

Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
(502) 429-7150  
[www.kbml.ky.gov](http://www.kbml.ky.gov)

## Regular Medical/Osteopathic License Instructions

**Before proceeding any further, if you have answered “yes” to a Category question on your electronic application, you will need to provide the Board with a typewritten narrative explaining your response to that question in detail and submit the letter along your application forms. Please see page 5 of these instructions for more details.**

**Upon completion of the online application for the Regular Medical/Osteopathic License and submission of your \$300 licensure fee, the following requirements will need to be completed:**

### **FCVS Packet:**

Federation Credentials Verification Service (FCVS) is a service of the Federation of State Medical Boards and is required by the Kentucky Board of Medical Licensure. The FCVS provides a permanent central depository for documents which represent the core credentials of any physician. By using this service, the following core credentials are verified and kept in your lifetime portfolio for future credentialing by the FCVS:

- Identity
- Medical Education Verification
- Postgraduate Training Verification
- Exam Scores
- ECFMG and/or Fifth Pathway
- Board Actions
- American Board of Medical Specialties Certification

**To complete the FCVS application, go to <https://portal.fsmb.org/MyFsmb/>.**

- Click on the FCVS icon in the gold Credentialing Services section.
- If you already have a profile established, log in with your FSMB User Name and Password. If not, click on “Create an account.”
- Read all information and follow the instructions provided on each screen.

### **Important:**

- **You will need to designate Kentucky as recipient of your FCVS Profile or your packet will not be sent to KBML.**
- **For questions regarding the FCVS process please go to: <http://www.fsmb.org/fcvs/fcvs-faq/>**
- **Time frames on the FCVS process: approximately 40 days for an initial packet and 20 days for a subsequent packet.**

**Make sure to submit all of the required documents to the FCVS at the address below:**

Federation Credentials Verification Service  
Federation of State Medical Boards  
400 Fuller Wiser Road, Suite 300  
Eulless, TX 76039

The FCVS will provide all support of their credentialing process. **Please do not contact the Kentucky Board of Medical Licensure regarding the FCVS application.** To check the status of your FCVS packet, please contact their Customer Service (888) 275-3287. Upon completion of all information and a final review for accuracy, the FCVS will forward your “Physician Information Profile” containing certified photocopies of your credentials directly to the Kentucky Board of Medical Licensure (**KBML**)

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**Important: The KY application forms provided to you in this document are fillable forms. You will be able to type in your information on each form in the fields highlighted in grey. All other fields are to be completed manually. You will need to print each fillable form from the “print form” button in the top right corner. Please note the applicable attachment is named in each requirement listed on the following requirements.**

#### **Application Appendix:**

- Complete the form in its entirety and **MAIL to KBML**. Please note that ALL state licenses must be listed regardless of status or type. This includes inactive, training, temporary, or full. The blank for Original Licensing State must be filled in. If there is none, write, “None.”

#### **Affidavit and Release Form and Photograph:**

- Please read this form carefully, complete, and **MAIL to KBML**. Attach (do not staple) a recent 2x2 passport photograph on the form where indicated. Photograph must be less than six months old and must be color. A scanned color photo is acceptable. This form must be signed in front of a notary.

#### **Temporary Permit Request Form:**

- This form is only required if you need to practice prior to receiving full Board approval. It can be **mailed, emailed, or faxed to KBML**. You must have a Kentucky practice address. The only exception to this is telemedicine: input a Kentucky address if there is one; otherwise, just write, “Telemedicine.”
- Temporary permits are not automatically issued. The temporary permit will be issued once you are eligible provided the form has been received by our office. See our Frequently Asked Questions for eligibility information: <http://kbml.ky.gov/physician/Pages/Frequently-Asked-Questions.aspx>.

#### **Licensure Verification Form:**

- **DO NOT MAIL THIS FORM TO THE KENTUCKY BOARD.** This form is to be used only for those state boards that still require it, and there are only a few that do. **It is best to access each state’s medical board website to view their process for sending verification to another state board.** For many states, verification is ordered online and mailed or emailed to us. Most states charge a fee.
- Some states use VeriDoc, an online verification service; access their website to order verification online. They will then email to us.

#### **Hospital/Clinic Affiliation List:**

- Include all employment for the last five years. This includes anywhere you have practiced medicine other than training. This includes hospitals, clinics, administrative, locum tenens assignments, and/or moonlighting and private practice. If you have been in training or are still in training, this form still needs to be completed. Mark “in training” on the form.
- **All columns, signature and date must be completed. MAIL to KBML.**
- Any gap in time requires a letter of explanation.
- No substitutions for this form will be accepted; it can be copied as needed. The only attachments accepted will be explanations of disciplinary actions and gaps in time.

#### **CME Form:**

- List all Category 1 CME credits you have obtained within the past three (3) years.
- If you have a printout of your CME’s, you can write “see attached” on the form and attach the list. Otherwise, **please do not send documentation.**
- If you have been in training during the past three years and have no CME’s, write “in training” on the form and **MAIL to KBML.**

#### **NPDB/HIPDB Self-Query Report:**

- The NPDB/HIPDB is the National Practitioner Data Bank/ Healthcare Integrity and Protection Data Bank. It reports any malpractice payments and/or disciplinary actions. A self-query is required of all applicants applying for a full medical/osteopathic license and is provided as part of your FCVS profile. **You are not required to order this.**

#### **Criminal Background Check Requirement:**

- Effective August 15, 2003, all persons applying for a Kentucky medical/osteopathic license must submit an FBI Criminal Background Check according to KRS 311.565.
- The Criminal Background Check Requirement Instructions are on the next page. This process involves pre-enrolling at an IDENTOGO facility to have your prints scanned. The report is then sent to the Kentucky Board. **Please note: KBML no longer sends and receives fingerprint cards. We now use IDENTOGO.**
- No applicant shall be issued a medical/osteopathic license until this background check has been received and cleared.

## **Kentucky State Police and Federal Bureau of Investigation Criminal Background Check Requirement**

Per KRS 311.565(t), all persons applying for a Kentucky Medical/Osteopathic License are required to submit proof of a Kentucky State Police (KSP) and Federal Bureau of Investigation (FBI) Criminal Background Check to the Board as a part of their application for a license to practice medicine in the Commonwealth.

### **NEW PROCEDURE AS OF DECEMBER 9, 2020**

All applicants must pre-enroll online to schedule an appointment to have their prints taken at an IdentoGO facility (for KY residents) or at one of the nationwide enrollment centers (for residents outside of KY). You must use KBML's Service Code. Payment is made at registration. KBML will view the results online.

- Website to pre-enroll: <https://uenroll.identogo.com/>
- KBML's Service Code: **27GJVJ**
- Cost: **\$51.25**
- If you have questions regarding the pre-enrollment process on the IndentoGO website, please call their Customer Service number: **(844) 543-9714**.

**Please note:** KBML cannot provide the results of the background check to the applicant or anyone else per KRS 17.150(4). You may contact the KSP at (502) 227-8700 and complete a "Criminal History Review" for a fee of \$20.

Your criminal background check is valid in our office for a period of one year (for active applications only).

# PLEASE READ

- The \$300.00 licensure fee is **non-refundable**.
- Once your payment has been submitted your application will automatically be active with the Board.
- **To check your application status, you will login into the KBML website using the login information you created.**
- Check carefully that all information provided on the forms to follow is accurate and complete to avoid delays. Illegible writing and inaccuracies on forms will delay processing time.
- **It is not the policy of the Board to expedite any application due to pre-mature commitments.** Please do not make firm commitments to start work on any certain date until you have your license in hand.
- **The application process takes approximately 6 – 8 weeks. This includes the time frame to obtain a temporary permit.**
- If you have malpractice, disciplinary history, or we receive any negative or derogatory information during the processing of your application, **you will need to allow an additional 30 – 60 days to your processing time.**
- **Faxed or emailed forms will not be accepted with the exception of the Temporary Permit Request Form and license verifications emailed directly from state boards.** All others must be originals mailed directly from the appropriate sources.
- **The Board requires authorization from the applicant in order to provide status updates to anyone other than the applicant. This authorization can be in the form of a email or letter with signature.**
- Be advised that an application must be complete by the Board deadline. This means that all verifications, including FCVS, must be received in our office and verified by office staff as being accurate and complete.
- **Board approval is required in order for the regular medical or osteopathic license to be issued; the Board meets quarterly to grant approval.**
- For a list of the Board's dates and deadlines, please go to the board's website, [www.kbml.ky.gov](http://www.kbml.ky.gov). Choose Physician Licensure from the left menu, then Application Status from the drop-down box. The Meeting and Deadline Dates link is the right margin.
- **You may not start a position until your regular medical/osteopathic license has been issued or until you have received a temporary permit to practice in Kentucky prior to receipt of Board approval and issuance of your regular license.**
- **Incomplete applications will remain in our office for one (1) year from the date your application is received by KBML.** After one year, your file will be purged and you will have to start the application process over in its entirety including payment of the application fee.

## Contact Information for your Licensure Coordinator

Files with last name beginning **A – H**  
Terraz Dean, Licensure Coordinator  
Email: [terraz.dean@ky.gov](mailto:terraz.dean@ky.gov)  
Phone: 502-429-7940

Files with last name beginning **I - P**  
Lillie Diane McFall, Licensure Coordinator  
Email: [lillie.mcfall@ky.gov](mailto:lillie.mcfall@ky.gov)  
Phone 502-429-7937

Files with last name beginning **Q – Z**  
Cheryl Tabler, Licensure Coordinator  
Email: [cheryl.tabler@ky.gov](mailto:cheryl.tabler@ky.gov)  
Phone: 502-429-7933

# **SPECIAL LICENSURE ISSUES**

## **Documentation Requirements**

***When applying for licensure in Kentucky the below information is required for the listed issues. If more than one issue applies, the applicant will need to provide the information listed for each issue. The below documentation should be submitted along with the applicant's licensure fee and Addendums. All typewritten narratives are to be completed by the physician applying for licensure in Kentucky and must have his original signature. The Board will not accept letters submitted on the physician's behalf. Any of the below issues may be grounds to deny a Kentucky medical license application.***

***Important information regarding the required narratives: If the physician has answered 'yes' to any numbered question on the application (Category I & II), the Board will have to determine whether or not to deny the application based upon the ground(s) disclosed. As part of the narrative, the physician should detail for the Board members why they should grant him/her a license to practice in Kentucky in spite of the grounds disclosed.***

***Note: Upon review of the narrative, further documentation may be requested. If the 'yes' answer is in relation to an issue listed below, the applicant may combine the narratives.***

### **Malpractice Actions**

- Detailed typewritten narrative to the Board, regarding each malpractice suit.
- Copies of Settlement Agreements and Complaints for each malpractice settlement (required regardless of confidentiality).
- If there was a jury trial and a verdict, we will need copies of the final judgment or trial order and the complaint.

### **Criminal Convictions**

- Detailed typewritten narrative to the Board, addressing the conviction(s).
- Copy of the final order adjudicating the applicant guilty of the crimes (judgment of conviction, sentencing order, etc.).
- If that document does not provide the details of the offenses, we will also need a copy of the charging document that sets out the allegations (indictment, complaint, etc.).

### **Actions by Other Licensing Boards**

- Detailed typewritten narrative to the Board, addressing the actions taken on the applicant's license(s).
- Copy of the order that finally resolves the case (agreed order, consent agreement, final order, etc.).
- If that document does not set out the details of the violation, we will also need the charging document (the complaint, notice of charges, notice of hearing, etc.).
- If the final order incorporates information from other documents, we will need the referenced documents.

### **Hospital Actions**

- Detailed typewritten narrative to the Board, addressing the actions taken on the applicant's privileges.
- Copy of the document that executes whatever action the hospital took, i.e., revocation, suspension or probation of privileges. Example: letter informing the applicant of the actions being taken.
- If that document does not provide the details of the grounds for the action, we will also need the supporting documents (Medical Executive Committee report, etc.).
- If the letter references or incorporates another document(s), we will need the referenced document(s).

### **Impaired Physicians**

- Letter from the applicant's treating physician. If there is more than one treating physician, a letter will be required from each.
- Complete copies of any evaluations performed.
- Discharge summaries, if the applicant ever completed outpatient or inpatient treatment.
- If the applicant is under an impaired physician's contract, a copy of the contract must be submitted.
- If there is a related hospital or board action, we will also need the relevant hospital or Board documents.

**Note:** Once all of the above applicable items are received, that applicant will be referred to the Kentucky Physician Health Foundation for an evaluation. Once the evaluation is completed by the KPHF we will require their overall assessment, including a copy of the applicant's Foundation contract, if applicable.

### **False Answer on Application**

- Detailed typewritten narrative to the Board, addressing why a false answer was given on a previous application.
- If a false answer was given on a previous application, then a copy of the previous application must be submitted to the Board, along with whatever document shows the "true" information.

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

<u>Name</u>	<u>City/State/Country</u>	<u>Dates (From – To)</u>	<u>Degree</u>

Original (Full Unrestricted) Licensing State \_\_\_\_\_ Date License Issued \_\_\_\_\_  
**(This blank MUST BE FILLED IN: if there is no original full license, write "NONE")**

[illegible]

**COPY THIS PAGE TO LIST ADDITIONAL STATE LICENSES**

**Instructions:** You must attach a recent (less than 6 months old) passport quality, color photograph of yourself to this form. Take the form to a notary public and sign the form in the presence of the notary public. The notarized form then must be sent directly to the Kentucky Board of Medical Licensure.

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**Kentucky Board of Medical Licensure  
Affidavit and Authorization for Release of Information**

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Application for Medical/Osteopathic Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Kentucky Board of Medical Licensure, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my licensure or permit to practice medicine.

\_\_\_\_\_  
Applicant's Signature (must be signed in the presence of a notary)

\_\_\_\_\_  
Applicant's Printed Name (Last, First MI, Suffix)

\_\_\_\_\_  
Date of Signature

Applicant Photograph

Securely tape or glue in  
this square a current  
front-view 2" x 2"  
passport color photo  
of yourself.

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**NOTARY**

Dated \_\_\_\_\_ Signed \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

( PLEASE AFFIX NOTARY SEAL HERE )

### Temporary Permit Form

KRS 311.575 provides that Temporary permits may be issued **at the discretion of the Executive Director**, provided the applicant for a full license has a **completed application with all supporting documents** on file with the Board, meets all statutory requirements for licensure, and needs to begin working in Kentucky before the next regularly scheduled meeting of the Board. **You must request the Temporary Permit by completing this form; it is not automatically issued.**

Temporary Permits will not be issued to an applicant who has a prior history of disciplinary action taken by a licensing jurisdiction or hospital, a criminal record, a history of substance/chemical abuse or any negative or derogatory information. This also includes any malpractice cases in the last ten years in which you paid a settlement of \$100,000 or more.

*The Temporary Permit will not be issued until all administrative screening processes are complete including the FCVS Profile. Do Not make any commitments prematurely. The Board recommends that you do not make any commitments to accept a position in Kentucky until you have a Temporary Permit *in hand*.*

You may request a Temporary Permit by completing this form and returning it directly to the Board by [email](#), [mail](#), or [fax](#):

Name: \_\_\_\_\_, M.D./D.O.  
(please print)

Practice Location in Kentucky: \_\_\_\_\_

(Name of facility and address) \_\_\_\_\_  
\_\_\_\_\_

Temporary Permit should be mailed to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note: You will not be issued a Temporary Permit to practice in Kentucky without a specific Kentucky practice address listed on this form.**



**Kentucky Medical Board  
Licensure Verification Form**  
(Copy this form for multiple licenses)

The Kentucky Board of Medical Licensure requires that a formal verification be completed by each state or Canadian province in which you hold or have ever held licenses, whether current or expired and regardless of the type of license held (regular, training, locum tenen, telemedicine, etc) Please complete the form and submit it directly to the state Board where the license is/was held. That Board will need to submit the verification to the KY Board at the address provided below.

**TO BE COMPLETED BY APPLICANT:**

Applicant Name: \_\_\_\_\_  
Last First Middle Suffix

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

License Number: \_\_\_\_\_

(From State/Province you are sending this form to)

I hereby authorize the licensing agency of the State/Province of \_\_\_\_\_ to furnish the information to the Board indicated below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The verification of licensure needs to be mailed to:

**Kentucky Board of Medical Licensure  
310 Whittington Pkwy, Ste 1B  
Louisville, KY 40222**

**TO BE COMPLETED BY STATE LICENSING BOARD OR CANADIAN PROVINCE:**

Name of Licensee: \_\_\_\_\_  
Last First Middle Suffix

License Type: \_\_\_\_\_ License #: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is this license current? ☐ Yes ☐ No

If No, please explain: \_\_\_\_\_

Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?

☐ Yes ☐ No ☐ Cannot answer under state law

If Yes, please explain: \_\_\_\_\_

Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner disciplined; or has the applicant's license ever been revoked, suspended, or in any other manner, limited by a licensing or disciplinary authority in your state?

☐ Yes ☐ No ☐ Cannot answer under state law

If Yes, please explain: \_\_\_\_\_

Board Authorized Signature: \_\_\_\_\_

**Affix Board Seal Here**

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the Board listed at the top of this form.

**Hospital, Clinic, Facility Affiliation List**

Physician's Name \_\_\_\_\_ M.D. / D.O.

List all hospitals, clinics, etc., other than training (see below) where you have practiced medicine within the last five (5) years. This includes moonlighting, administrative, and all locum tenens assignments. **If you have been in training or are still in training, this form still needs to be completed. Please mark "in training" on the form and submit.** If there is a gap in time, please provide an explanation. No substitutions for this form will be accepted; it can be copied as needed. The only attachments accepted will be explanations of disciplinary actions and gaps in time.

<b>Dates (From – To)</b>	<b>Hospital/Clinic/Facility Office Name &amp; Address</b>	<b>Disciplinary Action Must Write "Yes" or "No" If "Yes," Provide Explanation</b>	<b>Indicate Locum Tenens, Moonlighting or Type of Privileges</b>

**I attest that the information contained here is true, accurate, and complete to the best of my knowledge.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

MAIL FORM TO KBML

CME Form

Name \_\_\_\_\_  
*(Please Print or Type)*

Record of Category I Continuing Medical Education Credits  
(Last 3 years only)

DO NOT PROVIDE DOCUMENTATION

Please note: If you have been in training or are still in training this form still needs to be submitted. Please write “In training” on the form.

Dates:	Name of Activity/Course	# of Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attest that the above is valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date