



Pennsylvania
MEDICAL SOCIETY[®]
Doctors and Patients. Preserve the Relationship.[®]

Act 13 Self-reporting Form

Physician name: _____

Business address: _____

Office telephone number: _____

License number: _____

- Reporting:
- civil complaint (copy attached)
 - notice of disciplinary action from another state
 - controlled substance conviction
 - arrest for criminal offense
 - controlled substance violation

Date physician was served with complaint: _____

Court where case is filed: _____

Docket number: _____

Description of case: _____

Complete this form and then mail it to the appropriate licensure board:

State Board of Medicine
Attn: Mcare Reports
PO Box 2649
Harrisburg, PA 17105-2649

State Board of Osteopathic Medicine
Attn: Mcare Reports
PO Box 2649
Harrisburg, PA 17105-2649