### **DocuSign Quick Reference Guide**

### Step 1:

Open the email & click "REVIEW DOCUMENT"

### Step 2:

Please read the records & disclosure document then select the box to agree & click CONTINUE

Please Review & Act or	n These Documents	fsmb Hattander Constant
FSMB Verification FSMB		Powered by Docu Signs
FCVS is implementing a streamlined verif simpler data entry and file upload function View More	fication process utilizing DocuSign. This new process has additional security as well as naity.	
Please read the <u>Electronic R</u> I agree to use electronic	lecord and Signature Disclosure.	CONTINUE OTHER ACTIONS +
_	Mrtsbabw. PHUSH 07HEE	
tep 3:	C C 2      Decider Decemp D Ref C 200 - 000 C 201 C 3      Decider Decemp D Ref C 200 - 000 C 201 C 3      Decider Decemp D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 - 000 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 201 C 3      Decider D Ref C 200 C 3      Deci	Information is pre-populated Please review for accuracy.
	Control         Second	Very Important: Only initial i you are the Program Director (PD). If you are authorized to
	Frame         Tor         Status:         > Program Type:         > Status:         > v           POP Two:         ************************************	sign for the PD, continue on f steps on how-to to reassign
	To report additional tracing, include tracing as an attachment of the and of page 2. Program and tracing areas an attachment of the and of page 2. Program attachment of the anti-program attachment of the anti-program attachment of the attachm	

#### **Step 4:** Scroll down. Review and complete Unusual Circumstance questions

e review the documents b	elow. FINISH OTHER	ACTIONS -
	Q Q 🛧 📮 🔕	
START	FGY:       Accredited by:       Statua:         Specialty:	
	Unusual Circumstances 1. Did this individual ever take a leave of absence from higher training? Yes O No O Not Available O	
	2. Was this individual ever placed on probation? Yes 💿 No 🕐 Not Available 💿	
	3. Was this individual ever disciplined or placed under investigation? Yes 💽 No 🕐 Not Available 🔘	
	4. Were any negative reports for behavioral reasons ever filed by instructors? Yes 💿 No 💿 Not Available 💿	

### Step 5:

	Name:		
	Title: Pro Required - Sign Here	Degree: select - 🗸	
ELECTRONIC SEAL	Signature:		
VERIFIED	Date of Signature: 7/16/2018	Email: fsmbqa@fsmb.org	

If you initialed above as the Program Director complete the certification/attestation section, then click FINISH

If you are the Coordinator or authorized to sign on behalf of the Program Director, select OTHER ACTIONS from top right dropdown & click "Assign to Someone Else"

**Step 6:** Type in YOUR email & tab to next box. Your name will automatically appear

Assign to Someone	Else
* Required	
Email Address for the New Signe	r*
Bob@email.com	
New Signer's Name * A recipient at this email has adopte the name you have supplied.	d DocuSign signature(s). Please select one from the list below or choose
Bob Director	•
	ging signing responsibility
reset Please provide a reason for chan 250 characters remaining	ging signing responsibility
Please provide a reason for ohan 250 oharacters remaining Selecting the Assign to Someone E	ging signing responsibility lise button will send a notification to the person to whom you assigned will also receive a notification. You will be added as a Carbon Copy (CC)

### **Step 7:** Select RESET from the blue hyperlink under your name

<ul> <li>Required</li> </ul>	
Email Address	for the New Signer *
Bob@email.	
New Signer's	Name *
0	nis email has adopted DocuSign signature(s). Please select one from the list below or choose
reset	•
reset	* a reason for changing signing responsibility
Bob Director reset Please provide 250 characters	

Step 8: After you click RESET, the box will be blank. Type in the name of the Program Director.

Insert a message (optional).

Select "Assign to Someone Else"

Assign to Someone Else	×
* Required	
Email Address for the New Signer *	
Bob@email.com	
New Signer's Name *	
A recipient at this email has adopted DocuSign signature(s). Please select one from the list below or choose the name you have supplied.	
Phillipe James Testman	
Please provide a reason for changing signing responsibility I have authorization to sign for the Program Director	
250 characters remaining	
Selecting the Assign to Someone Else button will send a notification to the person to whom you assigned this envelope. The original sender will also receive a notification. You will be added as a Carbon Copy (CC) recipient.	
ASSIGN TO SOMEONE ELSE CANCEL	

**Step 9:** The verification portion has been completed. You will receive a DocuSign Notification message page to confirm you have "assigned to someone else".

	Home / DocuSign Notification
DOCUSION NOTIFICATION	
Overview	DOCUSIGN NOTIFICATION
	You are receiving this message because you have recently taken an action on an FCVS verification request.
	<ol> <li>Assign to Someone Else: You have completed your portion of the verification request by assigning the request to the individual responsible for certifying the verification.</li> </ol>
	- Or -
	<ol> <li>Decline to Sign: You have declined to complete the verification request and provided the reason to FCVS.</li> </ol>
	ALARAMA Protecting Correct Florida   California   Colorado   Connecticut I delawa Protecting Correct   Florida   Coordia   Guai   Hawate   Idano   Idelawa Protecting Correct   Courseau   Hawate   Idano   Idelawa Protecting Correct   Courseau   Hawate   Materiano   Adams   Serving   Courseau   Courseau   Materiano   Adams   California   Materiano   Northered Materiano   Courseau   Courseau   Materiano   Northered Materiano   Courseau   Courseau   Materiano   Northered Materiano   Courseau   Courseau   Courseau   Materiano   Course   Northered Materiano   Courseau   Courseau   Courseau   Courseau   Courseau   Materiano   Course   Northered Materiano   Courseau   Cou

**Step 10:** You will receive a **new email** with the "REVIEW DOCUMENTS" link to complete the signature portion.

# EMAIL TO NEW ASSIGNED SIGNER

Step 1:

FSMB QA sent you a document to review and sign.

FSMB QA fsmbqa@fsmb.org The new email will look similar to the email from Step 1. Select REVIEW DOCUMENT

### Step 2:

Select NO THANKS, as you are not required to sign in or create an account

A copy of this document has been saved to your DocuSign account. Please log in to view it. Email Bob@email.com	Log in to DocuSign	⊼ ∗	ē.	×
Bob@email.com		DocuSign accour	nt. Please	
LOG IN NO THANKS				
	LOG IN NO THANKS			

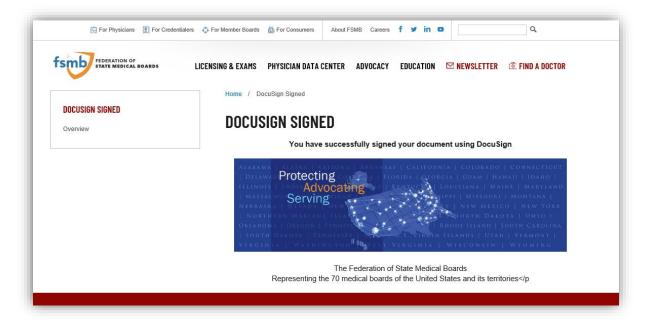
### **Step 3:** Initial & complete the certification/attestation portion

	leting Verification of Postgraduate Traini in accurately reflects the training records	ng document (Program Director): I hereby attest that the sof the above-named physician.
ELECTRONIC SEAL	Name: Title: Prc Required - Sign Here Signature:	Degree: select - 🗸
VERIFIED	Date of Signature: 7/16/2018	Email: fsmbqa@fsmb.org

### Step 4: Select FINISH



## YOU ARE DONE!



Simple and secure. Now, you can exit out of this browser.