

**INQUIRY FORM: FEDERATION OF STATE MEDICAL BOARDS ACTION DATA BANK**

**APPLICANT:**

Please complete and forward this form directly to the Federation of State Medical Boards by e-mail: [boardinquiry@fsmb.org](mailto:boardinquiry@fsmb.org). All search results are returned to the designated board electronically.

**TO THE FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES:**

I am applying for a certificate of registration to practise medicine in the province of Ontario, Canada, and before my application can be assessed, information relating to my qualifications and medical practice activities is required. I hereby authorize your releasing to the College of Physicians and Surgeons of Ontario the results of your search for information about me in the Board Action Data Bank.

I request a summary report(s) and any appended information to be forwarded directly to:

The College of Physicians and Surgeons of Ontario  
Applications and Credentials Department  
80 College Street  
Toronto, Ontario  
M5G 2E2

My personal details are as follows:

Name: \_\_\_\_\_  
Last Name

\_\_\_\_\_      \_\_\_\_\_  
First Name      Middle Name

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_  
Day    Month    Year

Medical School: (Include Complete Name and, if applicable, Branch Location)

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Degree      Year of Graduation      Country of Medical School

\_\_\_\_\_      \_\_\_\_\_  
ECFMG Number (for foreign medical graduates)      U.S.A. Social Security No.  
(if applicable)

\_\_\_\_\_      \_\_\_\_\_  
Physician's Signature      Date