3433

3434 B) Be signed by the Medical Coordinator or Deputy Medical

3435 Coordinator;

3436

3437 C) Allege~~State~~ one or more grounds for discipline under the

3438
3439
3440
3441
3442
3443
3444
3445
3446
3447
3448
3449
3450
3451
3452
3453
3454
3455
3456
3457
3458
3459
3460
3461
3462
3463
3464
3465
3466
3467
3468
3469
3470
3471
3472
3473
3474
3475
3476
3477
3478
3479
3480

Act~~alleged to be violated~~;

- D) Identify with reasonable specificity the records requested; and
- E) Include an affidavit of a person having knowledge of facts upon which the request is based.

2) A request for subpoena of individual medical or hospital records received by the Chief Administrative Law Judge, or another Administrative law Judge designated by the Chief, by any Respondent or Petitioner shall:

- A) Be in writing;
- B) Set forth facts to demonstrate that the documents or testimony sought are relevant to the issues contained in the Complaint, Notice of Intent to Deny, Notice of Intent to Refuse to Renew, or Petition pending before the Division and are not otherwise excludable by law or by rule;
- C) Identify with reasonable specificity the records requested; and
- D) Include an affidavit of a person having knowledge of facts upon which the request is based.

3) Upon receipt of a request for a subpoena under a subpart (a)(2), the Chief Administrative Law Judge, or another Administrative Law Judge designated by the Chief, shall transfer the request to the Medical Board for the Medical Board's consideration. The Chief Administrative Law Judge, or another Administrative Law Judge designated by the Chief, shall opine on the relevancy of the requested records in writing to the Medical Board. The Medical Board shall determine whether to issue the subpoena within 45 days of receipt of such a request.

42) A subpoena for individual medical and hospital records shall:

- A) Be served during~~within~~ reasonable business hours;
- B) Require that, prior to the submission of such records to the Medical Board, adequate steps are taken~~an individual~~ to safeguard the confidentiality of individual patients by removing any information that would indicate the identity of~~identify~~ individual patient(s)~~patients by name~~ and by encoding the records for use only by authorized persons;~~and~~

- 3481
3482
3483
3484
3485
3486
3487
3488
3489
3490
3491
3492
3493
3494
3495
3496
3497
3498
3499
3500
3501
3502
3503
3504
3505
3506
3507
3508
3509
3510
3511
3512
3513
3514
3515
3516
3517
3518
3519
3520
3521
3522
3523
- C) Direct that an inventory of all records produced, and a copy of encoding information be left with the caretaker of the records; ~~and~~.
 - D) Provide a compliance date of 30 days to produce the subpoenaed records or such other date as may be specified in the subpoena.
- b) The Division or ~~Medical~~Disciplinary Board may, pursuant to Section 23 of the Act, subpoena copies of hospital and medical records in mandatory report cases filed with the Division pursuant to Section 22(A)(34), (35) and (36) and Section 23 of the Act when the patient or legal representative has failed to provide written consent to the Division to obtain copies of the hospital and medical records and the mandatory report alleges death or permanent bodily injury. Permanent bodily injury is defined as a bodily injury that causes serious disfigurement or protracted loss or impairment of the function of any bodily member or organ that, according to every reasonable probability, will continue throughout the remainder of one's life.
- 1) The request for subpoena shall:
 - A) Be in writing;
 - B) Be signed by the Medical Coordinator or Deputy Medical Coordinator;
 - C) State that the mandatory report alleges death or permanent bodily injury;
 - D) Identify with reasonable specificity the records requested; and
 - E) Include an affidavit that the patient or legal representative would not consent to release records.
 - 2) The subpoena shall:
 - A) Be served ~~during~~within reasonable business hours;
 - B) Require that, prior to the submission of such records to the Medical Board, adequate steps are taken~~an individual~~ to safeguard the confidentiality of individual patients by removing any information that would indicate the identity of~~identify~~ individual patients ~~by name~~ and by encoding the records for use only by authorized persons; ~~and~~

3524
3525
3526
3527
3528
3529
3530
3531
3532
3533
3534
3535
3536
3537
3538
3539
3540
3541
3542
3543
3544
3545
3546
3547
3548
3549
3550
3551
3552
3553
3554
3555
3556
3557
3558
3559
3560
3561
3562
3563
3564
3565
3566

- C) Direct that an inventory of all records produced, and a copy of encoding information be left with the caretaker of the records; ~~and;~~
- D) Provide a compliance date of 30 days to produce the subpoenaed records or such other date as may be specified in the subpoena.

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.270 Inspection of Physical Premises

- a) Upon a showing by the Division that probable cause exists that a violation of one or more of the grounds for discipline listed in Section 22 of the Act has occurred or is occurring on the business premises of a physician licensed under the Act, the ~~Medical Disciplinary~~ Board ~~may~~ ~~shall~~ issue an order authorizing the Division to enter upon the business premises of a physician licensed under ~~the~~ this Act to inspect the physical premises and equipment and furnishings ~~on the~~ in those premises.
- b) Probable cause exists upon a showing that there is a reasonable basis for believing that a violation has occurred or is occurring. A request for an order authorizing entry upon a business premises shall:
 - 1) Be in writing;
 - 2) Be signed by the Medical Coordinator or Deputy Medical Coordinator;
 - 3) ~~Allege~~ State one or more grounds for discipline under the Act ~~alleged to be violated;~~
 - 4) Identify the premises to be entered; and
 - 5) Include an affidavit of a person having knowledge of facts upon which the request is based.
- c) An order to enter business premises shall:
 - 1) Be executed during the normal business hours of the facility or office to be inspected ~~within reasonable business hours;~~
 - 2) Identify the specific investigator(s) ~~investigators~~ employed by the Division who are authorized by the order;

- 3567 3) Be valid only upon the date of issuance and for five business days
3568 thereafter; ~~and~~
3569
3570 4) State that the order does not authorize the right of inspection of business,
3571 medical, or personnel records located on the premises; and Identify with
3572 specificity the equipment and furnishings to be inspected.
3573
3574 5) State that entry upon the business premises be done with due consideration
3575 for patient care of the subject of the investigation.
3576
3577 d) Nothing contained in this Section prohibits entry upon the business premises of
3578 any physician for inspection of the premises or seizure of property without an
3579 order, so long as the physician who is the subject of the inspection or seizure
3580 consents.

3581
3582 (Source: Amended at 48 Ill. Reg. _____, effective _____)
3583

3584 **Section 1285.275 Failing to Furnish Information**
3585

3586 **a)** In cases alleging a violation of Section 22(A)(38) of the Act, evidence will be present that:
3587

- 3588 **a1)** A written request for information was sent to~~received by~~ the physician at the
3589 physician's address of record as evidenced by a Certificate of Service or other
3590 verification of mailing or emailing~~(as evidenced by receipt of a subpoena or~~
3591 ~~certified or registered letter);~~
3592
3593 **b2)** The written request was signed by the Chief Medical Coordinator or Deputy
3594 Medical Coordinator;
3595
3596 **c3)** The request for information was accompanied by a notice that sanctions are
3597 provided by Section ~~22~~23(A)(38) of the Act for a failure to provide the
3598 information ~~and that the recipient may request a hearing to determine the legality~~
3599 ~~of the request;~~
3600
3601 **d4)** The recipient was allowed at least 10 days to provide the information ~~or request a~~
3602 ~~hearing;~~ and
3603
3604 **e5)** The recipient failed to provide the information that was within his or her
3605 possession or control.
3606
3607 **b)** ~~In the event that the recipient requests a hearing to determine the legality of the~~
3608 ~~request for information, a hearing will be held by the Disciplinary Board or a~~
3609 ~~hearing officer pursuant to 68 Ill. Adm. Code 1110, limited to the issue of~~

~~whether the recipient has a valid basis for refusing to comply with the request.~~

(Source: Amended at 48 Ill. Reg. _____, effective _____)

Section 1285.280 Mandatory Reporting of Persons Engaged in Post-Graduate Clinical Training Programs

- a) Section 23(A)(1.5) of the Act requires the program director of any post-graduate clinical training program to report to the ~~Medical~~Disciplinary Board if a person engaged in a post-graduate clinical training program at the institution, including, but not limited to, a residency or fellowship, separates from the program for any reason prior to its conclusion.

- b) "Separation", as used in this Section, means any absence from a post-graduate clinical training program exceeding 45 days, whether continuous or in the aggregate, in any ~~365-day~~365-day period; any suspension from a post-graduate clinical training program, regardless of length or reason; or any termination from a post-graduate clinical training program. Separation includes a program's decision not to renew a person's contract to participate in the program prior to the conclusion of the full term for which the person was originally engaged. Separation does not include approved leaves of absence for training, maternity or paternity leave, or vacation, sick or personal leave.

- c) Contents of Reports. Reports of persons who have separated or will separate from a post-graduate clinical training program shall be submitted in writing, ~~and on forms provided by the Division,~~ that shall include, but not be limited to, the following information:
 - 1) The name of the post-graduate clinical training program;
 - 2) The name, address, telephone number, email address and title of the director of the program;
 - 3) The name, address, and telephone number of the institution where the program operates;
 - 4) The name, address, telephone number, email address and license number of the person who is the subject of the report;
 - 5) The nature of, and reasons for, the person's separation from the program;

- 3651 6) Any other information deemed by the reporting person to be of assistance
3652 to the MedicalDisciplinary Board and the Medical Coordinators in
3653 evaluating the report.
3654
- 3655 d) Deadline to Report. Reports of persons who have separated from a post-graduate
3656 clinical training program shall be submitted by the program director to the
3657 Disciplinary Board in a timely manner. The initial report shall be submitted on
3658 forms provided by the Division within 60 days after the separation.
3659
- 3660 e) Additional Documentation. *The program director shall provide all documentation*
3661 *relating to the separation if, after review of the report, the MedicalDisciplinary*
3662 *Board determines that those documents are necessary to determine whether a*
3663 *violation of the Act occurred. [225 ILCS 60/23(A)(1.5)]*
3664
- 3665 f) Confidentiality. The contents of any report shall be strictly confidential, except as
3666 otherwise provided in this subsection (f) and exempt from public disclosure, but
3667 may be reviewed by:
3668
- 3669 ~~1) The contents of any report shall be strictly confidential, except as~~
3670 ~~otherwise provided in this subsection (f) and exempt from public~~
3671 ~~disclosure, but may be reviewed by:~~
3672
- 3673 1A) Members of the MedicalDisciplinary Board or their designees;
3674
- 3675 2B) The MedicalDisciplinary Board's designated attorneys;
3676
- 3677 3C) The Medical Coordinators or their designees;
3678
- 3679 4D) Administrative personnel assigned to open mail containing reports and to
3680 process and distribute reports to authorized persons, and to communicate
3681 with senders of reports; and
3682
- 3683 5E) The person who is the subject of the report or that person's attorney or
3684 authorized representative (as evidenced by a written authorization signed
3685 by the person who is the subject of the report).
3686
- 3687 ~~2) The reports may also be handled or processed by other designated persons~~
3688 ~~in a limited manner necessary to implement reports required under the Act~~
3689 ~~by computer, word processing equipment or other mechanical means. The~~
3690 ~~data record shall be limited to the name and address of the originator of~~
3691 ~~the report, the date the initial report was received, the date of the most~~
3692 ~~recent report, and the professional license number of the subject of the~~
3693 ~~report.~~

3694
3695
3696
3697
3698
3699
3700
3701
3702
3703
3704
3705
3706
3707
3708
3709
3710
3711
3712
3713
3714
3715
3716
3717
3718
3719
3720
3721
3722
3723
3724
3725
3726
3727
3728
3729
3730
3731
3732
3733
3734
3735
3736

~~3) The contents of the confidential reports shall not be used or made available in any administrative proceedings before the Division or any other department except for an administrative proceeding against the subject of the report for violations of the Act disclosed in the reports. Reports shall not be disclosed, made available, or be subject to subpoena or discovery proceedings in any civil or criminal court proceedings.~~

~~g) Whenever a program director makes a report to the Disciplinary Board concerning a person who has separated from a post-graduate clinical training program, acting in good faith and not in a willful and wanton manner, the program director, and the institution employing him or her, shall not, as a result of making the report, be subject to criminal prosecution or civil damages. [225 ILCS 60/23(C)]~~

(Source: Amended at 48 Ill. Reg. _____, effective _____)

SUBPART C: GENERAL INFORMATION

Section 1285.305 Physician Profiles

- a) Upon the issuance of a physician license, the The Division shall make available to all physicians as defined in Section 5 of the Patients' Right to Know Act [225 ILCS 61/5] a copy of their physician profile ~~on or before August 15, 2011.~~ Notification and instructions concerning their profile shall be sent to the physician's address of record with the Division. Physicians shall review their profile as it appears on the Division's website, confirm the listed information, and input all additional information required as indicated on the website. Any questions or corrections regarding information contained in the profile shall be sent to the Division in writing by the physician.
- b) It is the responsibility of the physician to assure that the information the physician enters into the profile is accurate. Delegation of this task to an employee or designee shall not waive this responsibility.
- c) All physicians shall verify and complete their profile within 60 days of the notification provided for in subsection (a) ~~on or before October 15, 2011.~~ Failure to comply with this Section ~~is shall be considered~~ a violation of the Act ~~and shall subject the physician to disciplinary proceedings pursuant to Subpart B and a fine of \$500.~~
- d) The ~~On or about October 19, 2011, the~~ Division shall make available to the public all physician profiles regardless of whether the physician has provided

3737 verification of the profile content. The Division shall include the following
3738 statement in boldface type on any profiles when a physician has failed to verify
3739 his or her profile: "This physician has not verified the information in this profile."
3740

- 3741 e) ~~All physicians shall be required to have a completed physician profile in~~
3742 ~~accordance with this Section.~~ No renewal application shall be processed unless a
3743 physician is in compliance with this Section~~without a completed profile.~~
3744

3745 (Source: Amended at 48 Ill. Reg. _____, effective _____)
3746

3747 **Section 1285.310 Public Access to Records and Meetings (Repealed)**
3748

- 3749 a) ~~All investigative procedures, information arising out of the investigation of~~
3750 ~~complaints, activities of the Complaint Committee, and informal conferences~~
3751 ~~shall be confidential. All other proceedings and documents beginning with the~~
3752 ~~filing of a formal complaint shall be open to the public.~~
3753

- 3754 b) ~~All meetings of the Licensing Board and Disciplinary Board shall also be open to~~
3755 ~~the public in accordance with the Open Meetings Act [5 ILCS 120].~~
3756

3757 (Source: Repealed at 48 Ill. Reg. _____, effective _____)
3758

3759 **Section 1285.320 Response to Hospital Inquiries**
3760

3761 The Division shall respond to inquiries from hospitals, pursuant to the Hospital's~~their~~ obligation
3762 under the Hospital Licensing Act [210 ILCS 85], within 30 days after receipt of correctly
3763 submitted information.
3764

3765 (Source: Amended at 48 Ill. Reg. _____, effective _____)
3766

3767 **Section 1285.330 Rules of Evidence (Repealed)**
3768

3769 ~~In evaluating complaints and materials relating to proceedings under this Part, the Division, the~~
3770 ~~Licensing Board and the Disciplinary Board shall be governed by the provisions of Section 10-~~
3771 ~~40 of the Illinois Administrative Procedure Act [5 ILCS 100/10-40].~~
3772

3773 (Source: Repealed at 48 Ill. Reg. _____, effective _____)
3774

3775 **Section 1285.335 Physician Delegation of Authority (Repealed)**
3776

- 3777 a) ~~Physicians licensed to practice medicine in all its branches may delegate care~~
3778 ~~and treatment responsibilities to a physician assistant under guidelines in~~
3779 ~~accordance with the requirements of the Physician Assistant Practice Act of 1987~~

3780 ~~[225 ILCS 95]. A physician licensed to practice medicine in all its branches may~~
3781 ~~enter into supervising physician agreements with no more than 2 physician~~
3782 ~~assistants.~~

3783
3784 b) ~~A physician licensed to practice medicine in all its branches in active clinical~~
3785 ~~practice may collaborate with an advanced practice nurse in accordance with the~~
3786 ~~requirements of Title 15 of the Nursing and Advanced Practice Nursing Act [225~~
3787 ~~ILCS 65]. Collaboration is for the purpose of providing medical direction, and no~~
3788 ~~employment relationship is required. A written collaborative agreement shall~~
3789 ~~conform to the requirements of Sections 15-15 and 15-20 of the Nursing and~~
3790 ~~Advanced Practice Nursing Act. The written collaborative agreement shall be for~~
3791 ~~services the collaborating physician generally provides to his or her patients in~~
3792 ~~the normal course of clinical medical practice. Physician medical direction shall~~
3793 ~~be adequate with respect to collaboration with certified nurse practitioners,~~
3794 ~~certified nurse midwives, and clinical nurse specialists if a collaborating~~
3795 ~~physician:~~

3796
3797 1) ~~participates in the joint formulation and joint approval of orders or~~
3798 ~~guidelines with the advanced practice nurse and periodically reviews such~~
3799 ~~orders and the services provided patients under such orders in accordance~~
3800 ~~with accepted standards of medical practice and advanced practice~~
3801 ~~nursing practice;~~

3802
3803 2) ~~is on site at least once a month to provide medical direction and~~
3804 ~~consultation; and~~

3805
3806 3) ~~is available through telecommunications for consultation on medical~~
3807 ~~problems, complications, or emergencies or patient referral.~~

3808
3809 e) ~~An anesthesiologist or physician licensed to practice medicine in all its branches~~
3810 ~~may collaborate with a certified registered nurse anesthetist in accordance with~~
3811 ~~Section 15-25 of the Nursing and Advanced Practice Nursing Act. Medical~~
3812 ~~direction for a certified registered nurse anesthetist shall be adequate if:~~

3813
3814 1) ~~an anesthesiologist or a physician participates in the joint formulation and~~
3815 ~~joint approval of orders or guidelines and periodically reviews such~~
3816 ~~orders and the services provided patients under such orders; and~~

3817
3818 2) ~~for anesthesia services, the anesthesiologist or physician participates~~
3819 ~~through discussion of and agreement with the anesthesia plan and is~~
3820 ~~physically present and available on the premises during the delivery of~~
3821 ~~anesthesia services for diagnosis, consultation, and treatment of~~
3822 ~~emergency medical conditions. Anesthesia services in a hospital shall be~~

3823 ~~conducted in accordance with Section 10.7 of the Hospital Licensing Act~~
3824 ~~[210 ILCS 85] and in an ambulatory surgical treatment center in~~
3825 ~~accordance with Section 6.5 of the Ambulatory Surgical Treatment Center~~
3826 ~~Act [210 ILCS 5].~~

3827
3828 d) ~~The anesthesiologist or operating physician must agree with the anesthesia plan~~
3829 ~~prior to the delivery of services.~~

3830
3831 e) ~~The supervising physician shall have access to the medical records of all patients~~
3832 ~~attended by a physician assistant. The collaborating physician shall have access~~
3833 ~~to the medical records of all patients attended to by an advanced practice nurse.~~

3834
3835 f) ~~Nothing in this Section shall be construed to limit the delegation of tasks or duties~~
3836 ~~by a physician licensed to practice medicine in all its branches to a licensed~~
3837 ~~practical nurse, a registered professional nurse, or other personnel including, but~~
3838 ~~not limited to, certified nurse assistants or medical assistants. (Section 54.5 of the~~
3839 ~~Act)~~

3840
3841 (Source: Repealed at 48 Ill. Reg. _____, effective _____)

3842
3843 **Section 1285.336 Use of Lasers and Related Technology**

3844
3845 a) Definitions

3846 For the purposes of this Section, the following definitions apply. ~~"An ablative~~
3847 ~~treatment is expected to excise, burn or vaporize the skin below the dermo-~~
3848 ~~epidermal junction. Non-ablative treatments are those that are not expected or~~
3849 ~~intended to excise, burn or vaporize the epidermal surface of the skin." (The~~
3850 ~~Bulletin of the American College of Surgeons, Vol. 92, No. 4, April 2007)~~

3851
3852 1) "An ablative treatment is expected to excise, burn, or vaporize the skin
3853 below the dermo-epidermal junction. Non-ablative treatments are those
3854 that are not expected or intended to excise, burn, or vaporize the epidermal
3855 surface of the skin." (The Bulletin of the American College of Surgeons,
3856 Vol. 92, No. 4, April 2007)

3857
3858 2) Lasers include, but are not limited to, Class 3b and Class 4 lasers required
3859 to be registered with the Illinois Emergency Management Agency,
3860 Division of Nuclear Safety, under 32 Ill. Adm. Code 315, intense pulsed-
3861 light, radiofrequency, and medical microwave devices used for the
3862 treatment of dermatologic conditions or cosmetic procedures that disrupt
3863 the epidermal surface of the skin, whether ablative or non-ablative, is
3864 considered to be the practice of medicine, which shall only be performed
3865 by a physician licensed to practice medicine unless delegated in

3866 accordance with this Section.

3867

3868 b) A physician must examine the patient and determine a course of treatment
3869 appropriate to the patient prior to any procedure utilizing a laser. If the
3870 established course of treatment requires multiple procedures, a subsequent
3871 examination shall not be required prior to the performance of each individual
3872 procedure.~~Use of Light Emitting Devices~~

3873

3874 ~~1) The use of a light emitting device, including, but not limited to, Class 3b~~
3875 ~~and Class 4 lasers required to be registered with the Illinois Emergency~~
3876 ~~Management Agency, Division of Nuclear Safety, under 32 Ill. Adm.~~
3877 ~~Code 315, intense pulsed light, radiofrequency and medical microwave~~
3878 ~~devices used for the treatment of dermatologic conditions or cosmetic~~
3879 ~~procedures that disrupt the epidermal surface of the skin, whether ablative~~
3880 ~~or non-ablative, is considered to be the practice of medicine, which shall~~
3881 ~~only be performed by a physician licensed to practice medicine.~~

3882

3883 ~~12) An ablative or non-ablative procedure that can potentially disrupt the eye~~
3884 ~~(cornea to retina) may only be performed by a physician licensed to~~
3885 ~~practice medicine in all of its branches and may not be delegated pursuant~~
3886 ~~to this Section.~~

3887

3888 2) A physician licensed to practice medicine in all of its branches may
3889 delegate the performance of ablative procedures to a licensed practical
3890 nurse, a registered professional nurse, or other persons, with on-site
3891 supervision by the physician.

3892

3893 ~~3) AThe physician licensed to practice medicine in all of its branches may~~
3894 ~~delegate the performance of non-ablative procedures to a licensed~~
3895 ~~practical nurse, a registered professional nurse or other persons, with on-~~
3896 ~~site supervision by the physician or the physician must be available by~~
3897 ~~telephone or other electronic means to respond promptly to any question~~
3898 ~~or complication that may occur~~~~must examine the patient and determine a~~
3899 ~~course of treatment appropriate to the patient prior to any ablative or non-~~
3900 ~~ablative procedure being performed. If the established course of treatment~~
3901 ~~requires multiple procedures, a subsequent examination shall not be~~
3902 ~~required prior to the performance of each individual procedure.~~

3903

3904 ~~A) A physician licensed to practice medicine in all of its branches~~
3905 ~~may delegate the performance of ablative procedures to a licensed~~
3906 ~~practical nurse, a registered professional nurse or other persons,~~
3907 ~~with on-site supervision by the physician.~~

3908

3909 ~~B) A physician licensed to practice medicine in all of its branches~~
3910 ~~may delegate the performance of non-ablative procedures to a~~
3911 ~~licensed practical nurse, a registered professional nurse or other~~
3912 ~~persons, with on-site supervision by the physician or the physician~~
3913 ~~must be available by telephone or other electronic means to~~
3914 ~~respond promptly to any question or complication that may occur.~~
3915

3916 4) A licensed practical nurse, registered professional nurse or other person
3917 delegated the authority to perform any ablative or non-ablative procedures
3918 must have received appropriate, documented training and education in the
3919 safe and effective use of each system utilized.
3920

3921 c) Nothing in this Section shall be deemed or construed to prevent any person
3922 licensed in this State under the Illinois Dental Practice Act as a dentist, the
3923 Podiatric Medical Practice Act of 1987, the Nurse Practice Act as an advanced
3924 practice nurse as specifically authorized by a written collaborative agreement with
3925 a physician licensed to practice medicine in all its branches, or the Physician
3926 Assistant Practice Act of 1987 as specifically authorized by written guidelines
3927 with a physician licensed to practice medicine in all its branches from engaging in
3928 the practice for which he or she is licensed. Nothing in this Section shall be
3929 deemed or construed to restrict the use of any device used for therapeutic
3930 treatment or procedures that cannot cut, excise, burn or vaporize the skin by a
3931 physician licensed to treat human ailments without the use of drugs and without
3932 operative surgery. Nothing in this Section shall be deemed or construed to restrict
3933 any person licensed under the Electrologist Licensing Act from performing
3934 electrology, defined as *the practice or teaching of services for permanent hair*
3935 *removal utilizing only solid probe electrode type epilation, which may include*
3936 *thermolysis (shortwave, high frequency), electrolysis (galvanic), or a combination*
3937 *of both (superimposed or sequential blend [225 ILCS 412/10].*
3938

3939 (Source: Amended at 48 Ill. Reg. _____, effective _____)
3940

3941 **Section 1285.340 Anesthesia Services in an Office Setting**
3942

3943 a) In a physician's office, the operating physician shall have training and experience
3944 in the delivery of anesthesia services in order to administer anesthesia or to enter
3945 into a practice agreement with a certified registered nurse anesthetist (CRNA) to
3946 provide anesthesia services in the office pursuant to Section 54.5 of the Medical
3947 Practice Act and Section ~~65-3515-25~~ of the ~~Nurse Practice Act~~~~Nursing and the~~
3948 ~~Advanced Practice Nursing Act~~ [225 ILCS 65]. When an anesthesiologist is
3949 administering anesthesia in a physician's office, the operating physician is not
3950 required to have the training and experience set forth in subsection (b). A
3951 physician's office is any practice location not regulated by Section 10.7 of the

3952 Hospital Licensing Act [210 ILCS 85] or Section 6.5 of the Ambulatory Surgical
3953 Treatment Center Act [210 ILCS 5].

3954
3955 b) The training and experience requirements may be met in the manner specified in
3956 either subsection (b)(1) or (2):

3957
3958 1) The physician maintains clinical privileges to administer anesthesia
3959 services in a hospital licensed in accordance with the Hospital Licensing
3960 Act or an ambulatory surgical treatment center licensed in accordance with
3961 the Ambulatory Surgical Treatment Center Act; or

3962
3963 2) Completion of continuing medical education:

3964
3965 A) For conscious sedation only, the physician shall complete a
3966 minimum of 8 hours of continuing medical education (CME)
3967 within each 3 year license renewal period in delivery of anesthesia,
3968 including the administration of conscious sedation. ~~The physician~~
3969 ~~will be required to complete 4 of the 8 hours of CME by July 31,~~
3970 ~~2003. The remaining 4 hours of CME shall be completed by the~~
3971 ~~July 31, 2005 renewal.~~

3972
3973 B) For deep sedation, regional anesthesia and/or general anesthesia, a
3974 physician shall complete a minimum of 34 hours of continuing
3975 medical education in the delivery of anesthesia services within
3976 each 3 year license renewal period. ~~The physician will be required~~
3977 ~~to complete 16 of the 34 hours of CME by July 31, 2003. The~~
3978 ~~remaining 18 hours of CME shall be completed by the July 31,~~
3979 ~~2005 renewal.~~ Fulfillment of this requirement shall satisfy the
3980 requirement of subsection (b)(2)(A) for the administration of
3981 conscious sedation.

3982
3983 C) A continuing medical education program shall be conducted by a
3984 university, professional association, or hospital as a formal CME
3985 program under 68 Ill. Adm. Code 1285.110(b)(2).

3986
3987 c) In a physician's office where anesthesia services are being administered, all
3988 operating physicians and anesthesiologists shall obtain Advanced Cardiac Life
3989 Support (ACLS) certification prior to administering anesthesia services~~by~~
3990 ~~December 31, 2002,~~ and shall maintain current ACLS certification. If the
3991 physician enters into a practice agreement with the CRNA, the CRNA shall also
3992 have a current ACLS certification pursuant to 68 Ill. Adm. Code
3993 1300.450~~1305.45~~.

3994

- 3995 d) The ACLS certification and the physician training and experience required by this
3996 Section shall be documented in the written practice agreement between the
3997 physician and CRNA.
3998
- 3999 e) The continuing medical education required in subsection (b) and the ACLS
4000 training required in subsection (c) may be applied to fulfillment of the 150 hours
4001 continuing medical education required for renewal of a license.
4002
- 4003 f) Definitions of Anesthesia
4004
- 4005 1) Moderate Sedation Analgesia (Conscious Sedation) is a drug-induced
4006 depression of consciousness during which patients respond purposefully to
4007 verbal commands, either alone or accompanied by light tactile stimulation.
4008 No interventions are required to maintain a patent airway and spontaneous
4009 ventilation is adequate. Cardiovascular function is usually maintained.
4010
- 4011 2) Deep Sedation/Analgesia is a drug-induced depression of consciousness
4012 during which patients cannot be easily aroused but respond purposefully
4013 following repeated or painful stimulation. The ability to independently
4014 maintain ventilatory function may be impaired. Patients may require
4015 assistance in maintaining a patent airway and spontaneous ventilation may
4016 be inadequate. Cardiovascular function is usually maintained.
4017
- 4018 3) Regional Anesthesia is the administration of local anesthetic agents to a
4019 patient to interrupt nerve impulses in a major region of the body without
4020 loss of consciousness and include epidural, caudal, spinal and brachial
4021 plexus anesthesia.
4022
- 4023 4) General Anesthesia is a drug-induced loss of consciousness during which
4024 patients are not arousable, even by painful stimulation. The ability to
4025 independently maintain ventilatory function is often impaired. Patients
4026 often require assistance in maintaining a patent airway, and positive
4027 pressure ventilation may be required because of depressed spontaneous
4028 ventilation or drug-induced depression of neuromuscular function.
4029 Cardiovascular function may be impaired.
4030
- 4031 g) Physicians who perform procedures in an office setting utilizing anesthesia in the
4032 following manner are not required to comply with this Section:
4033
- 4034 1) The use of local anesthesia in which the total dose of local anesthesia does
4035 not exceed 50% of the commonly accepted toxic dose on a weight
4036 adjusted basis.
4037

- 4038 2) The use of topical anesthesia in which the total dose of topical anesthesia
4039 does not exceed 50% of the commonly accepted toxic dose on a weight
4040 adjusted basis.
- 4041
- 4042 3) The use of minimal sedation (anxiolysis). Minimal sedation (anxiolysis)
4043 is a drug-induced state during which patients respond normally to verbal
4044 commands. Although cognitive function and coordination may be
4045 impaired, respiratory and cardiovascular functions are unaffected.

4046

4047

(Source: Amended at 48 Ill. Reg. _____, effective _____)