

## QUERY INPUT

To submit a query, enter all known subject data.

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.

**PRACTITIONER INFORMATION**[Help ?](#)**Personal Information****Practitioner Name**

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

[Add another name used](#)

**Gender**

Male  Female  Unknown

**Birth Date (MMDDYYYY)****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 this box if you wish to store this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries.

[Help ?](#)

[Continue](#)

[Return to Options](#)