

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.

CERTIFICATION OF GRADUATION (Current Year Graduates of LCME and COCA-Accredited Programs Only)

SUPPORTING DOCUMENT

ED - MED

APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

| | | | | | |
|--|--|--|--|--|---|
| 1. NAME LAST FIRST MIDDLE | | | | 2. DATE OF BIRTH ____/____/____ Month Day Year | 3. SOCIAL SECURITY NUMBER ____-____-____ |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE | | | 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. | | |
| 6. MAIDEN OR GIVEN SURNAME | | | _____ Profession Name | | _____ Profession Code |

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

_____ Date _____ Signature

SCHOOL OFFICIAL: Complete the bottom portion of this page and return **ALONG** with a current official medical school transcript. **DO NOT** certify this form more than **30 days** prior to the graduation date.

| | |
|--|--|
| A. MEDICAL SCHOOL INFORMATION Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ | B. DATES OF ATTENDANCE Start: ____/____/____ Month Day Year End: ____/____/____ Month Day Year Degree: _____ MD _____ DO |
|--|--|

C.
Applicant will complete all requirements for the medical degree as of ____/____/____ and will graduate on ____/____/____.
Month Day Year

When this form is certified prior to the actual graduation of the applicant, the school official is responsible for notifying the Department of Financial and Professional Regulation of any failure on the part of the applicant to complete the requirements for graduation.

I certify that the information recorded herein is true and correct according to the official records of this institution.

SCHOOL _____
SEAL _____

Signature of School Official _____
Print Name of School Official _____
Title _____
Date _____