



# Profile Designation Change Form

Federation Credentials Verification Service (FCVS)  
Federation of State Medical Boards

**Instructions:** This form is used to change the recipient of your Physician Assistant Information Profile. This form may only be utilized by applicants with a current, "pending" file. You must use one form per change. Mail completed form and check or money order made payable to:

**Federation Credentials Verification Service  
P.O. Box 970900  
Dallas, TX 75397-0900**

<b>1. FCVS Packet</b> ID Number	<table border="1" style="width: 100%;"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table> FCVS Packet ID Number <p><b>Note:</b> Packet ID numbers can be four or five digit numbers. You can find your packet ID number on any correspondence received from FCVS.</p>																	
<b>2. Name</b> Report the name under which you submitted your original FCVS application.	<table border="1" style="width: 100%;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> Last Name (Surname) and Generational Suffix  <table border="1" style="width: 100%;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> First and Middle Name(s)																	
<b>3. Original Recipient</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> Name of Board, Hospital or other Recipient																	
<b>4. New Recipient</b>  Specify where you would like to have your Profile sent.	<input type="checkbox"/> I wish to forward my Physician Assistant Information Profile to the following state medical board: <table border="1" style="width: 100%;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> Name of State (specify "Medical" or "Osteopathic" board if necessary)  <input type="checkbox"/> I wish to forward my Physician Assistant Information Profile to the following hospital or other entity: <table border="1" style="width: 100%;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> Complete Name of Recipient (Do not abbreviate)  <table border="1" style="width: 100%;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> Address Line 1  <table border="1" style="width: 100%;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> Address Line 2  <table border="1" style="width: 100%;"> <tr> <td style="width: 80%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> </table> City State/Province  <table border="1" style="width: 100%;"> <tr> <td style="width: 30%; height: 20px;"></td> <td style="width: 40%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table> Country (US or Canada only) ZIP/Postal Code  <table border="1" style="width: 100%;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> Phone Number																	
<b>5. Fee Calculation</b>  If you have multiple Designation Change Forms, you may combine all fees into one check or money order.	Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Money Order  Check/Money Order #: _____  Name on Check _____  Designation Change Fee _____ <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">.</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">0</td> </tr> </table> Additional Surcharges (you must contact your primary Analyst to determine this fee) _____ <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">.</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">0</td> </tr> </table> <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 50px;"><b>Total Fee</b></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">.</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">0</td> </tr> </table>		1	5	.	0	0			.	0	0	<b>Total Fee</b>			.	0	0
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		.	0	0														
<b>Total Fee</b>			.	0	0													
<b>6. Signature and Release</b>	I hereby authorize FCVS to release my Physician Assistant Information Profile to the entity designated in Section 4 of this form.  <table border="1" style="width: 100%;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table> Signature Date																	