Physician License Reinstatement Information

Note: This information is only applicable to physician licenses that expired on July 31, 2017. This reference document is provided as a guide and does not override any provision of the Medical Act or Rules. If you have additional questions, please contact 1-800-560-6420.

To apply for reinstatement please provide the following:

(1) A signed and dated statement indicating that you wish to reinstate your Illinois physician and surgeon license to active status. The statement must include all of the following:
   - Full name (first, middle last);
   - Illinois physician and surgeon license number;
   - Current address of record;
   - Daytime telephone number;
   - Current email address;

(2) A completed personal history questionnaire (see attached). Please be sure to sign and date the document.

(3) Documentation of continuing medical education (CME) in accordance with Section 1285.110 of the Medical Rules (see chart for number of hours).

(4) Fee – See chart. Please make payable to the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION (IDFPR). Illinois physician and surgeon license number must be written on the front of the check or money order.

(5) Controlled Substance Registration – Include the CS license number, address (hospital or facility address, or where drugs are stored/dispensed) and a $15 renewal fee.

(6) If you have not recently verified and completed your Physician Profile, you must do so by accessing your profile through the Department’s website (see link below). Failure to update your profile may result in your renewal application being delayed. (https://www.idfpr.com/applications/ProfessionProfile/ProfileUpdateMain.aspx)

Mail all required documentation and fee payment to:

Department of Financial and Professional Regulation
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786

## Reference Chart
### 2017 Medical Renewal

Fees below include late fees, if applicable

<table>
<thead>
<tr>
<th>Fee (Non-renewed)</th>
<th>2nd or subsequent renewal (most common)</th>
<th>First Renewal (license issued before July 31, 2016)</th>
<th>First Renewal (license issued after July 31, 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In state: $731</td>
<td>In state: $731</td>
<td>In state: $397</td>
<td>Out of State: $480</td>
</tr>
<tr>
<td>Out of State: $980</td>
<td>Out of State: $980</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fee (Inactive only)</td>
<td>In state: $501</td>
<td>In state: $501</td>
<td>In state: $167</td>
</tr>
<tr>
<td>Out of State: $750</td>
<td>Out of State: $750</td>
<td></td>
<td>Out of State: $250</td>
</tr>
<tr>
<td>CS Fee</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>CME</td>
<td>150 hours</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

‘Inactive’ Fee due is only applicable to licenses that were placed into ‘Inactive’ status during the 2017 renewal period. License status can be checked by visiting the ‘License LookUp’ page on the Department’s website: [https://ilesonline.idfpr.illinois.gov/DFPR/Lookup/LicenseLookup.aspx](https://ilesonline.idfpr.illinois.gov/DFPR/Lookup/LicenseLookup.aspx)

Notice regarding CME: A printed certificate or online CME tracker must be provided to document attendance or participation in formal CME programs. At least 60 hours must be obtained in formal CME programs as described in 1285.110 (b)(2). Supporting Document TN-MED may be provided to document participation in post-graduate training. A maximum of 90 hours may be obtained as informal CME as described in 1285.110 (b)(3). Informal CME may be documented by the licensee providing a signed and dated statement that describes the activity, the number of informal CME hours claimed for completion of the activity, and the date that the activity was completed.

*Fees updated July 2018*
Personal History Questions
2017 Physician Reinstatement

Physician Name: ____________________________________________

Physician License Number: ________________________________

LICENSE RENEWAL QUESTIONS: You must respond to ALL of the following questions in order to reinstate your license. Failure to answer ALL of these questions will result in the form(s) being returned to you for proper completion.

___Yes ___No Since July 31, 2014, have you had or do you now have any disease or condition that impairs or impaired your ability to perform the essential functions of your profession, including any disease of condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? If yes, attach a detailed explanation including dates, names and addresses of treating physicians and/or counselors and nature of treatment.

___Yes ___No Since July 31, 2014, have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.

___Yes ___No Since July 31, 2014, have your clinical, hospital or practice privileges been restricted, suspended, or revoked, or have you submitted a resignation or not renewed clinical, hospital or practice privileges while under investigation (other than for non-completion of medical records)? If yes, attach a detailed explanation.

___Yes ___No Since July 31, 2014, has any action been taken on your Drug Enforcement Administration (DEA) Registration, including but not limited to surrender, revocation, or entry of memorandum of agreement? If yes, attach a detailed explanation.

___Yes ___No Have you been convicted of or are you currently charged with any criminal offense in any state or federal court (other than minor traffic violations) that you have not previously reported to this Department? If yes, attach a statement of each conviction including date and place of conviction, nature of the offense and, if applicable, the date of discharge from any penalty imposed.

Child Support Question: Response Required

___Yes ___No Are you more than 30 days delinquent in complying with a child support order? (Note: If you have no children or are not subject to a child support order, answer “No”)

Physician Signature: _______________________________________

Date: ______________________________________________