

FEDERATION DISCIPLINE REPORT - PHYSICIAN

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

TO THE APPLICANT: All applicants who passed the NBME state examination, MCCQE, or MCCE 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)	NAME (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 licenses 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 licenses 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*