



STATE OF ARKANSAS

Disability Determination for Social Security Administration

701 PULASKI STREET
LITTLE ROCK, ARKANSAS 72201
TELEPHONE 501-682-3030

ARTHUR BOUTIETTE
Director

MIKE HUCKABEE
Governor

DISABILITY DETERMINATION FOR SOCIAL SECURITY ADMINISTRATION
PROFESSIONAL QUALIFICATION

- 1. NAME: (LAST) (FIRST) (MIDDLE)
2. CLINIC NAME: OFFICE ADDRESS:
3. MAILING ADDRESS: TELEPHONE:
4. PROFESSIONAL EDUCATION: SCHOOL: BRANCH LOCATION: YEAR OF DEGREE: E.C.F.M.G. NUMBER (IF GRADUATED OUTSIDE U.S.):
5. YEAR OF LICENSE: LICENSE NUMBER:
6. SPECIALTIES:
7. FED TAX ID: SSN: DOB:

Use of an 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 (SU.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) A request is received (including a request from the individual concerned) for a copy of the examination report or any associated background material, or
(b) 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.

PLEASE INDICATE IF YOU ARE PRESENTLY A STATE EMPLOYEE OR ON CONTRACT TO A STATE AGENCY/INSTITUTION OF HIGH EDUTION:

I HAVE READ AND AGREE TO THE ABOVE PROVISIONS.

DATE: SIGNATURE: