FEDERATION DISCIPLINE REPORT - PHYSICIAN ASSISTANT

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

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

Complete the APPLICANT section and Email this form to:

Federation of State Medical Boards
boardinquiry@fsmb.org
400 Fuller Wiser Rd., Suite 300
Euless, TX 76039-3855
Phone: (817) 868-4000

APPLICANT				
	Name (First, Middle)	(Last)	Social Security No.	Birthdate
	Medical School of Graduation & Branch Location			Date of Graduation
	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 Applicant _____ Date _____			

FEDERATION	
	TO THE FEDERATION: Please indicate below if there is any previous or pending disciplinary action against any license of the above-named individual.
	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

Print Form

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.