



**Federation Credentials  
Verification Service (FCVS)**

**Subsequent Request**

**Instructions  
Applications  
and Forms**

Version 3.3

# General Information

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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 physicians who have previously established a permanent FCVS file and are now requesting to have an additional Physician 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 complete an initial application packet ([www.fsmb.org](http://www.fsmb.org)). **Complete this packet only if FCVS has previously verified your credentials.**

**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.**

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
- Medical Education
- Postgraduate Training
- Examination History (state licensing authorities only)
- Confirmation of ECFMG Certification (if applicable)
- Board Action History

**Note:** Currently FCVS does not verify state licensure, specialty certification or controlled substances registration. The information you provide will be reported exactly as it appears on the application.

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 medical licenses. 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 Packet

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 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.

**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.

## II. Fees

Please follow these instructions to complete Section 12, "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. Credentials Inquiry Specialists will assist you with calculating your fees.

### A. Subsequent Requests

The base fee for each Subsequent Request is \$90. In most cases, additional surcharges will apply. Additional Profiles ordered at the same time are \$60 each.

### B. Examination Score Transcripts

FCVS does not permanently store examination score transcripts; therefore, we must once again obtain an original transcript(s) for your Profile. You must base this fee on your complete licensure examination history (as you reported in your initial FCVS application). Each organization that provides FCVS with examination score transcript has a unique fee structure. **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, etc.).

#### 1. USMLE Steps 1, 2 and 3 Pre-1985 FLEX

#### FLEX Component 1 and 2 SPEX

The Federation issues an examination history report for each of the above examinations (each transcript includes a complete report of all of the above examinations). The fee for 1-2 transcripts is \$50. FCVS does not duplicate 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 entity receiving your Profile.

NBME Examination History is **\$50** for up to five (5) transcripts and **\$5** for each additional transcript requested at the same time. FCVS does not duplicate NBME transcripts. You must submit the appropriate fee for each Profile being forwarded.

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## II. Fees (continued)

### B. Examination Score Transcripts (continued)

#### 3. National Board of Osteopathic Medical Examiners (NBOME)

NBOME transcripts are \$50. FCVS does not duplicate NBOME transcripts. You must submit the appropriate fee for each Profile being forwarded.

#### 4. 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 has been given permission to reproduce this examination verification. If we obtained these transcripts for any previous Profile, no fee applies.

#### 5. State Board Examinations (some states do not apply)

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. Some states do not apply. Do not confuse these examinations with national licensing examinations such as the FLEX, NBME, NBOME or USMLE.

### C. ECFMG Certification

If you are certified by the ECFMG, FCVS will obtain written confirmation of your certification directly from ECFMG. ECFMG charges a \$25 fee for this confirmation. FCVS does not duplicate documents provided by the ECFMG. You must submit the \$25 fee for each Profile being forwarded. ECFMG certification is required for state licensing authorities only. Do not include surcharges for other entities (i.e., hospitals, medical societies, etc.).

## 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 examination history transcripts. 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. Overpayment of \$50 or less remaining in an FCVS account after 30 months from the application receipt date will not be refunded.

### III. Submitting Your Subsequent Request Materials

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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 standard U.S. Postal Service (not Express, Certified or Overnight) 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.

<b>Federation Credentials Verification Service</b> <b>P.O. Box 970900</b> <b>Dallas, TX 75397-0900</b>
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*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 3-4 weeks. Profiles with additional verification require additional time to process. Those who submit applications between February 1 and June 30 (peak season) should expect delays due to the high volume of physician applicants during this period. 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 3-4 weeks to process my request?*

FCVS has stored all documents related to your identity, medical education and postgraduate training (plus applicable translations, if necessary). These documents are permanently stored in your FCVS file and do not require reverification. Data reported on examination score transcripts and Confirmation of ECFMG Certification is considered proprietary by the issuing organizations; therefore FCVS is specifically prohibited from storing and/or duplicating these documents. Additional time (and surcharges) are required for FCVS to obtain original documents from these institutions.

*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 medical 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 outside the U.S. 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. FCVS has seen proven success in obtaining verification via overnight courier service. If you are willing to provide an FedEx account number for your medical school to use, please report it on Section 8 of your application.

*I was in the middle of my second year in a three-year residency 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).

## Federation Credentials Verification Service

### Subsequent Request Form

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

<p><b>1. FCVS Packet ID Number</b></p>	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <p style="font-size: 8px; margin: 0;">FCVS Packet ID Number</p> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <p style="font-size: 8px; margin: 0;">U.S. Social Security Number</p> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-bottom: 2px;" type="text"/> <p style="font-size: 8px; margin: 0;"></p> </div> </div> <p style="font-size: 8px; margin-top: 5px;"><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>
<p><b>2. Name</b></p> <p style="font-size: 8px;">Report the name under which you submitted your original FCVS application</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Last Name (Surname) and Generational Suffix</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">First and Middle Name(s)</p>
<p><b>3. Name Change</b></p> <p style="font-size: 8px;">If you have changed your name, list your current name in this section.</p> <p style="margin-top: 10px;"><input type="checkbox"/> Check here if not applicable.</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Last Name (Surname) and Generational Suffix</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">First and Middle Name(s)</p> <p style="font-size: 8px; margin-top: 5px;"><b>REQUIRED DOCUMENTATION:</b> You must submit a certified copy of a document which explains this name change <b>or</b> an Explanation of Alternate Form (see page 6).</p>
<p><b>4. Mailing Address Change</b></p> <p style="font-size: 8px;">If you have changed your mailing address, list your new address in this section.</p> <p style="margin-top: 10px;"><input type="checkbox"/> Check here if not applicable.</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Address Line 1</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Address Line 2</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 40%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">City <span style="float: right;">State/Province</span></p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">Country <span style="margin-left: 100px;">ZIP/Postal Code</span></p>
<p><b>5. Permanent Address Change</b></p> <p style="font-size: 8px;">If you have changed your permanent address, list your new address in this section.</p> <p style="margin-top: 10px;"><input type="checkbox"/> Check here if same as mailing address</p> <p style="margin-top: 10px;"><input type="checkbox"/> Check here if not applicable.</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Address Line 1</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Address Line 2</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 40%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">City <span style="float: right;">State/Province</span></p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">Country <span style="margin-left: 100px;">ZIP/Postal Code</span></p>
<p><b>6. Telephone Number Change</b></p> <p style="font-size: 8px;">List any new telephone numbers (U.S./Canadian numbers only).</p> <p style="margin-top: 10px;"><input type="checkbox"/> Check here if not applicable.</p>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="font-size: 8px; margin: 0;">Ext. _____</div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">Business Phone <span style="float: right;">Business Fax</span></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px; margin-bottom: 2px;"></div> </div> <p style="font-size: 8px; margin: 0;">Home Phone <span style="float: right;">Other (e.g. pager)</span></p>
<p><b>7. E-Mail Address(es)</b></p> <p style="font-size: 8px;">List a primary and secondary e-mail addresses, if available.</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Primary E-mail Address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="font-size: 8px; margin: 0;">Secondary E-mail Address (if available)</p>

**8. State Licensure**

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

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

\*Type of licenses are MD, DO, DDS, PA, etc.

**Active Licenses**

State	Type	Number	Original Date of Issue	Expiration Date
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State	Type	Number	Original Date of Issue	Expiration Date
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State	Type	Number	Original Date of Issue	Expiration Date
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**Inactive or Expired Licenses**

State	Type	Number	Original Date of Issue	Expiration Date
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State	Type	Number	Original Date of Issue	Expiration Date
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**9. 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 examination? 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 examination? 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 examination? Yes  No

Board Name \_\_\_\_\_

Initial Certification Date \_\_\_\_\_ Date of Most Recent Certification \_\_\_\_\_

Date Qualified \_\_\_\_\_ Qualification Expires \_\_\_\_\_

**10. 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
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State Controlled Substances Registration Number	Date Issued	Expiration Date	State
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State Controlled Substances Registration Number	Date Issued	Expiration Date	State
-------------------------------------------------	-------------	-----------------	-------

State Controlled Substances Registration Number	Date Issued	Expiration Date	State
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**11. Postgraduate Medical Education**

You are provided one page in this application to report this information.

Use one page per institution. If you attended more than one institution, you must make a photocopy(ies) of this page.

**IMPORTANT**

List training in chronological order.

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

Use one (1) page per institution. This page represents \_\_\_\_ of \_\_\_\_ institution(s).


Complete name of hospitals where training was conducted (do not abbreviate).


Complete name of affiliated university or college (do not abbreviate).


Address line 1


Address line 2


City State/Province

Country ZIP/Postal Code

PGY : _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	<table border="1" style="width:100%; height:40px;"> <tr><td></td></tr> <tr><td></td></tr> </table> Specialty/subspecialty From: <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> Month Year Month Year Successfully Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress		

PGY : _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	<table border="1" style="width:100%; height:40px;"> <tr><td></td></tr> <tr><td></td></tr> </table> Specialty/subspecialty From: <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> Month Year Month Year Successfully Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress		

PGY : _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	<table border="1" style="width:100%; height:40px;"> <tr><td></td></tr> <tr><td></td></tr> </table> Specialty/subspecialty From: <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> Month Year Month Year Successfully Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress		

PGY : _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	<table border="1" style="width:100%; height:40px;"> <tr><td></td></tr> <tr><td></td></tr> </table> Specialty/subspecialty From: <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> Month Year Month Year Successfully Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress		

Unusual Circumstances (circle Yes or No):

Did you take a leave(s) of absence or break(s) from your medical education? Yes No

Were you ever placed on probation? Yes No

Were you ever disciplined or placed under investigation? Yes No

Were any negative reports for behavioral reasons ever filed by instructors? Yes No

Were any limitations or special requirements imposed on you because of academic incompetence, disciplinary problems, or for any other reason? Yes No

Please explain any "yes" responses from above:

**12. Examinations Taken Since Last Profile was Completed**

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

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

Examination	Most recent attempt		No. of attempts	Pass/Fail/Unknown	Date unknown
	Month	Year			
LMCC Part 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LMCC Part 2	<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"/>
USMLE Step 1	<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"/>
USMLE Step 2 CS	<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"/>
COMLEX Level 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** Although you are reporting only recent examinations, you must submit surcharges based upon you complete examination history. See section II: Fees, "Examination Score Transcripts" (page 3) for more information.

**13. 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.

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

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

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

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

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

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

\_\_\_\_\_

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 \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_

Country (U.S. or Canada only) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*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

**14. Third-party Authorization**

Your FCVS file 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

\_\_\_\_\_

Relationship \_\_\_\_\_ Telephone number \_\_\_\_\_

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.

**15. Fee Calculation**

To avoid processing delays, please refer to page 3 of the 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**

\_\_\_\_\_ 1 Profile at **\$90.00** .....  ,    .

\_\_\_\_\_ Additional Profiles x **\$60.00** each .....    .

\_\_\_\_\_ Paper application fee (applications **NOT** submitted online) .....     .

**B. Examination Score Transcript Fee**

1. USMLE Steps 1, 2 and 3 Pre-1985 FLEX

FLEX Components 1 & 2 SPEX

\_\_\_\_\_ transcripts x **\$50.00** (1-2) .....  ,    .

2. NBME Transcripts (NBME Parts I, II and III)

\_\_\_\_\_ transcripts x **\$50.00** (1-5)

\_\_\_\_\_ transcripts x **\$5.00** (each additional) .....  ,    .

3. NBOME

\_\_\_\_\_ transcripts x **\$50.00** .....  ,    .

4. Licentiate of Medical Council of Canada (LMCC) ..... **No Charge**

5. State Board Examinations (Indicate Board(s): \_\_\_\_\_)

\_\_\_\_\_ transcripts x \$ \_\_\_\_\_

\_\_\_\_\_ transcripts x \$ \_\_\_\_\_ .....    .

**C. ECFMG Certification Confirmation Fee**

\_\_\_\_\_ confirmation(s) x **\$25.00** .....    .

**TOTAL FEE SUBMITTED:**

,    .

**16. Signature**

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 of any and all liability. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this Form to any entity at my request.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# 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.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Last Name (Surname) and Generational Suffix</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">First and Middle Name(s)</td> </tr> </table>		Last Name (Surname) and Generational Suffix		First and Middle Name(s)				
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