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

Regular Medical/Osteopathic License Instructions  
(for Kentucky medical school graduates currently holding IP or R Licenses)

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 $175 application fee, the following requirements will need to be completed:

FCVS Profile:

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.”
• **You will need to update your postgraduate training.** The profile we received for your training license only reported your first year of training.
• 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. This is done online at their website.
• For questions regarding the FCVS process please go to: https://www.fsmb.org/fcvs/fcvs-faq/
• Time frame on the FCVS process: 4 to 6 weeks.

Submit all of the required FCVS documentation to FCVS at the address below:

Federation Credentials Verification Service  
Federation of State Medical Boards  
400 Fuller Wiser Road, Suite 300  
Euless, 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.

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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. It is also acceptable to handwrite your information.**

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 form where indicated. Photograph must be less than six months old and must be in color. A scanned color photo is acceptable. This form must be signed in the presence 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 and have completed 2 years of accredited training.
• 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: https://kbml.ky.gov/physician/Pages/Frequently-Asked-Questions.aspx.

Licensure Verification Form:
• **DO NOT SEND THIS FORM TO KBML.** It is to be sent to other state licensing boards but only if they need it. 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, this is ordered online and mailed to us. Most states charge a fee. Some states use VeriDoc, an online verification service; these are emailed to us. Some states email their verifications directly to us. These are also accepted.

Hospital/Clinic Affiliation List
• Include all facilities, other than training, where you have practiced medicine within the past 5 years. This includes moonlighting. All columns must be completed. If you have been in training only for the last 5 years, write, “In Training” only. Sign and date and **MAIL to KBML.**
• Any gap in times requires a letter of explanation.

CME Form:
• If you have been in training for 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 malpractice payments and /or disciplinary actions. There is no blank form for this. It 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(t).
• No applicant shall be issued a medical/osteopathic license until this background check has been received and cleared.
• **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: $53.25
  • 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).

Payment Form:
• Complete the payment form in its entirety. You may pay with a check, money order, or credit card. KBML accepts Visa, MasterCard, Discover, and American Express. Please mail the payment form and your $175 payment to the Board along with your application documents: Application Appendix, Affidavit and Release, Temporary Permit Request Form, Hospital Affiliation List, and CME Form.
Important Information Regarding Licensure in Kentucky

- 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 log in to the KBML website using your IP or R license number as your username and the last 4-digits of your SSN as your password.
- 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. 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 forms will not be accepted with the exception of the Temporary Permit Request Form. 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 emailed or mailed to the coordinator.
- 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 Licensure Applications tab under Physician Licensure on the Board’s website: www.kbml.ky.gov. There is a Board Dates and Deadlines document available for print.
- 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 the fee.
- Once your Medical or Osteopathic License is issued your online username will become your license number and your password will become the last four digits of your social security number.

CONTACT INFORMATION FOR YOUR LICENSURE COORDINATOR

Files with last name beginning A – H
Terraz Dean, Licensure Coordinator
Email: 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
Phone 502-429-7937

Files with last name beginning Q – Z
Cheryl Tabler, Licensure Coordinator
Email: 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. 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.
• Settlement Agreements and Complaints for all malpractice settlements.
• If there was a jury trial and a verdict, we will need copies of the final judgment/trial order and 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.