FEDERATION DISCIPLINE REPORT - PHYSICIAN ASSISTANT

Access this form via website at: hawaii.gov/dcca/pvl

<u>TO THE APPLICANT</u>: All applicants for license are required to provide completion of this report by the Federation of State Medical Boards.

Complete the APPLICANT section and applicant <u>must mail</u> this form to: Federation of State Medical Boards

Federation Place

400 Fuller Wiser Rd., Suite 300 Euless, TX 76039-3855 Phone: (817) 868-4000

	Name (First, Middle)	(Last)	Social Security No.	Birthdate
CANT	Medical School of Graduation & Branch Location			Date of Graduation
APPLICANT	I authorize the Federation of State Medical Boards to indicate on this form if there is any previous or pending disciplinary action against my license in any state.			
	Signature of Appl	icant		Date
FEDERATION	TO THE FEDERATION: Please indicate belothe above-named individual.	w if there is any previous or pendin	ng disciplinary action aga	ainst any license of
	Signature:			
	Title: Date:			

PLEASE RETURN THIS FORM **DIRECTLY** TO THE HAWAII MEDICAL BOARD AT THE ADDRESS BELOW:

Hawaii Medical Board DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.