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*Federation of*  
**STATE**   
**MEDICAL**  
**BOARDS**

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**Federation Credentials  
Verification Service (FCVS)**

**Instructions Applications and Forms  
for U.S./Canadian Medical School Graduates**

Version 3.5D(u)

## General Information

The Federation Credentials Verification Service (FCVS) is operated by the Federation of State Medical Boards of the United States, Inc. (Federation), a national nonprofit organization that provides services for state medical and osteopathic licensing authorities in the U.S., Guam, Puerto Rico and the Virgin Islands. Its primary purpose is to provide a centralized, uniform and secure process for state licensing authorities—as well as private, governmental and commercial entities—to obtain a verified, primary source record of a physician’s “core” credentials.

By using FCVS to verify your credentials, you will establish a permanent repository of primary source-verified documents. Once your file is established, these documents will be available for your use at any time. The documents that FCVS verifies for you fall into the following categories:

- **Identity**
- **Medical Education**
- **Grtduate Medical Education**
- **Examination History (state licensing authorities only)**
- **Board Action / Disciplinary History**
- **ABMS Certification**

**Note:**

Currently, FCVS does not verify state licensure or controlled substances registration. The information you provide is being stored for potential future verification.

Based on the verification of the above, a “Physician Information Profile” (Profile) is compiled and forwarded to the entity you specify in your application. FCVS will forward your Profile to any entity of your choice, including, but not limited to: state licensing authorities, hospitals, employers and professional memberships. The most recent list of accepting state licensing authorities is available by calling 1-888-ASK-FCVS, or via the Internet at [www.fsmb.org](http://www.fsmb.org).

The enclosed application is designed specifically for initial verification of your credentials. If you have previously established your repository of credentials with FCVS and wish to forward those credentials to another entity, you must obtain a “Subsequent Request” Application. Do not use the enclosed initial application for subsequent requests. You may complete a Subsequent Request Application online by going to our website at [www.fsmb.org](http://www.fsmb.org). [Note: Your state licensing authority will likely have its own application for licensure that is separate from the FCVS application. Applications for licensing authorities received at FCVS will be promptly forwarded.]

**Note: FCVS does not issue medical licenses. This function is performed only by state licensing authorities. Furthermore, licensing authorities will require verification of other information and credentials you possess in addition to those verified by FCVS.**

### Glossary of Acronyms Used Within the Application

- ECFMG: Educational Commission for Foreign Medical Graduates
- FCVS: Federation Credentials Verification Service
- LMCC: Licentiate of the Medical Council of Canada
- NBME: National Board of Medical Examiners
- NBOME: National Board of Osteopathic Medical Examiners
- FLEX: Federation Licensing Examination
- SPEX: Special Purpose Examination
- USMLE: United States Medical Licensing Examination

## Instructions for Completing the FCVS Application

Read these instructions and those throughout the application packet carefully before completing the application. **We will not begin the verification of your credentials until you submit all required information and appropriate documentation.** All of the information provided herein is subject to change.

### I. General Instructions

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Please refer to the following instructions before completing the FCVS Application:

1. The FCVS application is also available online at <http://fcvs.fsmb.org>.
2. Make a copy of the application before you begin should you make a mistake.
3. Type your information or print in black ball-point pen. FCVS will not interpret or make assumptions about the information you report in your application. Illegible information may result in processing delays.
4. Provide a response to each piece of information in the application packet. Items that are not applicable should be marked with an "N/A," for Not Applicable. You will be required to clarify, in writing, any items that are left blank on the application.
5. Include all components of the requested information, especially complete names and addresses of institutions
6. Failure to submit full addresses may result in delays.
7. To avoid delays and misidentification, double-check spelling and accuracy of the information you provide.
8. Print your full last name at the top of each page of the application form in the space provided.
9. For reference, make a copy of your completed application before you send it to FCVS.

### II. Toll-free Customer Support Line

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FCVS' toll-free customer support line is staffed Monday–Friday, 8:00 a.m.– 5:00 p.m., CST. Support personnel are prepared to answer questions about how to complete the FCVS application, as well as to provide general status of your application once received. "General status" is defined as confirmation of whether or not a specific document and/or verification has been received by FCVS. Please have your Packet ID Number available when you call.

All information concerning your FCVS file is considered highly confidential. If you desire to have a third party inquire about the status of your application (e.g., credentialing organization or office staff), you must designate this individual in Section 12 of your FCVS Application. FCVS will NOT discuss your file with any other individual(s) without your written consent.

You may contact FCVS at the following toll-free number:

1-888-ASK-FCVS (1-888-275-3287)
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### III. Completing the Application

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Most instructions for completing the FCVS application are located in the left column of the application; however, you should carefully read each of the following sections to avoid common mistakes. Please complete all components of the application that are applicable to you. **Do not estimate dates. If you are unsure about dates, please respond with "Unknown."**

Note: If the information obtained from the primary source differs from what you provide in your application, you may be required to clarify such discrepancies in writing. For purposes of documentation, all correspondence used to clarify discrepancies will be provided to the medical board from which you are seeking licensure.

**Power-of-Attorney Not Acceptable:** Physicians may not authorize a third party to sign FCVS documents on their behalf. Since FCVS processes Physician Profiles on a national basis and a Power-of-Attorney is a state-based instrument, a Power-of-Attorney will not be acceptable. Additionally, the confidential nature of documents and state board regulations requires the original signature of the physician.

#### **IV. Completing the Required Forms**

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All of the following forms are critical to begin processing your application. Please be sure that each element of the forms is completed as required; otherwise, you will be required to complete an entirely new form.

##### **Affidavit and Release, and Authorization for Release of Information**

Complete this form and sign it in the presence of a notary. Attach a recent (less than six months) 2" x 2" passport quality color photograph of yourself (alone) to this form in the designated space. Photographs must be clear, front view, full face without a hat or dark glasses. Full-length photos, black and white or computer-generated photographs will not be accepted. Be certain that the notary follows the directions listed on the form.

##### **NBME Examination History Release (if applicable)**

Complete this form if you have ever taken any or all "Parts" of the National Board of Medical Examiners (NBME) examination (i.e., Parts I, II or III). This form will be included with FCVS' request for your NBME score transcripts. If you do not know your NBME Identification Number, write "unknown" in the required space. NBME will be able to process your request based upon the biographic information you provide on the form. Please do not call NBME to request your Identification Number. NBME has requested that you provide your current address in the space provided (optional) in order to update their database.

#### **V. Required Documents**

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The following documents must be submitted with your FCVS application. Omitted documentation will result in processing delays.

##### **Certified Birth Certificate or Current Original Passport**

You must submit an original certified birth certificate (obtained directly from the issuing agency). If you submit a passport, you must include a valid written explanation as to why your birth certificate is not available. Be certain that your passport is signed. Unsigned, cancelled or expired passports will not be accepted.

Photocopies (including notarized photocopies) will not be accepted. Certified birth certificates must bear an official seal (or stamp) and a signature of an authorized representative of the issuing agency. Passports will be photocopied (identity section only) and promptly returned to your mailing address via priority mail, which requires a physical address, not a P.O. Box number. Applicants with return addresses outside the U.S. must make special mailing arrangements to have their passports returned. Typically, passports are copied and mailed within seven to ten business days. **Certified birth certificates become a permanent part of your file and will not be returned.**

##### **Photocopy of Medical School Diploma**

You must submit a legible 8½ x 11 photocopy of your medical school diploma with your application. Please include a copy of the back of the diploma if it displays text or seals. Photocopies that are larger than 8½" x 11" will not be accepted. Diplomas must clearly display the following:

1. The name of the institution
2. The institution's official seal (or stamp) and a signature of an authorized representative
3. Your name
4. The degree awarded
5. The date degree was awarded

### Documentation of Use of Alternate Name

You are required to document all Alternate Names (i.e., any name that you have used in the past). To do this, you must: 1) submit a certified copy of the legal document which explains the use of such name (e.g., marriage certificate, name change documents, etc.), or 2) for alternate names not explained with legal documents, provide a written explanation of the use of such name. If you choose option #2, you must use the Explanation of Alternate Name Form (enclosed). This explanation will be included in your Profile.

### Residency Training Certificates

FCVS recommends that you submit photocopies of your internship/residency training or fellowship certificates to assist in the verification process of your training performed in the United States.

## VI. Fees

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Please follow these instructions to complete the “Fee Calculation” section of the application. To avoid processing delays due to incorrect fees, please call FCVS’ toll-free customer support line. Credentials Inquiry Specialists will assist you with calculating your fees.

### A. Initial Application Processing Fee

The base processing fee to establish your initial FCVS Profile is **\$295, with an additional \$50 fee for applications not submitted online**. This fee entitles you to have your Profile sent to one recipient. In addition to the base fee, other applicable “surcharges” may apply. Surcharges are assessed for Examination Score Transcripts (section C), passport shipping and handling (section E) and administrative verification fees from institutions.

### B. Additional Profile Requests

Additional Profiles may be forwarded for a fee of **\$60** for **each** additional mailing, plus applicable surcharges when ordered with the initial Profile. To forward additional Profiles after your initial application has been mailed, you must complete a separate Subsequent Request Application. You may complete a Subsequent Request Application online by going to our website at [www.fsmb.org](http://www.fsmb.org).

### C. Examination Score Transcripts

Each organization that provides FCVS with examination history (transcripts) has a unique fee structure. Please review the following instructions carefully. **Do not request transcripts on your own behalf. FCVS will not accept, substitute, or waive surcharges for any transcript requested by applicants.** Transcripts are required for state licensing authorities only. Do not include transcript surcharges for other entities (i.e., hospitals, medical societies).

<b>1. USMLE Steps 1, 2 and 3</b>	<b>FLEX Component 1 and 2</b>
<b>Pre-1985 FLEX</b>	<b>SPEX</b>

The Federation issues an examination history report which includes all of the above examinations. The fee for this transcript (which includes a complete report of all of the above examinations, including failing attempts) is \$50 for one to two transcripts. Note: FCVS does not store these transcripts. You must submit the appropriate fee for each Profile being forwarded.

Those who have taken a USMLE “Step” in combination with an NBME “Part” should only submit surcharges for the NBME transcript (see NBME Part I,II and III below). The NBME transcript reports all USMLE Step history.

### 2. NBME Part I, II and III

FCVS obtains verification of your NBME examination history according to the requirements of the medical licensing authority(ies) where you are having your Physician Information Profile sent.

The NBME examination history is \$50 for up to five (5) transcripts, and \$5 for each additional transcript requested at the same time. Note: FCVS does not store NBME transcripts. You must submit the appropriate fee for each Profile being forwarded.

**Note: Many applicants confuse NBME Parts with USMLE Steps. Please be certain to accurately report your examination history. Misreporting these examinations in your application will result in processing delays and additional surcharges.**

### **3. Licentiate of the Medical Council of Canada (LMCC)**

The Medical Council of Canada (MCC) provides FCVS with a statement confirming your registration as a Licentiate of the Medical Council of Canada as well as the scores received on the Council's examinations. FCVS collects \$100 to offset MCC fees (and exchange rates) for this service. FCVS has been given permission to store and reproduce this verification and therefore requires that you submit this fee only one time with your initial application.

### **4. State Board Examinations**

Each medical licensing authority has a different fee for their respective examination transcript. If you have taken a state board examination, please call FCVS' toll-free number for the appropriate amount.

**Note: State board examinations were developed and administered specifically by medical licensing authorities. Do not confuse these examinations with national licensing examinations such as the FLEX, NBME, NBOME or USMLE.**

### **D. Shipping and Handling**

Applicants submitting a passport to verify identity must submit a \$25 shipping and handling fee to cover charges incurred to return it via priority mail. Priority mail service does not deliver to a P.O. Box address. If your mailing address is a P.O. Box, you must make special arrangements for the return of your passport. Please call 1-888-ASK-FCVS to discuss mailing options.

## **Other Fee Information**

### **Translation Fee**

Any birth certificate or passport, written in a language other than English must be translated by FCVS' professional translation service.

Any other document written in a language other than English that is received and/or verified by a primary source must be translated by FCVS' professional translation service unless an acceptable translation is included with the document from the primary source. FCVS does not accept translations from any other source for primary source documents.

FCVS will send an invoice for the amount of the translation once the document requiring translation has been received. FCVS will add a one-time processing fee of \$15 to all translation charges at the time of invoice.

**NOTE: FCVS will request a translation of Latin medical school diplomas from the applicant in order to assist our staff in processing your medical school verification.**

### **Insufficient Funds**

Checks returned for insufficient funds will be assessed a \$25 fee after the check has been submitted for payment twice. Processing of your application will be suspended until a cashier's check or money order covering the original application fee plus the \$25 fee is received.

## Payment

Make your check or money order payable in U.S. dollars to Federation Credentials Verification Service. Do not send cash with your application.

## Cancellation Policy

A significant portion of application processing occurs immediately after applications are received; therefore, requests for cancellations must be **submitted in writing within five business days from the date FCVS receives your application**. In all cases of cancellation, a \$50 processing fee will be deducted. **No refunds will be granted after five business days.**

## Recipient Designation Change Fee

If you change the recipient of your Profile while your application is still pending (including a change to “Undecided” status), you will be assessed a \$15 change fee, plus applicable surcharges necessary to obtain new examination score transcripts (if necessary). Applications originally designated as “Undecided” are exempt from this fee. To change your recipient designation, contact our toll-free customer support line to receive a Recipient Designation Change Form.

## Overpayment

FCVS will send you a letter notifying you of a credit balance (overpayment) on your account at the time your Profile is forwarded to all entities designated in your application. You must submit a written request (with address verification) to receive this refund. Overpayment of \$50 or less remaining in an FCVS account after 30 months from the application receipt date will not be refunded.

## Institutional Administrative Verification Fees

A one-time fee of \$25 is required of all applicants for handling fees charged by Medical Schools and Graduate Medical education training programs for transcripts and verifications to FCVS/ECFMG.

## VII. Submitting Your FCVS Application Materials

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For submission to FCVS, please assemble and secure your application materials in the following order:

1. Check or Money Order (in the upper left-hand corner)
2. FCVS Application Pages 1-10 (do not omit pages, even if a page was not applicable to you)
3. Affidavit and Release and Authorization for Release of Information, Documents and Records
4. NBME Examination History Release (if applicable)
5. All Other Attachments except passport

All application materials except passports\* must be mailed via standard U.S. Postal Service (Not Express, Certified or Overnight) to the P.O. box listed below. Application and/or checks received at the Federation’s Fuller Wisser Road address will be delayed by at least five business days and will be assessed a \$15.00 handling fee.

Federation Credentials Verification Service P.O. Box 970900 Dallas, TX 75397-0900
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To avoid delays and additional processing fees, do NOT send applications to the Federation’s Fuller Wisser Road address. FCVS will send a letter to acknowledge receipt of your application after it is reviewed.

\* For security reasons FCVS suggests all passports be sent to the physical mailing address listed below using FedEx or DHL/Airborne Express only, which will require a signature upon delivery. The address is — 400 Fuller Wisser Road, Suite 300, Euless, TX 76039-3855.

## VIII. Processing Your Application

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### Application Review and Processing

Upon receipt, your application is carefully inspected to ensure all documents, required forms and fees have been submitted in accordance with established requirements. If your application is deemed acceptable to process, FCVS will begin verification with your primary sources. If you omit any required information, documents or fees, you will be required to resolve and/or supply each outstanding component. In some cases, processing may be suspended until all requirements are satisfied.

**Very Important: Any omitted information or documentation will cause significant delays in the time to process your profile.**

For documentation purposes, all clarification of problems and/or subsequent submissions must be submitted in writing. FCVS cannot record information into the database without written documentation.

### “Undecided” Applicants

The “Undecided” category (see Application, Section 21) is designed to accommodate those physicians who wish to begin the process of establishing their core credentials but have not yet designated an entity to receive their Profile. “Undecided” applications will be fully processed except for the examination score transcript. Once you designate a recipient of your Profile, FCVS will order the above mentioned document.

### Verification with Primary Sources

The information you provide in your application is used by FCVS to verify your credentials. To verify the information you provide, FCVS sends a series of letters and special verification forms directly to the institutions you list in your application. **FCVS must initiate all requests for primary source verification. Do not attempt to expedite the verification process by making these requests yourself. FCVS will not accept documents from primary sources requested by the physician. FCVS will not be responsible for any expenses incurred by applicants who make verification requests on their own behalf.**

### Quality Assurance

All Physician Information Profiles are subjected to a comprehensive audit process to ensure accurate and complete reporting. At this stage, each data element of your application is compared to each data element received from the primary source. Discrepant information may require additional follow-up for clarity.

### Physician Information Profile Forwarded

FCVS mails Profiles via overnight service to entities designated in your application. FCVS will send you a letter informing you that your Profile has been sent. FCVS does not provide photocopies of Profiles to applicants. If you wish to review your Profile, you must contact the entity that received your Profile, or submit payment for a Subsequent Request with yourself as the recipient.

## IX. Time Expectations to Process Your Application

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The majority of processing time is dependent upon the timely and accurate responses of other institutions. Because of this, FCVS cannot guarantee that your file will be processed within a specific time frame. FCVS processes applications as quickly as possible in the order they are received and will not—under any circumstances—expedite processing of one file over the other.

FCVS has found that processing time is dependent on the timely and complete responses of medical schools and training programs and therefore we cannot guarantee how long it will take to process your application. Individual processing time will vary. We cannot begin the verification of your credentials until you submit all required information and appropriate documentation.

## **X. Common Questions About Application Processing**

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### **I need to start practicing very soon. Is there some way I can speed up this process?**

The best way to expedite application processing is to make sure your application is 100 percent complete with all required information, documentation and fees before submitting it to FCVS. If your application is received without problems, FCVS can immediately begin verifying your credentials with your source institutions. In addition, you will improve response time from your sources if you provide precise, complete addresses.

### **I only have one certified birth certificate and don't want you to keep it. How do I get another one?**

Any U.S. born individual can obtain a certified birth certificate by contacting the Vital Statistics Bureau in their state of birth by telephone or via internet at [www.vitalrec.com](http://www.vitalrec.com) for a nominal fee. Any U.S. citizen born overseas can obtain a certified copy of his/her birth certificate by contacting the U.S. State Department. Please do not send birth certificates that are illegible or have sentimental value.

### **I am hesitant to send you my original passport. How safe is it?**

FCVS has received and safely returned thousands of passports. For security reasons, FCVS suggests sending passports to the physical address—400 Fuller Wiser Road, suite 300, Euless, TX 76039-3855—using FedEx or DHL/Airborne Express only, which will require a signature upon delivery.

### **I called my institution, and they never received your request for verification. Will you send another one?**

FCVS mails verification requests directly to the address listed on the ACGME (Accreditation Council for Graduate Medical Education) web site which is continually updated. FCVS will follow-up with non responsive institutions at regular intervals. Methods of contacting medical schools and training institutions for verification include telephone, email, mail, fax and GMEConnect (a secure web-based technology service).

### **How do I forward additional (Subsequent) Physician Information Profiles?**

To have an additional Physician Information Profile forwarded to another entity of your choice, you must complete a Subsequent Request application. To download the full version from the internet, visit our website at [www.fsmb.org](http://www.fsmb.org). This application will instruct you how to complete the required forms and help you calculate the appropriate fees. To receive this application by mail, call 1-888-ASK-FCVS, or send your request via e-mail at [fcvs@fsmb.org](mailto:fcvs@fsmb.org) (you must include your name, Packet ID Number and current address).

### **What state medical boards currently accept FCVS documents?**

FCVS continues to add state medical boards to its roster of those that accept our documents. For the most current list, you can call 1-888-ASK-FCVS, or visit our website at [www.fsmb.org/acceptFCVSprofile.htm](http://www.fsmb.org/acceptFCVSprofile.htm).

**Federation Credentials Verification Service**  
**Application for credentials verification**

Refer to the application instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

**1. Name(s)**  
 Do not use nicknames or initials, unless they are part of your documented name.

**Documentation:**  
 See instructions (page 3):  
 Documentation of use of Alternate Name.

Last Name (Surname) and Generational Suffix																									
First and Middle Name(s)																									
List any alternate name(s) you have used in the past (first, middle and last).																									
<input type="checkbox"/> I have not used any other name(s).																									
Last Name (Surname) and Generational Suffix																									
First and Middle Name(s)																									

**2. Date and Place of Birth**

**Documentation:**  
 You must submit a certified birth certificate. If you submit a passport, you must explain why your birth certificate is not available.

[ ] [ ]	[ ] [ ]	[ ] [ ] [ ] [ ]																							
Month	Day	Year																							
																				[ ] [ ]					
City																				State					
Province/Territory																									
Country																									

**3. Identification Numbers**

[ ] [ ] [ ] [ ]	[ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]																							
U.S. Social Security Number																									
																				[ ]					
National Identification Number (if applicable)																				NID # not applicable					
Issuing Country																									

**4. Gender**

Male                       Female



Applicant: Print your complete last name: \_\_\_\_\_

**11. State Licensure**

List all active and inactive or expired professional licenses you have held.

**Active Licenses**

State	Type	Number	Original date of issue	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Inactive or Expired Licenses**

State	Type	Number	Original date of issue	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**12. Specialty Certification**

Please list your current certification status.

Include additional information on a separate 8.5" x 11" sheet of paper.

**Specialty** \_\_\_\_\_

Board Certified? Yes  No  If no, are you qualified to sit for the exam? Yes  No

Board name \_\_\_\_\_

Initial certification date \_\_\_\_\_ Date of most recent certification \_\_\_\_\_

Date qualified \_\_\_\_\_ Qualification expires \_\_\_\_\_

**(Sub)Specialty** \_\_\_\_\_

Board Certified? Yes  No  If no, are you qualified to sit for the exam? Yes  No

Board name \_\_\_\_\_

Initial certification date \_\_\_\_\_ Date of most recent certification \_\_\_\_\_

Date qualified \_\_\_\_\_ Qualification expires \_\_\_\_\_

**(Sub)Specialty** \_\_\_\_\_

Board Certified? Yes  No  If no, are you qualified to sit for the exam? Yes  No

Board name \_\_\_\_\_

Initial certification date \_\_\_\_\_ Date of most recent certification \_\_\_\_\_

Date qualified \_\_\_\_\_ Qualification expires \_\_\_\_\_

**13. Controlled Substance Registration**

List your current DEA and State Registration Number(s)

Include additional information on a separate 8.5" x 11" sheet of paper.

Federal DEA number \_\_\_\_\_ Date issued \_\_\_\_\_ Expiration date \_\_\_\_\_

State controlled substances registration number \_\_\_\_\_ Date issued \_\_\_\_\_ Expiration date \_\_\_\_\_ State \_\_\_\_\_

State controlled substances registration number \_\_\_\_\_ Date issued \_\_\_\_\_ Expiration date \_\_\_\_\_ State \_\_\_\_\_

State controlled substances registration number \_\_\_\_\_ Date issued \_\_\_\_\_ Expiration date \_\_\_\_\_ State \_\_\_\_\_

**14. Premedical Undergraduate Education**

List all colleges/universities you attended prior to medical school in chronological order.

If a break of six (6) months or more occurred during the attendance dates you provide, report the beginning and ending dates of this break on a separate 8.5" x 11" sheet of paper. It is not necessary to report breaks between institutions.

Combined M.D./Ph.D. programs should be reported in Section 17 U.S./Canadian Medical Education.

**Note:** FCVS does not verify premedical education (except in cases where credit was granted towards the medical degree). The information you provide will be reported exactly as it appears on this page.

\_\_\_\_\_

Name of institution #1

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

\_\_\_\_\_

Degree

- None  B.A.  B.S.  
 M.A.  M.S.  
 Other \_\_\_\_\_

Country

ZIP/Postal Code

From \_\_\_\_\_ To \_\_\_\_\_  
 Month Year Month Year

\_\_\_\_\_

Name of institution #2

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

\_\_\_\_\_

Degree

- None  B.A.  B.S.  
 M.A.  M.S.  
 Other \_\_\_\_\_

Country

ZIP/Postal Code

From \_\_\_\_\_ To \_\_\_\_\_  
 Month Year Month Year

\_\_\_\_\_

Name of institution #3

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

\_\_\_\_\_

Degree

- None  B.A.  B.S.  
 M.A.  M.S.  
 Other \_\_\_\_\_

Country

ZIP/Postal Code

From \_\_\_\_\_ To \_\_\_\_\_  
 Month Year Month Year

\_\_\_\_\_

Name of institution #4

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

\_\_\_\_\_

Degree

- None  B.A.  B.S.  
 M.A.  M.S.  
 Other \_\_\_\_\_

Country

ZIP/Postal Code

From \_\_\_\_\_ To \_\_\_\_\_  
 Month Year Month Year







Applicant: Print your complete last name: \_\_\_\_\_

**17 Examination History**

Provide the most recent examination date and total number of attempts for each examination you have taken for the purposes of state medical licensure.

Many applicants confuse NBME Parts with USMLE Steps. Please be certain to accurately report your examination history. Incorrectly reported examinations will result in delays and additional verification surcharges.

If you do not know the examination date, please write UNKNOWN next to the appropriate blocks.

Examination	Most Recent Attempt:	Pass/Fail/Unknown	No. of Attempts:	State: _____
State Board Exam <sup>1</sup>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
FLEX Pre-1985	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
FLEX Component 1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
FLEX Component 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC - Single	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC - Part I	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC Part II	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC Part A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
LMCC Part B	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBME Part I	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBME Part II	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBME Part III	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBOME COMLEX Level 1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBOME COMLEX Level 2 CE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBOME COMLEX Level 2 PE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
NBOME COMLEX Level 3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
SPEX	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
USMLE Step 1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
USMLE Step 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
USMLE Step 2 Clinical Skills	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
USMLE Step 3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

1. State board examinations are those that were developed and administered specifically by state licensing authorities. Some states have never administered state board examinations and therefore do not apply. Most state medical boards did not offer a state board examination for licensure until after the early 1970s. Do not confuse these examinations with national licensing examinations such as NBME, NBOME or USMLE.

**18. Recipient Designation**

You must designate each professional licensing board, hospital, or other credentialing entity where you want your profile sent.

Addresses are not required for state medical boards.

You may photocopy this page for additional recipients.

I am undecided about where my Profile should be sent ( See "Undecided Applicants" on page 6 of the instructions).

I wish to forward my Profile to the following state medical board(s):

\* For Illinois, Kentucky, New York and South Carolina, see below.

- |          |          |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

I wish to forward my Profile to the following entity, hospital or myself:

\_\_\_\_\_

Complete name of recipient (do not abbreviate)

\_\_\_\_\_

Contact (individual or department to whom your Profile will be addressed)

\_\_\_\_\_

Street Address line 1

\_\_\_\_\_

Street Address line 2

\_\_\_\_\_

City

\_\_\_\_\_

State/Province

\_\_\_\_\_

Country (U.S. or Canada only)

\_\_\_\_\_

ZIP/Postal Code

\_\_\_\_\_  
Telephone (must be included)

I wish to forward my Profile to the following entity, hospital or myself:

\_\_\_\_\_

Complete name of recipient (do not abbreviate)

\_\_\_\_\_

Contact (individual or department to whom your Profile will be addressed)

\_\_\_\_\_

Street Address line 1

\_\_\_\_\_

Street Address line 2

\_\_\_\_\_

City

\_\_\_\_\_

State/Province

\_\_\_\_\_

Country (U.S. or Canada only)

\_\_\_\_\_

ZIP/Postal Code

\_\_\_\_\_  
Telephone (must be included)

\*If you requested that FCVS forward your completed Physician Information Profile to the New York, Kentucky, South Carolina, or Illinois medical boards, please indicate the type of licensure you are seeking in the space below.

- |                                  |  |
|----------------------------------|--|
| _____ Limited Permit in Medicine | _____ Admission to USMLE Step 3 examination in that state            |
| _____ License in Medicine        | _____ Three-year License to Practice in a Medically Underserved Area |
| _____ Faculty License            | _____ Training License   |
| _____ Institutional License      |  |



**Affidavit and Release  
and Authorization for Release of Information,  
Documents and Records**

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the "Instructions for Completing the FCVS Application" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I waive confidentiality, authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service (FCVS) any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, my examination grades, or any other pertinent data and to permit FCVS or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I hereby release, discharge and exonerate FCVS, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by FCVS.

I will immediately notify FCVS in writing of any changes to the answers to any questions contained in this application if such a change occurs at any time prior to my FCVS Physician Information Profile being mailed.

\_\_\_\_\_  
Applicant's Signature (must be signed in the presence of a notary)

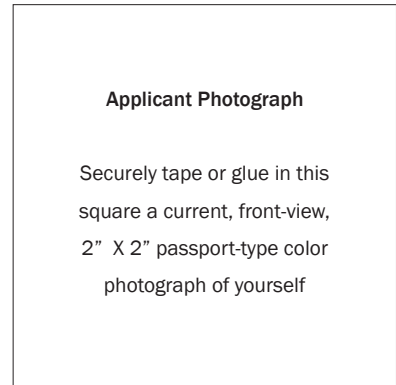
\_\_\_\_\_  
Applicant's Printed Last Name

\_\_\_\_\_  
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant SSN



**NOTARY**

Your seal or stamp must be partly upon the photograph.

State of \_\_\_\_\_ County of \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires: \_\_\_\_\_

**(NOTARY PUBLIC SIGNATURE & SEAL)**

Notary Public signature: \_\_\_\_\_

I certify that on the date set forth above the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

## Explanation of Alternate Name Form

Use this form to explain the use of any name(s) not supported by the identity document(s) submitted with your application. Do not write on the back of this form. If additional space is required, please make a photocopy(ies). Be certain to sign the form in the space provided at the bottom of the page.

<p><b>Documented Name</b></p> <p>The name reported here must be the name on your identity document (birth certificate or passport).</p>	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Last name (surname) and generational suffix</p> <div style="border: 1px solid black; display: inline-block; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">First and middle name</p>
	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Last name (surname) and generational suffix</p> <div style="border: 1px solid black; display: inline-block; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">First and middle name</p> <p style="margin-top: 20px;">Explanation of use of name.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>
	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Last name (surname) and generational suffix</p> <div style="border: 1px solid black; display: inline-block; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">First and middle name</p> <p style="margin-top: 20px;">Explanation of use of name.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>
	<div style="border: 1px solid black; display: inline-block; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Last name (surname) and generational suffix</p> <div style="border: 1px solid black; display: inline-block; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">First and middle name</p> <p style="margin-top: 20px;">Explanation of use of name.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>
<p><b>Signature</b></p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="font-size: small;">Signature <span style="float: right;">Date</span></p>

## Explanation of Other Activities During Medical Education

Please provide a complete, specific explanation regarding any other training or breaks between the beginning of your medical education and the final year of your graduate medical education training. Dates should be reported in mm/yyyy format.

---

From: <input style="width: 40px; height: 20px;" type="text"/> Month	<input style="width: 60px; height: 20px;" type="text"/> Year	Activity
		<hr/>
		<hr/>
		<hr/>

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From: <input style="width: 40px; height: 20px;" type="text"/> Month	<input style="width: 60px; height: 20px;" type="text"/> Year	Activity
		<hr/>
		<hr/>
		<hr/>

---

From: <input style="width: 40px; height: 20px;" type="text"/> Month	<input style="width: 60px; height: 20px;" type="text"/> Year	Activity
		<hr/>
		<hr/>
		<hr/>

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From: <input style="width: 40px; height: 20px;" type="text"/> Month	<input style="width: 60px; height: 20px;" type="text"/> Year	Activity
		<hr/>
		<hr/>
		<hr/>

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From: <input style="width: 40px; height: 20px;" type="text"/> Month	<input style="width: 60px; height: 20px;" type="text"/> Year	Activity
		<hr/>
		<hr/>
		<hr/>

Signature (physician applicant)/Date

---

FCVS packet ID Number

## Clinical Clerkship

Complete this section if you did not graduate from a school accredited by the Liaison Committee on Medical Education or the American Osteopathic Association and if your clinical clerkship (training) was completed in a country other than where your medical school is located. List all clerkships attended. Please copy and use additional page(s) if required.

Complete name of affiliated university or college where clerkship was performed (Do not abbreviate).

Complete name of hospital, institution or individual where clerkship was performed (Do not abbreviate).

Address line 1

Address line 2

City

State/Province

Country

ZIP/Postal Code

From:

Month Year

To:

Month Year

Clinical Clerkship Area

Complete name of affiliated university or college where clerkship was performed (Do not abbreviate).

Complete name of hospital, institution or individual where clerkship was performed (Do not abbreviate).

Address line 1

Address line 2

City

State/Province

Country

ZIP/Postal Code

From:

Month Year

To:

Month Year

Clinical Clerkship Area

## Medical School Release Request

Please complete, sign and date this form and return it with your application

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Re:

Name: \_\_\_\_\_  
Physician applicant name

Social Security Number: \_\_\_\_\_  
Physician applicant Social Security number

Date of Birth: \_\_\_\_\_  
(Month) (Date) (Year)

Date degree was issued: \_\_\_\_\_  
(Month) (Date) (Year)

Dear Sir or Madame:

I am currently applying for state medical licensure. As you may know, the Federation Credentials Verification Service (FCVS), a division of the Federation of State Medical Boards, acts as an agent to collect and verify credentials of licensure applicants in this state.

To facilitate this process, I hereby request:

- An official **medical school transcript** which bears your institution's seal and the signature of an authorized representative; and
- Certification of the enclosed **Medical School diploma**, by affixing the institution's seal and the signature of an authorized representative onto the diploma; and
- The Dean of your Medical School, or an authorized representative, to complete the attached form titled "**Verification of Medical Education**"; and
- A copy of the official **Dean's Letter**, if available.

Please send this information directly to FCVS in the enclosed postage-paid self-addressed envelope. If you have any questions about this process, please contact FCVS toll-free at 1-888-ASK-FCVS (1-888-275-3287). Thank you for your time and efforts.

Sincerely,

\_\_\_\_\_  
Signature (physician applicant)

\_\_\_\_\_  
Date of signature