

Place a Self-Query Order



When you order a Self-Query you will receive an electronic and a paper copy of your results. Successfully complete all four steps to receive your results.

You must agree to the terms in the Rules of Behavior and Subscriber Agreement to continue.

I accept the terms in the **and**

Cancel

Submit and Continue

Public Burden Statement

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). 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 information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit ([45 CFR Part 60](#)). 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .42 hours per response, 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Close

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 or
- requesting this for your personal use.

Exit

Go to Step 1

1. Subject Information

2. Payment

3. Review Information

4. Identify Verification

1. Subject Information (Step 1 of 4)

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

Personal Information

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

Suffix (Jr, III)

Suffix

+ Additional name (e.g., maiden name)

Gender

 Male Female

Birthdate (MMDDYYYY)

MMDDYYYY



Phone Number

Phone

Ext.

Ext.

Shipping Address

Enter the address to which you would like your response sent. The NPDB is prohibited by law from sending a Self-Query response to a third party (e.g., a state board).

[View format for military address.](#)

Type of Address

 Home Work

Country

United States

Street Address (Include the apartment, suite, or floor number)

Address

Street Address Line 2

Address Line 2

City

City

State



ZIP

ZIP



Profession and Licensure

License 1

Profession or Field of Licensure

Other Name for Occupation

Do you have a license for your selected profession or field of licensure?

 Yes No/Not sure

State

CHOOSE ONE FROM LIST



License Number

Professional Schools Attended

Schools or institutions you attended for your professional degree, training or certification (e.g., medical school, certification program)

Name of School or Institution

School Name

Completion Year

YYYY

+ Additional school or institution

Identification Numbers

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

SSN or ITIN

+ Additional SSN or ITIN

NPI (National Provider Identifier)

You must enter your personal NPI if you have one. Leave this field blank if you do not have an NPI.

NPI

+ Additional NPI

 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

Order Information

An email address is required to ensure secure delivery of your Self-Query response. You will also need your Order ID, which you will receive via email.

Email Address

Verify your email address

Create a new password

Verify your password

Exit

Save and Finish Later

Go to Step 2

2. Payment

3. Review Information

4. Identify Verification



What type of license are you reporting?

Search

Recently Used

Occupational Therapist ✖

Behavioral Health Occupations

Other Behavioral Health Occupation - Not Classified, Specify - BEHAVIOR ANALYST

Psychologist/Psychological Assistant

Psychologist

Psychologist - CERTIFIED

Rehabilitative, Respiratory and Restorative Service Practitioner

Occupational Therapist

Occupational Therapy Assistant

Physical Therapist

Physical Therapy Assistant

Health Care Facility Administrator

Health Care Facility Administrator

[Report a different license](#)

1. Subject Information

 Edit

2. Payment (Step 2 of 4)

Order Details

The fee for a Self-Query order is \$n.nn. Additional paper copies are \$n.nn each. Each paper copy is mailed separately in a sealed envelope after your order is processed and your results are available. Allow 7 business days for first class mail delivery. No express delivery is available.

Your Self-Query Order		Total amount due
1	Electronic copy (PDF)	
1	Sealed mailed paper copy	\$n.nn

Billing Information



Your card is not charged until your Self-Query results are available online.

Card Number

Expiration Date

 Month Year

Name of Cardholder

Billing Address

Use the shipping address Use a different address

Country

Street Address

Street Address Line 2

City

State

ZIP

Exit

Save and Finish Later

Go to Step 3

3. Review Information

4. Identify Verification

1. Subject Information

 Edit

2. Payment

 Edit

3. Review Information (Step 3 of 4)

Review your information to be sure it is correct. Select the Edit button for a section if you need to change the information.

Subject Information

Name: **john test**
 Gender: **Not specified**
 DOB: **01-01-1960**
 Phone: **(111) 222-3333**
 SSN/ITIN: **444-55-6666**
 Profession/Field of Licensure: **Registered Nurse**
 License Info: **11111 (LA)**
 School/Institution, Year: **university, 2000**
 Email Address: **test@email.com**
 NPI: *None/NA*
 DEA: *None/NA*
 FEIN: *None/NA*
 UPIN: *None/NA*

ⓘ Self-Queries must be delivered to your address. By law, they cannot be delivered to a third party.

Shipping Address: **5 N Ash St
Guthrie, OK 11111**

Payment

Order Details: **1 Electronic copy (PDF)
1 Sealed mailed paper copy**
 Total Order Cost: **\$n.nn**
 Cardholder Name: **john test**
 Card: **4111111111111111**
 Exp: **nn/nnnn**
 Billing Address: **nnn Street Name
City, ST nnnnn-nnnn**

I certify that the above information is correct.

Exit Save and Finish Later **Go to Step 4**

4. Identify Verification

1. Subject Information

 Edit

2. Payment

 Edit

3. Review Information

 Edit

4. Identify Verification (Step 4 of 4)

The NPDB must verify your identity to keep your information confidential. You may verify your identity online or manually on paper. If your online verification is successful, there is no paper to sign or notarize. We will process your order right away. **Your credit must be unlocked to use online identity verification.**

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. The questions are provided by an external identity verification service over a secure server.
 - **The questions are only displayed once and you must answer them right away.** Your correct answers verify your identity. A notarized signature is NOT required.
 - Your order is processed right away. Most electronic responses are available in 30 seconds.*

I agree to the [Terms of Service](#)
- Manual** - Wait up to 7 additional business days for your response.
 - Print a copy of the Self-Query Identification document.
 - Take the unsigned document to a notary public and sign it in their presence.
 - Prove 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 a full business day to ensure identity protection.

Finish Later


1. Subject Information

 Edit

2. Payment

 Edit

3. Review Information

 Edit

4. Identify Verification (Step 4 of 4)

The verification service is unable to verify your identity

- We were unable to initiate the online identity verification process using the information you provided.

Possible Reasons:

- The name on your order is different from the name on your credit history
- Your address doesn't match any given by your credit history
- You do not have enough credit history
- You have fraud alerts or holds on credit accounts
- If you have a limited credit history, have been the victim of identity theft, or live outside of the U.S, you may not be able to verify your identity online

Next Step: Use a manual process to verify your identity.

- Submit your order, then follow the instructions on the next page to print a form and verify your identity with a notary
- Your credit card is not charged until the notarized form is received, the order is processed, and your results are available

Exit

Submit

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](#)

View/Modify Your Order



You submitted your Self-Query order, but you must verify your identity before it can be processed.
Follow the directions on this page to complete and submit your identity verification.

TEST, JOHN

ORDER ID: 5950000157201198 **Order Status**

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

We must receive your notarized Self-Query Identity Verification form and verify it before we can process your order.

- 1. Print your Identity Verification document.** Review it to be sure it is correct.
Edit Your Order Form if you need to change something. Complete your revisions, then print the revised document.
- 2. Take the form to a notary public and sign it in front of them.**
Most banks have a notary available at no charge for their customers.
- 3. Send the notarized form to the NPDB.**
 - Scan all pages of the notarized form. Save the files as a .gif, .jpg, .pdf, or .png.
 - Be sure all images are clearly readable, including the notary seal. If the seal is white and embossed, lightly shade over the seal with a pencil so it is visible.
 - Upload your files using "drag and drop" or select [browse for files](#) to choose files from your computer.



Drag and drop to upload or browse for files.

If you cannot upload your files, mail all pages of the original notarized form to the NPDB.
The address is printed on the first page of the form.

Allow 7 business days for delivery of first-class U.S. mail and 2 business days for overnight delivery services. Due to security requirements, we cannot accept documents through fax or email.

4. Check your email.

Self-Query documents are processed in the order they are received. Allow 1 business day for the NPDB to process your order after documents are received, either electronically or by mail delivery. The NPDB sends you an email when processing is complete and your results are ready. You can view your results online.

Paper copies are only sent by first-class U.S. mail. Overnight delivery is **not** available.

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.

[Print Identity Verification](#)[View Your Order](#)[Edit Your Order Form](#)

Do you have a question?

Try our [FAQ page](#) or [Contact Us](#)

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.	
Specialty	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.
Specific Name of Occupation	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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
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.
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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
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 those pictured in the PDF.

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.
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Self-Query on an Individual	Modal	When the user selects the link the modal is displayed with the public burden statement content.
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.

Additional Functionality Changes

Label	PDF Name (step)	Response Input Item	Trigger
User ID	Self-Query on an Individual (1)	Text entry	If additional account functionality is available and a User ID is required as a unique identifier, then this field will be presented.
Mobile Phone (Optional)	Self-Query on an Individual (1)	Text entry	If 3 rd factor authentication is active, mobile phone will be collected and used.
Question	Self-Query on an Individual (1)	Drop list	If account recovery functionality is available, challenge questions will be presented. The user will select a question from the list. Five challenge questions will be presented. The user must select different questions for each.
Answer	Self-Query on an Individual (1)	Text entry	If account recovery functionality is available, and the challenge questions are displayed, the user must provide an answer for each question they selected.
Select notification service	Self-Query on an Individual (2)	Checkbox	When additional services are available, the user will have an option to select the service.
Select paper copy service	Self-Query on an Individual (2)	Checkbox	When additional services are available, the user will have an option to select the service.
Save payment information	Self-Query on an Individual (2)	Checkbox	When additional account functionality is available, the user will have the option to save their payment information to their account.