

Medical Examiner NRCME Verification Form

This form is for motor carriers to document compliance with FMCSA regulations by verifying that a DOT medical examiner is listed on the National Registry.

Motor Carrier/Company Name: _____

DOT Number: _____


Date of Verification: ____ / ____ / ____

Medical Examiner Information

- **Name of Examiner:** _____
- **Clinic/Facility Name:** _____
- **Address:** _____
- **City/State/ZIP:** _____
- **Phone Number:** _____
- **NRCME Certification Number:** _____
- **Certification Expiration Date:** ____ / ____ / ____
- **Verified on NRCME Website?** ☐ Yes ☐ No
- **Website Used for Verification:**
<https://nationalregistry.fmcsa.dot.gov>

Carrier Representative Completing Verification

- **Name:** _____
- **Title:** _____
- **Signature:** _____
- **Date:** ____ / ____ / ____

 **Note:** This form should be kept in your compliance files for audits or internal review. Medical Examiner certification must be valid at the time of the exam.