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

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 (reappointment letter or contract and a letter addressing qualifications) directly to the State Medical Board at license@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

Subscribed and sworn before me

this day of 20 .

Notary Public

Date Commission Expires

Notary Seal:

07/2018