**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 facility operated pursuant to the Ambulatory Surgical Treatment Center Act [210 ILCS 5] 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;

3) A copy of the applicant's current curriculum vitae;

4) The fee of $200; and

5) Verification of a fingerprint-based background check submitted to the Illinois State Police (ISP) electronically through a licensed live scan fingerprint vendor. The fingerprints shall be checked against the ISP and Federal Bureau of Investigation criminal history record. Out-of-state residents may have their fingerprints taken by a fingerprinting agency outside of Illinois and submit one fingerprint card, accompanied by the fee specified by ISP, to a licensed live scan fingerprint vendor with card scan capability. Fingerprints shall be taken not more than 60 days prior to the application.

c) Written notice of the Division's final action on every application for a Visiting Physician Permit shall be given to the applicant and/or the school or hospital designated. The applicant shall not commence the appointment before the program receives written notification from the Division of the approval of the application. Notification may be made by email to the applicant's email address of record.

d) A Visiting Physician Permit shall be valid for 180 days or until such time as the clinical studies, demonstration, or performance of techniques are completed, whichever occurs first.

e) When the holder of a Visiting Physician Permit has been discharged or terminated from an appointment, any certificate issued in the name of the person shall be null and void as of the date of the discharge or termination. The school or hospital shall immediately provide to the Division written notice of the reason for the discharge or termination.

f) Only one Visiting Physician Permit shall be issued to an applicant per 12-month period. If, at the conclusion of the term of the appointment for which the permit was issued, the holder of the permit desires to remain in the State and practice or teach his/her profession, he/she must apply for and receive a license to practice medicine in all of its branches or as a chiropractic physician.

g) Nothing shall prohibit the holder of a Visiting Physician Permit from applying for and receiving a license to practice his/her profession in this State during the term of the appointment. In the event the holder of a permit is issued a license to practice in this State, upon issuance of the license, the permit shall become null and void pursuant to the provisions of subsection (f).

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

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

A) Verification of licensure in another jurisdiction;

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

C) The exact date and location of the procedure;

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

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

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

G) A $100 fee; and

H) Verification of a fingerprint-based background check submitted to the Illinois State Police (ISP) electronically through a licensed live scan fingerprint vendor. The fingerprints shall be checked against the ISP and Federal Bureau of Investigation criminal history record. Out-of-state residents may have their fingerprints taken by a fingerprinting agency outside of Illinois and submit one fingerprint card, accompanied by the fee specified by ISP, to a licensed live scan fingerprint vendor with card scan capability. Fingerprints shall not be taken not more than 60 days prior to the application.

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

(Source: Amended at 48 Ill. Reg. 18129, effective December 13, 2024)