



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

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 Organization:

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

Responsible User:	Name:				Telephone:		Ext:		Alternate Telephone:	
	Last Name		First Name		Middle Name		Suffix			
	Email:									

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 California Department of Public Health (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 (OSS), **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 licensed by the CDPH, 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:	
If the facility is certified by the Center for Medicare and Medicaid Services to participate in the Medicare program, enter the certification number:	
If OSS is accredited by an accreditation agency approved by the Board, enter the facility or organization number:	

Organization, if other than indicated above, you are authorizing to act as your agent to request 805 information:	Name:									
	Street Address:									
	City:				State:		Zip:			
	Telephone:									

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.

_____					_____				
Responsible User (Printed Name)					Title				
_____					_____				
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

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 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 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: _____