

## NOTARY INSTRUCTIONS

**1. Notarize Forms:** FCVS requires the document consisting of two forms (Affidavit & Release Form and Certification of Identification Form) along with a photocopy of a birth certificate or passport:

- Affidavit & Release Form
- Certification of Identification (CID) Form
  - Attach a photocopy of the identity document presented to the notary

### **Affidavit & Release Instructions**

Attach a current photo with following requirements:

- **2" x 2" passport-type COLOR photograph of yourself.**
- **Front View**

Do not sign or date the form until you are in the presence of a notary.

### **Certification of Identification Instructions**

Print your full legal name on the top portion of the form. Present form and proof of identity (either a **birth certificate** or current **passport**) to a notary. *For passports issued in the US, include a copy of passport pages 26-27 (Endorsements) if any information is recorded on these pages.*

**Note:** If you do not possess an original birth certificate or current passport, contact us at 888-ASK-FCVS.

**2. Upload the Notarized Forms:** the notarized forms should be uploaded to the online FCVS Application, **in color**, prior to application submission.

**See the Affidavit and CID section under the 'Documents' heading for upload instructions.**

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## **VERMONT BOARD OF MEDICAL PRACTICE EXCEPTION**

**For applicants applying to the Vermont Board of Medical Practice: In addition to completing the Affidavit and CID,** Physicians must also provide a Certified Birth Certificate; Passports are not Acceptable. Please mail original/certified birth certificates to:

**Federation of State Medical Boards  
Attention: FCVS  
400 Fuller Wiser Road  
Eules, TX 76039**

Original birth certificates are returned via USPS Certified mail to the primary U.S. mailing address reported in your application. If you wish to have it returned to another address, please include specific written instructions. Birth Certificates cannot be sent to a Post Office Box.

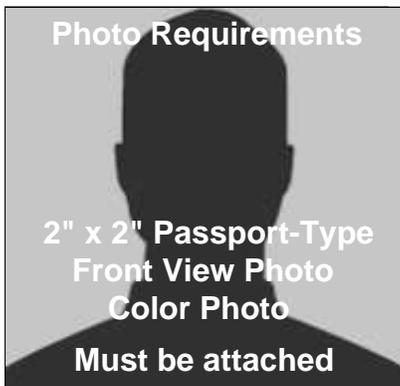
Birth Certificates that cannot be returned or are returned from the USPS as Non-Deliverable will be shredded by FCVS within 30 days.

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I 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 me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, 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, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.



\_\_\_\_\_  
Applicant's Signature (**must** be signed in the presence of a notary)

\_\_\_\_\_  
Applicant's **Printed** Last Name

\_\_\_\_\_  
Applicant's **Printed** First Name, Middle Initial, and Suffix (e.g., Jr.)

\_\_\_\_\_  
Date of Signature (**must** correspond to date of notarization)

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on \_\_\_\_\_.

**Date MM/DD/YYYY**

Notary Public Signature: \_\_\_\_\_

My Notary Commission Expires: \_\_\_\_\_

**Notary Stamp Here:**



**CERTIFICATION OF IDENTIFICATION**  
**Certification by Notary Public Is Required**

Applicant Full Legal Name: \_\_\_\_\_

Last

First

Middle

**Applicant:**

1. **COMPLETE** this document in the presence of a Notary.
2. **SELECT** the identity document used:  

Birth Certificate

Passport
3. **ATTACH** a photocopy of the identity document presented to the Notary.

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**Notary Public:** Please complete the section below.

**Notary Exception** – A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ County of \_\_\_\_\_

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a government issued photo identification presented by the applicant.

(Day) \_\_\_\_\_, of (Month) \_\_\_\_\_, (Year) \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

Commission Expiration Date\* (Month) \_\_\_\_\_ / (Day) \_\_\_\_\_ / (Year) \_\_\_\_\_

**\*The notary’s commission expiration date must be current and legible. If no expiration date, such as ‘lifetime’, and explanation must be provided. If you are in California, the notary may attach an California All-Purpose Acknowledgement form to this document.**

**Notary Stamp Here**



FID Number