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: (____)_____

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 **C**hiropractic **L**icensing **B**oards

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