



State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

RE: Volunteer's Certificate
(Ohio Licensees)

Dear Doctor:

Attached is an application and instructions for a Volunteer's Certificate. **PLEASE READ THE INSTRUCTIONS THOROUGHLY BEFORE COMPLETING THE APPLICATION.** This application is intended only for those applicants whose Ohio license has been expired for no more than two years. If you have not held a full license to practice medicine in Ohio, please contact the Board's licensure staff immediately at the above address and the correct application will be forwarded to you.

Please note that, once submitted, an application cannot be withdrawn without the approval of the Board.

Practice prior to issuance of a Volunteer's Certificate constitutes the illegal practice of medicine.

The application processing time for a Volunteer's Certificate is ordinarily 1 to 3 weeks after receipt of an application by the Board. An incomplete application or any unusual circumstances may require additional processing time.

Enclosures:

ELIGIBILITY FOR A VOLUNTEER'S CERTIFICATE

The Board may issue, without examination, a Volunteer's Certificate to a person who is retired from practice so that the person may provide medical services to indigent and uninsured persons at nonprofit shelters or health care facilities.

To be eligible for a Volunteer's Certificate you must have done one of the following:

- maintained for at least ten years prior to retirement full licensure in good standing in any jurisdiction in the United States that licenses persons to practice medicine and surgery or osteopathic medicine and surgery; or
- practiced for at least ten years prior to retirement in good standing as a doctor of medicine and surgery or osteopathic medicine and surgery in one or more of the branches of the United States Armed Services.

The holder of a Volunteer's Certificate may provide medical services only on the premises of a nonprofit shelter or health care facility and only to indigent and uninsured persons. The holder shall not accept any form of remuneration for providing medical services while in possession of the certificate. Except in a medical emergency, the holder shall not perform any operation or deliver babies. The Board may revoke a Volunteer's Certificate on receiving proof satisfactory to the Board that the holder has engaged in practice in this state outside the scope of the certificate or that there are grounds for action against the person under Section 4731.22, Ohio Revised Code.

VOLUNTEER'S CERTIFICATE

APPLICATION INSTRUCTIONS

(Please read and follow the instructions carefully)

1. Fill out the enclosed **APPLICATION FOR A VOLUNTEER'S CERTIFICATE (OHIO LICENSEES)** in its entirety.
2. If you have changed your name (since your retirement), you must submit a photocopy of the appropriate legal document which authorizes the name change (i.e., marriage certificate, divorce decree). Any document in a foreign language must be accompanied by an official, certified translation.
3. Complete the top portion and forward the enclosed Verification of Activity (Form 1), to the nonprofit shelter or health care facility for completion and its return directly to this Board.

Additional Information Section

Please keep a copy of the Additional Information questions for your own reference. You must notify the State Medical Board of Ohio in writing of any changes to the answers to these questions that may be warranted to ensure that they are both up to date and accurate prior to a training certificate being granted to you by the State Medical Board of Ohio.

Licensure and Wall Certificate

Upon issuance of a Volunteer's Certificate, a letter of notification will be mailed to you. That letter will serve as legal authorization to practice in conjunction with the Volunteer's Certificate. A wallet card and wall certificate will be mailed as soon as possible. The holder of the Volunteer's Certificate shall keep the wallet card on his/her person while providing medical services and shall display the wall certificate prominently in the nonprofit shelter or health care facility where the holder primarily practices.

Renewal and Continuing Medical Education:

A Volunteer's Certificate shall be valid for a period of three years and may be renewed upon the application of the holder. Ohio law also requires 150 hours of continuing medical education for renewal. Information outlining the C.M.E. requirements will be mailed following issuance of the Volunteer's Certificate.



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APPLICATION FOR VOLUNTEER'S CERTIFICATE (OHIO LICENSEES)

PLEASE TYPE OR PRINT CLEARLY

Your social security number is required to facilitate reporting to the federal Healthcare Integrity & Protection Data Bank (42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pt. 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. §666 and §3123.50. O.R.C.) It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. §11101 and 45 C.F.R. pt. 60) and for other investigative/enforcement purposes in compliance with Chapters 4730., 4731., 4760. or 4762., O.R.C. or as otherwise required by state or federal law.

U.S. Social
Security Number

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Full Name
(Use no initials)

Last	First	Middle	Suffix (Jr., II)
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Maiden Name
or Other Names
Used (If none,
enter "NONE")

Last	First	Middle	Suffix (Jr., II)
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Current
Address

Street Number & Name			
City	State	Zip Code	Country

Telephone Business

Area Code & Number ()

Home

Area Code & Number ()

Birth
Date

Mo/Day/Yr / /

Birth
Place

City	State	Country
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**VOLUNTEER'S CERTIFICATE
ADDITIONAL INFORMATION**

If you answer "YES" to any of the following questions, you are required to furnish complete details, including date, place, reason and disposition of the matter. All affirmative answers must be thoroughly explained on a separate sheet of paper.

Place an in the YES or NO box

		YES	NO
1.	At any time since signing your last application for renewal of your Ohio certificate have you ever been found guilty of, or pled guilty or no contest to a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
2.	At any time since signing your last application for renewal of your Ohio certificate have you ever been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?	<input type="checkbox"/>	<input type="checkbox"/>
3.	At any time since signing your last application for renewal of your Ohio certificate are you now or have you ever been, addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in Section 4731.224 and 4731.25, Ohio Revised Code, and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.	<input type="checkbox"/>	<input type="checkbox"/>



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VOLUNTEER'S CERTIFICATE FORM 1 - VERIFICATION OF ACTIVITY

I am applying for a Volunteer's Certificate in the State of Ohio. Please complete the form and return it directly to the State Medical Board of Ohio at the above address.

TO BE COMPLETED BY APPLICANT

Full Name (last, first, middle, suffix)

Complete address (number & street)

(city, state & zip)

Signature of applicant

Date of birth (mo/day/yr)

Medical school of graduation

Date

TO BE COMPLETED BY RESPONSIBLE PHYSICIAN OR OTHER PERSON

This is to certify that the above named applicant will be providing medical services to indigent and uninsured persons in accordance with Section 4731.295, Ohio Revised Code.

Name of nonprofit shelter or health care facility

location (street, city, state and zip code)

SEND CONFIRMATION TO:

Name

Complete street address

City

State

Zip

Signature

Name (please print clearly or type)

Title

Telephone Number

Date

**VOLUNTEER'S CERTIFICATE
AFFIDAVIT AND RELEASE OF APPLICANT**

The affidavit and release below must be completed by ALL applicants. The form must be notarized. Failure of any applicant to submit the affidavit completed and notarized with the application will result in your application being considered as incomplete.

ss STATE OF _____

 COUNTY OF _____

I, _____, hereby certify under oath that I am the person named in this application for a Volunteer's Certificate in the State of Ohio; that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished to this Board with respect to my application; and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every respect.

I acknowledge that I have read the general information and instructions for all applicants and I have answered all questions in compliance with these instructions. I understand that I will not accept any form of remuneration for any medical services rendered while in possession of a Volunteer's Certificate.

I further state that by filing this application for a Volunteer's Certificate in the State of Ohio, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the Volunteer's Certificate. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of any reports or know their contents and I further understand that the contents of any investigative report will be privileged.

I further understand that failure to complete this application as requested by the Board within six months can be considered as abandonment of any request for a registration number and that any fee I submitted is not refundable or transferable.

I authorize and request every person, hospital, clinic, governmental agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having control of any documents, records and other information pertaining to me to furnish to the State Medical Board of Ohio any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the State Medical Board of Ohio or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application, subsequent registration or practice hereunder.

I hereby release, discharge, and exonerate the State Medical Board of Ohio, its agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of investigation made by the State Medical Board of Ohio. I authorize the State Medical Board of Ohio to release information, material, documents, orders or the like relating to me or to this application to any other governmental agency (local, state, federal or foreign); or to any hospital, nursing home, clinic, health maintenance organization, or similar institution, or to any professional association.

I further understand that consideration of this application is based on the truth of the statements and documents made or furnished in connection with it. If any of the statements are false, I may be permanently denied a Volunteer's Certificate in Ohio.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature

(NOTARY SEAL)

Date Commission Expires