

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 the Federation of State Medical Boards at: boardinquiry@fsmb.org

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**

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.