



ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
A - K: 907/465-2756 L - Z : 907/465-2541
E-mail: license@alaska.gov

MED

For Office Use Only

BOARD ACTION DATA BANK INQUIRY

Instructions to the Applicant: Type or print legibly. Complete Part I below. Mail this form to the Federation at the address below.

PART I

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
Mailing Address (Street)		Place of Birth
City/State/Zip		If International Grad., ECFMG No.
Medical/Osteopathic School (Name and Location)		Year of Graduation

YOU MUST MAIL THIS FORM TO:

Federation of State Medical Boards of the United States, Inc.
Post Office Box 619850
Dallas TX 75261-9850

FOLLOWING TO BE COMPLETED BY FSMB DATA BANK STAFF ONLY

PART II

Instructions to the Data Bank Staff: Please search the data bank for any record of this practitioner. Please forward your report to the medical board at the letterhead address.

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