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

EBAHR REQUEST INSTRUCTIONS, PAGE 1 OF 2
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

RETAINT THIS PAGE FOR YOUR INFORMATION

EBAHR REQUEST INSTRUCTIONS, PAGE 2 OF 2

4/2003
Request for EXAMINATION AND BOARD ACTION HISTORY REPORT (EBAHR)

SECTION I - Personal Information

PLEASE TYPE OR PRINT CLEARLY

Last Name/Surname
First and Middle Name
Alternate or Previous Name
Address
(City, State, Zip)
Phone (Daytime Phone: area code and number)
E-mail _______________________________________________

U.S. Social Security Number
Country of Citizenship upon entering medical school
NID Country

Medical School Name, City & Country
Graduation Date (Mo/Year) Sex: Male Female
ECFMG Number

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 FM GEMS scores.

(Check all that apply.)

Month
Year
State

Pre-1985 FLEX How many times? When was most recent?
FLEX Component 1 How many times? When was most recent?
FLEX Component 2 How many times? When was most recent?
USMLE Step 1 How many times? When was most recent?
USMLE Step 2 How many times? When was most recent?
USMLE Step 3 How many times? When was most recent?
SPEX How many times? When was most recent?

SECTION III - Calculation of Required Payment

(The EBAHR fee is $50 payable to the Federation of State Medical Boards via check or money order.)

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. For each $50 fee, (#EBAHRs/fee) 1-2/$50 3-4/$100 5-6/$150, etc. $ ________

Number of EBAHRs to be sent

Express ($16 per each address). Express does not affect the standard processing time of approximately 5 business days.

X $16 = $ ________

Total Payment Required = $ ________

Date of Birth Month Day Year
National Identification Number (NID) (Not applicable if you provided a U.S. Social Security Number)

Medical School Name, City & County

country of Citizenship upon entering medical school

U.S. Social Security Number

E-mail (include your school email address)

Phone (may be) (Phone number and extension)

Address

Attorney or Previous Name
First and Middle Name
Last Name/Surname

PLEASE TYPE OR PRINT CLEARLY
SECTION IV - Authorization

A. Choose one or more of the following examination types to be included on your EBAHR. (FSMB cannot provide NBME or FMGEMS scores.)

B. 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 express box if you want the EBAHR to be sent via overnight carrier for an additional $16 per address. Express does not affect the standard processing time of approximately 5 business days.

Once an EBAHR request has been submitted, only the recipient(s) listed on this EBAHR form will be processed, and the fee may not be applied to an additional recipient requested at a later date.

C. 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.

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.

Signature Date

Certification of Identification (Certification by a Notary Public is Required.)

Name of Notary Public (print) ____________________________________________

I certify 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 his/her 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 on this __________ day of ______ in the year of ______ .

State of ____________________________ County/Parish of ____________________________

Notary Public Signature ____________________________________________

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

Notary Public Signature

Date

Commission Expiration

Stamp/Seal

Notary Public Signature

Date

Commission Expiration

Stamp/Seal

Express

Confirmation

Address

Phone

Address

Phone

Address

Phone

Express

Confirmation

Please type or print clearly