

Place a Self-Query Order x

When you order a self-query you will receive (a) an electronic and (b) a paper copy of your results. Successfully complete all four steps to receive your results.

You must agree to the terms in the Rules of Behavior and Subscriber Agreement to continue.

I accept the terms in the Rules of Behavior and Subscriber Agreement

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB). This is a Privacy Act protected system, with routine use provisions contained in 45 CFR 60.18. Employees accessing the system should do so only in accordance with

By checking the acceptance checkbox above, you agree to:

- Provide complete and accurate responses to requests for information during the National Practitioner Data Bank (NPDB) registration process;
- Keep your passwords and tokens (if applicable) secure;
- Not share your account with any other individual;
- Use your NPDB account only for authorized purposes;
- Review the accuracy of account information;
- Request revocation of your NPDB account if you ever suspect that the security of

CancelSubmit and Continue

Learn about s

Check out the Self-Query information on the self-query individuals and organiza

y Your Order

ler?  
message from the  
ne email to access

Public Burden Statement x

OMB # 0915-0126 expiration date MM/DD/YY

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 25 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 14N-39, Rockville, Maryland, 20857.

CloseGo to Step 1

1. Subject Information

2. Payment

3. Review Information

4. Identify Verification

## SELF-QUERY

## Confidentiality of Information



Persons and entities that receive confidential information from the NPDB, 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 NPDB 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 NPDB are permitted to share that information with anyone they choose.

[Close](#)[Go to Step 1](#)

Which type of

 Personal

Use organization

- Employee
- Authorized
- Directed
- Applying

1. Subject Information

2. Payment

3. Review Information

4. Identify Verification

Which type of NPDB search do you need?

- Personal     Organizational

**Use organizational search if you are ...**

- Employed by the organization
- Authorized to act on the organization's behalf
- Directed by the organization to perform this search
- Applying to a state board for an organization's license

Exit

Go to Step 1

1. Subject Information

2. Payment

3. Review Information

4. Identify Verification

## SELF-QUERY

Are you authorized to act on behalf of the organization? ✕

Results from this search will show whether or not the organization is the subject of a report in the NPDB. If you are not authorized to act on behalf of the organization you may only request a search for your own information.

No, I am not authorized

Yes, I represent my organization

Which type of NP

Personal

**Use organization**

- Employed by the organization
- Authorized to act on the organization's behalf
- Directed by the organization to perform this search
- Applying to a state board for an organization's license

Exit

Go to Step 1

1. Subject Information

2. Payment

3. Review Information

4. Identify Verification

## 1. Subject Information (Step 1 of 4)

Please fill out as much information as possible to ensure a timely and accurate response.

## Organization Information

## Organization Name

- Include a store number or other identifier for a location in the organization name (e.g. XYZ Pharmacy #123)
- Add any previous names or other names used by the organization, such as a "doing business as" name (dba).

Organization Name

+ Additional name

## Organization Type

Other Type - Not Classified, Specify

## Description

Other

## Location Address

Enter the physical address for this particular location. [Entering a military address](#)

## Country

United States

## Address

Address

## Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

## City

City

## State

## ZIP

ZIP

## Delivery Address

The NPDB is prohibited by law from sending a self-query response to a third party, such as a state board. [Entering a military address](#)

## Where should the NPDB mail the Self-Query response?

- Mail it to the location address

## Mail to

Name of Company and/or Person, e.g. "XYZ Inc., Attn: Administrator"

## Country

United States

## Address

Address

## Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

## City

City

## State

## ZIP

ZIP

## Identification Numbers

## FEIN (Federal Employer Identification Number)

55555555

+ Additional FEIN

## SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

SSN or ITIN

+ Additional SSN or ITIN

## NPI (National Provider Identifier)

You must enter your organization's NPI if it has one. Leave this field blank if your organization does not have an NPI.

NPI

+ Additional NPI

## DEA (Drug Enforcement Agency)

DEA

+ Additional DEA

 Do you have a MPN/MSN, FDA or CLIA identification number?

## MPN/MSN (Medicare Provider/Supplier Number)

+ Additional MPN/MSN

## FDA (Federal Food and Drug Administration)

+ Additional FDA

## CLIA (Clinical Laboratory Improvement Act)

+ Additional CLIA

## Organization State Licensure Information

License 1
<p><b>Does your organization have a license?</b></p> <p><input checked="" type="radio"/> Yes   <input type="radio"/> No / Not sure</p> <p><b>License Number</b></p> <p>11111</p> <p><b>State</b></p> <p>ME Maine</p>

+ Additional license

## Email and Password

The NPDB only uses your email address to notify you of any status changes to your Self-Query order. You will need your password to sign into your order.

## Email Address

## Type your email again

## Create a new password

## Type your password again

## Mobile Phone (Optional)

- Send a sign-in code by SMS message if I forget my password

Mobile Phone

## Password Requirements

Passwords *must* have:

- Between 8 and 14 characters
- At least one number
- At least one lower case letter
- At least one upper case letter
- At least 1 of these characters: !@#\$%^&\*()-\_+=[]{}|:;.,<>?
- At least 5 different characters
- No repeated characters, such as 'aaaa'
- New and Confirm Passwords must match

Passwords *must not* be:

- Similar to a word in the dictionary
- Similar to your user ID
- A simple sequence, such as 'abcd1234'
- One of your last 24 passwords

Exit

Save and Finish Later

Go to Step 2

## 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 Name

Test Name

## Authorized Submitter's Title (e.g., Executive Assistant)

Title

## Authorized Submitter's Phone

5555555555

## Extension (optional)

Ext.

Exit

Save and Finish Later

Go to Step 2

## 2. Payment

## 3. Review Information

## 4. Identify Verification

1. Subject Information

 Edit

2. Payment (Step 2 of 4)

**Order Details**

The fee for a Self-Query order is \$4.00. Additional paper copies are \$4.00 each. Each paper copy is mailed separately in a sealed envelope after your order is processed and your results are available. Allow 7 business days for first class mail delivery. No express delivery is available.

Your Self-Query Order		Total amount due
<input type="text" value="1"/>	Electronic copy (PDF)	\$4.00
<input type="text" value="1"/>	Sealed paper copy (mailed)	

**Billing Information**



Your card is not charged until your self-query results are available online.

**Card Number**

**Expiration Date**

Month  Year

**Name of Cardholder**

**Billing Address**

Same as delivery address     A different address

**Country**

United States

**Address**

Address

**Address Line 2**

Apt, Floor, Room, etc.

**City**

City

**State**

**ZIP**

ZIP

Exit

Save and Finish Later

**Go to Step 3**

3. Review Information

4. Identify Verification

1. Subject Information

 Edit

2. Payment

 Edit

3. Review Information (Step 3 of 4)

Review your information to be sure it is correct. Select Edit if you need to make changes.

**Subject Information**Organization Name: **XYZ Pharmacy**Organization Type: **Pharmacy**Location Address: **555 Cabinmill Rd  
Richmond, VA  
21000**Email Address: **jdoe@xyzcorp.com**License Info: **VA 22222222**FEIN: **555555555**NPI: *None/NA*SSN/ITIN: *None/NA*DEA: *None/NA*Medicare Provider/Supplier #: *None/NA*FDA: *None/NA*CLIA: *None/NA*

**i Self-Queries must be delivered to your address. By law, they cannot be delivered to a third party.**

Delivery Address: **555 Cabinmill Rd  
Richmond, VA  
21000**Authorizer: **Test Name  
Title  
5555555555****Payment Information**Order Details: **1 Electronic copy (PDF)  
1 Sealed, mailed copy (paper)**Total Order Cost: **\$4.00**Cardholder Name: **Joe Jones**Card #: **4111111111111111**Exp: **10/2024**Billing Address: **555 Cabin Rd  
Chantilly, VA 20111**

I certify that the above information is correct.

Exit

Save and Finish Later

Go to Step 4

4. Identify Verification

1. Subject Information

 Edit

2. Payment

 Edit

3. Review Information

 Edit

4. Identify Verification (Step 4 of 4)

In order for the NPDB to process your self-query request, you must verify your identity.

Select the **Submit** button to submit your order form information. After your form is submitted the View/Modify Your Order page will be displayed. Follow the instructions listed on the page to print and complete the identity verification form, then send it to the NPDB.

Finish Later

Submit

[Sign Out](#)

Submit online form



Verify your identity



NPDB processing



Online results report



Paper report mailed

**XYZ PHARMACY**

ORDER ID: 7950000125023279 ⓘ

## Next Steps

We must receive your notarized [Self-Query Identity Verification](#) form before we can process your order.

- 1. Print your Identity Verification document.** Review it to be sure it is correct [Edit Your Order Form](#) if you need to change something. Complete your revisions, then print the revised document.
- 2. Take the form to a notary public and sign it in front of them.**  
Most banks have a notary available at no charge for their customers.
- 3. Send the notarized form to NPDB.**
  - Scan all pages of the notarized form. Save the files as a .gif, .jpg, .pdf, or .png.
  - Be sure all images are clearly readable including the notary seal. If the seal is white and embossed, lightly shade over the seal with a pencil so it is visible.
  - Upload your files using "drag and drop" or select [browse for files](#) to choose files from your computer.
  - The NPDB automatically receives your files after they are uploaded.

[Print Identity Verification](#)[View Your Order](#)[Edit Your Order Form](#)Drag and drop to upload or [browse for files](#)

**If you cannot upload your files** mail all pages of the original notarized document to NPDB. The address is printed on the first page of the form. Allow 7 business days for the NPDB to receive your form if you send it by first class U.S. mail and 2 business days if you use an overnight delivery service. Due to security requirements, we cannot accept documents through fax or email.

**4. Check your email.**

Self-Query documents are processed in the order they are received. Allow 2 business days for the NPDB to process your order after documents are received, either electronically or by mail delivery. NPDB sends you an email when processing is complete and your results are ready. You can view your results online.

Paper copies are only sent by first-class U.S. mail. Overnight delivery is **not** available.



**When your envelope arrives, do not open it** if you are sending your self-query to an organization such as a licensing board. Most organizations reject self-query responses if the envelope seal is broken.

## Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Organization Description	Self-Query on an Organization (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Country	Self-Query on an Organization (1)	Below "the location address" and "a different address" options for Delivery Address	Drop List	The field is displayed if the user selects the radio button "a different address."	Selecting "a different address" displays Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection.
Address	Self-Query on an Organization (1)	Below Country	Text Entry	The field is displayed if the user selects the radio button "a different address."	Selecting "a different address" displays Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection.
Address Line 2	Self-Query on an Organization (1)	Below Address	Text Entry	The field is displayed if the user selects the radio button "a different address."	Selecting "a different address" displays Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection.
City	Self-Query on an Organization (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the radio button "a different address."	Selecting "a different address" displays Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection.

State	Self-Query on an Organization (1)	Beside City	Drop List	The field is displayed if the user selects the radio button "a different address."	Selecting "a different address" displays Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection.
ZIP	Self-Query on an Organization (1)	Below State	Text Entry	The field is displayed if the user selects the radio button "a different address."	Selecting "a different address" displays Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection.
MPN/MSN (Medicare Provider/Supplier Number)	Self-Query on an Organization (1)	Below checkbox "Do you have a DEA, FEIN, or UPIN identification number?"	Text Entry	The field is displayed if the user selects the checkbox for "Do you have a MPN/MSN, FDA or CLIA Identification number?"	Selecting the checkbox displays MPN/MSN, FDA, and CLIA text entry fields.
FDA (Federal Food and Drug Administration)	Self-Query on an Organization (1)	Below MPN/MSN text entry.	Text Entry	The field is displayed if the user selects the checkbox for "Do you have a MPN/MSN, FDA or CLIA Identification number?"	Selecting the checkbox displays MPN/MSN, FDA, and CLIA text entry fields.
CLIA (Clinical Laboratory Improvement Act)	Self-Query on an Organization (1)	Below FDA text entry	Text Entry	The field is displayed if the user selects the checkbox for "Do you have a MPN/MSN, FDA or CLIA Identification number?"	Selecting the checkbox displays MPN/MSN, FDA, and CLIA text entry fields.

Mobile Phone	Self-Query on an Organization (1)	Below checkbox "Send a sign-in code by SMS message if I forget my password"	Text Entry	The field is displayed if the user selects the checkbox for "Send a sign-in code by SMS message if I forget my password"	
Country	Self-Query on an Organization (2)	Below "the location address" and "a different address" options for Billing Address	Drop List	The field is displayed if the user selects the radio button "a different address."	Selecting "a different address" displays Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection.
Address	Self-Query on an Organization (2)	Below Country	Text Entry	The field is displayed if the user selects the radio button "A different address."	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.
Address Line 2	Self-Query on an Organization (2)	Below Address	Text Entry	The field is displayed if the user selects the radio button "A different address."	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.
City	Self-Query on an Organization (2)	Below Address Line 2	Text Entry	The field is displayed if the user selects the radio button "A different address."	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.
State	Self-Query on an Organization (2)	Beside City	Drop List	The field is displayed if the user selects the radio button "A different address."	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.

ZIP	Self-Query on an Organization (2)	Below State	Text Entry	The field is displayed if the user selects the radio button "A different address"	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.
-----	-----------------------------------	-------------	------------	---	---

### State Changes

Label	PDF Name	Item Type	Trigger
Place a Self-Query Order	Self-Query on an Organization	Modal	When user starts a Self-Query, the modal is displayed.
Public Burden Statement	Self-Query on an Organization	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Confidentiality Statement	Self-Query on an Organization	Modal	When the user selects the Confidentiality link the modal is displayed.
Are you authorized to act on behalf of the organization?	Self-Query on an Organization	Modal	When the user selects Organization for "Which type of NPDB search do you need?"
License Number	Self-Query on an Organization	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does your organization have a license?"
Password Requirements	Self-Query on an Organization	Info box	When the user sets focus on the "Create a new password" text entry, the info box is displayed. The state of each rule changes to indicate whether or the rule is met as the user enters their text.