



<b>Identification Information</b>		<a href="#">[back]</a>
<b>Name</b>	Dr. HARLEY M BLANK Birth Date: 4/1939 Birth Place: MANSFIELD, OH Birth Country:	
<b>Practice</b>	1243 E BROAD ST COLUMBUS, OH 43205 United States of America	
<b>Residence</b>	Columbus, OH 43230 County: Franklin	
<b>Professional Education</b>	School: 036050-Ohio State University College of Medicine and Public Graduated: 06/12/64	

<b>License and Registration Information</b>				
Credential	License Type	Initial Licensure Date	Expiration Date	Status
35.027415	Doctor of Medicine	08/25/1964	07/01/2017	ACTIVE
<b>Specialties</b>				
OBSTETRICS & GYNECOLOGY				
<p><u>Specialty listings are voluntarily provided by the physician. They are not verified by the State Medical Board and do not confirm that the physician is Board certified by a professional specialty organization. To find out if a physician is certified by a specialty board, you should contact that board. Information and links to specialty boards can be found by clicking this green box.</u></p>				

<b>Formal Action Information</b>
No formal action exists.

**The above is an accurate representation of information currently maintained by the State Medical Board of Ohio as of 3/10/2016. The JCAHO and the**

**NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.**

**The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Ohio. Physicians initially licensed in Ohio after February 1st, 1997 have had their medical education, post-graduate training and examination history primary source verified by FCVS. Therefore, the use of this website for documentation of primary source verification (PSV) of education and training meets current NCQA guidelines for those licensed after February 1, 1997. This statement, affirming that primary source verification of medical education and post-graduate training has been performed as part of the licensure process, should be printed out and retained in your files. Prior to February 1, 1997, the State Medical Board prime source verified the post-graduate training and examination history.**

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