



**Illinois Department
of Financial &
Professional Regulation**

**Physician Profile
User's Manual**

September 2007

Logging into the Physician Profile Update

1. Go to the **Internet**
2. **Type in this address:**

<http://www.idfpr.com/applications/ProfessionProfile/default.aspx>

3. On the left hand side of the screen – **click once** on **“Are you a Licensed Physician? Update My Profile”**

Are you a Licensed Physician?
Update Your Profile

4. **IMPORTANT: Please read the information** on this page

ILLINOIS DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
Dean Martinez, Secretary

www.idfpr.com
Rod R. Blagojevich, Governor

Profession Profile Update

The Department of Financial and Professional Regulation has created the Profile internet web site as required by amendments to the Illinois Medical Practice Act ([225 ILCS 60/24.1](#)) to provide the public with access to information profiles on all physicians and chiropractors licensed in the State of Illinois.

PLEASE READ ALL instructions and information on this page then click [Continue To Login Page](#) to verify and modify your Profile.

[Continue To Login Page](#)

How To Update Your Profile

- On the Log In page, enter your license number and personal identifier as requested.
- Click **Secure Login** to display your profile data.
- Review your profile information one section at time.
- Click **Continue To Next Required Section** to go to the next profile section that you are required to complete and verify.
- Click **Finished and Verified** to save your data and verify that you have reviewed and complied with each information requirement.
- After you have verified all required sections, you will be able to navigate to optional sections if you would like to add other information to your public profile.
- Use the blue buttons at the left and middle of the page to navigate your profile and perform actions.

Profile Compliance

Prior to the release of your profile information to the public, you have 60 days to review the information in your profile, correct any inaccuracies, and provide additional required profile information. Failure to comply with this request within 60 days may result in disciplinary action against your license.

Future Profile Compliance

It is your responsibility to assure that the information contained in your profile continues to be accurate. If there is a change in any of your required profile information, you will have 60 days to modify this information in your profile. Failure to comply with this request may result in disciplinary action against your license.

For Additional Information...
If you need assistance, call 217-524-4972 or e-mail FPR.Profile@Illinois.gov

Left sidebar menu:
IDFPR Home
Profile Update Home
Profile Update Guide
View FAQ
What Are Profiles
Disclaimers
Login To Update My Profile

FYI: On the left hand side of the screen you will see links to help you:

IDFPR Home
Profile Update Home
Profile Update Guide
View FAQ
What Are Profiles
Disclaimers
Login To Update My Profile

IDFPR Home – takes you to the IDFPR website

Profile Update Home – takes you back to the Professional Profile Update home page – like above

Profile Update Guide – this is the Users Guide for the Physician’s Profile

View FAQ (*Frequently Asked Questions*) – has a Q&A document

What are Profiles – lists what information is included and what a profile is

Disclaimers

Login to Update My Profile – you can login also here to update your profile

- Click on **Continue to Login Page** or Click on Login to Update My Profile

This screen will appear. Now you will be able to login to update your profile.

Hint: You can either **click in the textbox next to the requested information** OR you can **use the TAB key** to move from textbox to textbox.

- Type in your **License Number**

You can either put in the dash or not

Example: 036-##### OR 036#####

- Type in either **one of these: PIN number** (found on your printed renewal post card), OR **Social Security Number** OR **your date of birth**

For Date of Birth – Enter with the / or without the / or with hyphens

Example: 08/23/1960 OR 08231960 or 08-23-1960

- After reading the terms then **click on Secure Login**



If you make a mistake in a field, you can **click on Clear** - just click in the textbox and then type in the correct information.



The Department of Financial and Professional Regulation has created the Profile internet web site as required by amendments to the Illinois Medical Practice Act ([225 ILCS 60/24.1](#)) to provide the public with access to information profiles on all physicians and chiropractors currently licensed in the State of Illinois.

REMEMBER: You have until 11/15/2007 to review and verify the information in your profile, correct any inaccuracies, and provide additional required information. Failure to comply with this request by 11/15/2007 may result in disciplinary action against your license.

After you first login you will need to confirm your mailing address:

Please take a minute to CONFIRM YOUR MAILING ADDRESS as it currently exists in the IDFPR Licensing System so you will receive important license renewal correspondence.

License Number:
Social Security Number:
Date Of Birth:
Profession:

Mailing Address as it exists in IDFPR System:

This Mailing Address is correct. Continue to Profile Update

Attention Line (optional):
Address Line 1:
Address Line 2:
City:
State:
Zip Code:
County:
Telephone:
E-mail Address:

Enter Any Necessary Corrections To your Mailing Address Below:

Save the Changes I've Entered and Continue to Profile Update

* Address Line 1:
Address Line 2:
* City:
* State:
* Zip Code:
County:
Telephone: - -
E-mail Address:

If there are NO Changes - If your mailing address is correct, **click** on **"This Mailing Address is Correct. Continue to Profile Update"**.

If there are CHANGES - If you need to change any information in this area, **click** in the text box and make the changes needed.

Then **click** on **"Save the Changes I've Entered and Continue to Profile Update"**.

Note: * Red Star means that information is required.

Update My Public Profile

This licensee has not verified the information in this profile.

DEMO DR

License Status	ACTIVE	Springfield, IL
License #	036-000000	
Original Issue Date	08/18/1994	my_email@somewhere.com
Current Expiration Date	07/31/2008	www.myoffice.com

Here it will show the # of Profiles Completed & Verified

You have completed and verified 0 of 8 required profile sections.

You have until 11/15/2007 to review and verify the information in your profile, correct any inaccuracies, and provide additional required information. Failure to comply with this request by 11/15/2007 may result in disciplinary action against your license.

Profile Section Summary

[Continue To Next Required Profile Section](#)

Click on a link in this list to go directly to a specific Profile Section you want to view or change
OR click **Continue To Next Required Profile Section**

Required Information

All Physicians must enter data in each of the profile sections listed below.

Primary Office Location(s)	9/4/2007
Hospital Affiliations	9/4/2007
Medicare	9/4/2007
Medicaid	9/4/2007
All Kids	9/4/2007
Board Certification	not entered
Medical School	not entered
Post Graduate Education	not entered

Optional Information

You may choose to enter information about yourself and your professional practice in any of the profile sections listed below.

Additional Office Locations	not entered
Previous Practice Locations	not entered
Insurance Plans	not entered
Professional Positions	not entered
Professional Affiliations	9/23/2007
Academic Appointments	9/23/2007
Professional Publications	not entered
Other Professional Activities	not entered
Honors & Awards	not entered
Community Activities	not entered

These are the 8 REQUIRED Sections to Complete

System Data Sections

Data in the profile sections listed below is provided from the information records of the Department of Financial and Professional Regulation and can only be modified by the Department.

[Malpractice Judgments](#)
[Malpractice Settlements](#)
[Felony Criminal Convictions](#)
[Class A Misdemeanors](#)
[Discipline in Illinois](#)
[Discipline in Other States](#)
[Restriction of Hospital Privileges](#)
[Years in Practice in Illinois](#)

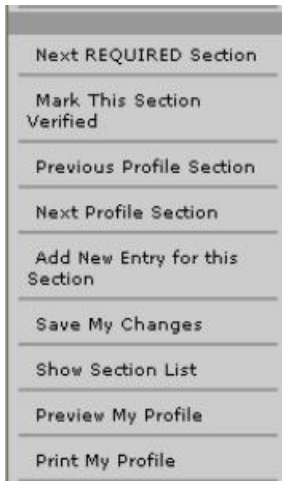
There are 8 Required Sections that must be completed in your Profile.
Please see the next page for the "Required Sections" instructions.

As you have completed each required profile – you will be able to see a message at the top of the screen that indicates "You have completed * of 8 required sections." See below.

You have completed and verified all 8 required profile sections.

You have until 12/31/2007 to review and verify the information in your profile, correct any inaccuracies, and provide additional required information. Failure to comply with this request by 12/31/2007 may result in disciplinary action against your license.

Hint: If the font color is **blue** and the text is underlined – this is a hyperlink – by **rolling your mouse over the hyperlink you will see a hand appear** – **click once** and this will take you to another screen.



Notice: On the left hand side of your screen – 9 more buttons have appeared:

While you are in each profile section you can use these buttons to also navigate or verify the various profile sections.

If any of these buttons are “grayed out” this means they are currently inactive at the time.

Next Required Section – takes you to the next **required** section

Mark This Section Verified – you can mark this section has **completed**

Previous Profile Section – takes you to the **previous** section of your profile

Next Profile Section – takes you to the **next** section of your profile

Add New Entry for this Section – lets you **add a new entry** for the section you are in

Save My Changes – if you make changes to your profile you can click to **save** or if you **verify that is the same as saving** your profile

Show Section List – lists the required and optional information sections you can update

Preview My Profile – shows how your information will be displayed to the Public. **Click once** on this button.



To return back to the Profile Update – click on the “Return to Profile Update” button. You can also Print your Profile from here.

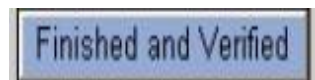
Print My Profile –prints your profile; takes you to a new screen where you can choose what areas of your profile you want to print.



Just click in the checkbox to select the profile items you want to print. **Click on Print Profile**

To return click on Return to Profile

IMPORTANT - Remember: When you are done with **each profile section** you **MUST** click on FINISHED & VERIFIED OR you can use the “buttons” on the left side of your screen and **click on “Mark This Section Verified”**



REQUIRED INFORMATION

There are 8 areas of Required Information for your profile.

You must enter the data OR just verify if the information is correct and then click on Finished & Verified for these required sections.

Primary Office Location(s)
Hospital Affiliations
Medicare
Medicaid
All Kids
Board Certification
Medical School
Post Graduate Education

Profile Section Summary	
Click on a link in this list to go directly to a specific Profile Section you want to view or change OR click Continue To Next Required Profile Section	
Required Information All Physicians must enter data in each of the profile sections listed below.	
Primary Office Location(s)	not entered
Hospital Affiliations	not entered
Medicare	not entered
Medicaid	not entered
All Kids	not entered
Board Certification	not entered
Medical School	not entered
Post Graduate Education	not entered
Optional Information You may choose to enter information about yourself and your professional practice in any of the profile sections listed below.	
Additional Office Locations	not entered
Previous Practice Locations	not entered
Insurance Plans	not entered
Professional Positions	not entered
Professional Affiliations	not entered
Academic Appointments	not entered
Professional Publications	not entered
Other Professional Activities	not entered
Honors & Awards	not entered
Community Activities	not entered

TO BEGIN:

Click on a link in this list (above) to **go directly to a specific Profile Section** you want to view or change **OR click *Continue To Next Required Profile Section***.

Once you are in the "Required Sections" these icons may appear on the screen:

Add New (let's you add more information in the section)

Save (saves the information you are inputting)

Delete (deletes the information)



Top of Profile – will take you to the top of the page (profile) you currently are on

REMEMBER: When you are in a "Required Section" – when you see a textbox that has a "Red Asterisk" * beside it – this information is a **Required Entry in this profile section.**

Required Information

Primary Office Location(s) (1)

This office address data was transferred from data in the Department's licensing system. **Carefully review this information for accuracy and make any necessary corrections.** Click **Finished and Verified** to continue after you have completed each **required** Profile Section.

If this information in the Primary Office Location Required Section is **correct**, click on **Finished and Verified**.

If you need to Change the Address:

1. Click **once to place your mouse in the textbox** and then **type in the corrections**

2. Click on **Save**

DO NOT Enter Private Information - This information will be viewable by the Public

More than one entry may be added to this profile section.

To Add Another Office Location: Click on **Add New** or **Add New Entry for This Section** (on the upper left hand side of the screen) and then **type in your information** and click on **Save**.

Once you are completely done with the first required screen (Primary Office Location), **click on Finished and Verified**.

The screenshot shows the 'Primary Office Location(s) * Required' form. At the top, it says 'Data last updated on 09/04/2007 - Profile Section Has Not Been Verified'. Below this is a red-bordered box containing a verification statement: 'I have verified the information in this required profile section for its correctness and accuracy. I understand that if the information in this profile section is not truthful, disciplinary action may be taken against my license. I affirm that the information I have given or answered is true and correct.' A 'Finished and Verified' button is located at the bottom right of this box. Below the box is a table with columns 'Location' and 'Date Last Updated'. The table contains one entry: '800 N 1st Street' in Springfield, updated on '09/04/2007'. Below the table are 'Add New', 'Save', and 'Delete' buttons. A red warning message states: 'DO NOT enter PRIVATE contact information here because this information will be viewable by the public.' Below this is a form for contact information with fields for Address, City, State, Zip Code, Country, Phone, Other Phone, Fax, Email, and Web Site. There are also checkboxes for 'Non-English Languages Spoken' (Spanish) and 'Translation Services Available'. At the bottom, there are checkboxes for 'Days of the Week at this Office' (Monday through Sunday) and fields for 'Enter First Year at this Office address' and 'Enter Final Year at this address'. 'Save' and 'Delete' buttons are at the bottom left, and a 'Top of Profile' link is at the bottom right.

NOTE: Once you Finish and Verify a Required Profile it will automatically take you to the next Required Profile.

Hospital Affiliations (2)

Here you need to list each hospital at which you currently have staff privileges. Select a hospital from the list if you want the public to be able to use this as search criteria.

You can add more than one hospital to this profile area.

To Add a Hospital:

1. Click on the **down arrow by Select an Illinois Hospital** and then **click on the appropriate hospital**
2. If the hospital is not listed - In the 2nd textbox, type in the type of the hospital
3. Type in the City and then select the State
4. Click on **Save**

Hospital Affiliations * Required [Top of Profile](#)

Data last updated on 9/4/2007 - Profile Section Has Not Been Verified


List each hospital at which you currently have staff privileges. Select a hospital from the list if you want the public to be able to use this as search criteria. Click **Finished and Verified** to continue after you have completed this required profile section.

I have verified the information in this required profile section for completeness and accuracy. I understand that if the information in this profile section is not truthful, disciplinary action may be taken against my license. I affirm that the information I have given or answered is true and correct. **Finished and Verified**

More than one entry may be added to this profile section. To view and modify details or delete an item, click on one of the items listed below. Click **Add New** to add another item to this profile section.

Illinois Hospital	Other Hospital	City	Date Last Updated
Memorial Medical Center		Springfield	09/04/2007
St. John's Hospital		Springfield	08/23/2007

Add New **Save** **Delete** * = Required entry

Select an Illinois Hospital: 

OR Enter Other Hospital Name (if not listed above):

City:

State:

To **Add Another Hospital**, click on **Add New first** and then follow Steps 1 – 4 above.

To Delete a Hospital:

1. Click **once on the hospital you wish to delete**
2. Click on **Delete** 

REMEMBER: Once you are completely done with the second required screen (Hospital Affiliations), **click on Finished and Verified**. The system will automatically take you to the next required profile.

Medicare (3)

1. **If you are currently a participating provider, click on Yes.**

If No, this option is already bulleted.

The screenshot shows the Medicare profile section. At the top, it says "Medicare * Required" and "Profile Section Has Not Been Verified". Below that, it asks the user to answer Yes or No. A red box highlights a statement: "I have verified the information in this required profile section for completeness and accuracy. I understand that if the information in this profile section is not truthful, disciplinary action may be taken against my license. I affirm that the information I have given or answered is true and correct." Below this statement is a "Finished and Verified" button, which is circled in black. At the bottom, there are two radio button options: "I am a participating Medicare provider: Yes No" and "I am accepting new Medicare patients: Yes No".

2. **Answer the 2nd statement** – “I am accepting new Medicare patients: Yes or No” – Bullet either option.

3. **Once you are completely done** with the third required screen (Medicare), **click on Finished and Verified.**

Medicaid (4)

1. **If you are currently a participating provider, click on Yes.**

If No, this option is already bulleted.

The screenshot shows the Medicaid profile section. At the top, it says "Medicaid * Required" and "Profile Section Has Not Been Verified". Below that, it asks the user to answer Yes or No. A red box highlights a statement: "I have verified the information in this required profile section for completeness and accuracy. I understand that if the information in this profile section is not truthful, disciplinary action may be taken against my license. I affirm that the information I have given or answered is true and correct." Below this statement is a "Finished and Verified" button, which is circled in black. At the bottom, there are two radio button options: "I am a participating Medicaid provider: Yes No" and "I am accepting new Medicaid patients: Yes No".

2. **Answer the 2nd statement** – “I am accepting new Medicaid patients: Yes or No” – Bullet either option.

3. **Once you are completely done** with the fourth required screen (Medicaid), **click on Finished and Verified.**

All Kids (5)

1. **If you are currently a participating provider, click on Yes.**

If No, this option is already bulleted.

2. **Answer the 2nd statement** – “I am accepting new All Kids patients: Yes or No” –

The screenshot shows the All Kids profile section. At the top, it says "All Kids * Required" and "Profile Section Has Not Been Verified". Below that, it asks the user to answer Yes or No. A red box highlights a statement: "I have verified the information in this required profile section for completeness and accuracy. I understand that if the information in this profile section is not truthful, disciplinary action may be taken against my license. I affirm that the information I have given or answered is true and correct." Below this statement is a "Finished and Verified" button, which is circled in black. At the bottom, there are two radio button options: "I am a participating Allkids provider: Yes No" and "I am accepting new Allkids patients: Yes No".

Bullet either option.

3. **Once you are completely done** with the fifth required screen (All Kids), **click on Finished and Verified.**

Board Certification (6)

(Recognized by the American Board of Medical Specialties)

Enter your current board certification(s). Select Specialty, and if applicable, Subspecialty from the list provided. **Only list formally completed certifications, not eligibility.**

First, answer the question of "Do you currently have any formal board certifications?" Yes or NO – bullet the option.

To Add Board Certifications:

1. **Click on the down arrow by Select a Specialty or Subspecialty** and then click on the appropriate specialty

Once you select your specialty – the appropriate Certifying Board will appear

2. **Type** in the Year of Initial Certification (this is **required**)
3. Type in the Year Current Certification Expires
4. Click on **Save**

To add another Board Certification – Click on **Add New** and then follow steps 1 to 4 above.



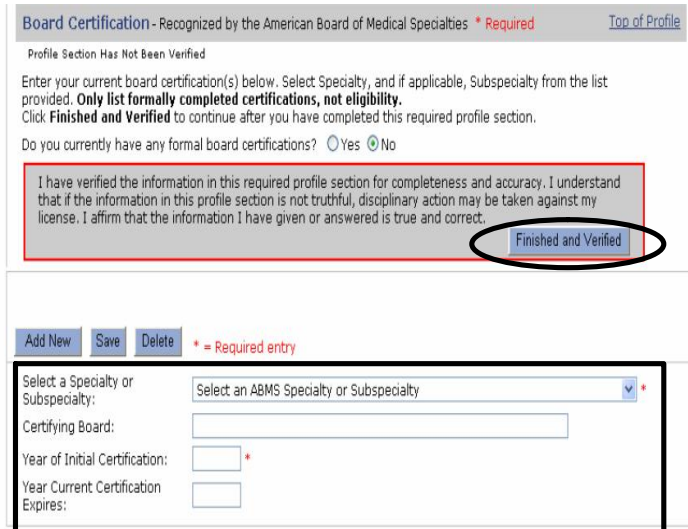
To Delete a Board Certification:

1. Click **once on the Board Certification you wish to delete**
2. Click on **Delete**



Once you are done, click on Finished and Verified.

(You will automatically go to the next Required Profile of "Medical School".)



The screenshot shows the 'Board Certification' section of a profile. At the top, it says 'Board Certification - Recognized by the American Board of Medical Specialties * Required' and 'Top of Profile'. Below this, it states 'Profile Section Has Not Been Verified'. The main instruction is: 'Enter your current board certification(s) below. Select Specialty, and if applicable, Subspecialty from the list provided. **Only list formally completed certifications, not eligibility.** Click **Finished and Verified** to continue after you have completed this required profile section.' There is a question: 'Do you currently have any formal board certifications?' with radio buttons for 'Yes' and 'No'. A red box highlights a verification statement: 'I have verified the information in this required profile section for completeness and accuracy. I understand that if the information in this profile section is not truthful, disciplinary action may be taken against my license. I affirm that the information I have given or answered is true and correct.' Below this statement is a blue button labeled 'Finished and Verified'. At the bottom of the form, there are buttons for 'Add New', 'Save', and 'Delete', with a note '* = Required entry'. The 'Add New' button is highlighted with a black box. Below the buttons is a form with the following fields: 'Select a Specialty or Subspecialty:' with a dropdown menu, 'Certifying Board:' with a text input field, 'Year of Initial Certification:' with a text input field and an asterisk, 'Year Current Certification Expires:' with a text input field, and 'Expires:' with a text input field.

Medical School (7)

List each medical school you have attended. Do NOT enter post-graduate education (internships, residency, and fellowships) here because that information will be entered into the next required section.

To Add a Medical School:

1. **Type** in the name of the **School** (Required)

(Remember you can use Tab to go from textbox to textbox)

2. **Type** in the City, State, Country and Year Completed

3. Click on **Save**

Medical School * Required [Top of Profile](#)

Profile Section Has Not Been Verified

List each medical school you attended. DO NOT enter post-graduate education (internships, residency, fellowships) here because that information will be entered in the next section. Click **Finished and Verified** to continue after you have completed this required profile section.

I have verified the information in this required profile section for completeness and accuracy. I understand that if the information in this profile section is not truthful, disciplinary action may be taken against my license. I affirm that the information I have given or answered is true and correct.

[Finished and Verified](#)

[Add New](#) [Save](#) [Delete](#) * - Required entry

School:

City:

State:

Country:

Year Completed:

To add another Medical School – Click on **Add New** and then follow steps 1 to 3 above.

[Add New](#)

To Delete a Medical School:

1. Click **once on the medical school you wish to delete**

2. Click on **Delete**

[Delete](#)

REMEMBER: Once you are completely done, click on **Finished and Verified**.



Post Graduate Education (8)

Enter details of your post-graduate education (internship, residency, fellowships or other professional programs) in the area provided.

To Add Post Graduate Education:

1. **Type** in the name of the **School/Sponsor** (required)
2. **Type** in the Post Graduate Training Program
3. Type in the City, State, Country and Year Completed
4. Click on **Save**

To add another Post Graduate Education – Click on **Add New** and then follow steps 1 to 4 above.



To Delete Post Graduate Education:

1. Click **once on the school/sponsor you wish to delete**
2. Click on **Delete**



REMEMBER: Once you are completely done, click on **Finished and Verified**.

You will be taken back to “Update My Public Profile” screen.

A message should now say “You have completed and verified all 8 required sections.”

You have completed and verified all 8 required profile sections.
You have until 12/31/2007 to review and verify the information in your profile, correct any inaccuracies, and provide additional required information. Failure to comply with this request by 12/31/2007 may result in disciplinary action against your license.

Post Graduate Education * Required [Top of Profile](#)

Profile Section Has Not Been Verified

Enter details of your post-graduate education (internship, residency, fellowships or other professional programs) in the area provided. Click **Finished and Verified** to continue after you have completed this required profile section.

I have verified the information in this required profile section for completeness and accuracy. I understand that if the information in this profile section is not truthful, disciplinary action may be taken against my license. I affirm that the information I have given or answered is true and correct.

Finished and Verified

[Add New](#) [Save](#) [Delete](#) * = Required entry

School/Sponsor: *

Program Type:

Post Graduate Training Program:

City:

State:

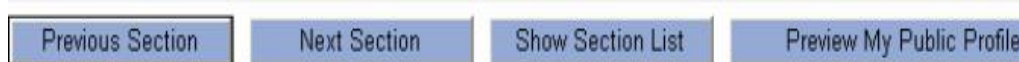
Country:

Year Completed:

Optional Information

There are also optional information screens you can complete. You may choose to enter information about yourself and your professional practice in any of the profile sections listed below. These areas include:

Additional Office Locations
Previous Practice Locations
Insurance Plans
Professional Positions
Professional Affiliations
Academic Appointments
Professional Publications
Other Professional Activities
Honors & Awards
Community Activities



Also in the Optional Information sections listed above are 4 icons that appear in each screen.

Previous Section – takes you to the previous section

Next Section – will next you to the next section of the required sections

Show Section List – will take you to the “Main Screen” where the list of required sections are

Preview My Public Profile – will let you see what your Public Profile will look like

REMEMBER: DO not enter private information in the Optional Information Sections. It too will be available for the public to see.

Also when working in the Optional Profile Screens, you can either click on Next Section or click on Mark This Section Verified to go to the next Optional Profile Screen.

Additional Office Locations

You may enter additional office locations here. This is not required. **Remember: DO NOT enter PRIVATE contact information here because this information will be viewable by the public.**

To Add Additional Office Locations:

1. Type in the office address, city, state, zip code and any other information such as Phone, Fax, etc.

(You can use the Tab key to go from field to field but it will go left to right on the screen)

Remember: Address, City and State are required.

You can also click on the Days of the Week at This office to place a checkmark that indicates the days you are at this particular office.

2. Click on **Save**

To **Add Another Office Location** – click on Add New and then follow steps 1 – 2 above.

Add New

To Delete an Additional Office Location:

1. **Click on the Office Location** (to select that location)

2. Click on **Delete**

Delete

Remember: To go to the Next Section, you can **click on Next Section** or go back to the Sections List by clicking on Show Section List

Next Section

Show Section List

Additional Office Locations (Optional) [Top of Profile](#)

You may enter additional office locations here. This is not required. Click **Next Section** to continue.

More than one entry may be added to this profile section. To view and modify details or delete an item, **click on one of the items listed below.** Click **Add New** to add another item to this profile section.

Location	Date Last Updated
	09/05/2007

[Add New](#) [Save](#) [Delete](#) * = Required entry

DO NOT enter PRIVATE contact information here because this information will be viewable by the public.

This is one of my Primary Office Locations: Yes No Non-Emergency Contact Information: (Optional)

Address: * Phone: () -

Other Phone: () -

Fax: () -

City: * Email:

State: Illinois * Web Site:

Zip Code:

Country: US

Non-English Languages Spoken:

Translation Services Available: Yes No

(Optional)
Days of the Week at this Office:
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Enter First Year at this Office address:

Enter Final Year at this address if you have moved, and this location info will be moved to Previous Locations:

[Save](#) [Delete](#) [Top of Profile](#)

Previous Practice Locations

You may enter previous office locations here. This is not required. Also more than one previous practice location can be added to this area of the profile.

To Add a Previous Office Location:

1. Type in the office address, city, state, zip code and any other information such as Phone, Fax, etc.

(You can use the Tab key to go from field to field but it will go left to right on the screen)

You can also click on the Days of the Week at This office to place a checkmark that indicates the days you were at this particular office.

Previous Practice Locations (Optional) [Top of Profile](#)

You may enter previous office locations here. This is not required. Click **Next Section** to continue.

More than one entry may be added to this profile section. To view and modify details or delete an item, **click on one of the items listed below**. Click **Add New** to add another item to this profile section.

Location	Date Last Updated
	09/05/2007

[Add New](#) [Save](#) [Delete](#) * = Required entry

DO NOT enter PRIVATE contact information here because this information will be viewable by the public.

This is one of my Primary Office Locations: Yes No

Non-Emergency Contact Information: (Optional)

Address: * Phone: () -

Other Phone: () -

Fax: () -

City: * Email:

State: * Web Site:

Zip Code:

Country:

Non-English Languages Spoken:

Translation Services Available: Yes No

2. Click on **Save**

To **Add Another Previous Practice Location** – click on Add New and then follow steps 1 – 2 above.

To Delete an Additional Previous Practice Location:

1. **Click on the Office Location** (to select that location)

2. Click on **Delete** 

Remember: To go to the **Next Section**, you can click on Next Section or go back to the Sections List by clicking on Show Section List

[Next Section](#) [Show Section List](#)

Insurance Plans

You may list each insurance plan you currently accept by using the checklist below. This section is not required.

To Add an Insurance Plan:

1. In **Other Insurance Provider** – type in the name of the Insurance Plan (Only if it is not listed already→)

2. Type in the Plan Type

3. **Click checkboxes** next to the major Insurance provider/plan

Only check those Providers/Plans that are accepted at your office.

4. Click on **Save**

To Add another Insurance Plan that is not listed, click on Add New and type in the information.

You can also click on Add New Entry on the left hand side of the screen.

To Delete an Insurance Plan:

1. **Click on the Insurance Plan** (to select that plan)

2. Click on **Delete**



Click on Next Section



Insurance Plans (Optional) [Top of Profile](#)

You may list each insurance plan you currently accept by using the checklist below. This section is not required. Click **Next Section** to continue.

Add New
Save
Delete
* = Required entry

Other Insurance Provider (not listed below):

Plan Type(s) Accepted (optional): (like HMO, PPO, POS, indemnity, etc.)

Click checkboxes next to the major Insurance Providers/Plans listed below which are accepted at your office OR you may **add other** plans in the space provided above.

<input type="checkbox"/> Aetna	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Assurant Health	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Beech Street	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Best Doctors	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Blue Cross/Blue Shield of Illinois	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> CCN	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> CIGNA	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Consociate Care	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Corvel	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Destiny Health	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Encompass	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> First Health	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input checked="" type="checkbox"/> Great West Health Care (formerly One Health Plan)	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Group Health Plan	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Harmony Health Plans of Illinois	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Health Alliance Medical Plans	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Health Care Service Corp. (HMO Illinois)	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> HealthLink	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> HealthSpring	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> HFN, Inc.	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Humana, Inc.	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Illinois Health Solutions	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Illinois Masonic Community Health Plan	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> John Deere Health Plan	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Managed Care Strategies	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Multiplan	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> National Provider Network	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> OSF HealthPlans	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input checked="" type="checkbox"/> PersonalCare Insurance	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Preferred Plan	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> Private Healthcare Systems, Inc.	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> QHCM / River Quest	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> UNICARE	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO
<input type="checkbox"/> United Healthcare	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> EPO

Save
Delete
[Top of Profile](#)

Professional Positions

You may enter any professional positions below, such as medical directorships, hospital departmental positions, professional chairs, etc. This is not required. Professional memberships and academic positions will be entered in other profile sections.

To Add a Professional Position:

1. Type in the Organization, position/title and the start and end year
2. Click on **Save**

To **Add Another Professional Position** – click on **Add New** and then follow steps 1 – 2 above.

Professional Positions (Optional) [Top of Pr](#)

You may enter any professional positions below, such as medical directorships, hospital departmental positions, professional chairs, etc. This is not required. Professional memberships and academic positions will be entered in other profile sections. Click **Next Section** to continue.

More than one entry may be added to this profile section. To view and modify details or delete an item, click on one of the items listed below. Click **Add New** to add another item to this profile section.

Organization	Date Last Updated
	09/05/2007

[Add New](#) [Save](#) [Delete](#) * = Required entry

Organization: *

Position/Title:

Start Year: End Year:

To Delete a Professional Position:

1. Click on the Professional Position (to select that position)

2. Click on **Delete**



Click on **Next Section**



Professional Affiliations

You may enter any professional affiliations or memberships below, such as medical society memberships, clinic affiliations, board memberships, etc. This is not a required profile section. Academic positions will be entered in another section.

To Add a Professional Affiliation:

1. Type in the Organization, Role, Web Site, Start Year and End Year
2. Click on **Save**

To **Add Another Professional Affiliation** – click on **Add New** and follow steps 1 – 2 above.

Professional Affiliations (Optional) [Top of Pro](#)

Date last updated on 8/23/2007 -

You may enter any professional affiliations or memberships below, such as medical society memberships, clinic affiliations, board memberships, etc. This is not a required profile section. Academic positions will be entered in another section. Click **Next Section** to continue.

More than one entry may be added to this profile section. To view and modify details or delete an item, click on one of the items listed below. Click **Add New** to add another item to this profile section.

Organization	Date Last Updated
Illinois State Medical Society	08/23/2007
Sangamon County Medical Society	08/23/2007
Springfield Clinic, LLP	08/23/2007
Prairie Cardiovascular Consultants	08/23/2007

[Add New](#) [Save](#) [Delete](#) * = Required entry

Organization: Illinois State Medical Society *

Role: Web Site: www.isms.org

Start Year: End Year:

To Delete a Professional Affiliation:

1. Click on the **Professional Affiliation** (to select that affiliation)

2. Click on **Delete** 

Remember: To go to the **Next Section**, you can click on Next Section or go back to the Sections List by clicking on Show Section List



Academic Appointments

To Add an Academic Appointment:

1. Type in the school, position/title, etc.

2. Click on **Save**

To **Add Another Academic Appointment Affiliation** – click on **Add New** and then follow steps 1 – 2 above.

Academic Appointments (Optional) [Top of Prof](#)
Data last updated on 8/23/2007 -
You may enter academic appointments in this optional profile section.
Click **Next Section** to continue.

More than one entry may be added to this profile section. To view and modify details or delete an item, click on one of the items listed below. Click **Add New** to add another item to this profile section.

Organization		Date Last Updated
Southern Illinois University School of Medicine	Professor Cardiothoracic Surgery	2004 08/23/2007

[Add New](#) [Save](#) [Delete](#) * = Required entry

School: *

Position/Title:

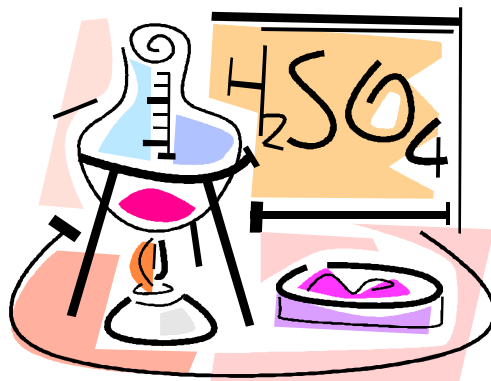
Start Year: End Year:

To Delete an Academic Appointment:

1. Click on the **Academic Appointment** (to select that appointment)

2. Click on **Delete** 

Remember: To go to the **Next Section**, you can click on Next Section or go back to the Sections List by clicking on Show Section List



Professional Publications

You may enter professional publications in this optional profile section.

To Add a Professional Publication:

1. Bullet the question by clicking the option of Yes or No
2. Type in the title, journal or publication
3. Click on **Save**

To **Add Another Professional Publication** – click on **Add New** and then follow steps 2 – 3 above.

Professional Publications (Optional)

[Top of Profile](#)

You may enter professional publications in this optional profile section. Click **Next Section** to continue.

Have you written any published professional books or articles you would like to list on your public profile? Yes No

[Add New](#) [Save](#) [Delete](#) * = Required entry

Title: *

Journal or Publication: *

Volume:

Month: Year:

To Delete a Professional Publication:

1. **Click on the Professional Publication** (to select that position)
2. Click on **Delete** [Delete](#)

Click on Next Section

Other Professional Activities

You may enter any professional activities in this optional profile section which you haven't already listed in any other profile section.

To Add a Professional Activity:

1. Bullet the question by clicking the option of Yes or No
2. Type in the organization, role, description, etc.
3. Click on **Save**

Other Professional Activities (Optional)

[Top of Profile](#)

You may enter any professional activities in this optional profile section which you haven't already listed in any other profile section. Click **Next Section** to continue.

Do you have any other professional activities you would like to list on your public profile? Yes No

[Add New](#) [Save](#) [Delete](#) * = Required entry

Organization: *

Role:

Start Year: End Year:

Description:

To **Add Another Professional Activity** – click on **Add New** and then follow steps 2 – 3 above.

To Delete a Professional Activity:

1. **Click on the Professional Activity**
2. Click on **Delete** [Delete](#)

Honors & Awards

You may enter any honors or awards you have received in this optional profile section.


Bullet the option of Yes if you want these honors/awards to be seen on your public profile.

To Add Honors & Awards:

1. Type in the description, organization & year
2. Click on **Save**

To **Add Another Honor/Award** – click on **Add New** and follow steps 1 – 2 above.

To Delete a Honor or Award:

1. **Click on the Honor/Award**
2. Click on **Delete** 

Click on Next Section

Community Activities

You may enter any community activities in this optional profile section.

To Add a Community Activity:

1. Type in the organization, role, description, etc.
2. Click on **Save**

To **Add Another Community Activity** – click on **Add New** and follow steps 1 – 2 above.

To Delete a Community Activity:

1. **Click on the Community Activity**
2. Click on **Delete** 

Honors & Awards (Optional) [Top of Profile](#)

You may enter any honors or awards you have received in this optional profile section. Click **Next Section** to continue.

Do you have any honors or awards you would like to list on your public profile? Yes No

[Add New](#) [Save](#) [Delete](#) * = Required entry

Description:
Organization:
Year:

Community Activities (Optional) [Top of Profile](#)

You may enter any community activities in this optional profile section. Click **Next Section** to continue.

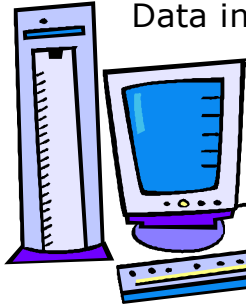
More than one entry may be added to this profile section. To view and modify details or delete an item, click on one of the items listed below. Click **Add New** to add another item to this profile section.

Organization	Date Last Updated
	08/22/2007

[Add New](#) [Save](#) [Delete](#) * = Required entry

Organization:
Role:
Start Year: End Year:
Description:

System Data Selections



Data in this area has been provided by the information records for the Department of Financial & Professional Regulation. **This information can only be modified by the Department.** However you can view this information but clicking once on the Section.

Once inside these sections, **click on Next Section** to view all the sections of the System Data Sections.

Remember: You can **click on the Show Section List** to get back to the Profile Section Summary.

System Data Sections

Data in the profile sections listed below is provided from the information records of the Department of Financial and Professional Regulation and can only be modified by the Department.

[Malpractice Judgments](#)

[Malpractice Settlements](#)

[Felony Criminal Convictions](#)

[Class A Misdemeanors](#)

[Discipline in Illinois](#)

[Discipline in Other States](#)

[Restriction of Hospital Privileges](#)

[Years in Practice in Illinois](#)

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Show Section List

Preview My Public Profile

Malpractice Judgments
Malpractice Settlements
Felony Criminal Convictions
Class A Misdemeanors
Discipline in Illinois
Discipline in Other States
Restriction of Hospital Privileges
Years in Practice in Illinois