Generation Date and Time: 9/17/2026 12:51 PM **Application Status:** Pending

New License Application

License Type - Physician Assistant (PA)

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process. Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio. If you do not have an Individual Provider Identifier (NPI) number please enter nine zeroes.

Title
Ms
First Name
Z-Test
Middle Name
No Response
Last Name
Z-Test
Maiden Name
No Response
Social Security Number
No Response
Date of Birth
5/4/1980
Email Address
test345before1con@masoodtest.com
Phone Number
(614) 555-1234
Cell Phone/Mobile Number
No Response
Other Phone Number
No Response
What is your U.S. Residency status related to your employment?
United States Citizen
Do you consider yourself Hispanic, Latino/a or of Spanish origin?
No Response
What do you consider your race?
Black or African American
List languages you personally use to communicate with patients excluding an interpreter or software
English
Other Language
No Response
Individual National Provider Identifier - if N/A enter all zeroes
9999999999

NOT FOR SUBMISSION

Enter home US zip-code. Enter NA if unavailable
43215

Employment Status

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

What is your primary employment status?
No Response
Which of the following best describes your five-year employment plan?
No Response
Are you currently employed outside of USA?
No Response

Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Do you have other aliases?
No
Please list all other aliases.
No Response
What is your gender?
Female
In which country were you born?
United States
In which state were you born (if United States)?
Georgia
In which city were you born?
Atlanta

Residential Mailing Address

Please choose a Residential mailing address from the dropdown options (this is the address used for all postal communications from the Board for this license). To add a new address, click on ADD ADDRESS, fill out the necessary fields, and then click Save. To remove an address, click on DELETE ADDRESS and select the delete icon next to the address you wish to remove.

Public Business Address

NOT FOR SUBMISSION

Please choose a public business address from the dropdown options (this is the address that will be viewable by the public). To add a new address, click on ADD ADDRESS, fill out the necessary fields, and then click Save. To remove an address, click on DELETE ADDRESS and select the delete icon next to the address you wish to remove.

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?
No
If you answered "Yes", are you currently serving in the military?
No
Has your spouse served in the military?
No
If you answered "Yes", are they currently serving in the military?
No
I declined to answer these questions


Secondary Email Recipient

You may define another email recipient for all automated emails you receive related to your license. You may change this recipient at any time from your dashboard.

Secondary Email Address:

Education History

List all undergraduate, graduate, and Medical Schools you have attended, including those from which you did not graduate. As you type, the name of your school should auto-populate. Once it does, click on it to select. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. If you did not receive a degree, please select "Not Applicable" as the degree type and do not enter a graduation date.

NOT FOR SUBMISSION

Employment History

List your employment history for the past five years including medical, non-medical, and post-graduate training. For any non-working time, you must indicate exactly what your activities were, such as vacation or seeking employment as well as your permanent address. If you worked for a physician staffing group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses. Be sure to indicate the percentage of working time spent in clinical or other duties.

License Verification

You must complete the License Verification component if you hold or have ever held a professional license or certification in a state or Canadian Province. You must request verification of all your applicable licenses and certifications from the issuing state or Canadian province to be sent to the State Medical Board of Ohio. Please include both active and inactive professional licenses or certifications.

Current Employment Location(s)

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution.

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue. For any question that is answered in the affirmative you will later be required to upload a detailed explanation and supporting documents.

Question - Do you hold a master's or higher degree from an ARC-PA accredited program?
Answer –

Question – Have you ever been requested to resign or withdraw from a position, been denied staff membership, investigated, warned, censured, put on probation, terminated, resigned in lieu of investigation , or disciplined by any employer, hospital, group practice, nursing home, clinic, health maintenance organization, or other similar institution for any reason

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Answer -
Question - Have you ever been investigated by, warned by, censured by, disciplined by, put on probation by, requested to resign or withdraw from, dismissed from, refused renewal of a contract by, or expelled from, an academic program, school of higher education, clinical clerkship, externship, preceptorship, residency, postdoctoral training program, or graduate medical education program? You may answer NO to this question if the probation was solely academic in nature and was successfully remediated.
Answer -
Question - Have you ever, for any reason, lost specialty board certification in the U.S. or elsewhere, or been denied such certification, or denied examination for such certification? You may answer NO to this question if you voluntarily allowed the certification to lapse or expire due to non-renewal
Answer -
Question - Have you had any charges, allegations, or complaints filed against you, or been investigated, warned, censured, put on probation, or disciplined in any way, by any state or federal board, bureau, department, agency, or any other body, including those in Ohio?
Answer -
Question -

Have you ever withdrawn any application for licensure, relicensure, or examination, or for any reason, been denied any licensure, relicensure, application for licensure or relicensure, or the privilege of taking an examination, in any state (including Ohio), territory, province, or country? You may answer NO to this question if you voluntarily allowed a license, certificate, or registration to lapse or expire due to non-renewal.
Answer -
Question - Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?
Answer -
Question - Have you ever been denied or have you ever surrendered a state or federal controlled substance or drug registration; had it revoked, terminated, or restricted in any way; or been warned, reprimanded, or fined by, or been requested to appear before, the responsible agency?
Answer -
Question - Have you, in any jurisdiction, ever pled guilty to, been found guilty of, or forfeited collateral, bail, or bond for, violation of any state or federal law, or any ordinance (other than minor traffic violations), or been granted intervention or treatment in lieu of conviction? Minor traffic violations do not include driving while impaired, reckless operation of a motor vehicle, or other traffic offense that required a court appearance. You may answer NO to this question if you were granted an expungement or sealing order.
Answer -
Question - Have you, in any jurisdiction, ever been arrested for violation of any state or federal law, or any ordinance; been summoned into court as a defendant, or had any lawsuit filed against you (other than a malpractice suit)? You may answer NO to this question if you were granted an expungement or sealing order.
Answer -
Question - Are you one of the following: a medical director of an emergency medical service organization, a physician member of an advisory board of an emergency medical service organization, an employee of a community mental health service provider, an employee of a local alcohol, drug addiction, and mental health services board, an employee of ODMHAS, are involved in court-ordered patient commitments in some capacity, an employee of the State of Ohio, an employee of the Department of Corrections and have or have had contact with inmates and persons under supervision, or an employee of the Department of Youth Services?
An affirmative answer to this question provides notice to the board that your residential and familial information is exempt from disclosure under Ohio's public records laws. Failure to self-identify may result in the board releasing such information in response to public records requests. In the event that your answer to this question changes before your next license renewal, you should immediately notify the board.

NOT FOR SUBMISSION

Answer -
Question - Within the last ten years have you had a professional liability (malpractice) claim paid on your behalf, or paid such a claim yourself?
Answer -
Question - Have you ever been denied or relinquished participation as a provider in any third party reimbursement program, whether governmental or private, including Medicaid and Medicare; or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body?
Answer -
Question - Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?
Answer -
Question - Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner? Condition means both physical and mental conditions, including substance use disorder. You may answer NO to this question if you are currently in compliance with a monitoring agreement with Ohio Professionals Health Program.
Answer -
Question - Have you engaged in conduct prohibited by the Medical Board's rules regarding sexual misconduct and impropriety (chapter 4731-26 of the Administrative Code)?
Answer –
Question - What percentage of your practice in Ohio is telehealth?
Answer –
Question - Are you currently supervised by one or more physicians? You may exclude individuals where your supervision only occurs at the hospital while the patient is being treated by, and physically located in, a hospital and does not include outpatient services. For purposes of this disclosure "hospital" means an institution or facility that provides inpatient medical or surgical services for a continuous period longer than twenty-four hours.
Answer -

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). Attachments related to affirmative answers must include a detailed explanation and supporting documentation. If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Title - FBI Report
Description - I acknowledge as an applicant I am required to complete an FBI criminal records check and the results should be sent directly to the State Medical Board of Ohio.

NOT FOR SUBMISSION

Title - Education Transcript
Description - I attest I will have my official transcript from my physician assistant program, including graduation date, sent directly to the board.

Title - BCI Report
Description - I acknowledge as an applicant I am required to complete an Ohio BCI criminal records check and the results should be sent directly to the State Medical Board of Ohio.

Title - License Verification
Description - I attest that I have disclosed all professional licenses, registrations, or certifications that I hold, or have ever held.

Review + Submit

Once the review has been processed, the license application will be completed.

Application Review -

Attestation
I hereby certify and attest 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 this application and have answered all questions contained in this 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 Board, 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 the credential for which I have applied 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 the credential for which I have applied.

NOT FOR SUBMISSION

Consent to Electronic Signature - **No RESPONSE**
Date/Time Stamp - NO RESPONSE
Type your First Name and Last Name as they appear on the application to sign electronically.
NO RESPONSE
Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.
If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

Generation Date and Time: 6/24/2026 1:02 PM **Application Status:** Incomplete

License Renewal Application

License Type – Physician Assistant (PA)

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process. Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio. If you do not have an Individual Provider Identifier (NPI) number please enter nine zeroes.

Title
Dr.
First Name
Test
Middle Name
No Response
Last Name
Test
Maiden Name
No Response
Social Security Number
No Response
Date of Birth
1/1/1990
Email Address
test@test.com
Phone Number
(
Cell Phone/Mobile Number
No Response
Other Phone Number
No Response
What is your U.S. Residency status related to your employment?
United States Citizen
Do you consider yourself Hispanic, Latino/a or of Spanish origin?
No
What do you consider your race?

List languages you personally use to communicate with patients excluding an interpreter or software
English
Other Language
No Response
Individual National Provider Identifier - if N/A enter all zeroes

NOT FOR SUBMISSION

Enter home US zip-code. Enter NA if unavailable

Employment Status

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

What is your primary employment status
No Response
Which of the following best describes your five-year employment plan?
No Response
Are you currently employed outside of USA?
No Response

Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Do you have other aliases?
No
Please list all other aliases.
No Response
What is your gender?
Male
In which country were you born?
United States
In which state were you born (if United States)?
Ohio
In which city were you born?
Columbus

Residential Mailing Address

Please choose a Residential mailing address from the dropdown options (this is the address used for all postal communications from the Board for this license). To add a new address, click on ADD ADDRESS, fill out the necessary fields, and then click Save. To remove an address, click on DELETE ADDRESS and select the delete icon next to the address you wish to remove.

NOT FOR SUBMISSION

Public Business Address

Please choose a public business address from the dropdown options (this is the address that will be viewable by the public). To add a new address, click on ADD ADDRESS, fill out the necessary fields, and then click Save. To remove an address, click on DELETE ADDRESS and select the delete icon next to the address you wish to remove.

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?
No
If you answered "Yes", are you currently serving in the military?
No
Has your spouse served in the military?
No
If you answered "Yes", are they currently serving in the military?
No
I declined to answer these questions

Secondary Email Recipient

You may define another email recipient for all automated emails you receive related to your license. You may change this recipient at any time from your dashboard.

Secondary Email Address:

Current Employment Location(s)

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution.

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue. For any question that is answered in the affirmative you will later be required to upload a detailed explanation and supporting documents.

Question - Since submitting your last application with the Board have you had admissions monitored, had clinical privileges or other similar institutional authority denied, limited, suspended, revoked, terminated, or placed on probation for any reason, or have resigned privileges at any institution?

Answer -
Question - Since submitting your last application with the Board have you been requested to resign or withdraw from a position, been denied staff membership, investigated, warned, censured, put on probation, terminated, resigned in lieu of investigation, or disciplined by any employer, hospital, group practice, nursing home, clinic, health maintenance organization, or other similar institution, for any reason?
Answer -
Question - Since submitting your last application with the Board have you, for any reason, lost specialty board certification in the U.S. or elsewhere, or been denied such certification, or denied examination for such certification? You may answer NO to this question if you voluntarily allowed the certification to lapse or expire due to non-renewal.
Answer -
Question - Since submitting your last application with the Board have you had any charges, allegations, or complaints filed against you, or been investigated, warned, censured, put on probation, or disciplined in any way, by any state or federal board, bureau, department, agency, or any other body, including those in Ohio?
Answer -
Question - Since submitting your last application with the Board have you withdrawn any application for licensure, relicensure, or examination, or for any reason, been denied any licensure, or relicensure, application for licensure or relicensure, or the privilege of taking an examination, in any state (including Ohio), territory, province, or country? You may answer NO to this question if you voluntarily allowed a license, certificate, or registration to lapse or expire due to non-renewal.
Answer -
Question - Since submitting your last application with the Board have you entered into an agreement of any kind, whether oral or written, with respect to a professional license, in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?
Answer -

NOT FOR SUBMISSION

Question - Since submitting your last application with the Board have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction?

Answer -

Question - Since submitting your last application with the Board have you, in any jurisdiction, ever pled guilty to, been found guilty of, or forfeited collateral, bail, or bond for, violation of any state or federal law, or any ordinance (other than minor traffic violations), or been granted intervention or treatment in lieu of conviction? Minor traffic violations do not include driving while impaired, reckless operation of a motor vehicle, or other traffic offense that required a court appearance. You may answer NO to this question if you were granted an expungement or sealing order.

Answer -

Question - Since submitting your last application with the Board have you, in any jurisdiction, ever been arrested for violation of any state or federal law, or any ordinance; been summoned into court as a defendant, or had any lawsuit filed against you (other than a malpractice suit)? You may answer NO to this question if you were granted an expungement or sealing order.

Answer -

Question -Are you one of the following: a medical director of an emergency medical service organization, a physician member of an advisory board of an emergency medical service organization, an employee of a community mental health service provider, an employee of a local alcohol, drug addiction, and mental health services board, an employee of ODMHAS, are involved in court-ordered patient commitments in some capacity, an employee of the State of Ohio, an employee of the Department of Corrections and have or have had contact with inmates and persons under supervision, or an employee of the Department of Youth Services?

An affirmative answer to this question provides notice to the board that your residential and familial information is exempt from disclosure under Ohio's public records laws. Failure to self-identify may result in the board releasing such information in response to public records requests. In the event that your answer to this question changes before your next license renewal, you should immediately notify the board.

Answer -

Question -Since submitting your last application with the Board have any malpractice awards been paid by you or on your behalf for acts occurring in any state?

Answer -

Question - Since submitting your last application with the Board have you been denied or relinquished participation as a provider in any third party reimbursement program, whether governmental or private, including Medicaid and Medicare; or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body?

Answer -

Question - Since submitting your last application with the Board have you been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Answer -

Question – Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner? Condition means both physical and mental conditions, including substance use disorder. You may answer NO to this question if you are currently in compliance with a monitoring agreement with Ohio Professionals Health Program. You must answer YES if you are not in compliance with a monitoring agreement with Ohio Professionals Health Program.

Answer -

Question -

Since submitting your last application with the Board, have you engaged in conduct prohibited by the Medical Board’s rules regarding sexual misconduct and impropriety (chapter 4731-26 of the Administrative Code)?

NOT FOR SUBMISSION

Answer -
Question – Do you prescribe controlled substances?
Answer -
Question - All Active DEA Numbers
Answer -
Question - Since submitting your last application with the Board have you prescribed opioid analgesics or benzondiazepines while practicing in Ohio?
Answer -
Question - Are you registered with the Ohio Automated Rx Reporting System (OARRS)?
Answer -
Question - What percentage of your practice in Ohio is telehealth?
Answer -
Question - Are you currently supervised by one or more physicians? You may exclude individuals where your supervision only occurs at the hospital while the patient is being treated by, and physically located in, a hospital and does not include outpatient services. For purposes of this disclosure "hospital" means an institution or facility that provides inpatient medical or surgical services for a continuous period longer than twenty-four hours.
Answer -

NOT FOR SUBMISSION

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). Attachments related to affirmative answers must include a detailed explanation and supporting documentation. If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Review + Submit

Once the review has been processed, the license application will be completed.

Application Review -

Attestation
I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying.

Consent to Electronic Signature - **No RESPONSE**
Date/Time Stamp - 6/24/2026 1:02 PM
Type your First Name and Last Name as they appear on the application to sign electronically.
NO RESPONSE
Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.
If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

VOID FOR SUBMISSION