SUBJECT INFORMATION



Subject info
FEIN
B 8N
ITIN
DEA
CLIA
O

ORGANIZATION SELF-QUERY INSTRUCTIONS

DO NOT PRINT OR NOTARIZE THIS FORM. If required, a printable copy will be made available to you later during the process.

Output Options

Hide Confidentiality of Information Statement

Confidentiality of Information

Persons and entities that receive confidential information from the Data Bank, either directly or indirectly from another party, must use it solely with respect to the purpose for which it was provided. Any person who violates the confidentiality provisions of the Data Bank shall be subject to a civil penalty for each violation.

In compliance with the Privacy Act, the results of an organization self-query are sent only to the organization's address as certified on the self-query form. Health care organizations that obtain information about themselves from the Data Bank are permitted to share that information with anyone they choose.

Hide Public Burden Statement

Public Burden Statement

OMB # 0915-0126 expiration date 05/31/16

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 number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 1 hour 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, 5800 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.



Sign In

Place a Self-Query Order

Enter the physical and e-mail address to which you would like your response and correspondence sent.

The Data Bank is prohibited by law from sending a self-query response to a third party (e.g., a state board).

Type your e-mail again

nysical Address	View format for military addre
Type of Address Home Work	
Country	
United States	T
Street Address	
Para regardent and an arrange	
Apt., Floor, Suite, etc. (optional)
Apt., Floor, Suite, etc. (City	optional) State
	State
	State

Identification Numbers 2
FEIN (Federal Employer Identification Number)
SSN/ITIN (Social Security Number/ Individual Taxpayer Identification Number)
□ NPI (National Provider Identifier)
MPN/MSN (Medicare Provider/Supplier Number)
☐ DEA (Drug Enforcement Agency)
☐ FDA (Food and Drug Administration)
CLIA (Clinical Laboratory Improvement Act)
Organization State Licensure Information
Does the organization have a state medical license? ● Yes No Not sure
Organization's License Number
State of Organization's License Select ▼
+ Additional Organization License
Certification I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Authorized Submitter's First Name Authorized Submitter's Last Name Authorized Submitter's Title (e.g., Executive Assistant) Authorized Submitter's Phone Extension (optional) Exit Save and Finish Later Go to Step 2
2. Payment
3. Review Information
4. Identity Verification
Confidentiality and Public Burden Statements

Do you have a question?

Try our FAQ page or Contact us

1. Subject Information

2. Payment (step 2 of 4)

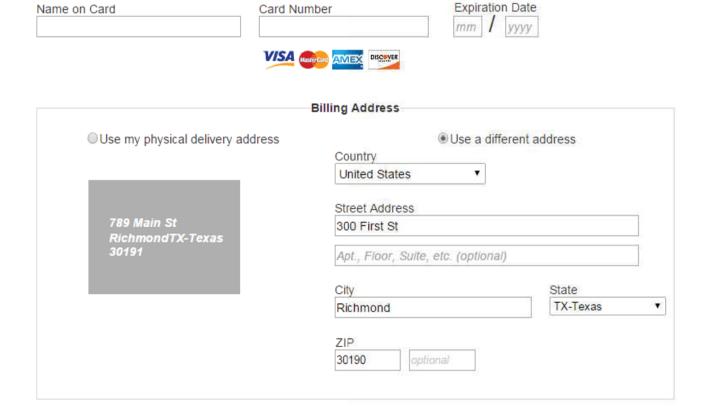
Order Details

You will receive one electronic (PDF) and one sealed, mailed copy of your self-query response for the minimum fee of \$5.00. You may order additional sealed, paper copies for \$5.00 each.

	Items	Order Total
Self-query response		
1	Electronic copy (PDF)	\$5.00
1	Sealed, mailed copy (paper)	

You will not be charged until your self-query results are available online.

Billing Information



Exit

3. Review Information

4. Verification

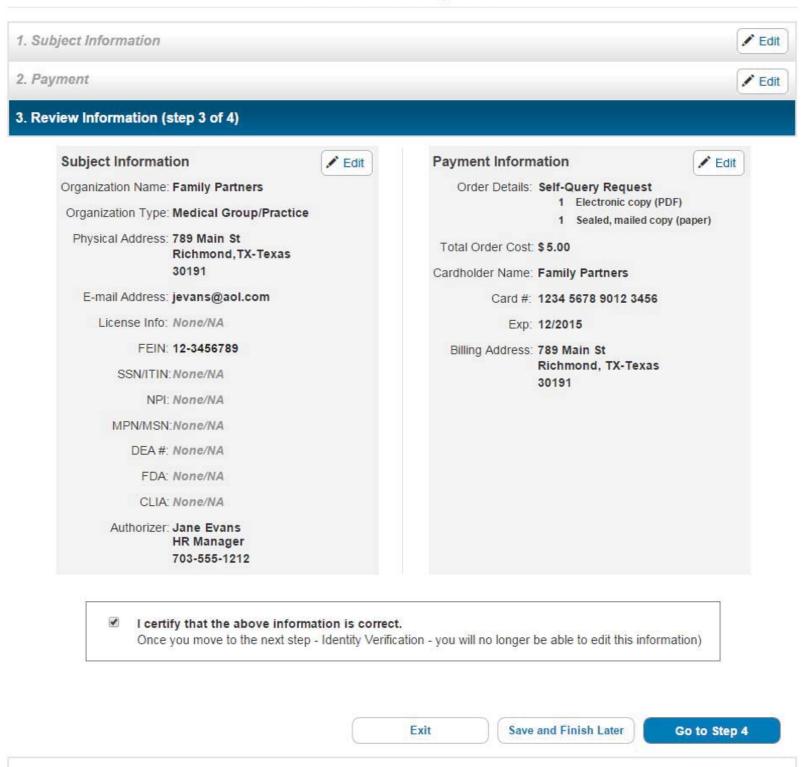
Go to Step 3

Save and Finish Later



Sign In

Place a Self-Query Order



4. Verification

A Confidentiality and Public Burden Statements



Signed in to Order 7940 0000 7527 6767 Sign Out

Place a Self-Query Order

- 1. Subject Information
- 2. Payment
- 3. Review Information

4. Identity Verification (step 4 of 4)

Complete Identity Verification

Before we can generate your self-query response, you must verify your identity. You may do this using the Manual Identity Verification process.

Manual Identity Verification Instructions

To verify your identity using the manual process you must:

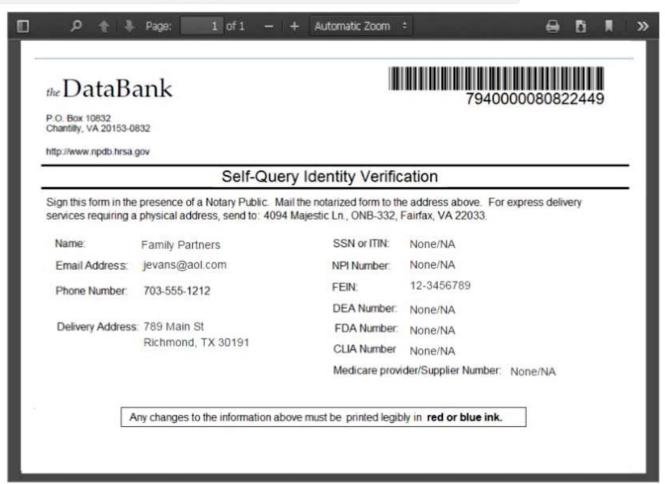
- 1. Print the Identity Verification document below
- 2. Sign the Identity Verification in front of a Notary Public.
- 3. Send the original, notarized, Identity Verification to one of the following addresses:

Regular Mail: P.O. Box 10832

Chantilly, VA 20153-0832

Express Mail: 4094 Majestic Ln, PMB-332

Fairfax, VA 22033



Go to View/Modify Order

□ Confidentiality and Public Burden Statements

Do you have a question?

Try our FAQ page or Contact us

DEA (Drug Enforcement Agency)		
☐ FEIN (Federal Employer Identification N	lumber)	
☐ FDA (Food and Drug Administration)	Password Requirements 🛛	
	Passwords must have:	
	(i) Between 8 to 14 characters	
Account Information	A number	
Account information is required to ensure secure de	_∈ (i) A lower case letter	
query response. You will also need your Order ID,		
via e-mail.	① At least 1 of these characters: ! @ # \$ ^ & * () =+ []{ } ; : , .	
Password (view rules)	<>?	
	Passwords must not be:	
Type your password again	Similar to a word in the dictionary Similar to your user ID A simple sequence such as "abcd1234" They cannot have repeated characters (e.g. "aaaa" or "1111")	
Select a challenge question and enter your answer password you must answer your challenge question Your Challenge Question	Learn More >>	
Select a Question	▼	
Your Answer		
	Exit	Save and Finish Later Go to Step 2
2. Payment		
3. Review Information		

Non-visible Questions

Label	Location	Response Input Item	Visibility Trigger	Other
Completion Date	To the right of "Completed?"	Text box	If user selects "Yes" option in response to "Completed?"	"yyyy" hint text in text box
DEA (Drug Enforcement Agency)	Below "NPI"	Text box	If user selects DEA checkbox	
FEIN (Federal Employer Identification Number)	Below "DEA"	Text box	If user selects FEIN checkbox	
FDA (Food and Drug Administration)	Below "FEIN"	Text box	If user selects FDA checkbox	

State Change

Label	Item Type	Visibility Trigger
Password Rules	Info box	When "view rules" is clicked, or when the "Password" text box is
		selected, the Password Rules info box shown in the
		SQFormPassword PDF appears.