



# Profile Designation Form

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

Instructions: This form is used to designate the recipient of your Physician Assistant Information Profile. This form may only be utilized by applicants with a current, "pending" file. Mail completed form to:

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

<b>1. FCVS Packet</b> ID Number	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 10px;"></div> <div> <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> </div> </div>
<b>2. Name</b> Report the name under which you submitted your original FCVS application.	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Last Name (Surname) and Generational Suffix</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">First and Middle Name(s)</p>
<b>3. Recipient</b>  Specify where you would like to have your Profile sent.	<div style="margin-bottom: 10px;"> <input type="checkbox"/> I wish to forward my Physician Assistant Information Profile to the following state medical board:       </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Name of State (specify "Medical" or "Osteopathic" board if necessary)</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I wish to forward my Physician Assistant Information Profile to the following state medical board:       </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Name of State (specify "Medical" or "Osteopathic" board if necessary)</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I wish to forward my Physician Assistant Information Profile to the following hospital or other entity:       </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Complete Name of Recipient (Do not abbreviate)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Address Line 1</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Address Line 2</p> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 70%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <p style="font-size: small;">City <span style="float: right;">State/Province</span></p> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <p style="font-size: small;">Country (US or Canada only) <span style="margin-left: 20px;">ZIP/Postal Code</span></p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Phone Number</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I wish to forward my Physician Assistant Information Profile to the following hospital or other entity:       </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Complete Name of Recipient (Do not abbreviate)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Address Line 1</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Address Line 2</p> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 70%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <p style="font-size: small;">City <span style="float: right;">State/Province</span></p> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <p style="font-size: small;">Country (US or Canada only) <span style="margin-left: 20px;">ZIP/Postal Code</span></p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: small;">Phone Number</p>
<b>4. Signature and Release</b>	<p>I hereby authorize FCVS to release my Physician Information Profile to the entity designated in Section 3 of this form.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 60%;"></div> <div style="border-top: 1px solid black; width: 20%;"></div> </div> <p style="font-size: small; display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </p>