

# REQUEST FOR INFORMATION DISCLOSURE TO NATIONAL PRACTITIONER DATA BANK

(For use of this form, see USMEPCOM Reg 40-1)

## FOR OFFICIAL USE ONLY

### PRACTITIONER INFORMATION

Practitioner's Name (LAST) (FIRST) (MI) (SUFFIX)

Other Name (LAST) (FIRST) (MI) (SUFFIX)

Organization's Name

Work Address

City State ZIP Code Country (if not U.S.)

Home Address

City State ZIP Code Country (if not U.S.)

License Number State of Licensure Field of Licensure

Date of Birth (mm/dd/yy) Social Security No. Federal DEA No.

Professional School Attended Year of Graduation

### PRIVACY ACT STATEMENT

Authority: PL 99-660, as amended, and as specified in 45 CFR, Part 60.

Principal purposes: The requested information will be used by United States Military Entrance Processing Command to prepare a request for information disclosure to the National Practitioner Data Bank.

Routine use: This information shall be used by officials within the United States Military Entrance Processing Command and Department of Defense to obtain information to assist in determining qualifications for initial employment, and, to review qualifications for continued employment.

Disclosure: Providing the information is voluntary. However, the refusal to provide the requested information may result in such measures as suspension of consideration for employment, reassignment of duties, disciplinary action, or termination of employment.