



STATE OF ARKANSAS

Disability Determination for Social Security Administration

701 SOUTH PULASKI STREET
LITTLE ROCK, ARKANSAS 72201-9750
TELEPHONE 501-682-3030
Fax # 501-683-5590

PROFESSIONAL QUALIFICATIONS FORM CONTACT INFORMATION

Name: _____
(Last) (First) (Middle)

Clinic Name: _____

Specialties: _____

Physical Office Address: _____

Mailing Address: _____

Billing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Medical Records Contact Person: _____ Phone: _____

PROFESSIONAL EDUCATION

School: _____

School Branch Location: _____ Year of Degree: _____

E.C.F.M.G. Number (If graduated outside the U.S.): _____

LEGAL INFORMATION

Fed Tax ID: _____ SSN: _____ DOB: _____

Year of License: _____ License Number: _____ Exp: _____

Use of examination report prepared by a consulting physician for SSA (plus any background material furnished to the physician) is restricted by the provisions of Federal Law and Regulations (5U.S.C. 552a, 42 U.S.C. 1306, and 20 CFR 401.1 et seq.). Unauthorized disclosure is strictly prohibited and subject to legal penalties.

DISABILITY DETERMINATION FOR SSA MUST BE NOTIFIED AT ONCE IF:

- A request is received (including a request from the individual concerned) for a copy of the examination report or any associated background material; or
- The physician's personal records or testimony become subject to court order.

Disability Determination for SSA will make necessary arrangements for the release of information.

If you are a provider who employs doctor, psychologist and others that perform ancillary tasks, written confirmation from you that all of your employees involved with the consultative examinations are properly licensed or certified is required.

I HAVE READ AND AGREE TO THE ABOVE PROVISIONS.

DATE: _____ SIGNATURE: _____