

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

Residency Training 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.

Upon completion of the online application for the Residency Training License and submission of your \$75 licensure fee, the following FCVS requirements as well as KBML requirements will need to be completed:

FCVS Profile:

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

To complete the FCVS application go to <https://portal.fsmb.org/MyFsmb/>. Click on the FCVS icon in the gold Credentialing Services section. You will create login information.

Important information when completing your FCVS application:

- You must designate Kentucky as recipient of your FCVS Profile
- You must designate your Residency Coordinator as **Authorized to Speak To** on your FCVS packet
- You must indicate that the type of license you are applying for is **Training**

PLEASE NOTE: The timing of our receipt of your FCVS profile is important.

- **Verification of both in-state and out-of-state postgraduate training cannot be accepted before April 1 (no more than 90 days from end of training).**

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
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.

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.

KBML DOCUMENTATION REQUIRED:

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.

Affidavit and Release Form and Photograph:

Please read this form carefully and **MAIL to KBML**. Attach (do not staple) a recent 2x2 passport photograph on application 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.

R Form:

This form must be completed by the program director of the Kentucky program where you have been accepted. The Board will not issue a license without this form from your director indicating their recommendation for you to obtain the Residency Training License. This form must be **MAILED to KBML**.

KBML no longer requires verification of licenses from other states.

Contact Information for your Licensure Coordinator:

Files with last name beginning A – H
Dusty Hughes, Licensure Coordinator
Email: dusty.hughes@ky.gov
Phone: 502-764-2610

Files with last name beginning I - P
Lillie Diane McFall (Diane), Licensure Coordinator
Email: lillie.mcfall@ky.gov
Phone 502-764-2606

Files with last name beginning Q – Z
Cheryl Tabler, Licensure Coordinator
Email: cheryl.tabler@ky.gov
Phone 502-764-2602

Important Information Regarding Licensure in Kentucky

- **The \$75.00 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.
- The application process is approximately 6 – 8 weeks.
- 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 complete.
- Faxed forms will not be accepted.
- Board approval is required in order for a license to be issued; the Board meets quarterly to grant approval.
- You may not start your program until your Residency Training License has been issued.
- This license will be issued on an academic year, July 1 – June 30, and will limit your legal ability to practice medicine to the institution and/or setting(s) approved by the postgraduate training program.
- For a list of the Board's dates and deadlines, please go to the Application Status tab under Physician Licensure on the Board's website: www.kbml.ky.gov. There is a Board Dates and Deadlines pdf document available for print.
- Incomplete applications will remain in our office for one (1) year from the date your application is received by KBML. If not completed, it will then be purged. If you still need a training license, you must apply again online.
- Once your Residency Training 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.

***** IMPORTANT NOTICE *****

Thank you for submitting an application to practice in the Commonwealth of Kentucky. While your application is being processed, it is imperative that the KBML and its staff be able to contact you.

Please check that the mailing address and e-mail address listed on your application are correct. If either of these addresses change, please notify KBML immediately.

Applicants/Licensees are responsible for ensuring that mailing and email addresses are up-to-date and correct. Applicants/Licensees are responsible for ensuring that they are able to receive communications sent from KBML to the listed mailing and email addresses at any time.

<u>Name of Facility</u>	<u>Position Held</u>	<u>Dates Affiliated</u>

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.

**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.

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)

Kentucky Board of Medical Licensure
310 Whittington Pkwy, Ste 1B
Louisville, KY 40222
Phone: (502) 429-7930
Fax: (502) 429-7158
www.kbml.ky.gov

R

I hereby request _____ to be issued a Residency Training License to
(applicant's name)

start/complete his/her residency training program:
(please circle one)

_____ in _____
(KY University) (Residency Program)

(Dates of Program)

(Printed name of Program Director)

(Signature of Program Director) (Date)

This form must be completed and signed by a KENTUCKY Program Director and may be mailed to the Board by the Program Director or the GME Office.

**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). Contact each medical board and follow their instructions for sending verification to another state board. Some states may or may not use this form. Many verifications are ordered online and emailed or mailed to KBML.

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.