



National Practitioner Data Bank Query

The Health Services Unit plans to query the National Practitioner Databank on selected health care providers considered for employment, or employed by the Department of Corrections.

During the interview process, inform applicants that this query will be conducted. Please provide the following information:

Name of Facility: _____ **Date:** _____

Applicant Name: _____ **Maiden Name if Married:** _____

Date of Birth: _____ **Social Security Number:** _____

Current Home Address: _____

Current Office Address: _____

Current Virginia License: _____ **Other State License if Applicable:** _____

DEA Number: _____ **NPI Number:** _____

Name of Schools Attended: _____ **Degree:** _____ **Date of Graduation:** _____

Please attach copies of all licenses and certificates.

Please send a copy of application with this information. If no state application is available, please send a brief work history in addition to the above information to:

Medical Support Staff
Health Services Unit
P. O. Box 26963
Richmond Virginia, 23225
Fax: (804) 674-3551

