

**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
P.O. Box 619850
Dallas, TX 75261-9850
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:

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Last Name	First Name	Middle Name
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Other names you have been known by		
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Street Address		
<hr/>		
City, State, Zip		
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Date of Birth		
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Social Security Number (required for identification purposes)		
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Medical School of Graduation and Location	Date of Graduation	

FEDERATION: PLEASE MAIL COMPLETED RESPONSE TO THE OREGON BOARD