

SELF-QUERY

NATIONAL PRACTITIONER DATA BANK
NPDB

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Which type of report are you submitting?

☒ Personal

Use personal information to:

- apply for a license
- provide services
- apply for employment
- request information

1. Subject

2. Payment

3. Review

4. Identification

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

Exit

Go to Step 1

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** Rules of Behavior **and** Subscriber Agreement

Cancel

Submit and Continue

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.

Address

Enter your home or work address. If you request a mailed paper copy of your response, we will ship it to this address. The NPDB is prohibited from mailing your response to a third party. [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)

For faster processing, enter your SSN. Otherwise, enter your ITIN. Don't have an SSN or ITIN?

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.

Your email address

Verify your email address

Create a new password

Verify your password

Exit

Save and Finish Later

Continue

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

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 SMITH
Gender:	Not specified
DOB:	01-09-1960
Phone:	(214) 555-0000
SSN/ITIN:	*** - ** -6666
Profession/Field of Licensure:	Registered Nurse
License Info:	No License (VA)
Profession/Field of Licensure:	Registered Nurse
License Info:	No License
School/Institution, Year:	UNIVERSITY OF ARKANSAS, 2000
Email Address:	email@mail.com
NPI:	None/NA
DEA:	None/NA
FEIN:	None/NA
UPIN:	None/NA
Address:	1111 Street Name Cityname, VA 20111-1111

Payment

Order Details:	1 Electronic copy (PDF)
Total Order Cost:	\$3.00
Cardholder Name:	JOHN SMITH
Card:	XXXXXXXXXXXX1111
Exp:	8/2025
Billing Address:	1111 Street Name Cityname, VA 20111-1111

i You did not order any paper copies of your response. Do you need a sealed envelope with a paper copy?
☐ Yes, I need a paper copy. ☒ No, I do not need it.

You will not receive anything in the mail for this order. If you submit this order and later decide you need a sealed envelope with your response, you must order and pay for a new Self-Query.

☐ I certify that the above information is correct.

Exit

Save and Finish Later

Continue

4. Identity Verification

1. Subject Information

 Edit

2. Payment

 Edit

3. Review Information

 Edit

4. Identity Verification (Step 4 of 4)

The NPDB must verify your identity to keep your information confidential. Verify your identity online or manually on paper. If online verification is successful, there is no paper to sign or notarize so the NPDB can process your order right away.

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. Questions are provided by an external identity verification service over a secure server.
- **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 business days*

- 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 1 business day to ensure identity protection.

Exit

Save and Finish Later

Continue

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](#)

1. Subject Information

 Edit

2. Payment

 Edit

3. Review Information

 Edit

4. Identity 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.

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.

Exit

Submit

View/Modify Your Order



You submitted your Self-Query order, but you must verify your identity before it can be processed.

Complete the steps shown below. We have not charged your card.

SMITH, JOHN

ORDER ID: 55000000000000000000

Order Status

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

We cannot process your order until your identity is verified.

We use your notarized Self-Query identity verification form to verify your identity. When we receive and validate it we will process your order. Complete all of the steps below. Your card is not charged until your response is ready to view.

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 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.
Sealed Envelope with a paper copy	Self-Query on an Individual (2)	Below "Do you want a sealed envelope with a paper copy of your response mailed to you?"	Text Entry	The field is displayed if the user selects the radio button "Yes" that they want a paper copy mailed to them.	Selecting the radio button "Yes" displays the text entry and "No" hides it.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Country	Self-Query on an Individual (2)	Below "Use the address I entered" and "Use a different address" options for Billing Address	Drop List	The field is displayed if the user selects the radio button "Use a different address"	Selecting "Use 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 " Use a different address"	Selecting " Use 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 " Use a different address"	Selecting " Use 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 " Use a different address"	Selecting " Use 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 " Use a different address"	Selecting " Use 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
ZIP	Self-Query on an Individual (2)	Below State	Text Entry	The field is displayed if the user selects the radio button " Use a different address"	Selecting " Use a different address" displays Country, Address, Address Line 2, City, State and ZIP entries.
Paper Copies Question	Self-Query on an Individual (3)	Below Payment	Radio Buttons	The section including the radio buttons "Yes, I need a paper copy" and "No, I do not needed it is only displayed if the user did not elect to have a paper copy mailed to them.	Selecting "Yes, I need a paper copy" will return the user back to the Payment page to select the option to receive one.
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.