

**NATIONAL PRACTITIONER DATABANK
SEARCH INFORMATION**

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

AUTHORITY: Collection of this information is authorized by 10 USC, sections 3013 and 12201.

PRINCIPAL PURPOSE: Information collected will be used to search the National Practitioner Databank as required for the processing of health care practitioners for appointment in the Army Medical Department.

ROUTINE USES: Information is disclosed to members of the Department of Defense who have a need for the information in performance of their duties.

EFFECTS OF NOT PROVIDING INFORMATION: Disclosure of the information is voluntary. However, failure to provide the requested information may delay or suspend the application process.

1. RSID: _____ 2. BRANCH: _____ 3. GENDER: _____

4. NAME: _____
(Last Name) (First Name) (Middle Name) (Suffix)

5. OTHER NAMES: _____

6. DATE OF BIRTH *(mm/dd/yy)* ____/____/____ 7. Social Security Number: _____

8. HOME ADDRESS: _____
(Street Address)

(City, State, Country, ZIP Code)

9. PLACE OF EMPLOYMENT: _____
(Name of Institution or Organization)

(Street Address)

(City, State, Country, ZIP Code)

10. FEDERAL DEA NUMBERS: _____

11	LICENSE/REGISTRATION/ CERTIFICATION NUMBER	NATIONAL OR STATE <i>(If state, specify state)</i>	FIELD	LICENSE/REGISTRATION/ CERTIFICATION NUMBER	NATIONAL OR STATE <i>(If state, specify state)</i>	FIELD
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

12. PROFESSIONAL SCHOOLS ATTENDED:	YEAR GRADUATED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____