## PHYSICIAN'S CORE DATA SHEET

(Must be the <u>physician's</u> accurate information to avoid delay or rejection)

Full Legal Name	First		Middle	<b>,</b> Las			x(Sr., Jr.)
				Las	L	Suill	X(S1., J1.)
Other names used(r	naiden, l	oirth)	First	<u></u>	Middle		Last
Mailing address of p	ublic red	cord		,			
			Mailing address		City	State(XX)	Zip
Office address			,		, ,		
		Office address		City	State(XX)	Zip	
Date of Birth	mm/dd/yyyy	)	Gender: I	Male	Female		
Physician's office or	practice	telephon	e number of p	ublic reco	rd	<del>!</del> #-###)	
Physician's cellular o	or altern	ative tele <sub>l</sub>	ohone number			_	
Physician's Email Ac	ldress to	receive c	orrespondence	<u> </u>			-
Social Security Num	ber:	(###-##-####	<del>*</del> )				
Physician's National	Provide	r Identifie	r Number				
Medical Degree Rec	eived:	M.D.	D.O.				
(Medical school mu Commission on Oste Education Directory Medical Scho	eopathic or its eq	College A uivalent.)	.ccreditation, o				
Date of Degr	ee Issue	Н	Name of Sch	nool (no abbre	viations or acronyr	ns)	
Date of Degi	cc 1334c	(mm/dd/yy	yy)				
Physicians must hav Accreditation Cound (NOTE: One-year tra	il for Gra	aduate M	edical Educatio	n or the A	merican Ost		=
Residency Program	Full P	ogram Name	(no abbreviations or ac	cronyms)	Compl	etion Date	e (mm/dd/yyyy)
What is the	specialty	of the pr	ogram				

Qualifying Licensing exam ta	ken: USMLE	COMLEX O	ther					
Number of attempts taken to pass the USMLE:								
Step 1:	Step 2 CS:	Step 2 CK:	Step 3:					
Number of attempts taken to pass the COMLEX:								
Step 1:	Step 2 PE:	Step 2 CE:	Step 3:					
Number of attempts taken to pass other licensing exam:								
Step 1:	Step 2:	Step 3:						
Specialty Board Certification must be by an ABMS or AOABOS board.  Specialty Board Certification:  Full Specialty Board Name (i.e. American Board of Pediatrics)(no abbreviations or acronyms)								
			•					
Expiration of Specialty Board Certification:								
Lifetime:  Time limited: Expiration date of time limited (mm/dd/yyyy)								
Time limited:	Expiration date of	of time limited	n/dd/yyyy)					
Physicians must possess a full and unrestricted medical license issued by an IMLC Member Board.  License # Date of Original Licensure (not renewal)  Expiration Date Status of License: Current: Not Current:								
Expiration Date Status of License: Current: Not Current:								
Thank you for applying through the Interstate Medical Licensure Compact.  The state will contact you to give instructions on obtaining your fingerprints for a criminal background check. YOU HAVE 60 DAYS TO COMPLY WITH REQUESTS FROM THE STATE to avoid automatic withdraw. Background checks may take some time, so please be patient. If you have any concerns contact your SPL. SPL contact numbers can be found at www.IMLCC.org. You will receive an email regarding the status of your qualification. Be sure to check your spam folder and set your email to accept messages from the @docusign.net and @docusign.com domains.								
FOR USE OF STATE OF PRINCIPAL LICENSE								
I have conducted the verification process of this physician's application.								
State Authorized Signature								
Warning: The signature tab w	vill default to your	Type Name_						
Board's name. Please change it in Adopt and Sign.	to your name	Title_						