



CERTIFICATE OF CONCEDED EMINENCE APPLICATION
Verification of Eligibility

This form must be completed and signed by the Dean of the Medical School where the applicant has been appointed to serve as a faculty member. Email completed form and supporting documentation (including three letters of reference) directly to the State Medical Board at license@med.ohio.gov.

Applicant: Last First Middle Suffix (Jr., II)

has been appointed as a full-time faculty member at:

Medical School:

School Street Address City State Zip Code

effective from Month/Day/Year to Month/Day/Year \*Date range may not exceed two years.

has accepted an offer of employment with the following academic medical center or affiliated physician group practice:

Name of medical center/practice

Medical center/practice Address City State Zip Code

effective from Month/Day/Year to Month/Day/Year \*Date range may not exceed two years.

Applicant is an international medical graduate who holds a medical degree from:

Applicant holds a license in good standing in the following state(s):

Applicant has unique talents and extraordinary abilities not generally found within the applicant's specialty as demonstrated by at least four of the following:

- Achieving educational qualifications beyond those required for entry into applicant's specialty, including advanced degrees, special certifications or other academic credentials
Writing multiple articles in journals listed in the index medicus or an equivalent scholarly publication
A sustained record of excellence in original research, at least some of which involves serving as the principal investigator or co- principal investigator for a research project
Receiving nationally or internationally recognized prizes or awards for excellence

