

ENROLL SUBJECT

OMB # 0915-0239 expiration date 05/31/14
OMB # 0915-0126 expiration date 12/31/13
OMB # 0915-0331 expiration date 12/31/13

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for this project are 0915-0239, 0915-0126 and 0915-0331. Public reporting burden for this collection of information is estimated to average 5 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

SUBJECT INFORMATION

[Help ?](#)

Personal Information

Practitioner Name

Last Name First Name Middle Name Suffix (Jr, III)

[Add another name used](#)

Entity Subject Identification Number

This optional field allows your entity to include a unique number or other reference information to help you identify this subject. This information is not used by the Data Bank.

(e.g., employee number)

Gender

Male Female Unknown

Birth Date (MMDDYYYY)

Department:

Home Address/Address of Record

Street Address:

Address Line 2:

City:

State:

ZIP Code: -
Country:
(if U.S., leave blank)

Work Information

Check here if the practitioner's work information is the same as your organization.

Organization

Name:
Type:

Click  for information on filling out non-U.S. and military addresses.

Address

Street Address:
Address Line 2:
City:
State:
ZIP Code: -
Country:
(if U.S., leave blank)

Social Security Numbers (SSN)

[Add another SSN](#)

Individual Taxpayer Identification Numbers (ITIN)

[Add another ITIN](#)

Federal Employer Identification Numbers (FEIN)

[Add another FEIN](#)

National Provider Identifiers (NPI)

[Add another NPI](#)

Drug Enforcement Administration (DEA) Numbers

[Add another DEA Number](#)

Unique Physician Identification Numbers (UPIN)

[Add another UPIN](#)

Professional Schools Attended

School Name:

Year of
Graduation (YYYY)

[Add another Professional School](#)

Occupation And State Licensure Information

(Provide at least one license. Check **'No License'** if the subject does not have a State License Number. Use the **Add Additional License/Occupation** button to provide more than one license. Up to 60 licenses may be provided.)

1. State License Number: OR No License

State of Licensure:

Occupation/Field of Licensure:

Specialty:

[Add Additional License/Occupation](#)

Check the box if the subject(s) will leave this organization on a known date.

Validate

Store - Do Not Enroll

Enroll

[Return to Previous Page](#)

UPDATE SUBJECT

OMB # 0915-0239 expiration date 05/31/14

OMB # 0915-0126 expiration date 12/31/13

OMB # 0915-0331 expiration date 12/31/13

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for this project are 0915-0239 (HIPDB), 0915-0126 (NPDB) and 0915-0331 (NPDB). Public reporting burden for this collection of information is estimated to average 5 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

SUBJECT INFORMATION

[Help ?](#)

Personal Information

Practitioner Name

Last Name	First Name	Middle Name	Suffix (Jr, III)
<input type="text" value="GREEN"/>	<input type="text" value="JOE"/>	<input type="text"/>	<input type="text"/>

[Add another name used](#)

Entity Subject Identification Number

This optional field allows your entity to include a unique number or other reference information to help you identify this subject. This information is not used by the Data Bank.

 (e.g., employee number)

Gender

Male Female Unknown

Birth Date (MMDDYYYY)

Department:

Home Address/Address of Record

Street Address: 111 MAIN ST
Address Line 2:
City: FAIRFAX
State: VA Virginia
ZIP Code: 22033 -
Country:
(if U.S., leave blank)

Work Information

Check here if the practitioner's work information is the same as your organization.

Organization

Name:
Type: CHOOSE ONE FROM LIST

Click  for information on filling out non-U.S. and military addresses.

Address

Street Address:
Address Line 2:
City:
State: CHOOSE ONE FROM LIST
ZIP Code: -
Country:
(if U.S., leave blank)

Social Security Numbers (SSN)

****6789
[Add another SSN](#)

[Edit](#)

Individual Taxpayer Identification Numbers (ITIN)

[Add another ITIN](#)

Federal Employer Identification Numbers (FEIN)

[Add another FEIN](#)

National Provider Identifiers (NPI)

[Add another NPI](#)

Drug Enforcement Administration (DEA) Numbers

[Add another DEA Number](#)

Unique Physician Identification Numbers (UPIN)

[Add another UPIN](#)

Professional Schools Attended

School Name: Year of Graduation (YYYY)

[Add another Professional School](#)

Occupation And State Licensure Information

(Provide at least one license. Check **'No License'** if the subject does not have a State License Number. Use the **Add Additional License/Occupation** button to provide more than one license. Up to 60 licenses may be provided.)

1. State License Number: OR No License

State of Licensure:

Occupation/Field of Licensure:

Specialty:

[Add Additional License/Occupation](#)

Submit to Data Bank

Cancel Subject Update

Return to Options