



Licensure Verification (UA Form #1)

Applicant: Complete this form as instructed in the left sidebar.

Licensing Board: Complete this form and send it to the board listed in Section 1.

Applicant:

Send this form and any applicable fee to each state board you have held a full, temporary, training, or limited license with.

Licensure Verification Information (including fees) is available at <http://www.fsmb.org/licensure/uniform-application/>.

Copy this form for multiple licenses.

Use the medical board directory located at <http://www.fsmb.org/policy/contacts> to ensure you list the correct name/address.

Section 1: Applicant Information

Last name: _____ Suffix: _____

First name: _____

Middle name: _____

Date of birth: _____ Social Security number*: _____

**The social security number is to be used for purposes of identification only and may not be used for any other reason.*

Authorization: I am applying for a license to practice medicine. The Board I am applying to requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. I authorize the licensing agency of the state/province of _____ to provide any and all information pertaining to license number _____ to the following Board:

Board name: _____

Mailing address: _____

City/State/Zip: _____

Applicant signature: _____ **Date:** _____

Licensing Board:

Please complete Section 2 of this form.

Send this form to the state board listed in Section 1.

Alternatively, provide electronic verification of licensure to the state board listed in Section 1.

DO NOT SEND THIS FORM OR ANY VERIFICATIONS TO FCVS/FSMB.

Section 2: Licensure Verification

Name of Licensee: _____
Last First Middle Suffix

Issuing State Board: _____ License type: _____

License number: _____ Issue date: _____ Expiration date: _____

Is this license current? Yes No If not current, please explain: _____

1. Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state? Yes No Cannot answer under state law

If yes, please explain: _____

2. Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand, or in any other manner disciplined, or has the applicant's license ever been revoked, suspended, or, in any other manner, limited by a licensing or disciplinary authority in your state?

Yes No Cannot answer under state law

If yes, please explain: _____

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate, and complete statement of the record of the individual named on this form.

AFFIX BOARD SEAL HERE

(If no seal is available, this form must be notarized.)

Signature: _____

Print name: _____

Title: _____

Date: _____

Email: _____