the DataBank

Sign Out

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

ENROLL SUBJECT

<u>Public Burden Statement:</u> 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.

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-Home Address/Addre	ess of Record
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST

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

Work Information	actitioner's work information is the same as your organization.
Organization Name: Type:	CHOOSE ONE FROM LIST
Click Help ?) for in	nformation on filling out non-U.S. and military addresses.
Address Street Address:	
Address Line 2:	
City:	
State: ZIP Code:	CHOOSE ONE FROM LIST
Country: (if U.S., leave blan	<>

Social Security Numbers (SSN)					
Add another SSN					

Individual Taxpayer Identification Numbers (ITIN)	
Add another ITIN	

Federal Employer Identification Numbers (FEIN)

Add another FEIN

Add another NPI

Drug Enforcement Administration (DEA) Numbers

Add another DEA Number

Unique Physician Identification Numbers (UPIN)	
Add another UPIN	

	Year of
hool Name:	Graduation (YYYY)

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:	CHOOSE ONE FROM LIST	•	
	Occupation/Field of Licensure:	CHOOSE ONE FROM LIST		V
	Specialty:	CHOOSE ONE FROM LIST	v	
	Add Additional Licen	se/Occupation		

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



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.

Practitioner Nam	ne		
Last Name GREEN	First Name JOE	Middle Name	Suffix (Jr, III)
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	landifiaatian Numba	_	
Entity Subject Id			
			number or other reference
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Street Address:	111 MAIN ST
Address Line 2:	
City:	FAIRFAX
State:	VA Virginia
ZIP Code:	22033 -
Country: (if U.S., leave blank)	

Work Information —	
	actitioner's work information is the same as your organization.
Organization	
Name:	
Туре:	CHOOSE ONE FROM LIST
Click Help ? for ir Address	nformation on filling out non-U.S. and military addresses.
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	-
Country: (if U.S., leave blank)	

Social Security Numbers (SSN)-

Individual Taxpayer Identification Numbers (ITIN)—

Add another ITIN

deral Employer Ider	ntification Numbers (FEIN)-			
Add another EEN				
Add another FEIN				
tional Provider Iden	ntifiers (NPI)			
Add another NPI				
ug Enforcement Ad	ministration (DEA) Numbers	5		
Add another DEA N	<u>lumber</u>			
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Add another UPIN				
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Submit to Data Bank

Cancel Subject Update