OREGON MEDICAL BOARD
1500 SW 1st Avenue, #620
Portland, OR 97201-5847
Phone (971) 673-2700
www.oregon.gov/omb

MD/DO/DPM LICENSURE FAXED RESPONSES NOT ACCEPTED

REQUEST FOR DISCIPLINARY INQUIRES - FEDERATION

ALL applicants for licensure must complete this form OR the form on the appropriate FEDERATION website below and forward it directly to the FEDERATION at the address shown below.

MD/DO APPLICANTS SEND TO:

DISCIPLINARY INQUIRIES
Federation of State Medical Boards
400 Fuller Wiser Road, Suite 300
Euless, TX 76039
http://www.fsmb.org/fpdc_data_inquiry.html
NO FEE

DPM APPLICANTS SEND TO:

DISCIPLINARY INQUIRIES
Federation of Podiatric Medical Boards
6551 Malta Drive
Boynton Beach, FL 33437
https://www.fpmb.org/orderreports/index.asp
$50 fee (CHECKS TO FPMB)

PLEASE PROVIDE A DISCIPLINARY SEARCH FOR:

Last Name First Name Middle Name

Other names you have been known by

Street Address

City, State, Zip

Date of Birth

Social Security Number (required for identification purposes)

Medical School of Graduation and Location Date of Graduation

FEDERATION: PLEASE MAIL COMPLETED RESPONSE TO THE OREGON BOARD