



**Illinois Department of Financial and Professional Regulation**

**Division of Professional Regulation**

**Request for Reinstatement/Late Renewal: Physicians Only**

**Note: This form is only applicable to physician licenses that expired on September 30, 2020.**

**PLEASE PRINT**

Physician License #: **036.**\_\_\_\_\_ Controlled Sub License # (if applicable): **336.**\_\_\_\_\_

SSN (Last four only): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CHECK HERE IF NAME OR ADDRESS CHANGE.**

A name change must be accompanied by documentary proof. Proof must be a certified copy with an official stamp or seal and be one of the following: Marriage Certificate, Divorce Decree or Court Order.

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

Since July 31, 2017, have you had or do you now have any disease or condition that impairs or impaired your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, 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, 2017, 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, 2017, 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, 2017, 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?

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?

YES NO

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

YES NO

Are you currently charged with or have you been convicted of a criminal battery against any patient *in the course of patient care or treatment*, including any offense based on sexual conduct or sexual penetration?

YES NO

Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? YES NO

Are you currently charged with or have you been convicted of a forcible felony? YES NO

***If YES to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.***

**CHECK THE APPROPRIATE ANSWER BELOW:**

Are you more than 30 days delinquent in complying with a child support order? Note: If you are not subject to a child support order, answer "No". YES NO

Have you recently verified and completed your Physician Profile? If not, you must do so by accessing your profile through the Department's website (see link below).

**(<https://www.idfpr.com/applications/ProfessionProfile/ProfileUpdateMain.aspx>)**

**INCOMPLETE REINSTATEMENT:** Incomplete forms will be returned and result in a substantial delay in the reissuance of your license. Please assure your reinstatement includes the following:

- Fee must be a check or money order, payable to the Illinois Department of Financial and Professional Regulation. Do not mail cash (see attached reference chart).
- Include proof of 150 hours of CME (if applicable, see attached reference chart).
- Include proof of 3 hours of CE for safe opioid prescribing for Controlled Substance License.

I understand if I provide false or fraudulent information, I could lose my license, be fined and/or be assessed other penalties. I also understand the FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form, and to the best of my knowledge, all statements are true, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee, but in no event shall such reduction be made in an amount greater than \$50.

**SEND ALL REQUIRED INFORMATION AND PAYMENT TO:**

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION  
POST OFFICE BOX 7450  
SPRINGFIELD, IL 62791-7450**

## Reference Chart 2020

### Medical Reinstatement

Fees below include late fees, if applicable

Fee - Status	2nd or sub-sequent renewal (most common)	1st Renewal (issued prior to July 31, 2017)	1st Renewal (issued after July 31,2017)
Fee - Non- renewed	\$773	\$773	\$411
Fee - Inactive only	\$543	\$543	\$181
Fee -Controlled Sub	\$15	\$15	\$15
CME	150 Hours	0	0
Controlled Sub CE	3 Hours	3 Hours	3 Hours

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>

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) of the Medical Rules. 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.

Links to Act and Rules are available online at: <https://www.idfpr.com/profs/Physicians.asp>