



INDIVIDUAL 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.

[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 individual self-query are sent only to the practitioner's home or work address as certified on the self-query form. Individual health care practitioners who 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 # 0915-0239 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 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 14-22, Rockville, Maryland, 20857.

Personal Information

Practitioner Name

Last Name

First Name

Middle Name

Suffix (Jr, III)

[Add another name used](#)

Gender

Male Female

Birth Date (MMDDYYYY)

Home or Work Address

Help ?

Organization

Name:

Type:

Enter the address (home or work) to which you would like your response sent. The Data Bank is prohibited by law from sending a self-query response to a third party.

Note: If specifying a work address, be sure to include the employer name in the first line of the address.

Address

Street Address:

Address Line 2:

City:

State:

ZIP Code: -

Country:
(if U.S., leave blank)

Telephone: Ext.

Social Security Numbers (SSN)

[Add another SSN](#)

Help ?

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.)

Help ?

1. State License Number: OR No License

State of Licensure:

Occupation/Field of Licensure:

Specialty:

[Add Additional License/Occupation](#)

Continue

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