

OREGON BOARD OF MEDICAL EXAMINERS
1500 S.W. 1st Avenue, #620
Portland, Oregon 97201-5826

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:

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