



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Enforcement Program
 2005 Evergreen Street, Suite 1200
 Sacramento, CA 95815-5401
 Phone: (916) 263-2528
 Fax: (916) 263-2435
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

LICENSE VERIFICATION SYSTEM SUBSCRIPTION FORM – CREDENTIALING SERVICES

Subscription Service Request is: (Check one) **New** **Renewal** **Cancellation** **Change(s)**

| | | |
|----------------------------------------------------------------------|----------------------|--------------------|
| Current Subscription: (Renewals, Cancellations or Changes) | Period Covered From: | Period Covered To: |
| | Username: | |

Name of Credentialing Services Organization:

| | |
|-------------------------|----------------------------------------------------------------|
| Mailing Address: | Department: |
| | Street Address: |
| | City: State: Zip Code: |

| | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Responsible User: | Name: <small>Last Name</small> _____ <small>First Name</small> _____ <small>Middle Name</small> _____ <small>Suffix</small> _____ |
| | Telephone: _____ Ext: _____ Alternate Telephone: _____ |
| | Email: _____ |

If you provide credentialing services for a health care facility licensed by the California Department of Public Health (CDPH), any health care service plan or medical care foundation licensed by the Department of Managed Health Care (DMHC), a facility certified to participate in the federal Medicare Program as an ambulatory surgical center, or an accredited outpatient surgery setting that requires access to the 805 report information, **please complete the client listing information on Page 2 of this form.**

Pursuant to Business and Professions Code section 805.5, prior to granting or renewing staff privileges to any physician, any health care facility licensed by the CDPH, health care service plan or medical care foundation, the medical staff of the institution, a facility certified to participate in the federal Medicare Program as an ambulatory surgical center, or an accredited outpatient surgery setting, **shall request a report** from the Medical Board of California (Board) as to whether the applying physician has been denied staff privileges or had those privileges removed or restricted. This is not considered public information and cannot be disclosed to clients other than those legally entitled to request that information.

If access to 805 report information is granted, it shall be the responsibility of the credentialing service to confirm that their client is legally authorized to obtain this information before disclosing any 805 report information obtained through the License Verification System (LVS). **Failure to fully comply with these policies and requirements will result in the denial of access to 805 report information.**

The Credentialing Services Organization and Responsible User agree to comply with this Security Agreement as a condition for accessing the Board's LVS or associated systems and are legally bound by this document. Failure to fully comply with these policies and requirements will result in the denial of access. The Organization and Responsible User understand that any illegal use of the Board's LVS or associated systems is punishable as a public offense under California Penal Code section 502.

Signatures of the Responsible User and Manager of the Organization to this document certify under penalty of perjury under the laws of the State of California they have read, understand, and agree to the above statements and that the information provided is true and correct.

| | | |
|----------------------------------------|-----------|-------|
| _____ | _____ | _____ |
| Manager of Organization (Printed Name) | Signature | Date |
| _____ | _____ | _____ |
| Responsible User (Printed Name) | Signature | Date |

Return completed form to: Medical Board of California
 License Verification System
 2005 Evergreen Street, Suite 1200
 Sacramento, CA 95815
 ATTENTION: MARCO ARMAS

FAX: (916) 263-2435
Email: marco.armas@mbc.ca.gov

LICENSE VERIFICATION SYSTEM SUBSCRIPTION FORM – CREDENTIALING SERVICES

Client Information – Page 2

Name of Credentialing Services Organization:

Provide a copy of the CDPH License, DMHC License, Medicare certification, accreditation number or proof of accreditation for each facility for which you are providing services.

Client 1

| | |
|-----------------|-------------------------------------------------|
| Name: | Telephone Number: |
| Street Address: | CDPH License Number: |
| Building/Suite | Accreditation or Medicare Certification Number: |
| City State Zip | DMHC License Number: |

Client 2

| | |
|-----------------|-------------------------------------------------|
| Name: | Telephone Number: |
| Street Address: | CDPH License Number: |
| Building/Suite | Accreditation or Medicare Certification Number: |
| City State Zip | DMHC License Number: |

Client 3

| | |
|-----------------|-------------------------------------------------|
| Name: | Telephone Number: |
| Street Address: | CDPH License Number: |
| Building/Suite | Accreditation or Medicare Certification Number: |
| City State Zip | DMHC License Number: |

Client 4

| | |
|-----------------|-------------------------------------------------|
| Name: | Telephone Number: |
| Street Address: | CDPH License Number: |
| Building/Suite | Accreditation or Medicare Certification Number: |
| City State Zip | DMHC License Number: |

You may copy this page for additional clients

Security Agreement - Accessing the License Verification System

This request is for the authorization of access and use of License Verification information maintained within the Medical Board of California's (Board) Information System.

Name of Credentialing Services Organization: _____

Department: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Full Name of Responsible User: _____

Last Name

First Name

Middle Name

Suffix

Telephone: _____

Ext: _____

Alternate Telephone: _____

Email Address: _____

New User: Yes No If No, Enter Username: _____

Organization and Responsible User Agreement

The above named Credentialing Services Organization and Responsible User agree that information obtained from the Board's License Verification System (LVS) is for official use only and shall not be sold or otherwise disclosed to any third party. The Organization and Responsible User further agree to use all precautions to assure that the information is held in strict confidence, not disclosed to any unauthorized person(s), and/or used in an unauthorized manner.

LVS users will not be permitted to exceed 9,500 queries per calendar month without prior approval from the Board. Individuals using LVS in excess of their authority are subject to monitoring by system personnel. All http and FTP accesses are logged and monitored. LVS users who exceed the 9,500 limit will have their access denied. All users expressly consent to such monitoring and are advised that if such monitoring reveals possible evidence of criminal activity, further legal action may be taken.

The Organization and Responsible User agree to comply with this Security Agreement as a condition for accessing the Board's LVS or associated systems and are legally bound by this document. Failure to fully comply with these policies and requirements will result in the denial of access. The Organization and Responsible User understand that any illegal use of the Board's LVS or associated systems is punishable as a public offense under California Penal Code section 502.

Signatures of the Responsible User and Manager of the Organization to this document certify under penalty of perjury under the laws of the State of California, they have read, understand, and agree to the statements made in this Security Agreement.

Manager of Organization (Printed Name)

Signature

Date

Responsible User (Printed Name)

Signature

Date

FOR MEDICAL BOARD USE ONLY

Approved By: _____

LVS Security Administrator

Date: _____