CIN-BAD INDIVIDUAL QUERY & REPORT FORM

Chiropractic Information Network - Board Action Databank

	s to be completed by person requesting	• •				
_			Date of query:			
	n:					
	Address:			_		
City:			_State:	Zi	p:	
Phone: ()	FAX: (_)			
Arrangemer	nts for fee payment (\$26 per na	nme): 🛚 Check	enclosed	OR	Please charge my:	
	ss □Discover	Card #				
Name on Ca	ard:	CVV S	Security Cod	de	Expires:	
	ess:					
SECTION	В					
Please print leg	Name of Doctor or Chiropractic Assistant:	Last	First		Middle	
Any other known names/aliases: Date of Birth:					า:	
	rity # (US) / Social Identificatio					
Individual (n	not clinic) National Provider Ide	ntifier (NPI) # (1	0 digits)		 	
Other jurisd	ictions where thought to be lice	ensed:				
Section C to be The CIN-BA	C	Medicare Exclu	sions) was	check		
	No OFFICIAL ACTIONS have in the database does not guarantee that are and not yet received by the FCLB.	e been reported ctions have not been ta	l for this inc ken by a regulate	dividua ory board	l - Please note that no actions ((s). Reports may be in process	
	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 com	ments:				

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: