



Medical Board of California

License Verification System Subscription Form – Credentialing Services

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

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

Last Name	First Name	Middle Name	Suffix
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: BENJAMIN RODRIGUEZ

FAX: (916) 263-2435
Email: Benjamin.rodriquez@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	<input type="text"/>
Street Address			CDPH License Number	<input type="text"/>
Building/Suite			Accreditation or Medicare Certification Number	<input type="text"/>
City	State	Zip	DMHC License Number	<input type="text"/>

Client 2

Name			Telephone Number	<input type="text"/>
Street Address			CDPH License Number	<input type="text"/>
Building/Suite			Accreditation or Medicare Certification Number	<input type="text"/>
City	State	Zip	DMHC License Number	<input type="text"/>

Client 3

Name			Telephone Number	<input type="text"/>
Street Address			CDPH License Number	<input type="text"/>
Building/Suite			Accreditation or Medicare Certification Number	<input type="text"/>
City	State	Zip	DMHC License Number	<input type="text"/>

Client 4

Name			Telephone Number	<input type="text"/>
Street Address			CDPH License Number	<input type="text"/>
Building/Suite			Accreditation or Medicare Certification Number	<input type="text"/>
City	State	Zip	DMHC License Number	<input type="text"/>

You may copy this page to include 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

Mailing Address

Department

Street Address

City

State

Zip Code

Responsible User

Last Name

First Name

Middle Name

Suffix

Telephone

Ext

Alternate Telephone

Email

Are you a 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 _____