



Federation of State Medical Boards of the United States, Inc.

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Board Action Databank Inquiry Form

Attention: State Board Inquiries

The _____
Name of Board

requests a Board Action Search concerning the following individual:

Practitioner's Name (Last, First, Middle) Degree

Date of Birth (month/day/year)

Medical School

Year of Graduation

Social Security Number

ECFMG#

FSMB: Please mail the result to the following address:

Form with 5 horizontal lines for address input

Practitioner's Signature: