



Privacy Policy | Confidentiality Statement | OMB Number: 0915-0126 Expiration Date: 04/30/2024

Which type of	f NPDB search do you need?	
O Personal	Organizational	
an ownerauthorizedirected b	tional search if you are: or executive of the organization, ed to act on the organization's behalf, by the organization's owner or an executive to act on their behalf, to a state board for an organization's license.	
		Exit Continue
1. Subject Infor	rmation	
2. Payment		
3. Review Infor	rmation	
4. Identity Verif	fication	
Payment Review Infor	rmation	



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.

Yes, I am authorized

NATIONAL PRACTITIONER DATA BANK SELF-QUERY - ORGANIZATION Privacy Policy | Confidentiality Statement | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy 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). Organization Name + Additional name Organization Type Other Type - Not Classified, Specify Description 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 United States Address (Include the apartment, suite, or floor number) Address Address Line 2 Address Line 2 City State City ZIP 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 Name of Company and/or Person, e.g. "XYZ Inc., Attn: Administrator" Country United States Address (Include the apartment, suite, or floor number) Address Address Line 2 Address Line 2 City State City ZIP V ZIP Identification Numbers FEIN (Federal Employer Identification Number) FEIN + Additional FEIN 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 organization's NPI if it has one. Leave this field blank if your organization does not have an NPI. NPI + Additional NPI DEA (Drug Enforcement Agency) DEA + 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 New password Passwords must contain: Passwords should not contain: 15 characters minimum · Personal identifiers (e.g., your user ID, first name, or last O At least 5 different characters Personally-connected words or numbers (e.g., pet names, O No repeating characters birthdays, phone numbers, addresses) (e.g., 'aaaa') · Continuous sequences of letters or numbers (e.g., Only letters, numbers, 'abcd1234', 'qwerty') and these symbols: !@#\$^&*()-_=+[] {}|;:,.<>? Retype new password Certification The authorized submitter must be an owner or hold an executivelevel position in the organization. **Authorized Submitter's Name** Authorized Submitter's Name Authorized Submitter's Title (e.g., owner, president, CEO) Authorized Submitter's Title (e.g., owner, president, CEO) Authorized Submitter's Phone Extension (optional) Phone Ext. I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge. Save and Finish Later Continue Exit 2. Payment

3. Review Information

4. Identity Verification

Description				
Self Query Response with a Digitally Certified PDF file 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.	\$3.00			
Do you want a sealed envelope with a paper copy of your response mailed to you? • Yes O No	\$3.00			
Sealed envelope with a paper copy.				
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.				
Paper copies of your Self-Query response must be shipped to your address. The NPDB does not send responses to third parties.				
We will ship your paper copies via U.S. First Class Mail to the address shown below.				
7902 Westpark Dr				
McLean, VA 22102-4202				
Change my address.				
Total Amount Due	\$6.00			



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1. Subject Information

2. Payment

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

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.

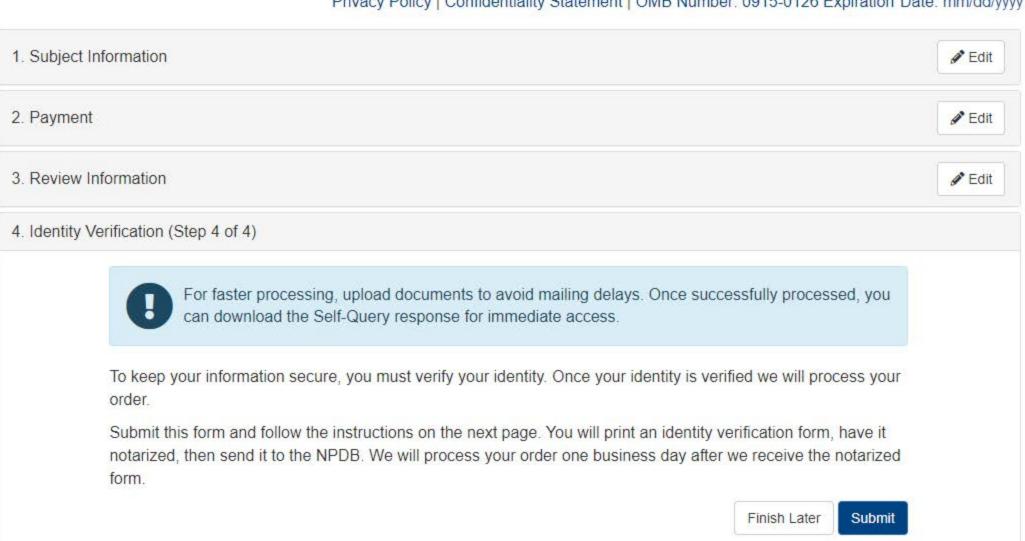
Exit Save and Finish Later

Continue

SELF-QUERY - ORGANIZATION



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Sign Out [

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: 5500000000000000000000



Order Status

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

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.

- 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.
- 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
 - 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
 - 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/Sup plier Number)	Self-Query on an Organization (1)	Below checkbox "Do you have a DEA, FEIN, or UPIN identificatio n 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 Administratio n)	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.