Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Title - FBI Report

Description - I acknowledge as an applicant I am required to complete an FBI criminal records check and the results should be sent directly to the State Medical Board of Ohio. Attested - Attestation complete

Title - BCI Report

Description - I acknowledge as an applicant I am required to complete an Ohio BCI criminal records check and the results should be sent directly to the State Medical Board of Ohio. Attested - Attestation complete

Title - License Verification

Description - I attest that I will request License Verification(s) from any state(s), jurisdiction(s) or Canadian province(s) where I currently hold or previously held a full license. VERIDOC, electronic or standardized letters are acceptable for license verification. Attested - Attestation complete

Title - Supporting Documents

Description - Have you ever been arrested, forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit...

- Attached file Cactus Explination .pdf
- Attached file Conditions of Unsupervised Probation.pdf
- Attached file Early Termination of Unsupervised Probatoin.pdf
- Attached file Suspension of Sentence and Placement of Unsupervised Probation.pdf

Attached file - Disposition.pdf

Attached file - Plea Agreement.pdf

Attached file - Summons _ Affidavit of Service.pdf

Title - AMA (MD) Physician Profile

Description - I attest to have a physician profile from the American Medical Association (AMA) (https://profiles.ama-assn.org/amaprofiles/) sent to the Board.