State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, OH 43215
med.ohio.gov

CLINICAL RESEARCH FACULTY CERTIFICATE APPLICATION
Verification of Activity

This form must be completed and signed by the Dean of the Medical School or the Department Director or Chairperson of the hospital conducting the program. Email completed form and supporting documents directly to the State Medical Board at certificates@med.ohio.gov.

Applicant: _____
Last First Middle Suffix (Jr., II)

has been appointed to serve on the academic staff of:

Medical School: _____

_____
School Street Address City State Zip Code

effective from _____ to _____ *Date range may **not** exceed three years.
Month/Day/Year Month/Day/Year

affiliated with the following hospital(s) where teaching and research activates will occur:

Teaching Hospital (name and address)	Name of Medical Director

Applicant shall perform the following medical or surgical activities as part of applicant's participation in a clinical professional development program in accordance with Ohio Revised Code 4731.293.
(continued on next page)

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Description of activity and scope of practice including teaching research and procedures in which the applicant will be engaged:

Type and amount of patient contact that will occur in connection with the applicant's teaching and research activities:

I hereby certify that the information contained herein is true, accurate and complete to the best of my knowledge, information and belief. I further certify that the applicant is qualified to perform the teaching and research activities described herein and is in compliance with any current clinical research faculty certificate and will be permitted to work only under the authority of the department director or chairpersons of the teaching hospital(s) affiliated with the medical school where the applicant's teaching and research activities will occur.

Signature (dean, department director or chairperson)

Date

Name

Title

Email

Phone

Subscribed and sworn before me

this day of 20 .

Notary Public

Date Commission Expires

Notary Seal: