Request for EXAMINATION AND BOARD ACTION HISTORY REPORT (EBAHR)

The Federation of State Medical Boards' Examination and Board Action History Report (EBAHR) will certify whether you have previously taken the examination(s) designated by you on the attached form. If you have scores on record, the EBAHR will certify a complete history of your scores for the designated examination(s). See the reverse side of this instruction sheet for available examination history. The EBAHR will also include an indication, if applicable, of any action taken against you and reported to the Federation by a licensing or disciplinary board and/or other credentialing agency. The Federation considers your examination scores to be confidential and, therefore, requires your authorization in order to provide an EBAHR to you or to a third party.

NOTE: Licensing authorities generally require that EBAHRs be forwarded directly from the Federation rather than being submitted by you with other documents.

GENERAL INSTRUCTIONS FOR REQUESTING AN EBAHR

Attached is an EBAHR request form. The EBAHR fee is \$50. You may designate up to two (2) recipients for each \$50 fee (e.g. # of EBAHRs/fee: 1-2/\$50, 3-4/\$100, 5-6/\$150, etc.) as indicated in Section IV, Part B of the EBAHR request form. Once an EBAHR request has been submitted, only the recipient(s) listed on that EBAHR form will be processed, and the fee may not be applied to an additional recipient requested at a later date. The Federation issues EBAHRs within approximately one week of receiving the completed EBAHR request form and appropriate fee. EBAHRs are sent via first class mail or may be sent via an express courier for an additional \$16 per party. To have your EBAHR sent by express courier, indicate on the EBAHR request form by checking the Express box when designating recipients in Section IV, Part B and by submitting the appropriate fee. Express courier does not affect the standard processing time of approximately 5 business days once received in our office. Checks or money orders should be made payable to the Federation of State Medical Boards. A \$25 fee will be charged on any returned checks, and no further services from the Federation will be made available until full payment is received.

NOTARIZING THE EBAHR REQUEST FORM

The EBAHR request form MUST be notarized in Section IV, Part C. Please use the following checklist to ensure proper notarization:

- I. Notary's Stamp/Seal
- II. Notary's Name
- III. Notary's Signature
- IV. Notary's Commission Expiration Date
- V. Date of Notarization (must be dated within the last six months)

The notary may attach an affidavit, or cover sheet, if he/she chooses. Some states require an affidavit to be used instead of notarizing the actual document. Affidavits must also meet the above checklist of requirements and be attached to the EBAHR request form. Photocopies of the notarization will NOT be accepted.

MAILING THE EBAHR REQUEST FORM

All EBAHR requests are processed as they are received. **The Federation will not hold an EBAHR request pending the release of scores at a later date.** If you have recently taken USMLE Steps 1,2, or 3 and need that score to appear on your EBAHR, do not send this request until you have received your official score report for that Step. Once the EBAHR request form is completed and properly notarized, mail it, along with the appropriate payment, either via first class mail or express courier. To send it via first class mail, use the Dallas address below. To send it via express courier or overnight delivery service, please use the street address in Bedford. *Express* courier does not affect the standard processing time of approximately 5 business days once received in our office.

via first class mail:

FEDERATION OF STATE MEDICAL BOARDS c/o WHOLESALE LOCKBOX PO Box 970599 Dallas, TX 75397-0599 via express courier or overnight delivery service: FEDERATION OF STATE MEDICAL BOARDS c/o WHOLESALE LOCKBOX 1901 Parkwood, #970599
Bedford, TX 76021-5737

Please feel free to contact our office at (817) 868-4041 if you require further assistance.

RETAIN THIS PAGE FOR YOUR INFORMATION

AVAILABLE EXAMINATION SCORES

The Federation maintains scores for the following examinations:

FLEX — Federation Licensing Examination SPEX — Special Purpose Examination USMLE Steps 1, 2 and 3 — United States Medical Licensing Examination

The Federation **DOES NOT** maintain or have access to National Board of Medical Examiners (NBME) Parts I, II or III, or the Educational Commission for Foreign Medical Graduates (ECFMG), Foreign Medical Graduates Examination in the Medical Sciences (FMGEMS) Day 1 or Day 2. To obtain scores for these examinations, please contact the entity, which administered the examination to you.

For information concerning NBME Parts I, II and III administered by the NBME:

National Board of Medical Examiners 3750 Market Street Philadelphia, PA 19104-3190 (215) 590-9500

For information concerning NBME Parts I, II and III administered by ECFMG or for information concerning FMGEMS:

Educational Commission for Foreign Medical Graduates 3624 Market Street Philadelphia, PA 19104 (215) 386-5900

RETAIN THIS PAGE FOR YOUR INFORMATION

EBAHR REQUEST INSTRUCTIONS, PAGE 2 OF 2

Request for EXAMINATION AND BOARD ACTION HISTORY REPORT (EBAHR)

SECTION I - Personal Information	PLEASE	PLEASE TYPE OR PRINT CLEARLY	
Last Name/Surname			
First and Middle Name			
Alternate or Previous Name			
Address		HIN (Federation Identification Number, if known)	Number, if known)
(City State Zin)		USMLE ID Number	(if applicable/known)
Phone		Date of Birth	
E-mail		National Identification Number (NID)	
U.S. Social Security Number		(Not applicable if you provid	(Not applicable if you provided a U.S. Social Security Number)
Country of Citizenship upon entering medical school	medical	NID Country	
Medical School Name, City & Country	y		
Graduation Date (Mo/Year)		Sex: Male Female ECFN	ECFMG Number
SECTION II - Examination History official results. The Federation DOES	: If you have recently taken USM NOT hold EBAHR requests for a	SECTION II - Examination History: If you have recently taken USMLE Steps 1, 2, or 3 and need that score to appear on your EBAHR do not send your request until you have the official results. The Federation DOES NOT hold EBAHR requests for additional examination scores to be released. *Note: FSMB has no access to NBME or FMGEMS scores.	BAHR do not send your request until you have the has no access to NBME or FMGEMS scores.
(Check all that apply.)		Month Year	State
Pre-1985 FLEX FLEX Component 1	How many times?	When was most recent?	
FLEX Component 2	How many times?	When was most recent?	
USMLE Step 2	How many times?	When was most recent?]
SPEX	How many times?	When was most recent?	
SECTION III - Calculation of Requi	red Payment (The EBAHR fee is §	SECTION III - Calculation of Required Payment (The EBAHR fee is \$50 payable to the Federation of State Medical Boards via check or money order.)	k or money order.)
Number of Parties (listed in Section IV, Pa	t B) to which an EBAHR is to be sent	Number of Parties (listed in Section IV, Part B) to which an EBAHR is to be sent. You may request up to two (2) EBAHRs for each \$50 fee. (#EBAHRs/fee)	1-2/\$50 3-4/\$100 5-6/\$150, etc.
Number of EBAHRs to be sent Express (\$	6 per each address). Express does	Number of EBAHRs to be sent Express (\$16 per each address). Express does not affect the standard processing time of approximately 5 business days.	<u>days.</u> X \$16 = \$
			Total Payment Required = \$

4/2003

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Commission Expiration			Notary Public Signature	Nota Date
		County/Parish of		State of
al, and (b) comparing the individual's signature made in my presence al and (b) comparing the individual's signature made in my presence is	the individual, and (b) comparing the individual and (b) comparing the individual on this	at named above did appear personitifying document presented by g document. g document. d sworn to before me by the ind	Lectrity that on the date set forth below the individual named above did appear personally before me and that I did identify this individual by: (a) comparing insther physical appearance with the photograph on the identifying document presented by the individual, and (b) comparing the individual's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the individual on this	al .
			Name of Notary Public (please print)	Notary
1.)	(Certification by a Notary Public is Required.)		Certification of Identification	
	Date			Signature
I hereby authorize and request that the Federation of State Medical Boards of the United States, Inc., provide an Examination and Board Action History Report as described herein. I understand and acknowledge that, in addition to my examination scores, the EBAHR will indicate any action taken against me and reported to the Federation's Board Action Data Bank by a US/Canadian licensing and/or disciplinary authority or other credentialing agency. Further, I hereby waive all rights or claims against the Federation for its provision of the examination history and other information hereby requested.	ination and Board Action History Reported to the Federation's Board Action I for its provision of the examination his	ted States, Inc., provide an Examaction taken against me and reprorression or claims against the Federation	I hereby authorize and request that the Federation of State Medical Boards of the United States, Inc., provide an Examination and Board Action History Report as described herein. I understand and acknowledge that, in addition to my examination scores, the EBAHR will indicate any action taken against me and reported to the Federation's Board Action Data Bank by a US/Canadian licensing and/o disciplinary authority or other credentialing agency. Further, I hereby waive all rights or claims against the Federation for its provision of the examination history and other information hereby requested.	I hereby authorize and request that the F acknowledge that, in addition to my exar disciplinary authority or other credential
a report of board action, if applicable.	part B of this section and to authorize	his section to the parties listed in	amination information indicated in part A of t	2. Provide signature to authorize the release of examination information indicated in part A of this section to the parties listed in part B of this section and to authorize a report of board action, if applicable
form will be processed, and the fee may not be applied to an please attach a separate sheet clearly listing names and addresses.)	The 10 10 10 10 10 10 10 10 10 10 10 10 10	ent(s) listed on this I o be sent to additional a	en submitted, only the recipi a later date. (If EBAHRs are t	Once an EBAHR request has been submitted, only the recipient(s) listed on this EBAHR idditional recipient requested at a later date. (If EBAHRs are to be sent to additional addresses,
	Phone			Phone
State Zip	City		Smre Zip	City
	Address	dorra		Address
	Attention			Attention
WHERE DO YOU WANT YOUR EBAHR/TRANSCRIPT TO BE SENT? Please provide complete name, address and phone number to which the EBAHR is to be sent. (Check the <i>Express</i> box if you want the EBAHR to be sent via overnight carrier for an additional \$16 per address. <i>Express</i> does not affect the standard processing time of approximately 5 business days.)	nplete name, address and phoss. Express does not affect the stan	NT? Please provide con	EBAHR/TRANSCRIPT TO BE SEI BAHR to be sent via overnight carrier for	8. WHERE DO YOU WANT YOUR F (Check the <i>Express</i> box if you want the E
SPEX	USMLE	FLEX	on types to be included on your EBAHR.	k. Choose one or more of the following examination types to be included on your EBAHR. (FSMB cannot provide NBME or FMGEMS scores.)
]]]		ECTION IV - Authorization

D. Each EBAHR notarization requires the following: Notary's Stamp/Seal; Notary's Name; Notary's Signature; Notary's Commission Expiration Date; Date of Notarization (MUST BE WITHIN THE LAST SIX (6) MONTHS)

The notary may attach an affidavit, or cover sheet, if he/she chooses. Some states require an affidavit to be used instead of notarizing the actual document. Affidavits must also meet the above requirements and be attached to the EBAHR request form. Photocopies of the notarization will NOT be accepted.

Failure to provide sufficient and accurate information and/or failure to sign and properly notarize the authorization may significantly delay your request. Do not send license application or other documentation to this office.

4/2003