

<b>Instructions Regarding</b>	<b>Request for CCLCM Visiting Appointment &amp; Notarized Ohio Medical Board Certificate of Conceded Eminence (COCE)</b>
<b>Approval Timeline</b>	2 - 4 weeks for CWRU approval
<b>Date</b>	September 23, 2021
<b>Questions Contact</b>	<a href="mailto:FacultyAffairsCCLCM@ccf.org">FacultyAffairsCCLCM@ccf.org</a>

*Cleveland Clinic Lerner College of Medicine (CCLCM) of Case Western Reserve University (CWRU) School of Medicine appointments are in the non-tenure track and terminate simultaneously with any type of departure from Cleveland Clinic and/or affiliates.*

### General Information

- Start the process as soon as possible. It is not possible to rush a signature from the SOM Dean at CWRU, which can take 2-4 weeks.
- All documents for a new COCE must go through CCLCM Faculty Affairs Office, and should not be sent directly to CWRU.
- You must have a regular track (full-time) faculty appointment with CCLCM of CWRU to have the Dean sign the COCE and for the Ohio State Medical Board to approve it. To move quickly, CCLCM will get you a visiting appointment in your chosen rank. If you need help deciding what rank is appropriate, email [FacultyAffairsCCLCM@ccf.org](mailto:FacultyAffairsCCLCM@ccf.org).
- After all the documents are received, CCLCM will submit your visiting faculty appointment application and COCE documents to CWRU for the Dean to sign and notarize.
- **After CWRU approval you will be notified via email with a copy of your notarized COCE form and your visiting appointment approval letter. The State of Ohio will take a scanned copy of the notarized form.**

### CRITICALLY IMPORTANT Information

- As soon as you are approved for your Ohio State COCE license you need to begin a regular track CCLCM faculty appointment online immediately and hit submit within 1-2 weeks. CCLCM Visiting appointments are only good for two years and it can take over one year for a regular track appointment to receive final approval!
- **It is the responsibility of the candidate and department to apply and receive a regular track faculty appointment. CCLCM is not obligated to send reminders.**
- Please apply on our [CCLCM application website](#).

**Candidate must provide these items to [FacultyAffairsCCLCM@ccf.org](mailto:FacultyAffairsCCLCM@ccf.org) in one email**

**1. Nomination Letter from your Department Chair** –have your department chair write a nomination letter (dated/signed/letterhead) for the regular track CCLCM faculty rank you will apply for (*the letter should NOT use the word VISITING*). Address letter to Gene H. Barnett, MD, Associate Dean for Faculty Affairs, but do not send it to Dr. Barnett.

**2. Three (3) Letters of Reference** –see form, one letter must be from outside CC/CCLCM/CWRU. The CWRU Dean needs to see these.

**3. Documentation of Justification “Unique talents and extraordinary abilities”** –a list of justification for each “unique talent.” Copy the justification sentence from the COCE form and paste it in a document. List your justification information after each one. Label each page with your name and the page number.

**4. Terminal Degree (MD, DO, MBBS, PhD)** –copy or picture of degree. Do not include residency, fellowship, or training certificates. Do not include bachelor or master degrees.

**5. CV** –an up-to-date copy of your CV (Word document in any format). Make sure your Cleveland Clinic staff appointment is listed with a start date.

**6. Information for CCLCM Faculty Affairs (to get your visiting appointment)** –answer all questions, do not skip any.

Information	Your Response – <i>Required</i>
<b>First Name, Middle Initial, Last Name</b>	
<b>Credentials</b> (MD, PhD, DO, MBBS, etc.)	
<b>Date you arrived on earth</b>	
<b>Personal phone number</b>	
<b>Personal email address</b>	
<b>New Cleveland home address or current address</b> ( <i>you must list an address</i> )	
<b>Race/Ethnicity:</b> African American/Black, Asian, Hispanic/Latino, Native American/Alaskan Native, Native Hawaiian, Pacific Islander, White (non-Hispanic), Not Disclosed, or Other	
<b>CCLCM rank:</b> Professor, Associate Professor, Assistant Professor, or Instructor	
<b>CCLCM department</b>	
<b>New Professional Staff Title at CC</b>	
<b>CC Institute and Primary Clinical Department</b>	
<b>Office Phone Number &amp; Mail Code</b> (can use administrators information)	
<b>Nominating/Department Chair Name</b>	
<b>Any other current academic appointments you have</b> (which can ONLY be part-time)	

**7. Completed COCE form** –[download and complete the COCE Application/Verification form](#) (version 07/2018).  
Complete the form with the below information.

- Medical School: Case Western Reserve University –*do not list CCLCM!*
- Name of medical center/practice: Cleveland Clinic –*only list this name*
- Effective from (not to exceed 2 years): Date you think Ohio license might go through, future date
- Accepted an offer of employment: Cleveland Clinic, 9500 Euclid Ave., Cleveland, OH 44195
- Effective from (not to exceed 2 years): List same date range as above
- Unique talents and extraordinary: Check a *minimum* of four boxes
- International medical graduate degree: List degree title and the university you graduated from
- Holds a license in good standing: List state/country of your current license –*must be completed*

**CCLCM Faculty Affairs will provide**

- ✓ **Recommendation of the CCLCM Dean of Faculty Affairs** –a copy of a letter stating that Dr. Barnett approves your request.

**Example of State of Ohio COCE Form**

On the next two pages you will find an example COCE form to help you complete it correctly. Thank you!

Example Ohio COCE form:



State Medical Board of Ohio

State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, OH 43215
med.ohio.gov

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: Doe John Aaron Jr.
Last First Middle Suffix (Jr., II)

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

Medical School: Case Western Reserve University
10900 Euclid Ave. Cleveland OH 44106
School Street Address City State Zip Code

effective from in future to 2 years after
Month/Day/Year 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:

Cleveland Clinic
Name of medical center/practice
9500 Euclid Ave. / A100 Cleveland OH 44195
Medical center/practice Address City State Zip Code

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

example

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

MBBS from Deakin University, Melbourne, Australia

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

United Kingdom

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



- example* {
- Participating in peer review in a field of specialization that is the same or similar to applicant's specialty
  - Developing new procedures or treatments for complex medical problems that are recognized by peers as a significant advancement in the applicable field of medicine
  - Holding previous academic appointments with or being employed by a health care organization that has a distinguished national or international reputation
  - Receiving a National Institutes of Health or another competitive grant award

Applicant has received staff membership or professional privileges from the academic medical center on a basis that requires the applicant's medical education and graduate medical education to be at least equivalent to that of a physician educated and trained in the United States;

Applicant has sufficient written and oral English skills to communicate effectively and reliably with patients, their families and other medical professionals;

Applicant has professional liability insurance through applicant's employment with the academic medical center or affiliated physician group practice;

The three (3) letters of reference submitted with this form are from distinguished experts in applicant's specialty and attest to the unique capabilities of the applicant. At least one of them is from outside the academic medical center or affiliated physician practice named above.

I hereby certify that the information contained herein is true, accurate and complete to the best of my knowledge, information and belief. I further certify that the applicant is qualified to practice medicine and surgery or osteopathic medicine and surgery and will be permitted to work only within the clinical setting of the academic medical center or for the affiliated physician group practice.

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date

**Stanton L. Gerson, MD**

\_\_\_\_\_  
Name

**sxr406@case.edu**

\_\_\_\_\_  
Email

**216.368.2002**

\_\_\_\_\_  
Phone

**Subscribed and sworn before me**

**this          day of          20          .**

Notary Public

Date Commission Expires

**Notary Seal:**