

Medical Degree Verification Form

FLORIDA BOARD OF MEDICINE
4052 BALD CYPRESS WAY, BIN # C03
TALLAHASSEE, FL 32399-3253
FAX (850) 412-1268

Applicant completes number 1 through 3. Please note that if you are using FCVS, do not submit this item.

1. TO:

Name of medical school

Street address

City - State - Zip - Country

2. Name: _____

3. Date of Birth: _____

4. Type of Degree: _____ Date Degree Received: _____

Authenticate by signature and school seal.

SEAL

Verified by

Name

Title