



# LICENSE VERIFICATION SYSTEM SUBSCRIPTION FORM – CREDENTIALING SERVICES

## Client Information – Page 2

Name of Credentialing Services Organization

Provide a copy of the CDPH License, DMHC License, Medicare certification, accreditation number or proof of accreditation for each facility for which you are providing services.

### Client 1

Name			Telephone Number	<input type="text"/>
Street Address			CDPH License Number	<input type="text"/>
Building/Suite			Accreditation or Medicare Certification Number	<input type="text"/>
City	State	Zip	DMHC License Number	<input type="text"/>

### Client 2

Name			Telephone Number	<input type="text"/>
Street Address			CDPH License Number	<input type="text"/>
Building/Suite			Accreditation or Medicare Certification Number	<input type="text"/>
City	State	Zip	DMHC License Number	<input type="text"/>

### Client 3

Name			Telephone Number	<input type="text"/>
Street Address			CDPH License Number	<input type="text"/>
Building/Suite			Accreditation or Medicare Certification Number	<input type="text"/>
City	State	Zip	DMHC License Number	<input type="text"/>

### Client 4

Name			Telephone Number	<input type="text"/>
Street Address			CDPH License Number	<input type="text"/>
Building/Suite			Accreditation or Medicare Certification Number	<input type="text"/>
City	State	Zip	DMHC License Number	<input type="text"/>

You may copy this page to include additional clients

## SECURITY AGREEMENT - ACCESSING THE LICENSE VERIFICATION SYSTEM

This request is for the authorization of access and use of License Verification information maintained within the Medical Board of California's (Board) Information System.

Name of Credentialing Services Organization

Mailing Address

Department

Street Address

City

State

Zip Code

Responsible User

Last Name

First Name

Middle Name

Suffix

Telephone

Ext

Alternate Telephone

Email

Are you a new user?

Yes

No

If No, Enter Username:

## ORGANIZATION AND RESPONSIBLE USER AGREEMENT

The above named Credentialing Services Organization and Responsible User agree that information obtained from the Board's License Verification System (LVS) is for official use only and shall not be sold or otherwise disclosed to any third party. The Organization and Responsible User further agree to use all precautions to assure that the information is held in strict confidence, not disclosed to any unauthorized person(s), and/or used in an unauthorized manner.

LVS users will not be permitted to exceed 9,500 queries per calendar month without prior approval from the Board. Individuals using LVS in excess of their authority are subject to monitoring by system personnel. All http and FTP accesses are logged and monitored. LVS users who exceed the 9,500 limit will have their access denied. All users expressly consent to such monitoring and are advised that if such monitoring reveals possible evidence of criminal activity, further legal action may be taken.

The Organization and Responsible User agree to comply with this Security Agreement as a condition for accessing the Board's LVS or associated systems and are legally bound by this document. Failure to fully comply with these policies and requirements will result in the denial of access. The Organization and Responsible User understand that any illegal use of the Board's LVS or associated systems is punishable as a public offense under California Penal Code section 502.

Signatures of the Responsible User and Manager of the Organization to this document certify under penalty of perjury under the laws of the State of California, they have read, understand, and agree to the statements made in this Security Agreement.

\_\_\_\_\_  
Manager of Organization (Printed Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible User (Printed Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR MEDICAL BOARD USE ONLY**

Approved By \_\_\_\_\_  
LVS Security Administrator

Date \_\_\_\_\_