



Federation Credentials Verification Service
(FCVS)

PHYSICIAN ASSISTANT SUBSEQUENT REQUEST

INSTRUCTIONS
APPLICATIONS
AND
FORMS

VERSION 3.3-PA SUB

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 non-profit organization that provides services for state medical and osteopathic licensing authorities. FCVS was developed to provide a centralized, uniform process for medical licensing authorities—as well as private, governmental and commercial entities—to obtain a verified, primary source record of a physician’s “core” medical credentials.

This Subsequent Request Packet is specifically designed for physician assistants who have previously established a permanent FCVS file and are now requesting to have an additional Physician Assistant Information Profile (Profile) forwarded to another state licensing authority or entity of their choice. If you have not had your credentials verified previously by FCVS, you must request an Initial Application Packet. Complete this packet only if FCVS has previously verified your credentials.

This Packet will authorize FCVS to prepare and forward your Profile to the entity of your choice. As with your first Profile, this Subsequent Request will contain FCVS-certified copies of documents obtained directly from your source institutions in the following categories:

- Identity
- Academic Education
- Physician Assistant Education
- Post Graduate Physician Assistant Education
- NCCPA Certification
- Board Action History

Please refer to the following pages for instructions on completing the appropriate form(s) and submitting the appropriate fees. As always, if you have questions regarding your file, or need assistance with completing this packet, please do not hesitate to contact our toll-free customer service number at:

1-888-ASK-FCVS (1-888-275-3287)

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

Glossary of Acronyms Used Within the Application	
APPAP:	Association of Postgraduate Physician Assistant Programs
ARC-PA:	Accreditation Review Commission on Education for the Physician Assistant
CAAHEP:	Commission on Accreditation for Allied Health Education Programs
FCVS:	Federation Credentials Verification Service
NCCPA:	National Commission on Certification of Physician Assistant
PANCE:	Physician Assistant National Certifying Examination
PANRE:	Physician Assistant National Recertification Examination

INSTRUCTIONS FOR COMPLETING THE SUBSEQUENT REQUEST FORM

Read these instructions and those throughout the packet carefully. **Failure to submit the required form(s) and/or fee will result in processing delays.** All of the information provided herein is subject to change.

I. COMPLETE THE SUBSEQUENT REQUEST FORM

The Subsequent Request Form (Form) must be completed to update information contained in your Profile and to designate the medical licensing authority or other entity to which you want your Profile sent. Follow the instructions as they appear in the left-hand column of the Form. Please feel free to make a copy(ies) of this form if you need additional space. If you have other information to communicate to FCVS, please write/type on a separate 8½ x 11 sheet of white, unlined paper and attach it to the Form.

II. FEES

Please follow these instructions to complete Section 10, "Fee Calculation" of the Form. To avoid processing delays due to incorrect fees, please call FCVS' toll-free customer support line if you have questions. A credentials Inquiry specialist will assist you with calculating your fees.

A. Subsequent Requests

The base fee for each Subsequent Request is **\$35**. In some cases, additional surcharges will apply.

OTHER FEE INFORMATION

Recipient Designation Change Fee

If you change the recipient of your Profile while your Subsequent Request is still pending, you will be assessed a **\$15** change fee, plus applicable surcharges necessary to obtain new information (if necessary). To change your recipient designation, contact our toll-free customer support line to receive a Designation Change Form.

Insufficient Funds

Checks returned for insufficient funds will be assessed a **\$25** fee. 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 **\$25** processing fee will be deducted. **No refunds will be granted after five business days.**

Overpayment

FCVS will send you a letter notifying you of a credit balance (overpayment) on your account at the time your Profile is forwarded. You must submit a written request (with address verification) to receive this refund. Refunds on credit balances will not be issued until your Profile(s) has been forwarded.

III. SUBMITTING YOUR SUBSEQUENT REQUEST MATERIALS

All forms and required fees must be forwarded to FCVS via the United States Postal Service. Hand carried materials, or materials received through any other carrier, will be returned to sender. Detach the Subsequent Request Form from this packet, staple your payment to the front of the Form and mail to the address below.

These materials must be mailed via the U.S. Postal Service to the P.O. box listed below. Mail received at the Federation's Fuller Wisser Road address will be delayed by at least 5 business days and will be assessed a \$15.00 handling fee.

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

*Do **NOT** send these materials to the Federation of State Medical Boards' Fuller Wisser Road address.*

IV. TIME EXPECTATIONS TO PROCESS YOUR SUBSEQUENT REQUEST

FCVS endeavors to process your Subsequent Request as quickly as possible. Average processing time for Subsequent Requests with no updates is approximately 1-2 weeks. Profiles with additional verification require additional time to process. In order to expedite processing, we ask that you wait at least two weeks before inquiring about the status of your request.

V. COMMON QUESTIONS ABOUT SUBSEQUENT REQUEST

If you have "stored" all of my original documents, why does it take 1-2 weeks to process my request?

FCVS has stored all documents related to your identity, physician assistant education and postgraduate training (plus applicable translations, if necessary). These documents are permanently stored in your FCVS file and do not require reverification. NCCPA recertification and any additional postgraduate training require FCVS to contact these entities for updated information.

I already had my examination transcripts forwarded to the medical board. Will you waive this fee?

No. FCVS policy is to initiate and receive all verification requests directly from the primary source. We will not waive or substitute components of the Physician Information Profile (or applicable fees) under any circumstances.

All of my information is the same since my initial request. Do I still need to complete the entire Form?

Yes. If all of your information is the same, simply check the box "No Changes" in the applicable section.

The last time FCVS processed my file, my physician assistant school did not respond to your requests and FCVS forwarded my Profile using "Secondary Verification." What will happen this time?

FCVS has agreements with each state licensing authority about how to process files if institutions do not respond to our verification requests. In some states, FCVS is allowed to include applicant-provided documents if institutions do not respond within a specific time frame (called "Secondary Verification"). In other states, however, primary source verification is required for licensure. The ability to use Secondary Verification with your Subsequent Request will vary on a state-by-state basis. If the entity receiving your Profile requires primary source verification, FCVS will continue to make requests until the information is received.

I was in the middle of my postgraduate program the last time you verified my information. How will you handle this?

All additional training since your last Profile will be verified directly with the primary source, including portions of training that were not complete at the time your last Profile was sent. To do so, FCVS will mail a verification request directly to the institution(s).

9. Examination/ Certification History	Examination	Most Recent Attempt		No. of Attempts	Pass/Fail
		Month	Year		P F
	PANCE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PANRE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	NCCPA Certification Date:	Month	Year		
		<input type="text"/>	<input type="text"/>		

Note: If you received your NCCPA certificate since your initial profile was completed, please check here and be sure to include a notarized copy of your certificate with this application.

10. 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.

If you wish to send your profile to more than 10 entities at the same time, discounts may apply. Please call FCVS for more information.

You may indicate additional commercial recipients on a 8.5" x 11" sheet of paper.

I wish to forward my Profile to the following state licensing authority(ies):

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

I wish to forward my profile to the following commercial entity or hospital:

 Complete Name of Recipient (Do not abbreviate)

 Contact (Individual to whom your Profile will be addressed)

 Address Line 1

 Address Line 2

 City _____ State/Province _____

 Country (U.S. or Canada only) ZIP/Postal Code _____

Purpose for Use (not required if your profile is being sent to a state medical board):

Hospital Privileges Employment Purposes Personal Copy
 Other Use: _____

11. Third-Party Authorization

Your FCVS Profile is Confidential.

If you intend to have any person other than yourself communicate with FCVS about your application, you must complete this section.

I will be the only individual to inquire about my FCVS application.
 I authorize the following individual to inquire about my FCVS application (see below).

 Last Name (Surname) and Suffix

 First Name

 Telephone _____ E-mail _____

By completing this section, you authorize FCVS to discuss the status of your FCVS application with the above-named individual. Specific information regarding qualitative aspects of your credentials (i.e. grades, examination scores, evaluations, etc.) will not be released under any circumstances.

12. Fee Calculation

To avoid processing delays, please refer to page 3 of the FCVS instructions (Fees).

If you are uncertain about any aspect of fee calculation, call 1-888-ASK-FCVS for assistance.

Refunds for overpayment will be initiated at the time your Profile is completed.

Method of Payment

Check

Money Order

Check/Money Order #: _____

Name on Check _____

A. Subsequent Request Fee
_____ Profiles x \$35.00 each

\$, . **0** **0**

TOTAL FEE SUBMITTED: \$, .

13. Signature

IMPORTANT:

Failure to complete this section will suspend all processing of your application.

I acknowledge that I have read and understand the "Instructions for Completing the Subsequent Request Form" 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 authorize every person, hospital, clinic, government agency (local, state, federal or foreign), 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 any such information, or true and correct copies of documents or records.

I hereby release, discharge and hold harmless the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, records or documents, orders or the like relating to me or this Form to any entity at my request.

Signature _____

Date _____

