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 at 400 Fuller-Wiser Road, Euless, TX 76039, Fax: (817) 868-4099, E-mail: boardinquiry@fsmb.org.

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

Updated: September 2012