	N	ATIONAL PRACTITIONER DATA BANK
SELF-QUERY HOME	Place a Self-Query Order	× PDB
	When you order a self-query you will receive (a) an electronic and (b) a paper copy of your results. Successfully complete all four steps to receive your result	
Learn about s	You must agree to the terms in the Rules of Behavior and Subscriber Agreement to continue.	a Your Order
Check out the Self-Quer information on the self-quer	□ I accept the terms in the Rules of Behavior and Subscriber Agreement	der? message from the
individuals and organiza	This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. 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). This is a Privacy Act protected system, with routine use provisions contained in	he email to access
	45 CFR 60.18. Employees accessing the system should do so only in accordance with By checking the acceptance checkbox above, you agree to:	-
	 Provide complete and accurate responses to requests for information during the National Practitioner Data Bank (NPDB) registration process; Keep your passwords and tokens (if applicable) secure; Not share your account with any other individual; Use your NPDB account only for authorized purposes; 	
	 Review the accuracy of account information; Request revocation of your NPDB account if you ever suspect that the security of 	~

Submit and Continue

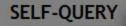
	NATIONAL PRAC	TITIONER DATA BANK
SELF-QUERY	Public Burden Statement	DB
	OMB # 0915-0126 expiration date MM/DD/YY	
Which type or Personal Use personal Applying Providing Applying Requesting	Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection 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 14N-39, Rockville, Maryland, 20857.	Go to Step 1
1. Subject Infor	Close	
2. Payment		
3. Review Inform	nation	
4. Identify Verific	cation	

Confidentiality and Public Burden Statements

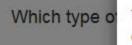
NATIONAL PRACTITIONER DATA BANK	NATIONAL	PRACTITIC	INER DATA	BANK
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Go to Step 1

×



T	Confidentiality of Information			
	Persons and entities that receive confide			



Personal

ential information from the NPDB, 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 NPDB shall be subject to a civil penalty for each violation

Use personal

Applying

Providing

Applying

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 selfguery form. Individual health care practitioners who obtain information about themselves from the NPDB are permitted to share that information with

anyone they choose. Requesti

1. Subject Info

2. Payment

3 Review Information

4. Identify Verification

Confidentiality and Public Burden Statements

Close



Go to Step 1

Exit

Which type of NPDB search do you need?

Personal Organizational

Use personal search if you are ...

- · Applying to a state board for your own license
- · Providing results for a school requirement
- · Applying for medical malpractice insurance for yourself
- · Requesting this for your personal use

1. Subject Information

2. Payment

3. Review Information

4. Identify Verification



. Please fill			
Flease III	out as much informatic	n ac passible to oppure a	timely and accurate response
	out as much informatio	on as possible to ensure a	timely and accurate response.
Personal Information			
First Name	Middle Name	Last Name	Suffix (Jr, III)
First Name	Middle Name	Last Name	Suffix
+ Additional name (e.g. maid	den name)		
Gender			
O Male O Female	O Unknown		
Birthdate			
MM-DD-YYYY			
Phone Number	Ext.		
Phone	Ext.	1	
Delivery Address			
The NPDB sends a paper of is prohibited by law from se			
party (e.g., a state board).			
Type of Address			
○ Home ● Work			
Organization Name			
Organization Name			
Organization Type			
Choose			
Country			
United States		. w.	
Address			
Address			
Address Line 2			
Apt, Floor, Room, Suite, e	tc. (Optional)		
City	State		
City		\checkmark	
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6 11			
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☑ Do you have a DEA, FEIN, or UPIN identification number?

DEA (Drug Enforcement Agency)

DEA

+ Additional DEA

FEIN (Federal Employer Identification Number)

FEIN

+ Additional FEIN

UPIN (Unique Physician Identification Numbers)

UPIN

+ Additional UPIN

Email and Password

The NPDB only uses your email address to notify you of any status changes to your Self-Query order. You will need your password to sign into your order.

Email Address

Type your email again

Create a new password

Type your password again

Mobile Phone (Optional)

Send a sign-in code by SMS message if I forget my password

Mobile Phone

Password Requirements	5
Passwords must have:	
Between 8 and 14 characters	
At least one number	
4 At least one lower case letter	
4 At least one upper case letter	
4 At least 1 of these characters:	
!@#\$^&*()=+[]{} ;:,.<>	?
At least 5 different characters	
When the second seco	a'
Wew and Confirm Passwords must ma	atch
Passwords must not be:	
 Similar to a word in the dictionary 	
 Similar to your user ID 	
 A simple sequence, such as 'abcd123 	4'

Save and Finish Later

One of your last 24 passwords

Exit

2. Payment

- 3. Review Information
- 4. Identify Verification

Go to Step 2

Select an Occupation or Field of Licensure

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

Search		
^D hysician		
Physiciar	(MD)	
Physiciar	Resident (MD)	
Osteopat	ic Physician (DO)	
Osteopat	ic Physician Resident (DO)	
Nurse - Adv	nced, Registered, Vocational or Practical	
Registere	I Nurse	
Nurse An	esthetist	
Nurse Mi	wife	
Nurse Pr	ctitioner	
Licensed	Practical or Vocational Nurse	

Don't see what you're looking for?

×



1. Subject Information	Se Edit
2. Payment (Step 2 of 4)	
Order Details	
The fee for a Self-Query order is \$4.00. Additional paper co separately in a sealed envelope after your order is processe for first class mail delivery. No express delivery is available.	sed and your results are available. Allow 7 business days
Your Self-Query Order	Total amount due
1 Electronic copy (PDF	0F) \$4.00
1 Sealed paper copy ((mailed)
Billing Information VISA Masses Discover Visa Masses Discover Your card is not charged until your self-query results a	are available online.
	piration Date
Name of Cardholder	Nonth Vear V
Billing Address Same as delivery address A different 	it address
Country	•
United States	
Address	
Address Line 2	





Confidentiality and Public Burden Statements



1. Subject Information		Sec. Edit
2. Payment		Sec. Edit
3. Review Information (Step 3 of 4)		
Review your information to be sure	it is correct. Select Edit if you need to make changes.	
Subject Information		
. Name:	Joe Jones	
Gender:	Male	
DOB		
	(555) 555-5555	
SSN/ITIN:		
Profession/Field of Licensure:		
License Info:	111111 (VA)	
School/Institution, Year:	University College of Medicine, 2000	
E-mail Address:	jjones@gmail.com	
NPI:	None/NA	
DEA:	None/NA	
FEIN:	None/NA	
UPIN:	None/NA	
Self-Queries must be delive	red to your personal address. By law, they cannot b	e delivered to a third party.
Delivery Address:	555 Cabin Rd	
	Chantilly, VA 20111	
Payment Information		
Order Details:	1 Electronic copy (PDF)	
7.1.0.1.0.1	1 Sealed, mailed copy (paper)	
Total Order Cost:	\$4.00	
Cardholder Name:	Joe Jones	
Card #:		
Exp:	10/2024	
Billing Address:	555 Cabin Rd	
	Chantilly, VA 20111	
□ I certify that the above in	nformation is correct.	
		Exit Go to Step 4
4. Identify Verification		
	Confidentiali	ity and Public Burden Statements



1. Subject Information	🖋 Edit
2. Payment	Se Edit
3. Review Information	🖋 Edit
4. Identify Verification (Step 4 of 4)	
To verify your identity online your credit must be unlocked.	
How do you want to verify your identity?	
 Online - Get your response in seconds Answer 4 questions regarding financial information that only you will know. Quest identity verification service over a secure server. 	ions are provided by an external
 Questions are only displayed once and you must answer them right away. Your of A notarized signature is NOT required! 	correct answers verify your identity.
Your order is processed right away. Most electronic responses are available in 30	seconds. *
□ I agree to the Terms of Service	
O Manual - Wait up to 7 business days	

- · Print a Self-Query identity verification document.
- Take the unsigned document to a notary public and sign it in their presence.
- · Provide proof of your identity to the notary by presenting a government-issued form of identification.
- · Send the notarized document to the NPDB. Your order is processed after the document is received and verified.

* Responses may require 1 business day to ensure identity protection.

Finish Later



Online Identity Verification Questions

Due to privacy regulations, you must answer all questions now to prove your identity online.

Question 1

According to your credit profile, you may have opened a mortgage loan in or around February 2016. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- GE CAPITAL MORTGAGE
- PRUDENTIAL HOME MORT
- CHITTENDEN BANK
- ROCK FINANCIAL CORP
- NONE OF THE ABOVE/DOES NOT APPLY

Question 2

According to your credit profile, you may have opened a Home Equity Line of Credit type loan in or around April 2015. Please select the lender to whom you currently make your payments or made your payments.

- HOMESIDE LENDING
- GMAC MORTGAGE
- NORWEST BANK
- INDEPENDENT MTG
- NONE OF THE ABOVE/DOES NOT APPLY

Question 3

According to our records, you graduated from which of the following High Schools?

- PEARL RIVER HIGH SCHOOL
- FAIRFIELD HIGH SCHOOL
- CHATSWORTH HILLS ACADEMY
- NORTH MIAMI HIGH SCHOOL
- NONE OF THE ABOVE/DOES NOT APPLY

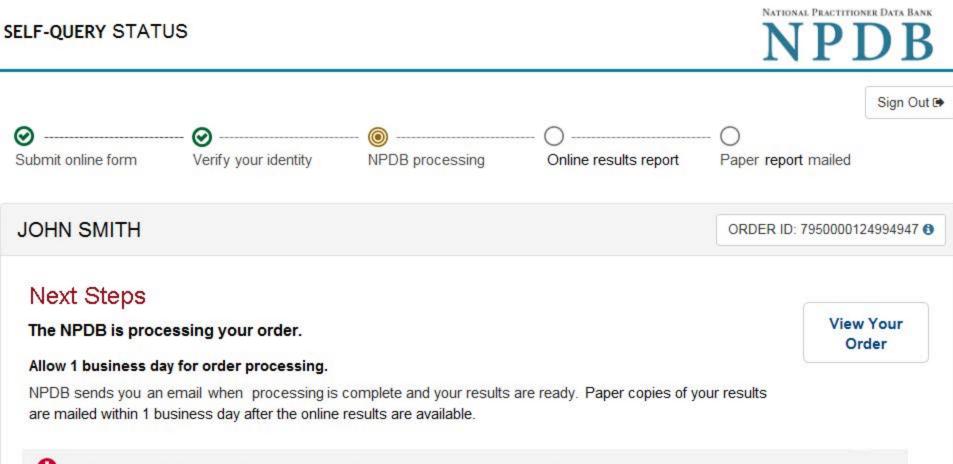
Question 4

You currently or previously resided on one of the following streets. Please select the street name from the following choices.

- DOLPHIN
- WELDON
- GOODGE
- MOHAWK

Don't know the answers to these questions? Use manual identity verification

Submit Answers



When your envelope arrives, do not open it if you are sending your self-query to an organization such as a licensing board. Most organizations reject self-query responses if the envelope seal is broken.

> Do you have a question? Try our FAQ page or Contact Us



Sign Out 🕩

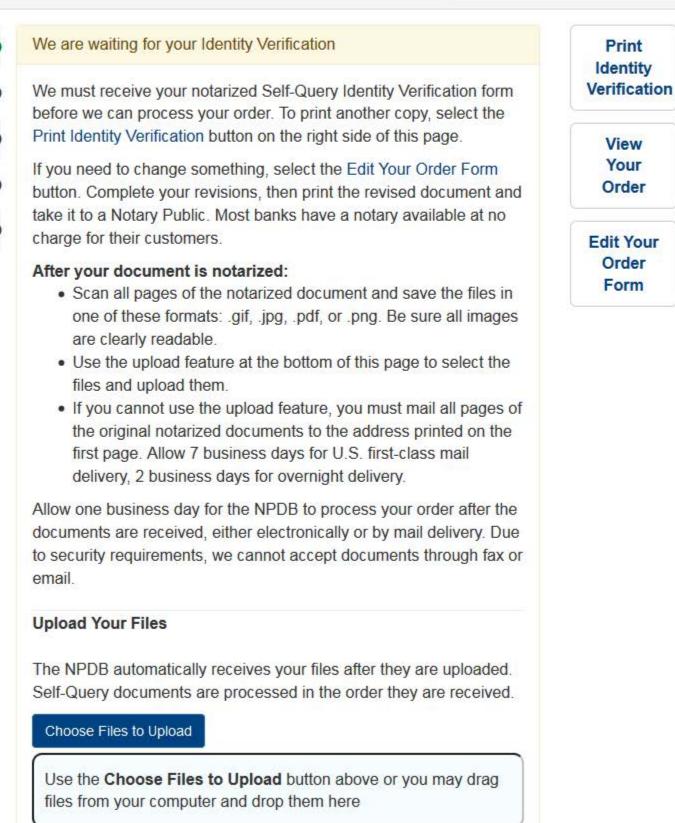
View/Modify Your Order

You have completed the order form for your self-query. You must complete Identity Verification before we can process your order.

JONES, JOHN

ORDER ID: 5500000126687387 ()

Order form completed Identity Verification Order processing Electronic delivery Paper copy mailed



Non-visible Questions and State Changes - Self-Query - Individual

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Organization Name	Self-Query on an Individual (1)	Below Home and Work radio buttons for Type of Address	Text Entry	The field is displayed if the user selects Work radio button for Type of Address.	
Organization Type	Self-Query on an Individual (1)	Below Organization Name text entry	Drop list		
Organization Description	Self-Query on an Individual (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Specific Name of Occupation	Self-Query on an Individual (1)	Beside Profession or Field of Licensure	Text Entry	The field is displayed if the user selects a profession or field of licensure that requires a description.	"Specialty" is displayed in place of "Specific Name of Occupation" if the selected profession or field of licensure requires specialty information.
Specialty	Self-Query on an Individual (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that requires information for specialty.	"Specific Name of Occupation" is displayed in place of "Specialty" if the selected profession or field of licensure does not require information for specialty.

DEA (Drug Enforcement Agency)	Self-Query on an Individual (1)	Below checkbox "Do you have a DEA, FEIN, or UPIN identification number?"	Text Entry	Field is displayed if user selects the checkbox for "Do you have a DEA, FEIN, or UPIN identification number?"	Selecting the checkbox displays DEA, FEIN and UPIN text entry fields.
FEIN (Federal Employer Identification Number)	Self-Query on an Individual (1)	Below DEA text entry.	Text Entry	The field is displayed if the user selects the checkbox for "Do you have a DEA, FEIN, or UPIN identification number?"	Selecting the checkbox displays DEA, FEIN and UPIN text entry fields.
UPIN (Unique Physician Identification Numbers)	Self-Query on an Individual (1)	Below FEIN text entry	Text Entry	The field is displayed if the user selects the checkbox for "Do you have a DEA, FEIN, or UPIN identification number?"	Selecting the checkbox displays DEA, FEIN and UPIN text entry fields.
Mobile Phone	Self-Query on an Individual (1)	Below checkbox "Send a sign-in code by SMS message if I forget my password"	Text Entry	The field is displayed if the user selects the checkbox for "Send a sign-in code by SMS message if I forget my password"	
Country	Self-Query on an Individual (2)	Below "Same as delivery address" and "A different address" options for Billing Address	Drop List	The field is displayed if the user selects the radio button "A different address"	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection.

Address	Self-Query on an Individual (2)	Below Country	Text Entry	The field is displayed if the user selects the radio button "A different address"	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.
Address Line 2	Self-Query on an Individual (2)	Below Address	Text Entry	The field is displayed if the user selects the radio button "A different address"	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.
City	Self-Query on an Individual (2)	Below Address Line 2	Text Entry	The field is displayed if the user selects the radio button "A different address"	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.
State	Self-Query on an Individual (2)	Beside City	Drop List	The field is displayed if the user selects the radio button "A different address"	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.
ZIP	Self-Query on an Individual (2)	Below State	Text Entry	The field is displayed if the user selects the radio button "A different address"	Selecting "A different address" displays Country, Address, Address Line 2, City, State and ZIP entries.

Experian Questions	Self-Query on an Individual (4)	After Step (3) - Review Information	Radio button	Question and answer content is 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
				•

State Changes

Label	PDF Name	Item Type	Trigger
Place a Self- Query Order	Self-Query on an Individual	Modal	When user starts a Self-Query, the modal is displayed.
Public Burden Statement	Self-Query on an Individual	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Confidentiality Statement	Self-Query on an Individual	Modal	When the user selects the Confidentiality link the modal is displayed.

Select an Occupation or Field of Licensure	Self-Query on an Individual	Modal	When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry.
Other Name for Occupation	Self-Query on an Individual	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Self-Query on an Individual	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Do you have a license for your selected profession or field of licensure?"
Password Requirements	Self-Query on an Individual	Info box	When the user sets focus on the "Create a new password" text entry, the info box is displayed. The state of each rule changes to indicate whether or the rule is met as the user enters their text.