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 # 0915-0126 expiration date 05/31/16

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 10-29, Rockville, Maryland, 20857.

Place a Self-Query Order

1. Subject Information (step 1 of 4)

Subject of Self-Query

About whom are you searching for information?
◉ Myself   ○ My Organization

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

Personal Information

Last Name   First Name   Middle Name (optional)   Suffix (e.g., Jr., Sr.; optional)

+ Additional Name (e.g. maiden name)

Gender
○ Male   ○ Female

Birthdate
mm / dd / yyyy

Phone Number   Extension (optional)

Delivery Information

Enter the physical and e-mail address to which you would like your response and correspondence sent.
The Data Bank is prohibited by law from sending a self-query response to a third party (e.g., a state board).

Physical Address   View format for military address.

Type of Address
◉ Home   ○ Work

Country
United States ▾

Street Address

Apt., Floor, Suite, etc. (optional)

City   State
        Select ▾

ZIP
        optional

E-mail Address

Type your e-mail again

Profession and Licensure

Profession or Field of Licensure

Physician (MD)

Specialty

Select

Do you have a license for your selected profession or field of licensure?
◉ Yes   ○ No   ○ Not sure

License Number

Select

+ Additional License (may add up to 60)

Name of the school or institution you attended for your professional
degree, training or certification (e.g., medical school, certification program) ❓   Completed?   Expected Completion Year
○ Yes ◉ No   yyyy

+ Additional school or institution

Identification Numbers (optional) ❓

☑ SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)
☐ – ☐ – ☐   + Additional SSN or ITIN

☑ NPI (National Practitioner Identifier)
☐   + Additional NPI

☐ DEA (Drug Enforcement Agency)

☐ FEIN (Federal Employer Identification Number)

☐ FDA (Food and Drug Administration)

Account Information

Account information is required to ensure secure delivery of your self-
query response. You will also need your Order ID, which you will receive
via e-mail.

Password (view rules)

Type your password again

Select a challenge question and enter your answer. If you forget your password you must answer your challenge question.

Your Challenge Question

| Select a Question ▼ |

Your Answer

| |

Exit   Save and Finish Later   **Go to Step 2**

2. Payment

3. Review Information

4. Identity Verification

🔒 Confidentiality and Public Burden Statements

Do you have a question?

Try our FAQ page or Contact us

the **DataBank**
NATIONAL PRACTITIONER

Place a Self-Query Order

1. Subject Information

2. Payment (step 2 of 4)

Order Details

You will receive one electronic (PDF) and one sealed, mailed copy of your self-query response for the minimum fee of $5.00. You may order additional sealed, paper copies for $5.00 each.

Items	Order Total
Self-query response 1 Electronic copy (PDF) *and* [1] Sealed, mailed copy (paper)	**$5.00**

You will not be charged until your self-query results are available online.

Billing Information

Name on Card

Card Number

Expiration Date
mm / yyyy

VISA   MasterCard   AMEX   DISCOVER

Billing Address

○ Use my physical delivery address

◉ Use a different address

Country
United States ▼

123 Forrest Ln
Abington IL-Illinois
44001

Street Address
300 First St

Apt., Floor, Suite, etc. (optional)

City
Richmond

State
TX-Texas ▼

ZIP
30190   optional

[Exit]   [Save and Finish Later]   [**Go to Step 3**]

3. Review Information

4. Verification

🔒 Confidentiality and Public Burden Statements

Do you have a question?
Try our FAQ page or Contact us

Sign I

Place a Self-Query Order

1. Subject Information   ✏ Edit

2. Payment   ✏ Edit

3. Review Information (step 3 of 4)

Subject Information   ✏ Edit

Name: **David Brown**

Gender: **Male**

DOB: **12/12/1972**

Phone: **703-555-1212**

Physical Address: **123 Forrest Ln**
Abington, IL-Illinois
44001

E-mail Address: **dbrown@aol.com**

SSN/ITIN: **888 - 88 - 8888**

Profession/Field of Licensure: **Nurse Practitioner**

License Info: *None/NA*

School/Institution Info: *None/NA*

NPI: *None/NA*

DEA #: *None/NA*

FEIN: *None/NA*

Payment Information   ✏ Edit

Order Details: **Self-Query Request**
1 Electronic copy (PDF)
1 Sealed, mailed copy (paper)

Total Order Cost: **$ 5.00**

Cardholder Name: **David Brown**

Card #: **1234 5678 9012 3456**

Exp: **12/2015**

Billing Address: **123 Forrest Ln**
Abington, IL-Illinois
44001

☐ **I certify that the above information is correct.**
Once you move to the next step - Identity Verification - you will no longer be able to edit this information)

Exit   Save and Finish Later   **Go to Step 4**

4. Verification

🔒 Confidentiality and Public Burden Statements

Do you have a question?

Try our FAQ page or Contact us

Signed in to Order 7940 0000 7527 6767
Sign Out

Place a Self-Query Order

1. Subject Information

2. Payment

3. Review Information

4. Identity Verification (step 4 of 4)

Select Identity Verification Option

Before we can generate your self-query response, you must verify your identity. You may do this using either the Online or Manual Identity Verification process. The Online process is recommended as your response will be available much faster than the Manual response. This new process eliminates the need to have anything notarized. **Your credit must be unlocked to use the Online process.**

Which verification process would you like to use?

◉ Online Identity Verification
☐ I agree to the Terms of Service

🕐 Get your response in seconds

🖥 Answer 4 questions provided by an external identity verification service regarding financial information that only you will know over a secure server online

✔ Your correct answers verify your identity. A notarized signature is NOT required!

⊙ Your order is processed right away. Most electronic responses are available in 30 seconds*

○ Manual Identity Verification

📅 Wait 5 to 7 business days to begin processing. Wait an additional 1 to 2 business days to receive your response

🖨 Print a copy of the Self-Query Identification document

🚗 Take the unsigned document to a notary public

⬤ Sign the document in the presence of a notary public. Present a government-issued form of identification to the notary as proof of your identity

The notary public verifies your identity and adds their seal and signature

✉ Send the notarized document to the Data Bank (the address is on the document)

⊙ Allow 5 to 7 business days for the Data Bank to receive the form begin processing your order

*Most electronic responses are available in 30 seconds, but up to 2 business days may be needed to ensure identity protection.

▲ Hide Comparison Information

Finish Later   **Continue**

🔒 Confidentiality and Public Burden Statements

Do you have a question?

Self-Query Home

Place a Self-Query Order

1. Subject Information

2. Payment

3. Review Information

4. Identity Verification (step 4 of 4)

Select Identity Verification Option

Before we can generate your self-query response, you must verify your identity. You may do this using either the Online or Manual Identity Verification process. The Online process is recommended as your response will be available much faster than the Manual response. This new process eliminates the need to have anything notarized. **Your credit must be unlocked to use the Online process.**

Which verification process would you like to use?

⦿ Online Identity Verification
  ☑ I agree to the Terms of Service

◯ Manual Identity Verification

▼ Show Comparison Information

Online Identity Verification Questions

Due to privacy regulations, you can only attempt to complete the Online Verification process **once** for each self-query request

---Question 1---

According to your credit profile, you may have opened a mortgage loan in or around January 2011. Please select the lender to whom you currently make your mortgage payments

◯ FANNIE MAE

◯ CHITTENDEN BANK

⦿ HOMESIDE LENDING

◯ BANK OF AMERICA

◯ NONE OF THE ABOVE/DOES NOT APPLY

---Question 2---

You may have opened an auto loan or auto lease in or around May 1999. Please select the dollar amount range in which your monthly auto loan or lease payment falls.

◯ $200 - $300

⦿ $300 - $400

◯ $400 - $500

◯ $500 - $600

◯ NONE OF THE ABOVE/DOES NOT APPLY

Question 3

Which of the following retail credit cards do you have?

- ◉ ALLOWAY LIGHTIN INC
- ○ TAG SPORTSWEAR
- ○ HATCH LIGHTING INC AND WHOLESALE SUPPLY
- ○ MY SOLITAIRE
- ○ NONE OF THE ABOVE/DOES NOT APPLY

Question 4

Which of the following is the highest level of education you have completed?

- ○ HIGH SCHOOL DIPLOMA
- ○ SOME COLLEGE
- ○ BACHELOR DEGREE
- ◉ GRADUATE DEGREE
- ○ NONE OF THE ABOVE

Finish Later   **Submit Answers**

🔒 Confidentiality and Public Burden Statements

Do you have a question?

Try our FAQ page or Contact us

Place a Self-Query Order

1. Subject Information

2. Payment

3. Review Information

4. Identity Verification (step 4 of 4)

Select Identity Verification Option

Before we can generate your self-query response, you must verify your identity. You may do this using either the Online or Manual Identity Verification process. The Online process is recommended as your response will be available much faster than the Manual response. This new process eliminates the need to have anything notarized. **Your credit must be unlocked to use the Online process.**

Which verification process would you like to use?

○ Online Identity Verification   ⦿ Manual Identity Verification

▼ Show Comparison Information

Manual Identity Verification Instructions
To verify your identity using the manual process you must:

1. Print the Identity Verification document below

2. Sign the Identity Verification in front of a Notary Public.

3. Send the original, notarized, Identity Verification to one of the following addresses:
   Regular Mail: P.O. Box 10832
                     Chantilly, VA 20153-0832
   Express Mail: 4094 Majestic Ln, PMB-332
                     Fairfax, VA 22033

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*the*DataBank

|||||||| 7940000080822449

P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

Self-Query Identity Verification

Sign this form in the presence of a Notary Public. Mail the notarized form to the address above. For express delivery services requiring a physical address, send to: 4094 Majestic Ln., ONB-332, Fairfax, VA 22033.

Name:	David Brown	Profession/Field of Licensure:	Nurse Practitioner
Gender:	Male	State License Number:	None/NA
Date of Birth:	12/12/1972	Issuing State:	None/NA
Email Address:	dbrown@aol.com	School or Institution Name:	None/NA
Phone Number:	703-555-1212	Graduation/Completion Year:	None/NA
Delivery Address:	123 Forrest Ln	SSN or ITIN:	*** ** 8888
	Abington, IL 44001	NPI Number:	None/NA
		FDA Number:	None/NA
		UPIN:	None/NA
		FEIN:	None/NA

Go to View/Modify Order

🔒 Confidentiality and Public Burden Statements

Do you have a question?
Try our FAQ page or Contact us

☐ DEA (Drug Enforcement Agency)

☐ FEIN (Federal Employer Identification Number)

☐ FDA (Food and Drug Administration)

Account Information

Account information is required to ensure secure de
query response. You will also need your Order ID, v
via e-mail.

Password (view rules)

[   ]

Type your password again

[   ]

Password Requirements ⊠

Passwords **must** have:

🛑 **Between 8 to 14 characters**

🛑 **A number**

🛑 **A lower case letter**

🛑 **An uppper case letter**

🛑 **At least 1 of these characters:**
   ! @ # $ ^ & * ( ) - _ =+ [ ]{ } | ; : , .
   < > ?

Passwords **must** not be:

• Similar to a word in the dictionary
• Similar to your user ID
• A simple sequence
   such as "abcd1234"
• They cannot have repeated
   characters (e.g. "aaaa" or "1111")

Learn More >>

Select a challenge question and enter your answer.
password you must answer your challenge question.

Your Challenge Question

[Select a Question   ▼]

Your Answer

[   ]

| Exit | Save and Finish Later | **Go to Step 2** |

2. Payment

3. Review Information

Apt., Floor, Suite, etc. (optional)

City   State

Select a Profession or Field of Licensure   ☒

Enter a keyword or phrase to find matching professions. (Example: "counselor")

Search   *Type the name of an occupation to search the list*   **Add to Form**

Physician
Physician (MD)
Physician Intern / Resident (MD)
Osteopathic Physician (DO)
Osteopathic Physician Intern / Resident (DO)

Nurse - Advanced, Registered, Vocational or Practical
Registered (Professional) Nurse
Nurse Anesthetist
Nurse Midwife
Nurse Practitioner
Doctor of Nursing Practice
Licensed Practical or Vocational Nurse
Clinical Nurse Specialist

Nurse Aide, Home Health Aide and Other Aide
Nurse Aide / Nursing Assistant
Home Health Aide (Homemaker
Health Care Aide / Direct Care Worker
Certified or Qualified Medication Aide

Dental Service Practitioner
Dentist
Dental Resident
Dental Assistant

Professi

+ Additional school or institution

Identification Numbers (optional) ❓

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

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
State where you currently work or last worked	SQInd (1)	Below "Do you have a license for your selected profession or field of licensure?"	Text box	If user selects "No" or "Not sure" option in response to "Do you have a license for your selected profession or field of licensure?"	
Completion Date	SQInd (1) SQOrg (1)	To the right of "Completed?"	Text box	If user selects "Yes" option in response to "Completed?"	"yyyy" hint text in text box
DEA (Drug Enforcement Agency)	SQInd (1) SQOrg (1)	Below "NPI"	Text box	If user selects DEA checkbox	
FEIN (Federal Employer Identification Number)	SQInd (1) SQOrg (1)	Below "DEA"	Text box	If user selects FEIN checkbox	
FDA (Food and Drug Administration)	SQInd (1) SQOrg (1)	Below "FEIN"	Text box	If user selects FDA checkbox	
Experian questions	SQInd (4)	"Identity Verification" tab	Radio button		Question and answer content determined by Experian. User will be shown four questions, at least one of which contains financial information. The questions are customized based on the user's information. The user may be shown questions other than those pictured in the PDF.

State Changes

Label	PDF Name	Item Type	Visibility Trigger
Profession or Field of Licensure Modal	SQProfession	Modal	When the "Profession or Field of Licensure" text box is selected the Profession or Field of Licensure modal shown in the SQFormProfession PDF appears.
Password Rules	SQPassword	Info box	When "view rules" is clicked, or when the "Password" text box is selected, the Password Rules info box shown in the SQFormPassword PDF appears.