

QUERY INPUT

Subject Info To submit a query, enter all known subject data.**Addresses** OMB # 0915-0126 expiration date 05/31/16**SSN****ITIN****FEIN****NPI****DEA Number****UPIN****Prof Schools****Occupation/Lic****Continue**

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 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 10-29, Rockville, Maryland, 20857.

PRACTITIONER INFORMATION[Help ?](#)

Please provide as much information as possible to make your report easier for other registered organizations to find. Your report may help inform decisions about practitioners under consideration for actions such as employment, licensing or privileging.

Personal Information**Practitioner Name**

Last Name

First Name

Middle Name

Suffix (Jr, III)

[Add another name used](#)**Gender** Male Female Unknown**Birth Date**

QUERY INPUT



- Subject Info
- Addresses
- SSN
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- Occupation/Lic
- Continue

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 [Help ?](#) 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)

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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](#)

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Occupation And State Licensure Information

Add information for at least one state license.

License 1

Occupation/Field of Licensure	Other Name for Occupation (Optional)
<input type="text"/>	<input type="text"/>
State	License Number
<input type="text" value="CHOOSE ONE FROM LIST"/>	<input type="text"/>
<input type="checkbox"/> Unlicensed / No license number for this occupation	

Professional Schools Attended

The form will suggest schools as you type. Please choose the matching school or enter the complete school name.

School Name:

Year of Graduation (YYYY)

[Add another Professional School](#)

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](#)

SELECT A PAYMENT METHOD



Subjects to Query: 1

NPDB Charge: \$3.00

Total Charge: \$3.00

Available Payment Methods

Credit or Debit Card

[What type of credit or debit card can I use?](#)

Account Number:	<input type="text"/>
Expiration Date:	Month <input type="text"/> / Year <input type="text"/>
Cardholder's Name:	<input type="text" value="MERGE13 STAT16 TESTING"/>
Cardholder's Billing Address:	<input type="text" value="109 GERNANY WAY"/>
Address Line 2:	<input type="text"/>
City:	<input type="text" value="BANBURG"/>
State:	<input type="text" value="VA Virginia"/>
ZIP Code:	<input type="text" value="20175"/> - <input type="text"/> <input checked="" type="checkbox"/>
Country (if U.S., leave blank):	<input type="text"/>

Credit Card On File

Your entity does not have any credit card accounts on file or you have not been assigned any credit card accounts by your administrator. For your convenience, credit card account information may be securely stored for future payments. Click Help for more information.

Pre-authorized Electronic Funds Transfer (EFT)

Your entity does not have an EFT account on file. Click Help for information on setting up an EFT account.

[Continue](#)

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[What type of credit or debit card can I use?](#)

Account Number:	<input type="text"/>
Expiration Date:	Month <input type="text"/> / Year <input type="text"/>
Cardholder's Name:	<input type="text" value="MERGE13 STAT16 TESTING"/>
Cardholder's Billing Address:	<input type="text" value="109 GERNANY WAY"/>
Address Line 2:	<input type="text"/>
City:	<input type="text" value="BANBURG"/>
State:	<input type="text" value="VA Virginia"/>
ZIP Code:	<input type="text" value="20175"/> - <input type="text"/> <input checked="" type="checkbox"/>
Country (if U.S., leave blank):	<input type="text"/>

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