

This Agreement (this "Agreement") is made as of the _____ day of _____, 2008 (the "Effective Date") by and between:

and the

Federation of State Medical Boards Credentials Verification Service

Whereas, _____ desires to obtain some primary source verified credentials of physicians applying for privileges at one or more of their facilities from the Federation of State Medical Boards of the United States, Inc., Credentials Verification Service (FCVS).

Whereas, FCVS desires to provide some primary source verified credentials of physicians to _____.

Whereas, _____ is accredited by JCAHO and desires to remain in compliance with all applicable rules and regulations of that organization for purposes of accreditation.

Therefore, both parties agree to the following terms and conditions:

I. FCVS will provide to _____ (with proper authorization from the physician) upon request from _____, one or more of the following pieces of primary source verified documentation

(see Exhibit A – Fee Schedule):

- A. Identity documentation (A certified copy of the physician's birth certificate or current and valid passport along with any copies of official documents authenticating a name change of the physician).
- B. Primary source verification of medical school education (Official FCVS verification form and/or medical school transcripts and/or certified copy of the medical school diploma).
- C. Primary source verification of postgraduate training (Official FCVS verification form and a copy of residency certification, if available).
- D. Copy of ECFMG certificate, if applicable.
- E. ECFMG Confirmation of Certification, if applicable, if desirable.
- F. Licensing Examination Scores, if desirable.
- G. Board Action Data Search (sanctions against licensure), if desirable.

II. FCVS' Policies & Procedures (Exhibit B) attached to this agreement outline the method of its data collection, information development and how the verification process(es) is performed. Additionally, it provides an overview of the data integrity, security, accuracy and quality control of FCVS obtaining verification of credentials for physicians.

III. Information mentioned in Section I above, is available only for physicians. The time-frame to provide the above information to _____ from FCVS depends on whether or not FCVS has already verified the information or if FCVS is currently in the process of obtaining the information. Depending upon the information above requested by _____ and whether FCVS has already obtained the verification of credentials, the period would range from 1 day to several months. _____ may elect to utilize an on-line verification tool to determine if a

physician has information on-file with FCVS through a secure web site utilizing 128-bit encryption. FCVS Customer Service agents are also available Monday through Friday, 8:00 AM to 5:00 PM, central time either through a toll-free telephone number (1-888-ASK-FCVS) or via e-mail to fcvs@fsmb.org.

IV. FCVS shall transmit the documentation requested by _____ via _____.

V. Unless documentation is stamped "Provided by Applicant", all documentation submitted to _____ from FCVS was received directly from the primary source by FCVS.

VI. The above-mentioned information in Section I (except item G) is static in nature and does not go out of date. Item G always indicates the date that a query was run on the physician.

VII. FCVS certifies that all documents transmitted to _____ from FCVS are an exact reproduction of the original. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

VIII. FCVS includes all documents received from the primary source(s) transmitted to _____ for a physician.

IX. _____ may contact FCVS to resolve any concerns about transmissions errors, inconsistencies or other data issues that may be identified from time to time by contacting FCVS' Quality Assurance Supervisor.

X. Should FCVS obtain changes or additions to the credentialing information for a physician, FCVS will send that information to _____ via the transmission method stipulated in Section IV above.

The information provided to _____ from FCVS may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Senior Vice President. The use of this information to establish independent data files or compendiums or information is strictly prohibited.

IN WITNESS WHEREOF, the parties have signed and delivered this Agreement.

_____	Federation of State Medical Boards
_____	_____
Printed Name	Printed Name
_____	_____
Title	Title
_____	_____
Signature	Signature
_____	_____
Date	Date