

## **Ohio Physician Licensure Application**

### **General Eligibility Requirements**

To be eligible for physician licensure in Ohio, an applicant is required to demonstrate:

1. Good moral character;
2. Completion of preliminary education;
3. Completion of medical education and post-graduate training;
4. Passage of an acceptable medical licensure examination sequence; and
5. Recent clinical practice.

Please Note: More specific information is available at [the board's website](#).

### **Physician License Application and Required Documents**

A complete application consists of four main parts: a personalized FCVS profile of verified credentials, background checks, licensure application and fee, and an AMA or AOA physician profile. These parts are outlined in the steps below. Requesting the items in Steps 1 and 2 before working on Steps 3 and 4 can significantly reduce your licensure processing time.

Please review the following four steps carefully before beginning the Ohio physician licensure process. Processing will not begin until a fee is received and an application will not be considered complete until all materials are complete and submitted.

#### **Step 1: Request FCVS Physician Profile (Core Credentials Packet)**

FCVS verifies documents related to your identity, education, training, and more from primary sources. Once your credentials are verified, they are listed in a personalized profile. Using the profile eliminates the need for re-verifying the same credentials when applying to additional boards. Your FCVS profile can be updated with additional credentials whenever needed.

Since the credentials verification process can take a significant amount of time, it is important to complete your FCVS application for credentials verification before working on the rest of your application. Physicians who have not used FCVS will need to complete an initial FCVS application. Physicians who have an existing FCVS profile will need to complete a subsequent FCVS application to update the profile. All physicians must designate the State Medical Board of Ohio to receive the profile during the FCVS application process.

To work on your FCVS initial or subsequent application, select "FCVS" from the Sign In menu at <http://www.fsmb.org/>, then sign in and continue as directed.

#### **Step 2: Request FBI and Ohio BCI Background Record Checks**

All applicants for licensure are required to complete an FBI and Ohio BCI criminal records check. Criminal Record Check fees are \$24.00 (FBI) and \$22.00 (Ohio BCI), plus vendor processing fees.

- In-state applicants: You must use the services of a vendor that participates in the "National WebCheck". [Click here](#) for a list of vendors. The sheriff's offices in most of Ohio's 88 counties also participate in the "National WebCheck." Please allow at least two to four weeks for the Board to receive and process in-state background checks.
- Out-of-state applicants: [Request a Fingerprint Packet](#). Please allow at least six to eight weeks for the Board to receive and process out-of-state background checks.

Please Note: Request that the results be sent directly to the State Medical Board of Ohio. The Medical Board will not accept results from the applicant or a third party.

### **Step 3: Complete the Ohio Physician Application Addendum (or Uniform Application if applicable)**

**The State Medical Board of Ohio no longer requires applicants to submit a FSMB Uniform Application (UA) as part of the Ohio physician licensure application process.** Although the UA is no longer a requirement, it is still accepted (along with the applicable forms and Ohio licensure fee) if you already have a UA created. Applicants completing a UA instead of the Ohio Addendum should refer to the UA instructions starting on page 4.

Once completed, the Ohio Addendum must be printed and mailed with the **application fee of \$335** to the State Medical Board of Ohio, 30 East Broad Street, 3rd Floor, Columbus, Ohio 43215. **Checks or money orders should be made payable to: Treasurer, State of Ohio.**

Please click on [Ohio Addendum](#) to download and complete the document.

### **Step 4: Request AMA or AOA Physician Profile (as applicable)**

All applicants for physician licensure are required to submit a physician profile from either the American Medical Association (AMA) or American Osteopathic Association (AOA):

- **Allopathic (MD)** medical school graduates and international medical school graduates should request a physician profile from the American Medical Association (AMA). Profiles must be ordered directly from the AMA website at <https://profiles.ama-assn.org/amaprofiles/>.
- **Osteopathic (DO)** medical school graduates should request a physician profile from the American Osteopathic Association (AOA). Profiles must be ordered directly from the AOA website at <https://www.doprofiles.org/index.cfm>.

## **Additional Licensure Requirements**

**International Medical School Graduates only** must complete the TOEFL IBT. If you have not yet taken the TOEFL IBT, you must register to take the test. If you have already taken the TOEFL IBT, please request the Educational Testing Service to send an official score report to this Board. The TOEFL IBT official score report must indicate that you have received a score of at least 26 in Speaking and 26 in Listening with a total score of 90, unless you meet any of the exceptions listed in the Ohio Addendum. Registration and score report requests are done at <http://www.ets.org/toefl>.

Please Note: The TOEFL, TWE and ECFMG's English exam (prior to 7/1/98) are not equivalent to and cannot be substituted for the TOEFL IBT.

## **Ohio Physician Licensure Application Process Checklist**

- Verify Physician Licensure Eligibility
- Request FCVS Physician Profile (Core Credentials Packet)
- Request FBI and Ohio BCI Background Record Checks
- Complete Ohio Physician Application Addendum (or Uniform Application if applicable)
- Request AMA or AOA Physician Profile (as applicable)
- Request TOEFL iBT Score Report (if applicable)
- Request Employer Recommendation(s) covering last 5 years of employment

Exceptions:

1. If you are self-employed or employed as locum tenens you may submit an NPDB Report in lieu of an employer recommendation;
2. If you are completing residency, you are not required to submit an employer recommendation.

- Request License Verification(s) from any state(s), jurisdiction(s) or Canadian province(s) where you currently hold or previously held a full license

VERIDOC, electronic or standardized letters are all acceptable for license verification(s).

- Submit Ohio Addendum and Physician Licensure Application Fee of \$335 (Checks or money orders made payable to: Treasurer, State of Ohio)

### **Mail all applicable items to:**

State Medical Board of Ohio  
ATTN: Physician Licensure  
30 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, Ohio 43215-6127

# **Ohio Uniform Application (UA) Instructions**

## **Using the UA**

To work on your Uniform Application, select “Uniform Application (UA)” from the Sign In menu at <http://www.fsmb.org/>, then sign in and continue as directed.

If you don't see the UA link underneath the FCVS link after signing in, contact [ua@fsmb.org](mailto:ua@fsmb.org) with your FCVS ID number and a description of this situation.

## **Uniform Application Notes**

- Contact FCVS to update information transferred into the UA from your FCVS profile.
- You will need to manually enter all nine digits of your social security number as FCVS only transfers the last four digits. You may also need to enter a home email address and/or home phone number.
- If you have a BMBS and see it listed as a MBBS, you do not need to have that changed.
- On the Chronology of Activities page, do not leave the Practice/Employment Name field blank. This field is not marked as required as not all states using the UA require this information. The State Medical Board of Ohio does require this information, so the Practice/Employment Name field must contain either a business name or a description of your non-working time (Health Activity, Military Service, PGT/Education, Seeking Employment, or Vacation). Also provide your home address for each non-working time. If these fields are left blank, you will be asked to update and resubmit your UA.
- The UA affidavit is a separate form from the FCVS affidavit. The UA affidavit must be notarized and sent directly to the Board, not to FCVS or FSMB. Sending the UA Affidavit to FCVS or FSMB will result in a delay of your licensure process.
- See the [licensure verification information resource](#) to determine if there are fees for verifying your license(s) and if Form #1, VeriDoc, or another online method is preferred by each board you have held a license under. Boards accepting written requests will accept the UA Form #1 as the written request. All verifying boards will send your license verification to the State Medical Board of Ohio.
- Print and complete the “Ohio Addendum to Uniform Application.” See the next section for details.
- Review your UA on the Review & Submit page. Click on the “Print-A-Copy” link on the right side to print or save a copy as a PDF. Click on the “Submit Application” or “Continue” button after accepting the Terms and Conditions. First time UA users will be charged a one-time service fee of \$50. This is a separate fee from FCVS and is not part of the Board’s licensing fee. A receipt will be available in the Navigation Options menu in the upper right corner of the UA.
- To make changes to an already submitted UA, click on the “Start New/Edit” in the yellow box near the top of the screen. If the box is not there, click on the “Work on My Application” link. Reselect the Board on the map page, make changes as needed, and resubmit your UA.

## **Ohio Addendum to Uniform Application**

1. Complete the “Additional Physician Information” on pages 2-7. All questions must be answered and all affirmative answers must be thoroughly explained. Use a separate sheet as necessary.
2. Complete the “Criminal Offense Information” form on page 8 if you answered “Yes” to Additional Information Question #15 and/or #16. Make additional copies of this form as needed.
3. Have your most recent employer(s) within the last five years complete the “Employer Recommendation Form” on page 9. This form can be mailed or faxed back to the Board. If the employer wants to substitute their own form letter for this form, please note that all information requested on the Medical Board form must be answered on the substitute form.
4. Submit a check or money order payable to Treasurer, State of Ohio in the amount of \$335.00. FEES ARE NEITHER REFUNDABLE NOR TRANSFERABLE. To ensure the correct processing of your fee, please write your UA Login ID on the check or money order.
5. You must mail your application fee, the notarized “UA Affidavit and Authorization for Release of Information,” and pages 2 through 7 or 8 of the “Ohio Addendum to Uniform Application” directly to the Ohio Board. Your application will not be considered received until these items are submitted.

### **Mail all applicable items to:**

State Medical Board of Ohio  
ATTN: Physician Licensure  
30 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, Ohio 43215-6127

### **Technical Support**

If you have any questions regarding the UA, see the [UA FAQ](#). If your question is not answered in the FAQ, contact UA customer service at 888-275-3287 between 8am and 5pm Central time on weekdays. You may also email your issue, username, and FCVS ID to [ua@fsmb.org](mailto:ua@fsmb.org). Please send a screenshot if you encounter an error message.