



Podiatric Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Podiatric Medical Board

Request for Physician Disciplinary Profile/PMLexis Score Report

This form is to be completed by the podiatric physician and surgeon and mailed directly to the following along with a fee for disciplinary reports plus \$45 fee for PMLexis part III score reports (**exam candidates do not need to request scores**):

Federation of Podiatric Medical Boards
 12116 Flag Harbor Drive
 Germantown, MD 20874-1979
 Phone: 202-810-3762

Beginning March 1, 2004, the Federation of Podiatric Medical Boards will accept orders for PMLexis/Part III score and disciplinary reports via an "order reports" button on its Web site (www.fpmb.org). After filling out an on-line form, visitors will have the option to immediately pay for requests with their Master Card or Visa credit card.

Name: _____

First
Middle
Last

Address: _____

Street
City
State
Zip

Date of Birth: _____ Place of birth: _____

(mm/dd/yyyy)
(City/state)

Podiatric Medical School: _____ Date of graduation: _____

(mm/dd/yyyy)

Social Security Number: _____

PMLexis Information: State taken: _____ Date taken: _____

(mm/dd/yyyy)

Applicant Signature _____ Date _____

Federation of Podiatric Medical Boards—Please return this form to the address listed above.

PMLexis Part III Score Disciplinary Report

Federation Stamp