



# Licensing Verification System

2005 Evergreen Street, Suite 1200  
 Sacramento, CA 95815  
 (916) 263-2528  
 www.mbc.ca.gov

## SUBSCRIPTION SERVICE REQUEST - CREDENTIALING SERVICES

Subscription Service Request is:	→	New		Cancellation		
Cancellations Enter Your Facility Password:	→					
Name of Organization:	→					
Mailing Address:	→	Department:				
		Street Address:				
		City/State/Zip:				
Contact Person:	→	Name:			Title:	
Telephone/FAX:	→	Telephone:			FAX:	
E-mail:	→	E-mail Address:				

If you provide credentialing services for a health care facility licensed by the Department of Public Health (DPH) or any health care service plan or medical care foundation licensed by the Department of Managed Health Care (DMHC) which 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, health care facilities licensed by DPH or health care services plan or medical care foundation shall request a report from the Medical 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 LVS. Failure to fully comply with these policies and requirements will result in the denial of access to 805 report information.**

The Organization and Responsible User agree to comply with this Security Agreement as a condition for accessing the Board's Licensing Verification System 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 Licensing Verification System or associated systems is punishable as a public offense under California Penal Code Section 502.

Signature, of the Responsible User to this document and the Manager of the Organization under the laws of the State of California certify under penalty of perjury that 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)			_____ Signature			_____ Date		

**Subscription Renewal Rate is \$36.00 per year**

Return completed forms and payment to:

Medical Board of California  
 Licensing Verification System  
 1426 Howe Avenue, Suite 54  
 Sacramento, CA 95825  
 ATTENTION CASHIERING UNIT

FOR MEDICAL BOARD USE ONLY

Business Services Office, Cashiering Unit	File Stamp	Information Systems Branch
Cashier Stamp:		Date Received:
Cashiered By:		Date of Update:
Date:		Initial:

**SUBSCRIPTION SERVICE REQUEST - CREDENTIALING SERVICES**  
**Client Information - Page 2**

Client Name and Address	Contact Telephone No.	DPH License No. *	DMHC License No.

Client Name and Address	Contact Telephone No.	DPH License No. *	DMHC License No.

Client Name and Address	Contact Telephone No.	DPH License No. *	DMHC License No.

Client Name and Address	Contact Telephone No.	DPH License No. *	DMHC License No.

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 LVS. Failure to fully comply with these policies and requirements will result in the denial of access to 805 report information.

Name of Credentialing Service: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

LVS Password: \_\_\_\_\_

**\* Provide a copy of the DPH License for each facility you are providing services for.**