



CERTIFICATE OF CONCEDED EMINENCE RENEWAL
Verification of Eligibility

This form must be completed and signed by the academic medical center or affiliated physician group where the applicant has been appointed to serve. Email completed form and supporting documentation directly to the State Medical Board at certificates@med.ohio.gov.

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

State of Ohio certificate number: _____

I certify that the:

Applicant's initial appointment to the medical faculty is still valid or has been renewed;

Applicant's clinical practice is consistent with the established standards in the field;

Applicant has demonstrated continued scholarly achievement;

Applicant has demonstrated continued professional achievement consistent with the academic medical center's requirements, established pursuant to standards adopted under section 3701.351 of the Revised Code, for physicians with staff membership or professional privileges with the academic medical center.

Signature

Date

Name

Title

Email

Phone

<p>Subscribed and sworn before me</p> <p>this day of 20 .</p> <p>Notary Public</p> <p>Date Commission Expires</p> <p>Notary Seal:</p>
