

CRIMINAL RECORDS CHECK REQUIRED FOR INITIAL LICENSURE
PHYSICIANS (MD & DO)
TELEMEDICINE (MD & DO)

Chapters 4731 of the Ohio Revised Code requires all individuals applying for a new license or restoring a license with the State Medical Board of Ohio to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI).

ALL applicants are required to utilize “WebCheck”, Ohio’s electronic fingerprint system, to electronically submit their fingerprints to BCII. The Board will typically receive the results of criminal records check submitted via “WebCheck” with 7 to 10 business days. In addition to the \$22 BCII fee and \$24 FBI fee, the electronic fingerprinting company/agency will charge an additional handling fee to process the fingerprints.

Since the law requires applicants for licensure to submit a criminal records check completed by both BCII and the FBI, applicants **MUST** use the services of a vendor that participates in the “National WebCheck”. The Sheriff’s offices in most 88 Ohio counties participate in the “National WebCheck”. A list of all “Webcheck” vendors, searchable by county, is available online at:

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck>

When locating an electronic fingerprinting site on this web page, please note that you MUST use the services of a vendor that has (BCI and FBI) listed after the vendor’s name. Only these entities participate in “National WebCheck”. The Board does not endorse or recommend any specific electronic fingerprinting company/agency.

You need both the BCII and FBI criminal records check for initial licensure and license restoration. By law, the Board cannot complete the processing of your application until it receives the background check reports from both BCII and FBI.

Steps for “WebCheck”

1. Identify a “BCI and FBI” vendor that participates in the “National WebCheck”.
2. Submit your fee directly to the vendor. **DO NOT SEND YOUR FINGERPRINTS OR FEE TO THE BOARD.**
3. Request that the criminal records check results from both BCII and FBI be sent directly to:

**State Medical Board of Ohio
30 E. Broad St., 3rd Floor
Columbus, Ohio 43215-6127**

- Indicate the reason for fingerprinting as: “Required for licensure per ORC 4731.081.”
- FOR TELEMEDICINE ONLY: “Required for licensure per ORC 4731.296”
- List the agency code as **1AB002**.

Instructions for Individuals Residing Outside Ohio

Individuals residing outside Ohio must contact the Board by email at med.license@med.state.oh.us to request the appropriate forms. The Board will mail the forms needed for your fingerprints to be processed at your local law enforcement agency.



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov/

Introduction to the Common License Application Form (CLAF)

The State Medical Board of Ohio is pleased to become the first Board in the country to implement the new on-line application process for medical and osteopathic physicians called the "Common License Application Form" or "CLAF." The CLAF will benefit physicians by reducing redundancy in filling out multiple applications when applying for licensure in multiple states, thus increasing portability. This new and exciting program is a major innovation in the medical licensing system.

Ohio has long required physicians to apply to the Federation Credentials Verification Service (FCVS) for prime source verification of their core credentials as part of the application process for licensure. This results in the applicant having to provide some of the same information to both the FCVS and the Ohio Board on separate applications. Through the use of CLAF, the information previously provided to the FCVS will automatically be incorporated into the Common License Application Forms used by the Ohio Board, making completion of the Ohio Application faster and easier.

As other Boards join the on-line application system, physicians will be able to apply to multiple states by filling the application out once on the CLAF, then directing it to additional states. Each time, the information previously provided through the CLAF will be incorporated into the Common License Application Forms used by each state, leaving only the state-specific portion of the application to be completed. Kentucky is scheduled to join the CLAF soon after the Ohio implementation, to be followed by New Hampshire.

Thank you for joining us in pioneering the CLAF.

Instructions for Completing the Ohio Application

Review the following instructions carefully before completing the application. Processing will not begin until the completed application and the appropriate fee are received. Failure to submit all required information and documentation will result in processing delays.

In completing the on-line application, you will be asked to fill out a Practice/Employment History, accounting for all time since medical school graduation, and a Malpractice Liability Claims history section. Having this information on hand before you begin your session will facilitate completing your on-line application.

Please note that, once submitted, an application cannot be withdrawn without the approval of the Board. Fees submitted are neither refundable nor transferable, even if a withdrawal is permitted.

The application processing time for licensure is ordinarily 10 to 12 weeks after receipt of an application by the Board. An incomplete application or any unusual circumstances may require additional processing time.

On-Line Application Process

1. Begin the process by clicking on the link at the end of these instructions. Select "Trusted Agent-Create an Account now" and follow the instructions to register a Trusted Agent account. Return to the application (CLAF) logon, using your new Trusted Agent Username and Password.
2. Complete the Common License Application Form (CLAF). Information that was provided in the FCVS application will automatically appear in the CLAF. Those fields are shaded in gray and cannot be edited. If you need to make any changes to that information, follow the instructions on the screen to contact the FCVS.

3. Print out the "Affidavit and Authorization for Release of Information" and "Form #1: Licensure Verification Form." These must be completed and submitted to the State Medical Board of Ohio.
4. Print out the "Addendum for State Medical Board of Ohio". This must be completed and submitted to the State Medical Board of Ohio with the application fee of \$335.00.
5. Submit the online application by clicking on the "Submit Application" button.

Ohio Addendum Process

1. Complete pages 1 and 2 of the "Ohio Addendum to Application."
2. Check the box on page 3 of the "Ohio Addendum to Application" if you wish to apply for a Telemedicine certificate.
3. Complete the Ohio Addendum to Application Additional Information questions (pages 4-7). All questions must be answered and all affirmative answers must be thoroughly explained.
4. Attach a recent (taken within the last six months) passport-type **COLOR** photograph of yourself to the "Affidavit and Authorization for Release of Information" (printed out in Step 4 of the On-Line Application Process). Take the form to a notary public and sign the form in the presence of the notary public.
5. Submit a check or money order made payable to the **State Medical Board 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 TAP User ID (appearing on the bottom of each page of the Addendum) on the check or money order.
6. You must mail your application fee, the notarized "Affidavit and Authorization for Release of Information" and pages 1-7 of the "Ohio Addendum to Application" directly to the Ohio Board. Your application will not be considered received until these items are submitted to the Board. Mail to:

State Medical Board of Ohio
30 E. Broad St., 3rd. Floor
Columbus, OH 43215-6127

7. Attach a recent (taken within the last six months) passport-type **COLOR** photograph of yourself to each of the two Certificates of Recommendation, sign and date beneath your photographs, and forward to the two physicians who will complete these recommendations. The physician you choose to complete each form must have known you at least six months and must be fully licensed in the state in which the form is notarized. Black and white photos will not be accepted.
8. Complete the top portion of the "Form #1: Licensure Verification Form" from the CLAF and forward it to each state and/or Canadian province in which you hold or have ever held a license to practice medicine or osteopathic medicine, including a temporary license, training certificate, educational permit, or other license or certificate, **whether the license is current or not**. That licensing board must return the form directly to the Ohio Board. Since some state boards charge a fee for completion of this form, you may wish to check with each board before submitting this form to them. State Board mailing addresses may be obtained from www.fsmb.org/directory_smb.html.

**TO BE COMPLETED BY ALL ALLOPATHIC (MD) MEDICAL SCHOOL GRADUATES
AND INTERNATIONAL MEDICAL GRADUATES**

9. AMA Physician Profile

Request a physician profile from the American Medical Association (AMA). Profiles must be ordered directly from the AMA website at www.ama-assn.org/amaprofiles.

TO BE COMPLETED BY OSTEOPATHIC MEDICAL SCHOOL GRADUATES ONLY

10. AOA Physician Profile

Request a physician profile from the American Osteopathic Association (AOA). Profiles must be ordered directly from the AOA website at <http://do-online.osteotech.org/index.cfm>. Click on "Physician Profiles".

TO BE COMPLETED BY INTERNATIONAL MEDICAL SCHOOL GRADUATES ONLY

11. TOEFL iBT

You must request the Educational Testing Service to forward an official score report to this Board indicating that you have received a score of at least 26 in Speaking and 26 in Listening with a total score of 90 on the TOEFL iBT, ***unless you meet one of the exceptions listed in the Ohio Addendum to Application***. If you have not yet taken the TOEFL iBT, you must contact the Educational Testing Service directly to apply. The address and website are:

Educational Testing Service
PO Box 6151
Princeton, NJ 08541-6151
(877) 863-3546
www.ets.org/

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.

If you have previously held a full Ohio license, **DO NOT PROCEED ANY FURTHER**. You must restore that license. To request a restoration application, click on the following email Peri.Vest@med.state.oh.us or call the Renewal Department directly at (614) 728-3113.

[Begin Application Process](#)

If you would like a paper application, you must submit a written request, to the Ohio Board. Please be advised that the FCVS application must also be completed.