

SUBJECT INFORMATION

1 hour

- Subject Info
- FEIN
- SSN
- ITIN
- DEA
- CLIA
- FDA
- NPI
- Medicare Num
- Licensure Info
- Certification
- Validate/Cont



ORGANIZATION 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 organization self-query are sent only to the organization's address as certified on the self-query form. Health care organizations that 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 1 hour 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.

Organization Information

Organization Name

+ Additional Name

Organization Type
Select ▼

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

Identification Numbers

- FEIN (Federal Employer Identification Number)
- SSN/ITIN (Social Security Number/ Individual Taxpayer Identification Number)
- NPI (National Provider Identifier)
- MPN/MSN (Medicare Provider/Supplier Number)
- DEA (Drug Enforcement Agency)
- FDA (Food and Drug Administration)
- CLIA (Clinical Laboratory Improvement Act)

Organization State Licensure Information

Does the organization have a state medical license?
 Yes No Not sure

Organization's License Number

State of Organization's License

[+ Additional Organization License](#)

Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Authorized Submitter's First Name Authorized Submitter's Last Name

Authorized Submitter's Title (e.g., Executive Assistant)

Authorized Submitter's Phone

Extension (optional)

[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](#)

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) <i>and</i> <input type="text" value="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

 / 

Billing Address

 Use my physical delivery address

789 Main St
RichmondTX-Texas
30191

 Use a different address

Country

Street Address

City

State

ZIP

3. Review Information

4. Verification

Place a Self-Query Order

1. Subject Information

Edit

2. Payment

Edit

3. Review Information (step 3 of 4)

Subject Information

Edit

Organization Name: **Family Partners**

Organization Type: **Medical Group/Practice**

Physical Address: **789 Main St
Richmond, TX-Texas
30191**

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

License Info: *None/NA*

FEIN: **12-3456789**

SSN/ITIN: *None/NA*

NPI: *None/NA*

MPN/MSN: *None/NA*

DEA #: *None/NA*

FDA: *None/NA*

CLIA: *None/NA*

Authorizer: **Jane Evans
HR Manager
703-555-1212**

Payment Information

Edit

Order Details: **Self-Query Request**

- 1 Electronic copy (PDF)
- 1 Sealed, mailed copy (paper)

Total Order Cost: **\$ 5.00**

Cardholder Name: **Family Partners**

Card #: **1234 5678 9012 3456**

Exp: **12/2015**

Billing Address: **789 Main St
Richmond, TX-Texas
30191**

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](#)

Place a Self-Query Order

1. Subject Information

2. Payment

3. Review Information

4. Identity Verification (step 4 of 4)

Complete Identity Verification

Before we can generate your self-query response, you must verify your identity. You may do this using the Manual Identity Verification process.

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

P.O. Box 10832
Chantilly, VA 20153-0832
<http://www.npdb.hrsa.gov>



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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:	Family Partners	SSN or ITIN:	None/NA
Email Address:	jevans@aol.com	NPI Number:	None/NA
Phone Number:	703-555-1212	FEIN:	12-3456789
Delivery Address:	789 Main St Richmond, TX 30191	DEA Number:	None/NA
		FDA Number:	None/NA
		CLIA Number:	None/NA
		Medicare provider/Supplier Number:	None/NA

Any changes to the information above must be printed legibly in red or blue ink.

[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 delivery of your query response. You will also need your Order ID, which will be sent to you via e-mail.

Password [\(view rules\)](#)

Type your password again

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

Your Challenge Question

Your Answer

Password Requirements ✕

Passwords **must** have:

- Between 8 to 14 characters
- A number
- A lower case letter
- An upper 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 >>](#)

Exit

Save and Finish Later

Go to Step 2

2. Payment

3. Review Information

4. My Profile

Non-visible Questions

Label	Location	Response Input Item	Visibility Trigger	Other
Completion Date	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)	Below "NPI"	Text box	If user selects DEA checkbox	
FEIN (Federal Employer Identification Number)	Below "DEA"	Text box	If user selects FEIN checkbox	
FDA (Food and Drug Administration)	Below "FEIN"	Text box	If user selects FDA checkbox	

State Change

Label	Item Type	Visibility Trigger
Password Rules	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.