

Instructions – Please Follow Carefully!
Affidavit & Release Form and Certification of Identification Form

1. Affidavit and Release

Complete this form by securely attaching a current, front-view 2" x 2" passport-type color photograph of yourself in the designated space. Please print your full name on the back of the photo before attaching. Do not sign or date the Affidavit and Release form until you are in the presence of a notary; your date of signature must correspond to the date of notarization. Mail the original Affidavit and Release form to FCVS (address below). FCVS does not require this form to begin verification of credentials; however, it is required before the verifications obtained on your behalf are authenticated and usable in your profile.

2. Certification of Identification (See EXCEPTIONS on next page)

Complete this form by printing your full legal name and FCVS ID number on the top portion of the form. Take the Certification of Identification form, a **Government issued photo identification**, and proof of identity, either a **Birth Certificate** or **current Passport**, to a certified notary public/commissioner of oaths for notarization. Mail the original Certification of Identification form to FCVS (address below).

3. Photocopy of Proof of Identification Document (See EXCEPTIONS on next page)

Mail a photocopy of the proof of identity document presented to the notary to FCVS (address below).

Birth Certificate: Provide an 8 ½ x 11 photocopy of your birth certificate. Also, provide a photocopy of the back-side *if* any information is reported or it contains agency stamp(s). Provide an English translation, if applicable.

Passport: Provide an 8 ½ x 11 photocopy of passport page(s) that contain your Name, Photo, Date of Birth, Place of Birth, Signature, Date of Issue, Date of Expiry, and Aliases. Provide an English translation, if applicable. For passports issued in the US, please copy pages 26-27 (Endorsements) *if* any information is recorded on these pages.

If you do not possess an **original Birth Certificate, current Passport, or Government issued photo identification**, please contact FCVS at 1-888-ASK-FCVS.

Mail original Affidavit and Release form, Certification of Identification form, and photocopy of identification document to:

Federation of State Medical Boards
Attn: FCVS
400 Fuller Wiser Road, Suite 300
Euless, TX 76039

EXCEPTIONS to Photocopy of Proof of Identification

If you are applying for licensure with one or more of the following boards, and have chosen the board(s) as a recipient of your FCVS profile, please follow the specific requirements of *each* board:

Arizona Medical Board- Applicants **must** provide an original, certified birth certificate* **or** current, valid original passport**. Be certain that your passport is signed. Unsigned, cancelled or expired passports will not be accepted. Photocopies (including notarized photocopies) will not be accepted. Certified birth certificates must bear an official seal (or stamp) and a signature of an authorized representative of the issuing agency. Applicants may also choose to complete and submit the Certification of Identification form for their permanent portfolio; however, only an original birth certificate or original passport is required to meet the requirements of the Arizona Medical Board.

Oregon Medical Board - Applicants **must** provide a photocopy of their birth certificate **only** (photocopy of passport not accepted). Applicants may also choose to complete and submit the Certification of Identification form for their permanent portfolio; however, only a photocopy of your birth certificate is required to meet the requirements of the Oregon Medical Board.

Vermont Board of Medical Practice - Applicants **must** provide an original, certified birth certificate.* If an applicant born in a foreign country is unable to provide or obtain an original, certified birth certificate, the Vermont Board of Medical Practice will accept a photocopy of a US Naturalization Certificate. Applicants may also choose to complete and submit the Certification of Identification form for their permanent portfolio; however, only an original, certified birth certificate (or US Naturalization Certificate, as described above) is required to meet the requirements of the Vermont Board of Medical Practice.

*Applicants submitting an original birth certificate should include specific instructions on how they would like their original birth certificate returned. FCVS can either return it via mail (no additional charge) or FCVS will return it via express courier service (\$25 shipping and handling fee).

** Passports will be photocopied (identity section only) and promptly returned to your mailing address via express courier service (\$25 shipping and handling fee), which requires a physical address, not a P.O. Box number. Applicants with return addresses outside the U.S. must make special mailing arrangements to have their passports returned. Typically, these documents are copied and mailed within seven to ten business days.

Note: The list of state boards with specific identification document requirements is subject to change. Also, subsequent applications for any state board with specific requirements may require applicant to provide identification document(s) to meet those requirements.

Notary:
Your seal (or stamp)
must be partly upon
the photo and partly
upon the signature of
the applicant.

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
Photograph**
Securely tape or glue
in this square a
current, front-view,
2" X 2" passport-type
color photograph
of yourself

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 this _____ day of _____, 20____.

Notary Public Signature: _____

My Notary Commission Expires: _____

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL (817) 868-5000

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: _____
Last First Middle

FCVS ID Number: _____

Notary – Please complete the section below:

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 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.

The statements on this document are subscribed and sworn to before me by the applicant on this
(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', an explanation must be provided.**

Notary Stamp Here

Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards

ATTN: FCVS

400 Fuller Wiser Rd., Suite 300

Euless, TX 76039-3856