

Self Query on an Individual Form and Instruction

Help Center | Sign Out

NATIONAL PRACTITIONER DATA BANK

NPDB

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

PERSONAL PROFILE

We'll search the NPDB for reports that match your personal information.

We received the following information from ID.me that you agreed to share. This information will not update your ID.me account.

Name: VERONICA C PERSINGER (received from ID.me)

+ Additional name (e.g., maiden name)

Birthdate: July 09, 1942 (received from ID.me)

SSN or ITIN: *****3333 (received from ID.me)

+ Additional SSN or ITIN

💡 For the fastest and most accurate search results, add a license or certification. If you do not have a license yet, select "No/Not sure".

Profession and Licensure

License 1

Profession or Field of Licensure

Physician (MD)

Do you have a license for your selected profession or field of practice?

☒ Yes

☐ No/Not sure

State

VA Virginia

123465

+ Additional license

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

💡 Add all schools or institutions you attended for your professional degree, training or certification (e.g., medical school, certification program). Didn't graduate or attend a professional school?

Professional Schools Attended

Name of School or Institution

Completion Year

Public Burden Statement

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

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, 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 0906-0081 and it is valid until 1/31/2027. 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 25 minutes 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857.

Close

Activate an NPDB Personal Account

A personal account is a secure, single point of access to an individual's information in the National Practitioner Data Bank, or NPDB.

- Access a certified Self-Query response with a subscription
- View and respond to any reports you may have in the NPDB

Activate an account

Review and accept the terms in the Rules of Behavior and Subscriber Agreement to activate an account.

☐ I accept the terms in the Rules of Behavior and Subscriber Agreement

Submit

PERSONAL PROFILE

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

We'll search the NPDB for reports that match your personal information and show you the results for free.

We received the following information from ID.me that you agreed to share. To change it, you must go directly into your [ID.me](#)  account. Information added to this form, such as maiden name, will not update your ID.me account.

Name: VERONICA C PERSINGER (received from ID.me)

[+ Additional name \(e.g., maiden name\)](#)

Birthdate: July 09, 1942 (received from ID.me)

SSN or ITIN: *****3333 (received from ID.me)

[+ Additional SSN or ITIN](#)

 For the fastest and most accurate search results, add all of the information you know. This includes all current or past professional health care licenses or certifications. If you do not have a license yet, select "No/Not sure". [Learn more](#)

Profession and Licensure

License 1

Profession or Field of Licensure

Physician (MD)

Specialty

Aerospace Medicine

Do you have a license for your selected profession or field of licensure?

☒ Yes

☐ No/Not sure

State

VA Virginia

License Number

123465

[+ Additional license](#)

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](#)

 Add all schools or institutions you attended for your professional degree, training or certification (e.g., medical school, certification program). [Didn't graduate or attend a professional school?](#)

Professional Schools Attended

Name of School or Institution

UNIVERSITY OF VIRGINIA

Completion Year

2000

[+ Additional school or institution](#)

☐ Do you have a DEA, FEIN, or UPIN identification number?

Sex

☐ Male ☒ Female ☐ I prefer not to answer

Home Address

[Do you have a military address?](#)

Country

United States

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

5971 KINGSTOWN VILLAGE PKWY FL 5

Street Address Line 2

Address Line 2

City

ALEXANDRIA

State

VA Virginia

ZIP

20598-1333



Contact Information for Notifications

We will notify you of any new activities regarding your account. You can also elect to receive text message notifications if the contact number is for a mobile phone.

Edit or add email addresses to receive notifications

email@email.com

[+ Additional email address](#)

Contact Phone Number

1234567890

☒ This is a mobile phone

☐ Send text message notifications. (Carrier's fees may apply)

Cancel

Continue



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](#)

Your Order

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Order a mailed paper copy of your Self-Query response

- 
 - Paper copies are sent by [U.S. Certified First-Class Mail](#). Allow **10 business days** for delivery.
 - Signature required:** Someone must be present to [sign for delivery](#). If no one is available, the envelope will be returned to your local post office.
 - The cost is \$13.00 per copy. Each copy is mailed in a **separate envelope**.

Select the number of copies for your order

1

Sealed envelope with a paper copy.

x \$13.00

Fee per mailed copy

Total Amount Due
 \$13.00

Enter your delivery address

☐ Use my home address
 ☒ Deliver to a different address

- 
 - Copies can only be mailed to **your address**. You can use a P.O. box for delivery.
 - The NPDB does **not** email responses or mail them to [third parties](#).
 - Your address must be in the United States, a U.S. territory, or a [military address](#).

Address (Include the apartment, suite or floor number)

Address

Address Line 2

Address Line 2

City

City

State

▼

ZIP

ZIP

Enter your payment information

☐ Use my saved card
 ☒ Use a different card

We accept Visa, MasterCard, American Express or Discover credit or debit cards.



Card Number

Card Number

Expiration Date

Month

▼

Year

▼

Name of Cardholder

Cardholder

Billing Address

☐ Use my home address
 ☒ Use a different address

Country

United States

▼

Billing Address

Address

Billing Address Line 2

Address Line 2

City

City

State

▼

ZIP

ZIP

✓

Cancel

Continue

Review Your Order

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Review your order to ensure it is correct and complete

When you select "Submit" we will process the payment for your order. Your purchase is non-refundable.

Order Details	1 mailed paper copy
Total Cost	\$13.00
Cardholder Name	FIRST LAST
Card Number	*****1111
Exp	MM/YYYY
Billing Address	1111 Street Name Cityname, ST 11111-1111

Review the delivery information. A signature is required upon delivery.

Name	FIRST LAST
Address	1111 Street Name Cityname, ST 11111-1111

☒ Save my card

 Edit

Cancel

Submit

MAILED PAPER COPY ORDER

[Your Orders](#) > Order ID nnnnnnnnnnnnnnnnnnn

LAST, FIRST



Processing



Mailed

Order 5555-0000-0000-4131 placed on mm/dd/yyyy [View order details](#)

Paper copies: 1 Each paper copy is sent in a separate envelope via [U.S. Certified First-Class Mail](#)

This response includes n reports. [View this response](#) 

Delivery Address

123 Street Name
Cityname, ST 12345

Signature is required. Certified mail is returned to your post office if no one signs the receipt when delivery is attempted.

A tracking number is assigned for each paper copy 1 business day after it is mailed.

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Description	Self-Query on an Individual (Personal Profile)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that does not have a specialty	“Description is displayed in place of “Specialty” if the profession or field of licensure does not have a-specialty-. The label is “Description” if the selected profession or field of licensure requires a description. Otherwise, the label is “Description (Optional)”
Specialty	Self-Query on an Individual (Personal Profile)	Beside Profession or Field of Licensure	Text Entry	The field is displayed if the user selects a profession or field of licensure that has a specialty.	“Specialty” is displayed in place of “Description” if the selected profession or field of licensure has a specialty.
DEA (Drug Enforcement Agency)	Self-Query on an Individual (Personal Profile)	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 (Personal Profile)	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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
UPIN (Unique Physician Identification Numbers)	Self-Query on an Individual (Personal Profile)	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.
Send text message notifications (Carrier's fees may apply)	Self-Query on an Individual (Personal Profile)	Below This is a mobile phone	Checkbox	This field is displayed if the user selects the This is a mobile phone checkbox	Selecting the checkbox displays the Send text message notifications checkbox
Address	Self-Query on an Individual (Your Order)	Below "Use my home address" and "Delivery to a different address" options for Delivery Address	Text Entry	The field is displayed if the user selects the radio button "Deliver to a different address"	Selecting "Deliver to a different address" displays Address, Address Line 2, City, State and ZIP entries.
Address Line 2	Self-Query on an Individual (Your Order))	Below Address	Text Entry	The field is displayed if the user selects the radio button "Deliver to a different address"	Selecting "Deliver to a different address" displays Address, Address Line 2, City, State and ZIP entries.
City	Self-Query on an Individual (Your Order)	Below Address Line 2	Text Entry	The field is displayed if the user selects the radio button " Use a different address"	Selecting "Deliver to a different address" displays 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 Individual (Your Order)	Beside City	Drop List	The field is displayed if the user selects the radio button " Use a different address"	Selecting "Deliver to a different address" displays Address, Address Line 2, City, State and ZIP entries.
ZIP	Self-Query on an Individual (Your Order)	Below State	Text Entry	The field is displayed if the user selects the radio button " Use a different address"	Selecting "Deliver to a different address" displays Address, Address Line 2, City, State and ZIP entries.
Card Number	Self-Query on an Individual (Your Order)	Below "Use my saved card" and "Use a different card" options for Enter your payment information	Text Entry	The field is displayed if the user selects the radio button "Use a different card"	Selecting "Use a different card" displays Card Number, Expiration Date (Month/Year), Name of Cardholder entries.
Expiration Date (Month)	Self-Query on an Individual (Your Order)	Beside Card Number	Drop List	The field is displayed if the user selects the radio button "Use a different card"	Selecting "Use a different card" displays Card Number, Expiration Date (Month/Year), Name of Cardholder entries.
Expiration Date (Year)	Self-Query on an Individual (Your Order)	Beside Year drop list for Expiration Date	Drop List	The field is displayed if the user selects the radio button "Use a different card"	Selecting "Use a different card" displays Card Number, Expiration Date (Month/Year), Name of Cardholder entries.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Name of Cardholder	Self-Query on an Individual (Your Order)	Below Card Number	Text Entry	The field is displayed if the user selects the radio button "Use a different card"	Selecting "Use a different card" displays Card Number, Expiration Date (Month/Year), Name of Cardholder entries.
Country	Self-Query on an Individual (Your Order)	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 (Your Order)	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 (Your Order))	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 (Your Order)	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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
State	Self-Query on an Individual (Your Order)	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.
ZIP	Self-Query on an Individual (Your Order)	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.

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0906-0081 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.
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.
Description (Optional)	Self-Query on an Individual	Text Entry	Text entry is disabled until the user selects a profession or field of licensure that allows or requires 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?"