QUERY INPUT

burden statement

1. Subject Information

Please fill o

Organization I

Organization N

- Include a stor # 123)
- Add any previ ame (dba).

Organization Na

+ Additional name

Organization Type

Other Type - Not Classified, Specify ⌄

Organization Description

Organization Description

Public Burden Statement ✕

OMB # 0915-0126 expiration date MM/DD/YY

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 5 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 10C-03l, Rockville, Maryland, 20857.

Close

QUERY INPUT

Public burden statement

1. Subject Information

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

Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g. XYZ Pharmacy # 123)
- Add any previous names or other names used by the organization, such as a "doing business as" name (dba).

[Organization Name]

+ Additional name

Organization Type

[Other Type - Not Classified, Specify ▼]

Organization Description

[Organization Description]

Country

[United States ▼]

Street Address

[Street Address]

Street Address Line 2

[Street Address Line 2]

City　　　　　　　　　　　　　　　　　　**State**

[City]　　　　　　　[▼]

ZIP

[ZIP　　　✓]

Identification Numbers

NPI (National Provider Identifier)

For the fastest query response, add the practitioner's NPI number if you know it.

[NPI]

+ Additional NPI

FEIN (Federal Employer Identification Number)

[FEIN]

+ Additional FEIN

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

[SSN or ITIN]

+ Additional SSN or ITIN

DEA (Drug Enforcement Agency) Number

[DEA]

+ Additional DEA

MPN/MSN (Medicare Provider/Supplier Number)

[MPN/MSN]

+ Additional MPN/MSN

☑ Does the subject have a FDA or CLIA identification number?

FDA (Federal Food and Drug Administration)

[　　　　　　　　　　　]

+ Additional FDA

CLIA (Clinical Laboratory Improvement Act)

[　　　　　　　　　　　]

+ Additional CLIA

Organization State Licensure Information

License 1

Does the organization have a license?

◉ Yes　　○ No / Not sure

License Number　　　　　　　　**State**

[　　　　　　　]　　　　[　　　　　▼]

+ Additional license

☐ Add this subject to my subject database
　What is a subject database?

[Continue to Next Step]

2. Entity Selection

3. Review

4. Payment

5. Certifier Information

[Return to Options]

QUERY INPUT

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

1. Subject Information	✏ Edit

2. Entity Selection

Select the entities that have authorized you to query on their behalf

Only entities that have authorized your organization to query are shown. Queries for each entity are charged and processed separately.

☐ **Select All Entities**

Find an Entity: [   ]

Name ▲	Address ⇳	City ⇳	State ⇳
☑ TEST ENTITY ONE	1 TEST ST	CITY	ST
☐ TEST ENTITY TWO, INC	2 TEST WAY	TEST CITY	ST
☐ TEST ENTITY THREE, LLC	3 TEST RD	TEST CITY	ST
☐ TEST ENTITY FOUR	5 TEST DR	TEST CITY	ST

Query 1 subject on behalf of:

TEST ENTITY ONE	1 TEST ST.	CITY	ST	✖

Continue to Next Step

3. Review

4. Payment

5. Certifier Information

Return to Options

QUERY INPUT

NATIONAL PRACTITIONER DATA BANK
NPDB

Public burden statement

1. Subject Information	✏ Edit

2. Entity Selection	✏ Edit

3. Review

Review your selections to ensure they are correct

Querying 1 organization on behalf of:

Name	Address	City	State
TEST ENTITY ONE	1 TEST ST.	CITY	ST

Organization:

Name	License	FEIN
TEST ENTITY		555555555

Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB). Any unauthorized individual or organization that attempts to query or file reports with the NPDB is subject to fine and imprisonment under federal statutes.

Continue to Next Step

4. Payment

5. Certifier Information

Return to Options

QUERY INPUT

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

1. Subject Information	✎ Edit

2. Entity Selection	✎ Edit

3. Review	✎ Edit

4. Payment	

Select a Payment Method

Queries for each entity will be billed separately and assigned separate confirmation numbers

Subjects to Query		1
Charge per Query	X	$2.00
Total Entities	X	1
Total for 1 Query		**$2.00**

Available Payment Methods

○ **Credit Card On File**

Nickname:	CA
Account Number:	*************1111
Expires:	01/2020

○ **Credit or Debit Card**

What type of credit or debit card can I use?

VISA   MasterCard   AMERICAN EXPRESS   DISCOVER

Name on Card

[   ]

Card Number   **Expiration Date**

[   ]   [Month ▼] [Year ▼]

Country

[United States   ▼]

Billing Address

[Street Address   ]

Billing Address Line 2

[Street Address Line 2   ]

City   **State**

[City   ]   [▼]

ZIP

[ZIP   ✓]

[**Continue to Next Step**]

5. Certifier Information	

[Return to Options]

QUERY INPUT

Public burden statement

1. Subject Information	✎ Edit

2. Entity Selection	✎ Edit

3. Review	✎ Edit

4. Payment	✎ Edit

5. Certifier Information

Please verify your information is correct.

Subject Information

Organization Name:	**TEST ENTITY**
Organization Type:	**Other Type - Not Classified, Specify**
Organization Description:	**General**
Address:	**555 Cabin Rd**
	Chantilly, VA 20111
License Info:	**111111 (VA)**
FEIN:	**555555555**
SSN/ITIN:	*None/NA*
NPI:	*None/NA*
DEA:	*None/NA*
FDA:	*None/NA*
CLIA:	*None/NA*
Medicare Provider/Supplier:	*None/NA*

Payment Information

Total for 1 Query:	**$2.00**
Payment Method:	**Credit Card On File**
Nickname:	**CA**
Account Number:	**************1111**
Expires:	**04/2020**

Federal regulations restrict the use of information obtained from the NPDB to specified uses. Disclosure or use of such information for any other purpose is subject to a fine or imprisonment under federal statutes.

Select the purpose of this query and submit your request for disclosure to the NPDB. Your payment is processed when you select **Submit to the NPDB.**

Query Purpose:

Choose a query purpose from the list	▾

Customer Use is an optional field that allows to create an internal identification for this transaction. Your customer use number is only available on your organization's query response.

Customer Use

[   ]

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.

Your Name

[TEST USER   ]

Title

[ADMIN   ]

Phone   **Extension** (optional)

[0005551111   ]   [Ext.   ]

WARNING:
Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

[Submit to the NPDB]

[Return to Options]

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Organization Description	One Time Query for an Organization (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
FDA (Federal Food and Drug Administration)	One Time Query for an Organization (1)	Below checkbox "Does the subject have a FDA or CLIA identification number?"	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA and CLIA text entry fields.
CLIA (Clinical Laboratory Improvement Act)	One Time Query for an Organization (1)	Below FDA text entry	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?"	Selecting the checkbox displays FDA and CLIA text entry fields.
Entity Selection	One Time Query for an Organization (2)	After step 1 Subject Information	Check boxes	Entity Selection is only displayed if the entity is authorized to act as an agent to query on behalf of other entities.	All entities are listed for which the user is authorized to query.

State Changes

Label	PDF Name	Item Type	Trigger
Public Burden Statement	One Time Query for an Organization	Modal	When the user selects the Public Burden Statement link the modal is displayed.
License Number	One Time Query for an Organization	Text Entry	The field is disabled if the user selects the "No/ Not sure" option for "Does the organization have a license?"