

PLEASE TYPE OR PRINT IN BLACK INK ONLY.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 60/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION AFFIDAVIT OF LICENSURE

APPLICANT: This form is to be utilized when attempts to obtain the required Certification of Licensure (form CT) have been unsuccessful. Proof of your attempts to secure the CT form must be submitted with the completed affidavit. Form must be notarized. **DO NOT COMPLETE THIS FORM UNLESS INSTRUCTED BY IDFPR.**

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	5. PLEASE CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING: ☐ Permanent Physician 036 ☐ Temporary Physician 125
4. SOCIAL SECURITY NUMBER ____ - ____ - ____ OR CONTACT ID NUMBER FROM IDFPR ACKNOWLEDGEMENT LETTER ____		

AFFIDAVIT

I, _____, under oath do solemnly swear under penalties of perjury that the following statements and information, to the best of my knowledge, are true, correct and complete.

1. THAT I was licensed in good standing to practice medicine in the Jurisdiction of _____ from _____ to _____.

2. THAT my license number _____ was not encumbered in any way by the _____ licensing authority.
3. THAT, to the best of my knowledge, there were no pending investigations or outstanding complaints against me or my license by the _____ licensing authority.
4. THAT, due to _____,
_____,
I am unable to obtain the required Certification of Licensure.
5. THAT the above stated information is truthful.

CERTIFYING STATEMENT OF AFFIANT

Under penalties of perjury, I declare that the information I have recorded herein is true and correct.

Signature of Affiant

SUBSCRIBED AND SWORN TO me, this ____ day of _____, 20____.

NOTARY PUBLIC

STATE OF ILLINOIS

COUNTY OF _____