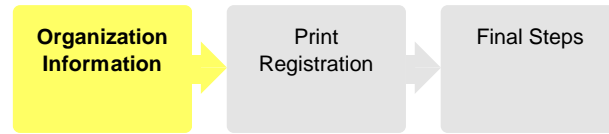


RENEW AGENT REGISTRATION



Complete this form to renew your registration as an authorized agent to query and/or report to the NPDB, the HIPDB, or both, on behalf of eligible, registered entities.

[Help ?](#)

All agents must review and sign this registration form to ensure knowledge of and compliance with the confidentiality requirements of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended; Public Law 100-93, Section 5[b] of the *Medicare and Medicaid Patient and Program Protection Act of 1987*, as amended by Public Law 101-508, *Omnibus Budget Reconciliation Act of 1990*; and/or Public Law 104-191, the *Health Insurance Portability and Accountability Act of 1996*, as amended; that applies to information submitted to the NPDB-HIPDB. [Review each of these statutes and regulations](#) prior to submitting your agent registration renewal.

OMB # 0915-0239 expiration date 05/31/14
 OMB # 0915-0126 expiration date 12/31/13
 OMB # 0915-0331 expiration date 12/31/13

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for this project are 0915-0239 (HIPDB), 0915-0126 (NPDB) and 0915-0331 (NPDB). Public reporting burden for this collection of information is estimated to average 15 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

AGENT IDENTIFICATION INFORMATION

Agent Organization Name:	<input type="text" value="ABC"/>
Department or Office to Which Mail Should be Addressed:	<input type="text"/>
Street Address:	<input type="text" value="1 MAIN ST"/>
Address Line 2:	<input type="text"/>
City:	<input type="text" value="FAIRFAX"/>
State:	<input type="text" value="VA Virginia"/>
ZIP Code:	<input type="text" value="22033"/> - <input type="text"/>
Country (if U.S., leave blank):	<input type="text"/>
Department Fax Number:	<input type="text"/>
Taxpayer Identification Number (TIN):	<input type="text" value="91111111"/>

AUTHORIZED AGENT REQUIREMENTS

As an agent authorized to report and query the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) on behalf of an eligible entity, I certify that the organization has read and understands the provisions of Public Law 99-660, as amended; the NPDB regulation (45 CFR Part 60); Public Law 100-93, as amended by Public Law 101-508; and/or the HIPDB regulation (45 CFR Part 61), Public Law 104-191, as amended; and that I will meet and comply with the following requirements:

- I am authorized to conduct business in my State.

- My facilities are secure to ensure the confidentiality of NPDB-HIPDB information.
- I understand and can comply with the technical requirements for electronically reporting to and querying the NPDB-HIPDB, as provided by the NPDB-HIPDB and/or guidance distributed by the NPDB-HIPDB.
- I will use my own password and DBID to report and query on behalf of my NPDB-HIPDB client.
- I understand that I must query the NPDB and/or the HIPDB separately for each entity on whose behalf I am authorized to query. My agreement(s) with the entity(ies) I represent explicitly prohibits me from using information obtained from the NPDB-HIPDB other than the purpose for which the disclosure was made.
- I will not use a single query response for a particular practitioner, provider, or supplier on behalf of more than one entity.
- To my knowledge, the information I am submitting is accurate and truthful.
- I will keep registration information concerning my organization in the NPDB-HIPDB up-to-date; and I will delete NPDB-HIPDB query and report information from my organization's database that I provided or obtained on behalf of any entity for whom I am no longer acting as agent.
- I understand that I must query the NPDB and/or the HIPDB separately for each entity on whose behalf I am authorized to query. My agreement(s) with the entity(ies) I represent explicitly prohibits me from using information obtained from the NPDB-HIPDB other than the purpose for which the disclosure was made.

CERTIFYING OFFICIAL



The certifying official is the individual selected and empowered by an agent to certify the legitimacy of registration for participation in the NPDB and HIPDB.

By completing this registration, the certifying official is agreeing to the following:

- The agent being registered satisfies the requirements as specified above.
- If he or she does not comply with the stated requirements, his or her status as an authorized agent with the NPDB-HIPDB may be suspended or revoked by the Government.
- Any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this form may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

Notice: 18 U.S.C. §1001 authorizes criminal penalties against whomever in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government, knowingly and willfully falsifies, conceals, or covers-up by any trick, scheme, or writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry. **Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. §3571, Section 3571 (d) also authorizes fines of up to the greater of twice the gross gain derived by the offender or twice the gross loss sustained by another as a result of the offense.**

Check this box if the certifying official differs from the individual list below.

Name of Certifying Official:	<table> <tr> <td><i>First Name</i></td> <td><i>Middle Initial</i></td> <td><i>Last Name</i></td> </tr> <tr> <td>JOHN</td> <td></td> <td>DOE</td> </tr> </table>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	JOHN		DOE
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>					
JOHN		DOE					
Title of Certifying Official:	TITLE						
Telephone:	7031234567 Ext. <input type="text"/>						
E-mail Address:	john@test.com						
Confirm E-mail Address:	john@test.com						

Employee ID:

Submit to Data Bank



[Contact Us](#)

Return to Previous Page

Return to Registration Confirmation

UPDATE AGENT PROFILE

To update agent registration information, complete the fields that require a change, then click **Submit to Data Bank**.

[Help ?](#)

OMB # 0915-0239 expiration date 05/31/14

OMB # 0915-0126 expiration date 12/31/13

OMB # 0915-0331 expiration date 12/31/13

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AGENT IDENTIFICATION INFORMATION

Agent Organization Name:	<input type="text" value="AGENT INC"/>
Department or Office to Which Mail Should be Addressed:	<input type="text"/>
Street Address:	<input type="text" value="123 FAKE STREET"/>
Address Line 2:	<input type="text"/>
City:	<input type="text" value="FAIRFAX"/>
State:	<input type="text" value="VA Virginia"/>
ZIP Code:	<input type="text" value="22033"/> - <input type="text"/>
Country (if U.S., leave blank):	<input type="text"/>
Department Fax Number:	<input type="text"/>
Taxpayer Identification Number (TIN):	<input type="text" value="987654321"/>

AUTHORIZED AGENT REQUIREMENTS

As an agent authorized to report and query the National Practitioner Data Bank (NPDB) on behalf of an eligible entity, I certify that the organization has read and understands the provisions of Public Law 99-660, as amended; the NPDB regulation (45 CFR Part 60); Public Law 100-93, as amended by Public Law 101-508; Public Law 104-191, as amended; and that I will meet and comply with the following requirements:

- I am authorized to conduct business in my State.
- My facilities are secure to ensure the confidentiality of NPDB information.
- I understand and can comply with the technical requirements for electronically reporting to and querying the NPDB, as provided by the NPDB and/or guidance distributed by the NPDB.
- I will use my own password and DBID to report and query on behalf of my NPDB client.
- I understand that I must query the NPDB separately for each entity on whose behalf I am authorized to query. My agreement(s) with the entity(ies) I represent explicitly prohibits me from using information obtained from the NPDB other than the purpose for which the disclosure was made.
- I will not use a single query response for a particular practitioner, provider, or supplier on behalf of more than one entity.
- To my knowledge, the information I am submitting is accurate and truthful.

- I will keep registration information concerning my organization in the NPDB up-to-date; and I will delete NPDB query and report information from my organization's database that I provided or obtained on behalf of any entity for whom I am no longer acting as agent.
- I understand that I must query the NPDB separately for each entity on whose behalf I am authorized to query. My agreement(s) with the entity(ies) I represent explicitly prohibits me from using information obtained from the NPDB other than the purpose for which the disclosure was made.

CERTIFYING OFFICIAL

Help



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- If he or she does not comply with the stated requirements, his or her status as an authorized agent with the NPDB may be suspended or revoked by the Government.
- Any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB to complete or clarify this form may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

Notice: 18 U.S.C. §1001 authorizes criminal penalties against whomever in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government, knowingly and willfully falsifies, conceals, or covers-up by any trick, scheme, or writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry. **Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. §3571, Section 3571 (d) also authorizes fines of up to the greater of twice the gross gain derived by the offender or twice the gross loss sustained by another as a result of the offense.**

Check this box if the certifying official differs from the individual list below.

	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
Name of Certifying Official:	JOHN	C	SMITH
Title of Certifying Official:	MANAGER		
Telephone:	7035551234	Ext.	
E-mail Address:	john@smith.com		
Confirm E-mail Address:	john@smith.com		
Employee ID:			

Submit to Data Bank

Return to Administrator Options