



State Medical Board of

**Ohio**

# Medical Board Updates

Central Ohio Program Administrators Meeting

August 9, 2019

# Today's Presentation

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1. About the Medical Board
2. Impact of Training Certificate changes
3. Licensure and renewal process changes
4. Medical Marijuana Certificates to Recommend (CTR) updates



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EXPLORE, DISCOVER, ACT

# About the Medical Board

*Protecting the public through  
effective medical regulation*

The Medical Board is the state agency charged with regulating the practice of medicine and selected other health professions

12 persons appointed by the governor to five year terms; may be reappointed

- 9 doctors: 7 MDs, 1 DO, and 1 DPM
- 3 consumer members

Board meets monthly - approves licensure applications, issues disciplinary orders, and addresses policy issues



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**Regulating  
> 87,000  
Licensees**

<b>Medical Doctors 42,007</b>	<b>Anesthesiologist Assistants 278</b>	<b>Massage Therapists 11,638</b>
<b>Osteopathic Physicians 6,826</b>	<b>Physician Assistants 4,149</b>	<b>Cosmetic Therapists 176</b>
<b>Podiatric Physicians 981</b>	<b>Radiologist Assistants 18</b>	<b>Acupuncturists 247</b>
<b>Training Certificates MD-DO-DPM 8,004</b>	<b>Genetic Counselors 377</b>	<b>Oriental Medicine Practitioners 59</b>
<b><i>New license types added January 2018</i></b>	<b>Dietitians 4,353</b>	<b>Respiratory Care 8,391</b>



# Training Certificates



# Training Certificates

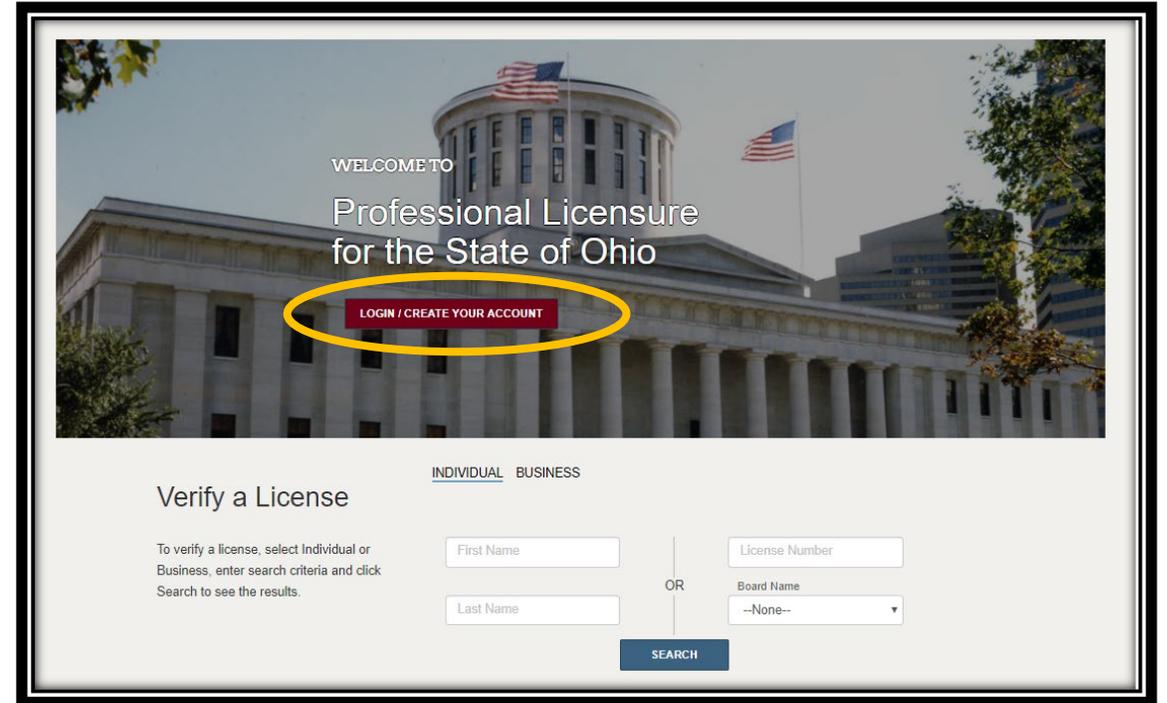
Required of residents and fellows in training programs in Ohio unless they have a full license – valid 3 years

May be renewed once – valid for 3 more years – online renewal only

# Online application only

1. Trainee sets up eLicense account
2. Completes application form
3. Pays \$133.50 application fee with Visa, Mastercard or Discover
4. Requests verification of any license (including training license) held in other state to be sent to Medical Board

<https://elicense.ohio.gov>



Background checks are **NOT** required for training certificate holders



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# Training Certificates



**Eliminated** the *Medical Education Verification form* completed by medical schools and sent to Medical Board in 2018



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# Ohio Training Program Certification form replaces Medical Ed verification form

## Training program completes form and emails it to Medical Board for each trainee



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State Medical Board of Ohio  
30 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, OH 43215  
(614) 466-3934 med.ohio.gov

### TRAINING CERTIFICATE - Medicine or Osteopathic Medicine and Podiatric Medicine

#### Ohio Training Program Certification

Ohio Training Program: Complete this form and email directly to [certificates@med.ohio.gov](mailto:certificates@med.ohio.gov).

Applicant's Full Name: \_\_\_\_\_  
Last First Middle Suffix (Jr., II)

Name of Ohio Training Program: \_\_\_\_\_

Training Program Address: \_\_\_\_\_  
Street Address  
City State Zip Code

Type of Program (check only one):

ACGME/AOA/CPME/APMA accredited internship or residency  
Specialty: \_\_\_\_\_

A clinical fellowship program at an institution with ACGME/AOA/CPME/APMA accredited residency program in a clinical field the same as or related to the clinical field of the fellowship program  
Clinical Field of Fellowship: \_\_\_\_\_  
Related ACGME/AOA/CPME/APMA Accredited Residency Program: \_\_\_\_\_

An elective clinical rotation that lasts not more than one year and is offered to interns, residents, or clinical fellows participating in programs that are located outside this state and meet the requirements of one of the above. Name of out-of-state accredited program: \_\_\_\_\_

CERTIFICATION DATES - Indicate the month, day and year for both the beginning and ending dates in which the training certificate is to be issued. If the application is received prior to the date of the appointment, the appointment date will be used. If the application is received after the appointment date, a new form will be required.

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

1) I certify that the training program will verify that the applicant has been issued a diploma, ECFMG certificate or a fifth pathway certificate, before permitting the applicant to begin participation in the training program.

2) I certify that the training program will notify the Medical Board if a holder of a training certificate has not been issued a diploma, an ECFMG certificate, or a fifth pathway certificate, before the start date of the training program.

3) I certify that the above information is true and correct to my knowledge.

Name of Medical or Program Director \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_



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# Results

**2,200 training certificates issued in the 75 days between National Residency Match Day on March 15, 2019 and July 1, 2019**

**Very few acknowledgement letters issued**

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Old way – acknowledgement letter issued and applications processed in about 6 months



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# Training Certificate Process Tips

**Applicant can include credentialer's email address on form – credentialer will receive copies of the auto reply emails sent to applicant such as application received, certificate issued etc.**

**Copies of ECFMG certificate or medical school diploma do not need to be sent to Medical Board – BUT notify board if documents not received by training program before applicant's start date**

**Training Certificate will not be issued until board receives completed program certification form from the training program**



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# Lessons Learned

**Incomplete program  
certification forms  
will be returned**

**Training program  
sends program  
certification form –  
not the applicant**

**No batch PDF files –  
Each trainee's  
certificate should be  
separate**

**Several separate  
PDF files can be  
sent in one email**

**[license@med.ohio.gov](mailto:license@med.ohio.gov)**



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# Ohio Rotation – Out-of-State Trainee

Ohio training program -- **not the out-of-state training program** -- completes the “Ohio Training Certification Form” and emails it to the Medical Board

- Trainee submits training certificate application
- Training certificate valid for three years



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# Mid-Year Program Changes

## Training Program Change Form required

Applicant completes top section with name and Ohio Training Certificate number

NEW training program completes rest of form and emails completed form *license@med.ohio.gov*

State Medical Board of Ohio  
30 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, OH 43215  
(614) 466-3934 med.ohio.gov

**TRAINING CERTIFICATE**  
Training Program Change Form  
Program: Email completed form directly to [license@med.ohio.gov](mailto:license@med.ohio.gov).

**THIS SECTION TO BE COMPLETED BY APPLICANT**

Full Name: \_\_\_\_\_  
Last First Middle Suffix (jr., II)

Ohio Training Certificate Number: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE NEW TRAINING PROGRAM**

Name of Training Program: \_\_\_\_\_

Training Program Address: \_\_\_\_\_  
Street Address

City State Zip Code

Type of Program (check only one):  
 ACGME/AOA/CPME/APMA accredited internship or residency. Specialty: \_\_\_\_\_  
 A clinical fellowship program at an institution with ACGME/AOA/CPME/APMA accredited residency program in a clinical field the same as or related to the clinical field of the fellowship program  
Clinical Field of Fellowship: \_\_\_\_\_  
Related ACGME/AOA/CPME/APMA Accredited Residency Program: \_\_\_\_\_  
 An elective clinical rotation that lasts not more than one year and is offered to interns, residents, or clinical fellows participating in programs that are located outside this state and meet the requirements of one of the above. Name of out-of-state accredited program: \_\_\_\_\_

CERTIFICATION DATES - Indicate the month, day and year for both the beginning and ending dates in which the training certificate is to be issued. If the application is received prior to the date of the appointment, the appointment date will be used. If the application is received after the appointment date, or is not completed until after the appointment date, the completion date will be the date the certificate will become effective.

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

I certify that the above information is true and correct to my knowledge.

Name of Medical/Program Director Title  
Signature Date  
Phone Number Email

12, 2018

[med.ohio.gov/apply/training\\_certificate](https://med.ohio.gov/apply/training_certificate)



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**Common problem - Residents use their out-of-state address on application and forget to change it to their Ohio address**

**Email should be kept current – best not to use training program email**

**Update address and email through the [elicense.ohio.gov](http://elicense.ohio.gov) portal**

**Keep  
Address  
and Email  
current**

# Training Certificate Renewal

Drastic decrease in the number of training certificate renewals since switching from annual renewal to a three year renewal

	FY18	FY19
Training Certificate Renewals (MD, DO & DPM)	3,537	195



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Fiscal year: July 1 through June 30

# Training Certificate Renewal



**Remind trainees when time to renew training certificate**

**Don't run risk of having trainee practice with expired training certificate --- program at risk for permitting unlicensed practice**



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# Training Certificates - Late Renewal

anticipated effective date mid-October 2019

Law changes will allow late renewal of a training certificate not less than 30 days after the date the training certificate expired

Late renewal fee is \$150

Training certificate valid for three more years



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# Physician Licensure and Renewal Changes

# License Approval Changes

anticipated effective date mid-October 2019

Law changes **eliminate** statutory requirement for at least six affirmative votes by board members to issue a license

- Medical Board must adopt management rule to implement this change

Enables board to issue licenses when the application is complete rather than holding complete application until next monthly board meeting for approval by the board

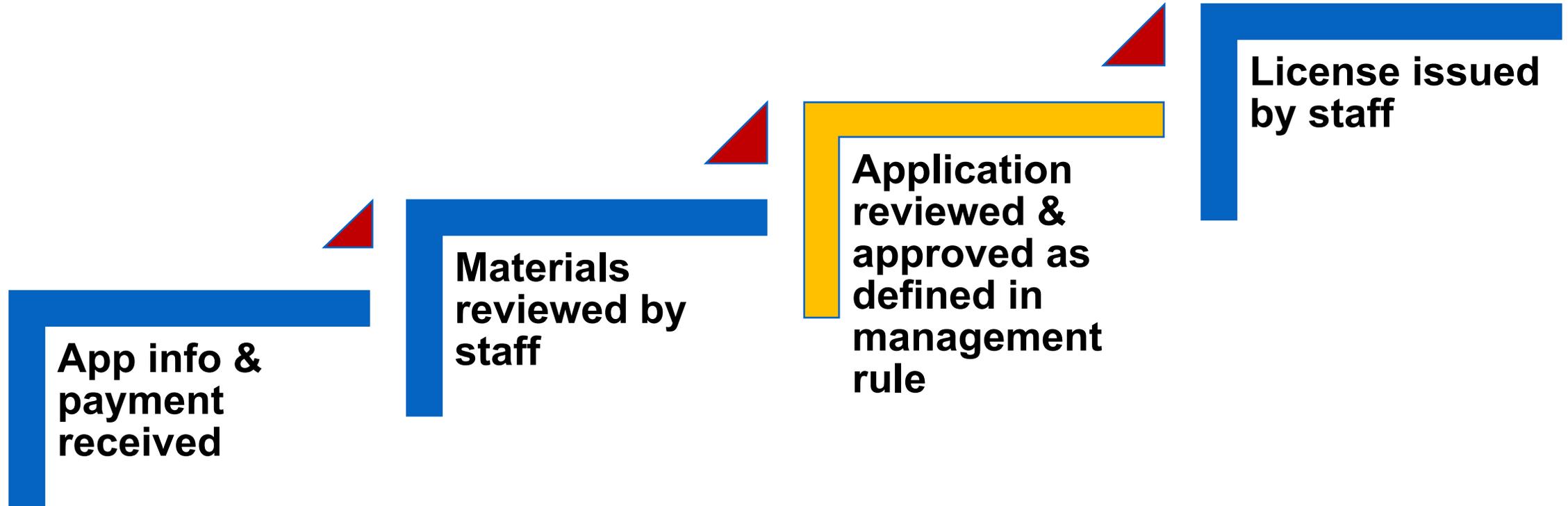


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# Revised license process

anticipated effective date mid-October 2019



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# Expedited Licensure MD – DO only



## STRICT eligibility requirements

Must hold a full, unrestricted license in another state for at least 5 years

Must have actively practiced medicine in a clinical setting in the 2 years immediately preceding the application

\$1,000 **non-refundable** application fee

Criminal background check required

Issued weekly when application complete



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# Physician License Renewal



WELCOME TO  
Professional Licensure  
for the State of Ohio

LOGIN / CREATE YOUR ACCOUNT

Verify a License

INDIVIDUAL BUSINESS

To verify a license, select Individual or Business, enter search criteria and click Search to see the results.

First Name

Last Name

OR

License Number

Board Name

SEARCH

Renewed every two years – renewal date determined by the first initial of the doctor's last name.

First renewal cycle may vary based on license issue date and licensee's last name.

Licensees update their contact information, answer questions on the online renewal form, and pay their renewal fee. Physicians **attest** that they have completed 100 continuing education hours to renew their medical license.



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# License Renewal Date Changes

anticipated effective date mid-October 2019



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Eliminates the renewal dates in statute for all licenses issued after the effective date of the legislation

**New** licenses will be valid for two years, expiring on the date that is two years from the date of issuance

**issue date - October 20, 2019    expiration date - October 20, 2021**

**Change does not apply to those licensed before the effective date of the law**

# CME Update

CME cycle in sync with renewal cycle

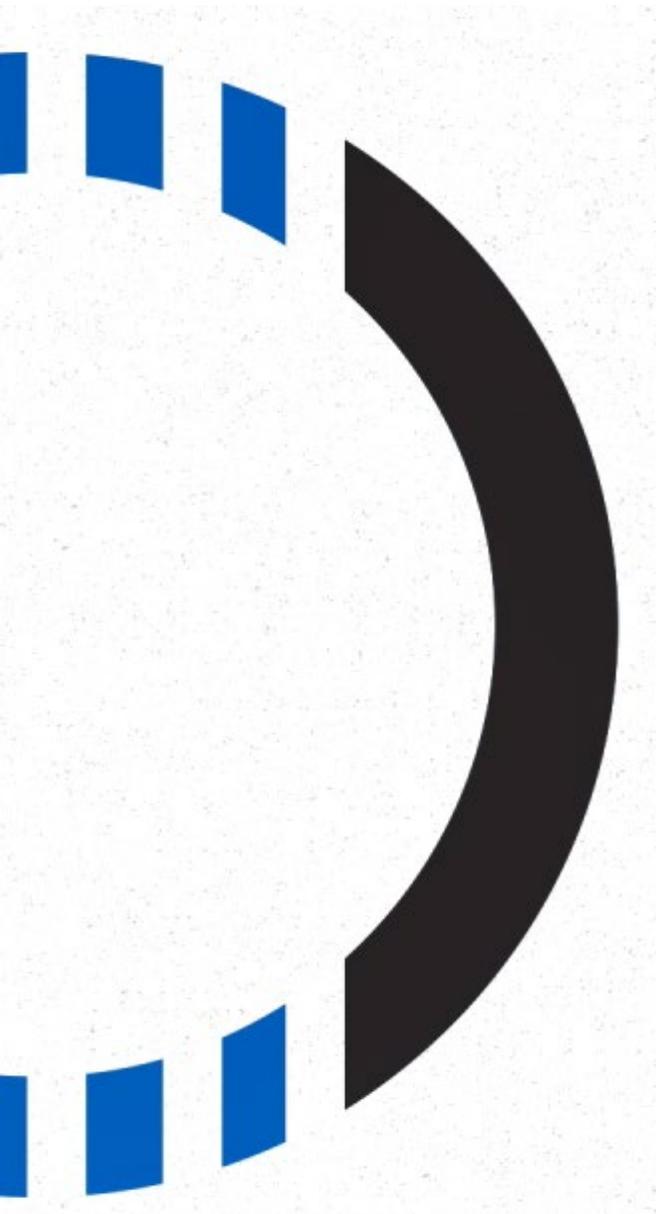


CME hours changed to 50 hours Category I credit required per CME cycle – Category II hours will no longer be required

First initial of licensee's last name	License expiration date	CME cycle
A-B	7/1/21	7/2/19 – 7/1/21
C-D	4/1/21	4/2/19 – 4/1/21
E-G	1/1/21	1/2/19 – 1/1/21
H-K	10/1/20	10/2/18 – 10/1/20
L-M	7/1/20	7/2/18 – 7/1/20
N-R	4/1/20	4/2/18 – 4/1/20
S	1/1/20	1/2/18 – 1/1/20
<b>T-Z</b>	<b>10/1/19</b>	<b>10/2/17 – 10/1/19</b>

Licensee Last Name	License Expiration Date	Next Expiration Date
A-B	July 1 – odd years	7/1/2021
C-D	April 1 – odd years	4/1/2021
E-F-G	January 1 – odd years	1/1/2021
H-I-J-K	October 1 – even years	10/1/2020
L-M	July 1 – even years	7/1/2020
N-O-P-Q-R	April 1 – even years	4/1/2020
S	January 1 – even years	1/1/2020
<b>T-W-X-Y-Z</b>	<b>October 1 – odd years</b>	<b>10/1/2019</b>

# License Renewal Date Chart



# Other News to Know

# Pending Changes

anticipated effective date mid-October 2019

**Physician Assistant license application fee cut to \$400 (used to be \$500)**

## **Telemedicine Certificates discontinued**

- Separate license no longer needed since ALL physicians will be required to have 50 hours of CME every two years
- MD-DO with current Telemedicine License will be converted to a MD or DO license



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# Medical Marijuana – Certificate to Recommend (CTR)

Medical Board issues Certificates to Recommend medical marijuana to qualified MD or DO applicants

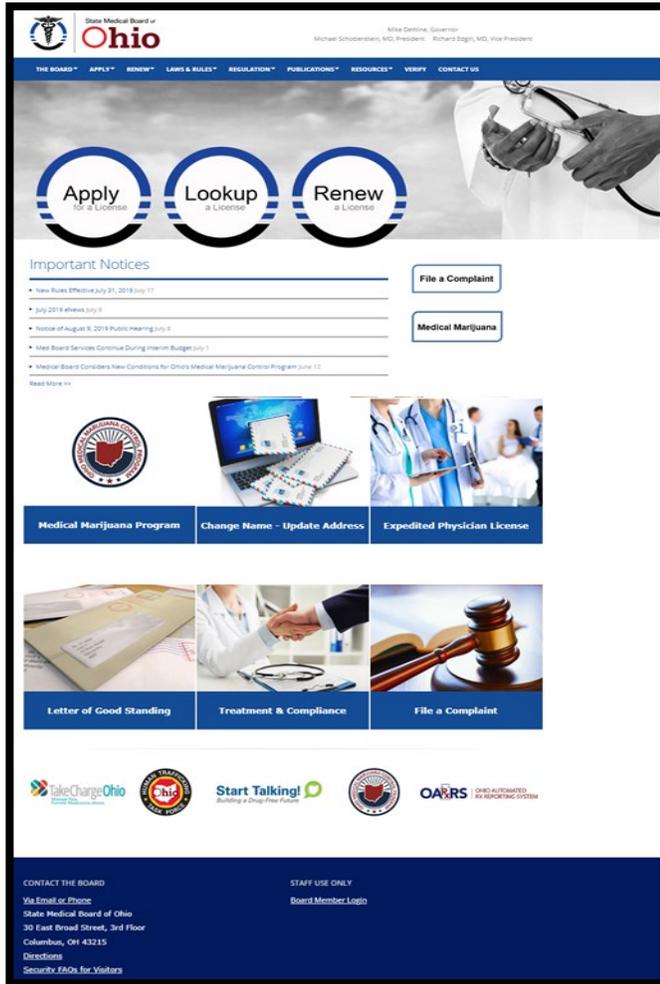
Eligibility for CTR in Rule 4731-32-02, Ohio Administrative Code

533 physicians with CTR --- listed as 35.999333**CTR** or 34.333999**CTR**



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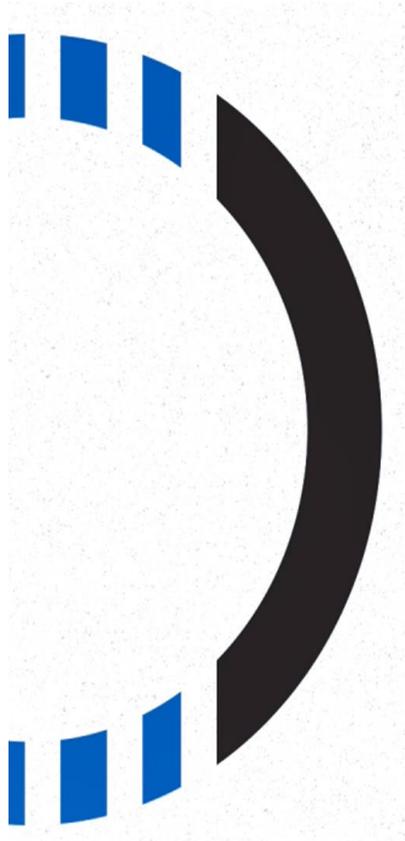
# Doctors with active CTR

[med.ohio.gov](https://med.ohio.gov)

Publications > CTR search

[medicalmarijuana.ohio.gov](https://medicalmarijuana.ohio.gov)

> physicians



# Mitchell Alderson

Chief of Licensure

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[med.ohio.gov](http://med.ohio.gov)



[contact@med.ohio.gov](mailto:contact@med.ohio.gov)



[elicense.ohio.gov](http://elicense.ohio.gov)



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