

[Addressee information]

We are the office that makes disability decisions for the Social Security Administration. We have been informed that you may be interested in performing consultative examinations for our [bureau/agency].

To be included on our Panel of Consultants, we must receive and review your curriculum vitae which should include the following:

- Medical school and date of graduation
- Place and dates of residency training
- Social Security Number
- State Medical License Number or Copy of State Medical License Certificate
- Board Certification and specialty
- Hospital affiliations
- Department name and address of any [state agency] personnel payroll(s) you are on at this time
- Individual Tax Identification Number (Please complete attached Tax Identification Number Form)
- Corporate or group Tax Identification Number if you use one for a group practice
- Place and date of birth
- ECFMG # if foreign medical graduate

Enclosed with this letter is information regarding the disclosure of medical information under the Federal Privacy Act of 1974. Our [bureau/agency] is currently required to obtain a written acknowledgement of the responsibility of confidentiality from all persons who perform consultative examinations. You will also find the License/Credentials Certification statement for your signature and a current fee schedule.

Please forward to us your curriculum vitae and your signed Medical Disclosure Acknowledgement form. Your application will then be given every consideration by the Credential Committee.

<if special instructions>

Special Instructions:

[special instructions]

<endif>

If you have any questions, please contact us at the number(s) shown below from [LocalOfficeHours]. When you call or leave a message, please provide your name and a call back number.

Thank you.

[Standard Signature block]

Enclosure(s):

<if attachments>[attachments]<endif

Barcode page

SSA-5000

Medical Disclosure Acknowledgement

License /Credentials Certification

W-9

Fee Schedule

Envelope

[Standard Footer]

~~**Privacy Act Statement**
Collection and Use of Personal Information~~

~~Sections 205(a), 223(d), 1614(a) and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on your application.~~

~~We will use the information to make a determination regarding your Consultative Examiner application. We may also share your information for the following purposes, called routine uses:~~

- ~~1. To the claimant, as a matter of due process; and~~
- ~~2. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under this routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.~~

~~In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.~~

~~A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0014, entitled Curriculum Vitae and Professional Qualifications of Medical Advisors, and Resumes of Vocational Experts and 60-0059, entitled Earnings Recording and Self Employment Income System. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.~~

~~**Paperwork Reduction Act Statement** This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. *Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*~~

SSA will insert the following revised Privacy Act & PRA Statements into the form as soon as possible:

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