SUBJECT INFORMATION



Addresses

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.

Subject Info

8 8N

FEIN NPI

DEA

UPIN Prof Schools

Occupation/Lio

Validate/Cont



Sign In

Place a Self-Query Order

1. Subject Information (step 1 of 4)

Subject of Self-Query

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

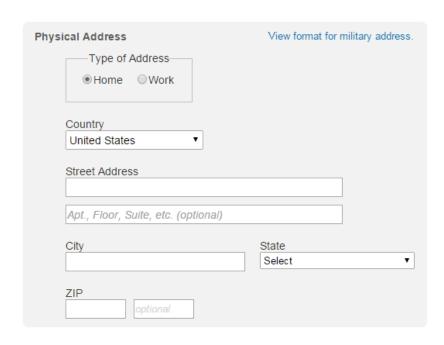
Personal Information



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).



[E-mail Address
	Type your e-mail again
ofessi	on 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
ſ	Select ▼
l	+ 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) (2) Completed? Expected Completion Year
	○Yes ●No yyyyy
	+ Additional school or institution
ntific	ation Numbers (optional) 3
(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)
count	t Information
	nformation is required to ensure secure delivery of your self- ponse. You will also need your Order ID, which you will receive
ļ	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	o 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



Sign In

Place a Self-Query Order

1. Subject Information

2. Payment (step 2 of 4)

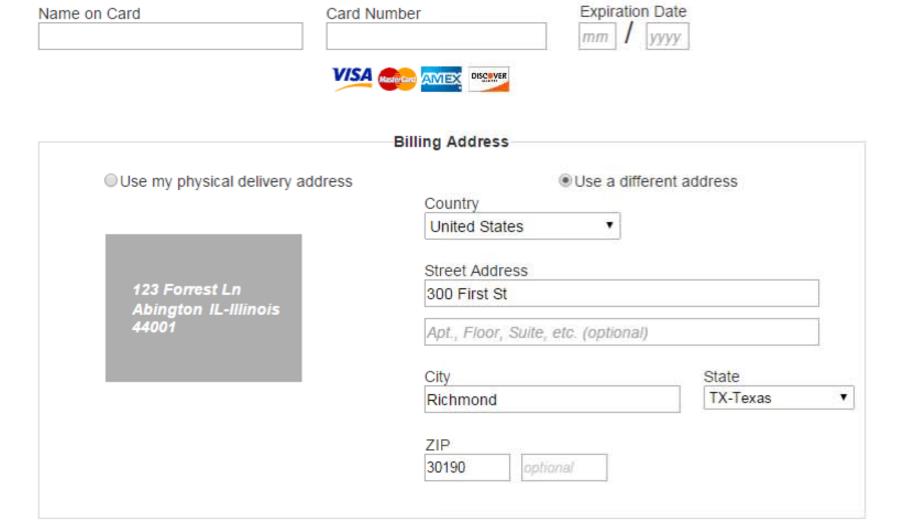
Order Details

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	\$5.00
1 Sealed, mailed copy (paper)	

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

Billing Information



4. Verification

3. Review Information

Confidentiality and Public Burden Statements

Save and Finish Later

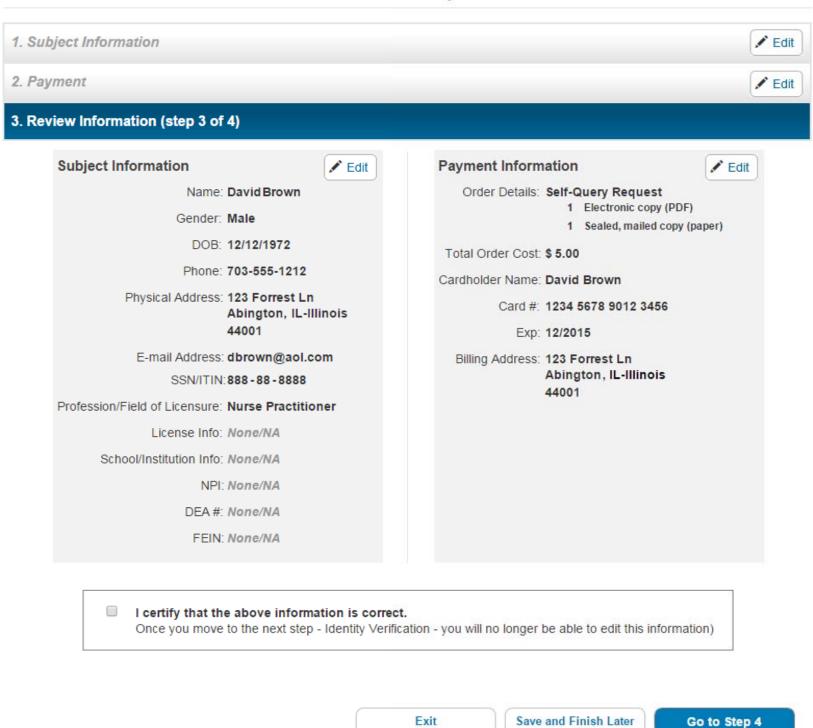
Go to Step 3

Exit



Sign I

Place a Self-Query Order



4. Verification

A Confidentiality and Public Burden Statements



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

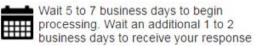
■ I agree to the Terms of Service



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



- 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 o receive the form begin processing your order

Hide Comparison Information

Finish Later

Continue

A Confidentiality and Public Burden Statements

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



Signed in to Order 7940 0000 7527 6767 Sign Out

Place a Self-Query Order

 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

- O CHITTENDEN BANK
- HOMESIDE LENDING
- BANK OF AMERICA
- ONONE 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?

- OHIGH SCHOOL DIPLOMA
- SOME COLLEGE
- BACHELOR DEGREE
- GRADUATE DEGREE
- ONONE OF THE ABOVE

Finish Later

Submit Answers

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

Manual Identity Verification

▼ Show Comparison Information

Manual Identity Verification Instructions

To verify your identity using the manual process you must:

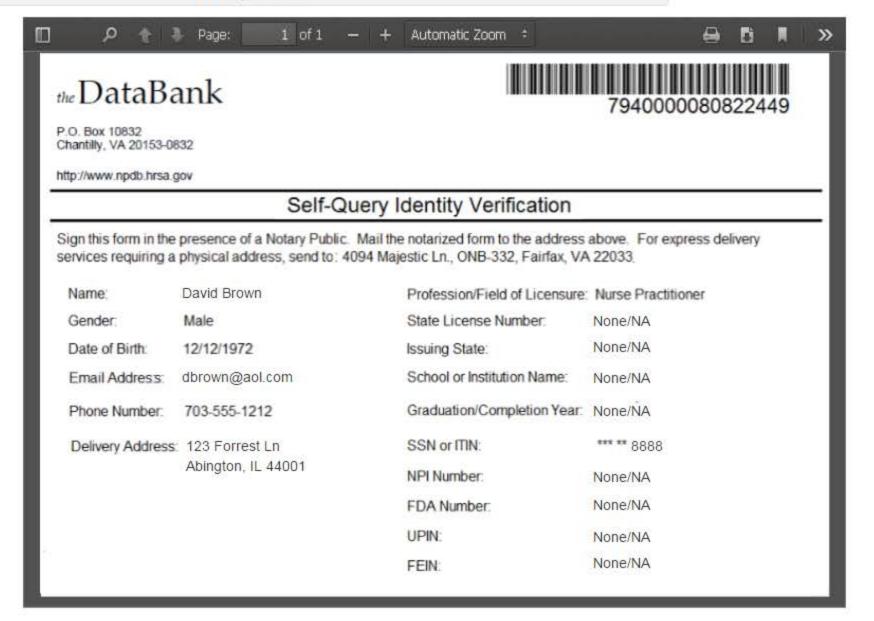
- 1. Print the Identity Verification document below
- 2. Sign the Identity Verification in front of a Notary Public.
- 3. Send the original, notarized, Identity Verification to one of the following addresses:

Regular Mail: P.O. Box 10832

Chantilly, VA 20153-0832

Express Mail: 4094 Majestic Ln, PMB-332

Fairfax, VA 22033

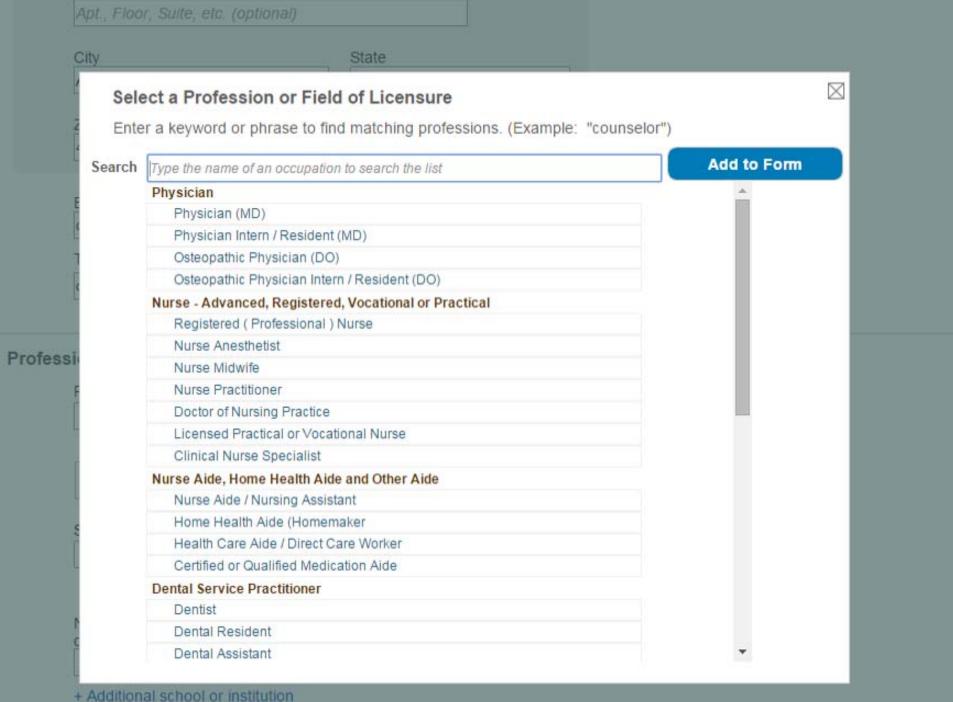


Go to View/Modify Order

Confidentiality and Public Burden Statements

FEIN (Federal Employer Identification Number) FDA (Food and Drug Administration) FDA (Food and Drug Administration) Passwords must have: Between 8 to 14 characters A number Account information is required to ensure secure dequery response. You will also need your Order ID, via e-mail. Password (view rules) Password (view rules) Password (view rules) Password must not be: Similar to a word in the dictionary Type your password again 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 Late 2. Payment 3. Review Information	DEA (Drug Enforcement Agency)		
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Account Information Account information is required to ensure secure dequery response. You will also need your Order ID, via e-mail. Password (view rules) Password (view rules) Password sagain Type your password again 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") Your Challenge Question Select a Question Your Answer Exit Save and Finish Late		Passwords must have:	
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An uppper case letter (i) At least 1 of these characters: (ii) # \$ ^ & * () = + [] { }	Account Information	(A number	
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Type your password again Type your password again 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 Late		! @ # \$ ^ & * () =+ []{ } ; : , .	
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 Late		Passwords must not be:	
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 Late 2. Payment	Type your password again	Similar to a word in the dictionary Similar to your user ID A simple sequence such as "abcd1234" They cannot have repeated	
Your Challenge Question Select a Question Your Answer Exit Save and Finish Late		Learn More >>	
Exit Save and Finish Late 2. Payment		•	
Exit Save and Finish Late 2. Payment	Your Answer		
2. Payment			
2. Payment			
		Exit	Save and Finish Later
3. Review Information	2. Payment		
3. Review Information			
	3. Review Information		

... . . .



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	SQProfession	Modal	When the "Profession or Field of Licensure" text box is selected
Licensure Modal			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.