

Which type of organization are you?

Person

Use organization type

- employer
- authorized
- director
- applicant

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.

Exit

Go to Step 1

Close

Which type of NPDB search do you need?

Personal Organizational

Use organizational search if you are:

- an owner or executive of the organization,
- authorized to act on the organization's behalf,
- directed by the organization's owner or an executive to act on their behalf,
- applying to a state board for an organization's license.

Exit

Continue

1. Subject Information

2. Payment

3. Review Information

4. Identity Verification

Are you an executive or owner of the organization?



The NPDB can only release an organization's information to the owner or an authorized executive, such as a president, vice president, or CEO.

If you are not in such a position of authority, select No to close this message. You may only request a personal self-query for your own information.

No

Yes, I am authorized

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 used for the Taxpayer Identification Number or state license for this particular location. Entering a military address

Country

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

Address Line 2

City

State

ZIP

Mailing Address

If you request a mailed paper copy of your response, we will mail it to this address. The NPDB is prohibited from mailing your response to a third party. 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?

Organization State Licensure Information

License 1

Does your organization have a license?

Yes No/Not sure

License Number **State**

Order Information

We need your email to send your order updates. We also use it if you forget your password.

Your email address

The email address must belong to the organization.

Verify your email address

Create a new password

Passwords must contain:

- 15 characters minimum
- At least 5 different characters
- No repeating characters (e.g., 'aaaa')
- Only letters, numbers, and these symbols: !@#\$%^&*()-_+=+[]{}|;:.,<>?

Passwords *should not* contain:

- Personal identifiers (e.g., your user ID, first name, or last name)
- Personally-connected words or numbers (e.g., pet names, birthdays, phone numbers, addresses)
- Continuous sequences of letters or numbers (e.g., 'abcd1234', 'qwerty')

Certification

The authorized submitter must be an owner or hold an executive-level position in the organization.

Authorized Submitter's Name

Authorized Submitter's Title (e.g., owner, president, CEO)

Authorized Submitter's Phone

Extension (optional)

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

2. Payment

3. Review Information

4. Identity Verification

Order Details

| Description | Total Fee |
|---|---------------|
| <p>Self Query Response with a Digitally Certified PDF file</p> <p>The response shows the search results of your information in the NPDB. You can download and send your certified file to an organization instead of mailing a paper copy. This fee does not include a mailed paper copy of your response.</p> | \$3.00 |
| <p>Do you want a sealed envelope with a paper copy of your response mailed to you?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input type="text" value="1"/> Sealed envelope with a paper copy.</p> <p>Paper copies are not certified by the NPDB. Each copy costs \$3.00 and is sent via First Class Mail in a separate sealed envelope. Allow at least 7 business days for delivery. Express delivery is not available.</p> <div data-bbox="81 841 1501 1257" style="border: 1px solid #ccc; padding: 10px;"><p>ⓘ Paper copies of your Self-Query response must be shipped to your address. The NPDB does not send responses to third parties.</p><p>We will ship your paper copies via U.S. First Class Mail to the address shown below.</p><p>7902 Westpark Dr McLean, VA 22102-4202</p><p>Change my address.</p></div> | \$3.00 |
| Total Amount Due | \$6.00 |

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: **ABC Organization**
 Organization Type: **Blood Bank**
 Location Address: **7902 Westpark Dr
 McLean, VA 22102-4202**
 Email Address: **tallgal@umich.edu**
 FEIN: *None/NA*
 NPI: *None/NA*
 SSN/ITIN: **444-55-6666**
 License Info: **11111 (VA)**
 DEA: *None/NA*
 Medicare Provider/Supplier: *None/NA*
 FDA: *None/NA*
 CLIA: *None/NA*
 Authorizer: **Jo Anne Wright**
My Title
(214) 537-5170

i **Your Self-Query must be delivered to your address.** The NPDB is prohibited from sending your response to a third party, including state boards. Doing so may result in a delay of your Self-Query response.

Mail To: **ABC Organization**
 Shipping Address: **7902 Westpark Dr
 McLean, VA 22102-4202**

Payment

Order Details: **1 Electronic copy (PDF)
 1 Sealed mailed paper copy**
 Total Order Cost: **\$6.00**
 Cardholder Name: **Jo Anne Wright**
 Card: **4111111111111111**
 Exp: **3/2026**
 Billing Address: **7902 Westpark Dr
 McLean, VA 22102-4202**

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)




For faster processing, upload documents to avoid mailing delays. Once successfully processed, you can download the Self-Query response for immediate access.

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

ABC ORGANIZATION

ORDER ID: 5500000000000000 

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 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. |

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

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

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|-----------------------|-----------------------------------|----------------------|---------------------|---|---|
| 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. |
| 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. |
| Paper Copies Question | Self-Query on an Organization (2) | 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. |

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. |