CIN-BAD INDIVIDUAL QUERY & REPORT FORM

Note: Fax or mail this form to our office. Sections A & B to be completed by person filing the query. Rev. 3/2008

SECTION A

Date of query:_____ *(Please type or print legibly.)*

Name & Title of person filing query:_____

Signature:_____

Organization:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone: (____)_____ FAX: (____)_____

Arrangements for fee payment ($26 per name): ❑ **Check enclosed** **OR** Please charge my:

❑**VISA** ❑**MasterCard** ❑**American Express** ❑**Discover** # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Name on Card:_____ 3 or 4 digit Security Code _ _ _ _

Expires:_____ E-mail address:_____

(Please provide email address if you are paying with a credit card)

SECTION B

Please print legibly

Name of Doctor:

Any other known names/aliases:_____ Date of Birth:_____

Social Security # *(US)* / Social Identification # *(Canada)*:_____

National Provider Identifier (NPI) # (10 digits) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

States or provinces where thought to be licensed:_____

SECTION C

Section C to be completed by FCLB Staff:

The Offici al Actions Database *(Board Actions/Medicare Exclusions)* was checked by FCLB staff for the above named individual on (date)_____.

The results of that query:

❑ **No OFFICIAL ACTIONS report found.** *Please note that not being listed in the database does not guarantee that no actions have been taken by regulatory boards. Reports can be in process and not yet received by the FCLB. It is strongly urged that boards also be queried directly.*

❑ **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 will 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 international state and provincial 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.

Federation of Chiropractic Licensing Boards
5401 West 10th Street, Suite 101 ▪ Greeley, CO 80634-4400
(970) 356-3500 ▪ FAX (970) 356-3599 ▪ www.fclb.org ▪ e-mail: bseader@fclb.org