

# Instructions for Registering as an NPDB-HIPDB Investigative Search User

1. Click your browser's **Print** button or select **File>Print...** from the menu to send this document to a local printer. Do not close the window that contains this document until you have made sure that the document printed in its entirety.
2. Make sure you have read the Summary of Terms of the *Investigative Search Registration* document.
3. **Do not sign the registration document yourself yet; a Notary Public must witness your signature as described below.**
4. Take the *Investigative Search Registration* document and the credentials listed below to a person certified by a State or Federal Government as being authorized to confirm identities (such as Notary Public), that uses a stamp, seal, or other mechanism to authenticate their identity confirmation.

## **Credentials to Present to the Notary Public:**

You must present the following credentials to the Notary that proves your identity and affiliation with your organization for which you are registering with the NPDB-HIPDB:

- A. One form of ID must be a valid State or Federal government-issued photo ID (that is not a work badge). Forms of acceptable ID are as follows: A State-issued photo ID (with a serial number) such as a driver's license, Passport from country of citizenship, US military ID, Certificate of U.S. Citizenship, Certificate of Naturalization, permanent or unexpired temporary resident card, Native American tribal document, or Canadian driver's license.

## **AND**

- B. A work badge issued by the federal, state or local government agency (must have name, date of birth, gender, height, eye color and address) **OR** a signed letter on official agency letterhead from an authorized official in your organization attesting to your affiliation with the agency for which you are registering with the NPDB-HIPDB as an Investigator Search user.
5. Sign and date the *Investigative Search Registration* document in the presence of the Notary Public who will complete his/her section of the document.
6. Send the original, notarized *Investigative Search Registration* document with a photocopy of your work badge or the original authorization letter (whichever you presented to the Notary) to:

National Practitioner Data Bank - Healthcare Integrity and Protection Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

**Note:** Faxed or scanned copies will not be accepted.

7. NPDB-HIPDB will process the registration request and notify you of the results. If the registration request is approved, you shall receive confirmation via the postal mail with instructions on how to log into the system.

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Notary Public use only

# NPDB-HIPDB Investigative Search User Registration

**Section 1 – Registrant Instructions:** The Investigative Search user (Registrant) must read the terms below, complete the appropriate fields, provide a government-issued ID and either provide a work badge or proof of affiliation letter on company letterhead before signing and dating the document in front of the Notary Public.

**Summary of Terms:** You (the Registrant) are registering to be an Investigative Search user for an organization that is registered or actively registering with the NPDB-HIPDB. As an Investigative Search user, you are responsible for performing searches on both individuals and organizations to determine if there is any prior criminal or fraudulent behavior that has been reported to the HIPDB. By signing below, you acknowledge your acceptance of the Summary of Terms in which you agree to provide complete and accurate responses to request for information during the registration process. I further certify that I am authorized to submit this registration information to the NPDB-HIPDB and that the information provided is true, correct, and complete. If I become aware that any information on this document is not true, correct, or complete, I agree to notify the NPDB-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this document or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this document may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

<b>Name (First Name, Middle Initial, Last Name):</b>	<b>Title:</b>
<b>Employer/Organization:</b>	<b>Employee ID:</b>
<b>Business Address:</b>	<b>Telephone:</b>
<b>E-mail:</b>	<b>Name of Your Agency's NPDB-HIPDB Data Bank Administrator:</b>
<b>Registrant's Signature and Date*:</b>	
_____ (*Sign and date in the presence of the Notary Public) (Date)	

**Note:** Use an ink pen to cross out any mistake, write in the correct information and initial it.

**Section 2 – Notary Public Instructions:** The Notary Public must record the information below for the Registrant's government-issued photo ID for the purpose of identity proofing. In addition, you must verify that the Registrant presented either a current work badge or a proof of affiliation letter on company letterhead.

Government-issued ID (Photo, Name, Serial Number, Expiration Date, Address, and Date of Birth Required)	Organization Affiliation (check one)
<b>Exact Name Listed on ID</b>	<input type="checkbox"/> The Registrant presented his/her work badge as proof of organizational affiliation.  OR  <input type="checkbox"/> The Registrant presented an original copy of a Proof of Organizational Affiliation letter on agency letterhead as proof of organizational affiliation.
<b>Date of Birth</b>	
<b>Serial Number</b>	
<b>Expiration Date</b>	
<b>Identification Type</b>	
<b>Date of Issuance</b>	
<b>Issuing Authority</b>	

**Notary Public:** \_\_\_\_\_  
I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the city of \_\_\_\_\_ and in the county of \_\_\_\_\_, \_\_\_\_\_ personally appeared before me the signer and subject of the above section, who signed or attested the same in my presence, and presented one government-issued form of photo ID as proof of his or her identity. In addition, I have reviewed the Registrant's work badge or an original copy of the Registrant's organizational affiliation letter on company letterhead submitted as proof of organizational affiliation.

*Notary Public seal here*

My Commission Expires In\*: \_\_\_\_\_  
Street Address of Branch or Office: \_\_\_\_\_

Name of Organization Employing Notary: \_\_\_\_\_

*\* If commission does not expire, indicate "does not expire" in this field.*