

# CIN-BAD INDIVIDUAL QUERY & REPORT FORM

Chiropractic Information Network - Board Action Databank

## SECTION A Sections A & B to be completed by person requesting the query

Your Name & Title: \_\_\_\_\_ Date of query: \_\_\_\_\_

Organization: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ **FAX TO THE NEW MEXICO BOARD OF CHIRO**

Arrangements for fee payment (\$26 per name):  Check enclosed \* Required

OR Please charge my:  VISA  MasterCard  American Express  Discover

Card #  \*Expires: \_\_\_\_\_ \*CVV Security Code \_\_\_\_\_

\*Name on Card: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(Your credit card transaction receipt will be emailed)

\* Credit Card \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
(including Zip Code) \_\_\_\_\_

## SECTION B Please provide as much information as possible

Please print legibly

Name of Doctor or  
Chiropractic Assistant: Last First Middle

Any other known names/aliases: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # (US) / Social Identification # (Canada): \_\_\_\_\_

Individual (not clinic) National Provider Identifier (NPI) # (10 digits) \_\_\_\_\_

Jurisdictions where thought to be licensed: \_\_\_\_\_

## SECTION C Section C to be completed by FCLB Staff

The CIN-BAD Database (*Board Actions/Medicare Exclusions*) was checked by FCLB staff for the above named individual on (date) \_\_\_\_\_.

- No OFFICIAL ACTIONS have been reported for this individual** - Please note that no actions in the database does not guarantee that actions have not been taken by a regulatory board(s). Reports may be in process and not yet received by the FCLB.
- The attached report(s) has been identified for this individual.** Please contact the licensing board(s) for full details. Also note that additional actions may have been taken by the same or other boards but not yet reported to this database, including restoration of licensed privilege.
- Please note additional comments: \_\_\_\_\_

### Signature and Title of FCLB Staff Representative

*It is understood that CIN-BAD's Official Actions Database is designed as a "red-flag" service to bring attention to matters of potential concern or positive status. Any subsequent actions taken as a result of this report should be based on complete information obtained directly from the licensing authority(ies) which took the original board action(s), or other authorities as noted in this report. It is further understood that information in the Official Actions Database is compiled from information provided by sources including state, provincial, territory and international licensing authorities, US Department of Health & Human Services, and others. The FCLB is not responsible for any inaccurate or incomplete information provided to it by these sources.*

NOTE: You may email, fax or mail this form to our office:

Federation of Chiropractic Licensing Boards

5401 West 10<sup>th</sup> Street, Suite 101 ■ Greeley, CO 80634-4400

(970) 356-3500 ■ FAX (970) 356-3599 ■ Website: [www.fclb.org](http://www.fclb.org) ■ e-mail: [bseader@fclb.org](mailto:bseader@fclb.org)