

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

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

Which type of NPDB search do you need?

Personal Organizational

Use organizational search if you are :

- employed by the organization,
- authorized to act on the organization's behalf,
- directed by the organization to perform this search or
- applying to a state board for an organization's license.

Exit

Go to Step 1

1. Subject Information

2. Payment

3. Review Information

4. Identify Verification

Are you authorized to act on behalf of the organization?



Results from this search will show whether or not the organization is the subject of a report in the NPDB. If you are not authorized to act on behalf of the organization you may only request a search for your own information.

No, I am not authorized

Yes, I represent my organization

1. Subject Information (Step 1 of 4)

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).

+ Additional name

Organization Type

Description

Location Address

Enter the physical address for this particular location. [Entering a military address](#)

Country

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

Address Line 2

City

State

ZIP

Shipping Address

The NPDB is prohibited by law from sending a Self-Query response to a third party (e.g., a state board). [Entering a military address](#)

Mail the Self-Query response to the location address.

Mail To

Country

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

Address Line 2

City

State

ZIP

Identification Numbers

FEIN (Federal Employer Identification Number)

+ Additional FEIN

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

+ Additional SSN or ITIN

NPI (National Provider Identifier)

You must enter your organization's NPI if it has one. Leave this field blank if your organization does not have an NPI.

+ Additional NPI

DEA (Drug Enforcement Agency)

+ Additional DEA

Do you have a MPN/MSN, FDA or CLIA identification number?

MPN/MSN (Medicare Provider/Supplier Number)

+ Additional MPN/MSN

FDA (Federal Food and Drug Administration)

+ Additional FDA

CLIA (Clinical Laboratory Improvement Act)

+ Additional CLIA

Organization State Licensure Information

License 1

Does your organization have a license?

Yes No/Not sure

License Number

State

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

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 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. Identify Verification

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 |
|--|------------------|
| <input type="text" value="1"/> Electronic copy (PDF) | \$n.nn |
| <input type="text" value="1"/>  Sealed mailed paper copy | |

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

Street Address

City, ST nnnn


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

Organization Name: **TEST ORGANIZATION**
 Organization Type: **Chiropractic Group/Practice**
 Location Address: **nnn Street Name
 City, ST nnnnnn-nnnn**
 Email Address: **test@email.com**
 FEIN: *None/NA*
 NPI: *None/NA*
 SSN/ITIN: **444-55-6666**
 License Info: **11111 (KS)**
 DEA: *None/NA*
 Medicare Provider/Supplier: *None/NA*
 FDA: *None/NA*
 CLIA: *None/NA*
 Authorizer: **John Test
 Admin
 (111) 222-3333**

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

Mail To: **TEST ORGANIZATION**
 Shipping Address: **nnn Street Name
 City, ST nnnnnn-nnnn**

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 nnnnnn-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)

To keep your information secure, you must verify your identity. Once your identity is verified we will process your order.

Submit this form and follow the instructions on the next page. You will print an identity verification form, have it notarized, then send it to the NPDB. We will process your order one business day after we receive the notarized form.

[Finish Later](#)


[Submit](#)

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 ORGANIZATION

ORDER ID: 7950000159433634 

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](#)

Non-visible Questions

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|--------------------------|-----------------------------------|---|---------------------|--|---|
| Organization Description | Self-Query on an Organization (1) | Below Organization Type | Text Entry | The field is displayed if the user selects an organization type that requires a description. | |
| Country | Self-Query on an Organization (1) | Below "the location address" and "a different address" options for Delivery 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 Organization (1) | 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. United States is the default selection. |
| Address Line 2 | Self-Query on an Organization (1) | 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. United States is the default selection. |
| City | Self-Query on an Organization (1) | 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. United States is the default selection. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|---|-----------------------------------|--|----------------------------|---|---|
| State | Self-Query on an Organization (1) | 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. United States is the default selection. |
| ZIP | Self-Query on an Organization (1) | 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. United States is the default selection. |
| MPN/MSN (Medicare Provider/Supplier Number) | Self-Query on an Organization (1) | Below checkbox "Do you have a DEA, FEIN, or UPIN identification number?" | Text Entry | The field is displayed if the user selects the checkbox for "Do you have a MPN/MSN, FDA or CLIA Identification number?" | Selecting the checkbox displays MPN/MSN, FDA, and CLIA text entry fields. |
| FDA (Federal Food and Drug Administration) | Self-Query on an Organization (1) | Below MPN/MSN text entry. | Text Entry | The field is displayed if the user selects the checkbox for "Do you have a MPN/MSN, FDA or CLIA Identification number?" | Selecting the checkbox displays MPN/MSN, FDA, and CLIA text entry fields. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|--|-----------------------------------|--|----------------------------|---|---|
| CLIA (Clinical Laboratory Improvement Act) | Self-Query on an Organization (1) | Below FDA text entry | Text Entry | The field is displayed if the user selects the checkbox for "Do you have a MPN/MSN, FDA or CLIA Identification number?" | Selecting the checkbox displays MPN/MSN, FDA, and CLIA text entry fields. |
| Country | Self-Query on an Organization (2) | Below "the location 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 Organization (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 Organization (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 Organization (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. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|--------------|-----------------------------------|-----------------|----------------------------|--|---|
| State | Self-Query on an Organization (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 Organization (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. |

State Changes

| Label | PDF Name | Item Type | Trigger |
|--|-------------------------------|------------|---|
| Place a Self-Query Order | Self-Query on an Organization | Modal | When user starts a Self-Query, the modal is displayed. |
| OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy | Self-Query on an Organization | Modal | When the user selects the link the modal is displayed with the public burden statement content. |
| Confidentiality Statement | Self-Query on an Organization | Modal | When the user selects the Confidentiality link the modal is displayed. |
| Are you authorized to act on behalf of the organization? | Self-Query on an Organization | Modal | When the user selects Organization for "Which type of NPDB search do you need?" |
| License Number | Self-Query on an Organization | Text Entry | Text entry is disabled if the user selects the "No/ Not sure" option for "Does your organization have a license?" |
| Password Requirements | Self-Query on an Organization | 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. |