



## MEDICAL BOARD OF CALIFORNIA

### Central Complaint Unit



### LICENSING VERIFICATION SYSTEM (LVS) – SUBSCRIPTION SERVICE REQUEST

*For New Subscriptions, Cancellations, or Change(s)*

<b>Subscription Service Request is:</b>	New	Cancellation	Change(s)
Facility password/login:			
<b>Name of Organization</b>			
<b>Type of Facility: (Enter one of the Numbers listed on reverse side)</b>	Hospital	HMO	IPA Other
<b>Mailing Address:</b>	Department:		
	Street Address:		
	City/State/Zip:		
<b>Contact Person:</b>	Name:		Title:
<b>Telephone/FAX:</b>	Telephone:		FAX:
<b>E-mail:</b>	E-mail Address:		

#### If Requesting Access to the "805 Report" Information, Please Complete the Following:

Per Business and Professions Code Section 805.5, health care facilities licensed by Department of Public Health or any health care services plan or medical care foundation shall, before granting or renewing privileges, request a report from the Medical Board as to whether a physician has been denied staff privileges or had those privileges removed or restricted.

If licensed by the Department of Public Health, enter the seven digit license number and provide a copy of the license.

If licensed by the Department of Managed Health Care, enter the license/plan number.

Name, address and telephone number of organization, if other than indicated above, you are authorizing to act as your agent to request 805 information:

I certify under the penalty of perjury under the laws of the State of California, that the information I have provided is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

**Return completed forms and payment to:**

**Medical Board of California  
Licensing Verification System  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
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:

The facilities and organizations authorized by Health and Safety Code Section 1200 to request 805 reports are listed below.

**Licensed by the Department of Public Health:**

1. General acute care hospital
2. Acute psychiatric hospital
3. Skilled nursing facility
4. Intermediate care facility
5. Intermediate care facility/developmentally disabled habilitative
6. Special hospital
7. Intermediate care facility/developmentally disabled
8. Intermediate care facility/developmentally disabled-nursing
9. Congregated living health facility-A
10. Congregated living health facility-B
11. Correctional treatment center

**Licensed by the Department of Managed Healthcare:**

12. Health Care Service Plan
13. Medical Care Foundation