SUBJECT INFORMATION

1 hour

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

| Subject Information | Output Options | Payment Information | Verify Your Identity |

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

[Select   ▼]

+ 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

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

789 Main St
RichmondTX-Texas
30191

Country
United States ▼

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

Self-Query Home

Sign In

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

Page: 1 of 1 — + Automatic Zoom

the DataBank

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

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

[   ]

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

Your Challenge Question

[Select a Question   ▼]

Your Answer

[   ]

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 >>

Exit	Save and Finish Later	Go to Step 2

2. Payment

3. Review Information

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.