

ENROLL SUBJECT

Subject Info

Addresses

SSN

ITIN

FEIN

NPI

DEA Number

UPIN

Prof Schools

Occupation/Lic

Validate/Store

OMB # 0915-0126 expiration date 05/31/16

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SUBJECT INFORMATION

[Help ?](#)

Personal Information

Practitioner Name

Last Name

Mann

First Name

Anitta

Middle Name

Suffix (Jr, III)

[Add another name used](#)

Entity Subject Identification Number

This optional field allows your entity to include a unique number or other reference information to help you identify this subject. This information is not used by the Data Bank.

1234

(e.g., employee number)

Gender

 Male Female Unknown

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[Subject Info](#)[Addresses](#)[SSN](#)[ITIN](#)[FEIN](#)[NPI](#)[DEA Number](#)[UPIN](#)[Prof Schools](#)[Occupation/Lic](#)[Validate/Store](#)

Birth Date

Department:

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.

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[Subject Info](#)[Addresses](#)[SSN](#)[ITIN](#)[FEIN](#)[NPI](#)[DEA Number](#)[UPIN](#)[Prof Schools](#)[Occupation/Lic](#)[Validate/Store](#)**Address**

Street Address:

Address Line 2:

City:

State:

ZIP Code: -

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

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](#)

ENROLL SUBJECT



Subject Info

Drug Enforcement Administration (DEA) Numbers

- Ad
- SS
- IT
- FE
- NP
- DE
- UP
- Pr
- OC
- Va



Select an Occupation or Field of Licensure

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

Search

Recently Used

Podiatrist ✖

Physician

- Physician (MD)
- Physician Resident (MD)
- Osteopathic Physician (DO)
- Osteopathic Physician Resident (DO)

Nurse - Advanced, Registered, Vocational or Practical

- Registered Nurse
- Nurse Anesthetist
- Nurse Midwife
- Nurse Practitioner
- Licensed Practical or Vocational Nurse
- Clinical Nurse Specialist
- Other Nurse Occupation - Not Classified, Specify

[Don't see what you're looking for?](#)



School Name:

Year of Graduation (YYYY)

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Drug Enforcement Administration (DEA) Numbers

[Add another DEA Number](#)

Unique Physician Identification Numbers (UPIN)

[Add another UPIN](#)

Occupation And State Licensure Information

Add information for at least one state license.

License 1

Occupation/Field of Licensure

Podiatrist

Other Name for Occupation
(Optional)

State

MD Maryland

License Number

SL89

 Unlicensed / No license
number for this occupation[Add](#) occupation/field of licensure

Professional Schools Attended

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

School Name:

University of the Foot

Year of
Graduation (YYYY)

2001

[Add another Professional School](#) Check the box if the subject(s) will leave this organization on a known date.

Validate

Store - Do Not Enroll

Enroll

[Return to Previous Page](#)

SELECT A PAYMENT METHOD

[Help](#) ?

Subjects to Enroll: 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:

Expiration Date: /

Cardholder's Name: LICENSING BOARD

Cardholder's Billing Address: 123 CEDAR LANE

Address Line 2:

City: ROCKVILLE

State: MD Maryland

ZIP Code: 20857 - 0001

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

 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](#)[Return to Previous Page](#)[Return to Options](#)

Note: Form ends here for OMB purposes. Need to enter a valid credit card number to continue; after continuing, the subject is enrolled. There is no additional burden after this point.