



MEDICAL BOARD OF CALIFORNIA

Central Complaint Unit



LICENSING VERIFICATION SYSTEM (LVS) – SUBSCRIPTION SERVICE RENEWAL							
<i>Subscription Renewals, Cancellations, or Change(s)</i>							
Subscription Service is for: →			Renewal		Cancellation		Change(s)
Period Covered is From: →			To:		Facility Login/Password:		
Name of Organization: →							
Type of Facility: (Enter one of the Numbers listed on reverse side) →			Hospital		HMO		IPA
							Other
Mailing Address: →			Department:				
			Street Address:				
			City/State/Zip:				
Contact Person: →			Name:			Title:	
Telephone/FAX: →			Telephone:			FAX:	
E-mail: →			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 Health Services 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 Health Services, 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: <div style="text-align: center;"> Medical Board of California Licensing Verification System 2005 Evergreen Street, Suite 1200 Sacramento, CA 95815 </div>							
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:		

Revised 03/11

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

Licensed by the Department of Health Services:

1. General acute care hospital
2. Acute psychiatric hospital
3. Skill 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

SPECIAL NOTE: If you authorize someone to act as your agent to request 805 Reports on your behalf, please be aware that you should immediately notify the Board in writing if you want to discontinue the use of this person as your authorized agent and/or want to change agent(s).