

STATE OF MAINE

BOARD OF SOCIAL WORKER LICENSURE

APPLICATION FOR LICENSED SOCIAL WORKER (LS)



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8674
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
E Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Social Worker Licensure is enclosed. It contains all the relevant materials you need to complete your application for licensure as a Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Guide for Licensure as a Social Worker
- Individual License Application
- Verification of Consultation Form
- Verification of Licensure Form
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES

- ASWB Social Work Licensing Examination Candidate Handbook

Available: <http://www.aswb.org/handbook.pdf> or call (207) 624-8674

- Licensing Law for Social Workers

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch83sec0.html> or call (207) 624-8674

- Licensing Rules for Social Workers

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#416> or call (207) 624-8674

- National Association of Social Workers (NASW) Code of Ethics

Available: <http://www.naswdc.org/pubs/code/> or call 1-800-638-8799 ext. 238

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE:

- Please submit your application materials by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail. **Please note:** Candidates whose applications have been incomplete for more than one (1) year will be required to submit **new** applications if they still wish to be considered for licensure.
- Please do not call our office regarding the status of your application. Information about the status of applications may be found at the Office of Licensing & Registration's website: http://www.maine.gov/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.

CONTINUING EDUCATION:

Continuing education is required for the renewal of a license. A minimum of 25 contact hours of continuing education must be completed during the preceding twenty-four (24) month period. Four (4) of the twenty-five (25) hours must be related to social work ethics. Conditional licensees licensed on or after January 1, 2004 must complete six (6) hours of ethics and six (6) hours of psychosocial assessment. Please be sure to review the Rules, Chapter 14 for more information or for possible changes to continuing education requirements.

DESCRIPTION:

A "Licensed Social Worker" (LSW) is a person who has received a license as a Social Worker from the Board. A LSW may:

- Conduct basic data gathering of records and specific life issues of individuals, groups, couples and families;
- Assess the above data, formulate and implement a plan to achieve specific goals related to specific life issues;
- Serve as an advocate for clients or groups of clients for the purpose of achieving specific goals relating to specific life issues;
- Refer clients to other professional services;
- Plan, manage, direct or coordinate social services;
- Participate in the training and education of social work students; and
- Supervise other LSWs, other professionals practicing related professions and paraprofessionals engaged in related activities.

LSWs cannot engage in private/independent social work practice.

If applying for LSW Licensure and you have a Bachelor of Social Work (BSW) or Social Welfare degree from a Council on Social Work Education (CSWE) accredited program, you must submit:

- A completed and signed Application;
- Official Transcript of an earned Bachelor of Social Work (BSW) degree from a Council on Social Work Education (CSWE) accredited program;
- Request for Examination (Bachelors) or Official documentation of successful passage of the required examination (Bachelors);
- Three (3) current (dated within the past year) letters of professional recommendation, two (2) of which must be from licensed social workers (at any level of licensure from any state);
- A completed Agreement to Provide Consultation Form;
- Current HIPDB/NPDB Self-query Reports – must be dated within the last six (6) months (see information sheet – last page of application);
- Payment of a non-refundable \$25.00 Application fee;
- Payment of a Licensure fee of \$70.00; and
- Payment of a non-refundable Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

For applicants currently licensed in another state:

If you are currently licensed in another state and are applying for licensure in Maine, you must submit the following **in addition** to the items mentioned above:

- A copy of the state laws and rules under which the applicant is licensed;
- A copy of the applicant's social work license; and
- A completed Verification of Licensure Form.

If applying for LSW Licensure and you are currently licensed as a LSW Conditional and you have completed 96 hours of consultation concurrent with 3200 hours of social work employment occurring in not less than two (2) nor more than four (4) years you must submit:

- Completed and signed Application;
- A completed Verification of Consultation Form documenting completion of 96 hours of consultation concurrent with 3200 hours of social work employment occurring in not less than two (2) nor more than four (4) years;
- Request for Examination (Basic/Bachelors) or Official documentation of successful passage of the required examination (Basic/Bachelors)
- Official Transcript if not already on file with the Board;
- Three (3) current (dated within the past year) letters of professional recommendation, two (2) of which must be from licensed social workers (at any level of licensure from any state);
- Agreement to Provide Consultation Form;
- Current HIPDB/NPDB Self-query Reports – must be dated within the last six (6) months (see information sheet – last page of application);
- Payment of a non-refundable \$25.00 Application fee;
- Payment of a Licensure fee of \$70.00; and
- Payment of a non-refundable Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
1. Have you ever been convicted by any court of any crime? (circle one)	NO YES
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)	NO YES
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
SIGNATURE	DATE

Board of Social Worker Licensure	
<p>Please Select License Type:</p> <p><input type="checkbox"/> Licensed Social Worker (LS1421)</p> <p><input type="checkbox"/> Licensure without Examination</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Office Use Only: 1421 - \$70.00 1446 - \$25.00 2619 - \$21.00 </div>
<p>Required Fee: \$116 (includes Criminal History Records Check Fee)</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____ </div>
Rev. 6/2010	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>		
SIGNATURE	DATE		

Undergraduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

Degree Granted:

Date Conferred:

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? YES NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a social work examination? YES NO

If yes:

Which Exam & Level?	Where?	Date Taken:

Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. YES NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. YES NO

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Social Worker Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

REQUEST FOR EXAMINATION

To qualify for licensure as a licensed social worker, a licensed master social worker, a licensed master social worker – conditional clinical or a licensed clinical social worker, applicants must achieve a passing score on the required examination.

ASWB now requires applicants to be approved to sit for the examination. To request examination, please fill in the information requested below and **return this form** with all other required application materials to the Board at the above address. Once your application is **complete and approved**, you will receive notification of eligibility to sit for the exam. You will register with ASWB directly at that time.

You may register for the examination by telephone at 1-888-579-3926 or by going to ASWB's website: <http://www.aswb.org>.

Check Appropriate Category	
<input type="checkbox"/>	Bachelors Examination (applicants for LSW)
<input type="checkbox"/>	Masters Examination (applicants for LMSW or LMSW – Conditional Clinical)
<input type="checkbox"/>	Clinical Examination (applicants for LCSW)

Applicant Information (please print)		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	Date of Birth:	

OFFICE PHONE: (207)624-8674



PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(888)577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE
www.maine.gov/professionallicensing



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Social Worker Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
OFFICE PHONE (207) 624-8674
TTY/HEARING IMPAIRED (888) 577-6690

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE
Page 1 of 2

This is to notify the Board of Social Worker Licensure that _____ has agreed to provide social work consultation.

The above named consultant is accountable for the professional development of the consultee. The consultant will assume responsibility for the assessment of the competence and ethics of the consultee during the consultation period. The consultant has an obligation to assess the consultee and to share this assessment with the Board. The above name consultant agrees to provide consultation as state below and return the Verification of Consultation Form to the consultee when the required consultation is completed.

Please check the appropriate box below:

Licensed Social Worker Conditional/Licensed Social Worker

An Agreement to Provide Consultation (face to face case discussion and evaluation focusing on raw data, goals and objectives from the social worker's practice) must be provided to the board for all LSW Conditional and all LSW applicants. Consultation may be provided in a group (not to exceed 8 members) or individual setting.

A total of 96 hours must be provided for 3200 hours of social work employment in not less than two nor more than four years.

Non-DHS social workers must receive consultation from social workers who are a LCSW, CSW-IP, or LMSW. Only conditional social workers may receive consultation from a LSW who has been licensed at least two years and holds a BSW degree.

DHS social workers must receive consultation from social workers who area LSW licensed for at least 4 years, LMSW, or LSW licensed for 2 years **and** is designated by DHS as a supervisor trainee who is concurrently receiving 48 hours of consultation from an LMSW.

Licensed Master Social Worker Conditional Clinical

Four hours per month of consultation (face to face discussion and evaluation focusing on raw data, goals and objectives of specific social work practice) must be provided while practicing work in a **clinical setting**. At least three of the four hours per month must be individual consultation.

A total of 96 hours within 3200 hours of social work employment in not less than two nor more than four years is required for licensees whose MSW degree is in a clinical concentration. For licensees whose MSW degree is in a non-clinical concentration, 192 hours of consultation within 6400 hours of social work employment in not less than four nor more than six years is required.

Consultants must be social workers who are LCSW, CSW-IP or certified for clinical practice in the state which the consultation is obtained.

Credit for consultation experiences shall be given only for practice in an organized public or private agency, school, institution or organization which provides the opportunity for contact with other professional disciplines and work experience with a broad range of clients.

AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE

Page 2 of 2

Consultant Data

Name Consulting Social Worker:

Mailing Address:

City:

State:

Zip Code:

License Number:

Work Telephone Number:

Type of Social Work Degree:

Consultee Data

Name of Consultee:

Mailing Address:

City:

State:

Zip Code:

License Number (If Applicable):

Work Telephone Number:

Applicant's Employment Data

Place of Employment:

Mailing Address:

City:

State:

Zip Code:

Telephone Number:

Beginning Date of Employment:

Signature of Agency Supervisor:

Date:

Affirmation

We have read, understood and accepted the conditions of this relationship as defined by the Rules of the Board of Social Worker Licensure and by the Statutes of the State of Maine. Since the consultee is practicing social work by the virtue of the services provided by the consultant, any changes in the relationship must be registered with the board.

Consultant Signature: _____ Date: _____

Consultee Signature: _____ Date: _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Social Worker Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

VERIFICATION OF CONSULTATION FORM
Page 1 of 2

**Use a separate form for each person verifying experience and for each employment setting.
If more space is needed, attach an additional sheet. Please print clearly.**

Licensee Data (To be completed in full by Licensee)		
Name of Licensee:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Original Licensure Date:	
Place of Employment During Consultation Period:		

Consultant Data (To be completed in full by Consultant)		
Name of Consultant:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	
Consultant's Education/School:		
Year Graduated	Degree Awarded:	

OFFICE PHONE: (207)624-8674



PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(888) 577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE
www.maine.gov/professionallicensing

VERIFICATION OF CONSULTATION FORM
Page 2 of 2

Licensee Consultation Information (To be completed in full by Consultant)	
Total Number of Hours Licensee Worked Per Week	
Total Number of Hours Per Month Individual Supervision/Consultation Was Given	
Total Number of Hours Per Month Group Supervision/Consultation Was Given	
Total Number of Hours Licensee Worked During the Period Listed Below	
Dates the Applicant was Under your Supervision: From _____ To _____ <div style="text-align: center; font-size: small;"> month/day/year month/day/year </div>	
1. Please describe licensee's specific functions in terms of social work. If consultation was provided to a Master's level Social Worker, please describe applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment: _____ _____ _____ _____	
2. Please state briefly licensee's personal character, ethical conduct, and competence: _____ _____	
3. Do you recommend that this person be re-licensed? [] YES [] NO If not, please describe why: _____ _____ _____	

I ATTEST THAT ALL OF THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE TO RETURN THIS FORM TO THE LICENSEE FOR MAILING TO THE BOARD OF SOCIAL WORKER LICENSURE.

Signature of Consultant: _____ Date: _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Social Worker Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

VERIFICATION OF LICENSURE FORM
(for use by applicants licensed or certified in another jurisdiction)

The applicant listed below is applying for licensure to practice as a social worker in the State of Maine. The Maine Board of Social Worker Licensure requests written verification from each state that applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise. **Please mail this verification directly to the Maine Board of Social Worker Licensure at the above listed address.**

The section below is to be completed by the applicant and forwarded to the State Board in which you hold or have held a license to practice social work. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

The remaining portion is to be completed by the State Licensing Board where the applicant holds or has held a license to practice social work. Please submit any copies of verification of supervision received after applicant received their MSW license, if available.

Name of Licensee:	
License Number:	Licensure Level:
Original License Date:	Expiration Date:



VERIFICATION OF LICENSURE

Please verify which of the following requirements have been met in your state:

BSW from CSWE accredited school _____

MSW from CSWE accredited school _____

Two (2) years post MSW experience _____

Exam taken: PES AASSWB/ASI Other _____

Date exam passed:

Level of exam taken:

If no examination was taken, how was licensure obtained?

Grandfathered Endorsement from which state _____

Are there any pending complaints against this licensee? [] Yes [] No
If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No
If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No
If no, please explain:

State Board Seal

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

**National Practitioner Data Bank (“NPDB”) and
Healthcare Integrity and Protection Data Bank (“HIPDB”)
Self-Query Reports**

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website:

www.npdb-hipdb.hrsa.gov

The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center

Tel: (800)767-6732

TDD: (703)802-9395