



CAREQUALITY SUBSCRIBER IDENTITY VERIFICATION FORM

The purpose of this form is to provide Carequality with evidence that the authorized applicant's identity has been certified by a Notary Public. Carequality requires that the form be notarized to provide legally reliable evidence that the person signing this form is who they represent themselves to be.

Notaries Public are readily available. Law firms, banks and local courthouses will have persons that are Notaries Public and will, for a fee, notarize your signature. The person signing this form will be required to meet in person with the Notary Public and sign this form in the presence of the Notary Public. You cannot sign this form before you appear before the Notary Public.

The applicant shall schedule a meeting with the Notary Public and arrive with originals of the required proof of identity, and copies to be notarized.

Two forms of identification detailed below (one must be a photo ID) must be provided to the Notary Public as proof of identity. The Notary Public will verify the applicant's identity, witness the applicant sign the form, and notarize the required document(s).

Once all of these requirements have been completed, an individual authorized by Carequality uploads this Identity Verification form and photocopies of IDs to the appropriate secure folder as outlined in the Carequality Technical Trust Policy.

Once this submission has been reviewed and approved, the applicant shall receive half of the Carequality Certificate activation code at applicant's email address of record, and receive the other half of the Carequality Certificate activation code at the applicant's mobile phone number of record. It will normally take 1-2 business days to process the Identity Verification form once it's been received. For questions regarding the Carequality Subscriber Identity Verification process, Carequality Subscriber Agreement, or Carequality Certificate process, please contact Carequality by email: Admin@Carequality.org

Instructions to Notary Public:

1. You must be a Notary Public licensed in the state where the applicant resides or works.
2. The applicant must present the originals of two (2) forms of currently valid ID, which detail the name and mailing address of the applicant, from among the following choices:
 - a) Driver's License or Government Issued Identification Card
 - b) Social Security Card or Social Insurance Number
 - c) Passport
 - d) Birth Certificate
 - e) Military ID Card

Other forms of ID can be considered on a case by case basis per NIST 800-63A guidelines. Please contact Carequality if you wish to use a different form of ID.

3. At least one of the IDs you verify must be a photo ID.
4. Each piece of ID must be photocopied and attached to this form.
5. Your Notary Public Commission's certificate must be photocopied and attached to this form.
6. Return the signed verification form and attached photocopies to the applicant, who is responsible for emailing them along with this form.



CAREQUALITY SUBSCRIBER IDENTITY VERIFICATION FORM (con't)

SUBSCRIBER NAME: _____
(First Name, Middle Initial, Last Name)

Subscriber E-mail Address: _____

Business Address: _____

City: _____ State/Province: _____ Zip Code: _____

Gender: _____ Date of Birth: _____ Mobile Phone #: _____

I hereby represent that all above information is true and accurate.

Signature: _____
(sign in the presence of a Notary)

I hereby certify that on this ___ day of _____, 20___, _____ personally appeared before me as the signer and subject of the above form, who signed or attested to the same in my presence and presented **the following two forms** (must check the appropriate boxes) of identification as proof of his/her identity:

Driver's License or Govt. Identification Card	<input type="checkbox"/>
Social Security Card or Social Insurance #	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
Military ID Card	<input type="checkbox"/>
Other (Specify: _____)	<input type="checkbox"/>

Reserved for Notary Seal

NOTARY PUBLIC: Please print your name and address, and affix your seal in the designated area.

PRINT NAME: _____
(First Name, Middle Initial, Last Name)

Notary Registration Number: _____

Expiration Date of Notary Public's Commission Certificate: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____