## ENTITY REGISTRATION



Help

## **Eligibility/Statutory Authority**

You are responsible for verifying your organization's legal obligation or eligibility under the following applicable laws and regulation.

- Title IV 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, [Section 1921 of the Social Security Act]; and
- Section 221[a], Public Law 104-191, the *Health Insurance Portability and Accountability Act of 1996*, more commonly referred to as <u>Section 1128E</u> of the *Social Security Act*.
- Final Regulations, NPDB (includes Section 1921 and Section 1128E)

Please respond to the questions following this page to determine your organization's eligibility and statutory authority. You may wish to seek advice from legal counsel before completing this questionnaire. <u>Review each of these statutes and regulations</u> prior to submitting your entity registration.

Continue

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Return to Registration Confirmation ?



Select an action for each user. Users marked "Keep" will need to have their identity and organizational affiliation verified. Users marked "Delete" will be deleted upon the Data Bank's approval of the entity renewal. After selecting an action for each user, click Continue.

Action	User ID	Name	Last Login
Keep Delete	1PMuser	JOHN SMITH	OCT 18, 2012 10:45AM
• Keep • Delete	RDON	RON DON	AUG 03, 2012 02:26PM
Keep Delete	aaronh	Aaron	SEP 11, 2012 04:30PM
• Keep • Delete	batchqryUser	TEST DEVELOPER	AUG 22, 2011 03:19PM
• Keep • Delete	jdoe1	JOHN DOE	AUG 23, 2011 12:33PM

Continue



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Return to Registration Confirmation

Help

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The following user account(s) will remain active and will be required to complete identity proofing:

User ID	Name	Last Login
1PMuser	JOHN SMITH	OCT 18, 2012 10:45AM
RDON	RON DON	AUG 03, 2012 02:26PM
aaronh	Aaron	SEP 11, 2012 04:30PM
batchqryUser	TEST DEVELOPER	AUG 22, 2011 03:19PM
jdoe1	JOHN DOE	AUG 23, 2011 12:33PM

If these selections are correct, click Continue. Otherwise click Return to Previous Page to modify your selections.

Continue

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

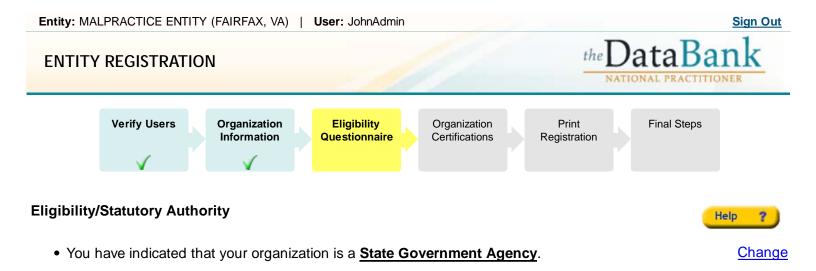
<u>Public Burden Statement:</u> An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. The OMB control numbers f this project are 0915-0239, 0915-0126 and 0915-0331. Public reporting burden for this collection of informative estimated to average 1 hour to complete this form, including the time for reviewing instructions, searching exidata sources, and completing and reviewing the collection of information. Send comments regarding this bur estimate or any other aspect of this collection of information, including suggestions for reducing this burden, HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

Name of Entity:	MALPRACTICE ENTITY
Department or Office to Which Mail Should be Addressed:	SRA LIVE TEST ENTITY
Street Address:	4350 FAIR LAKES COURT
Address Line 2:	
City:	FAIRFAX
State:	VA Virginia
Zip:	22033 - 4435
Country: (if U.S., leave blank)	
Department Fax Number:	
Taxpayer Identification Number (TIN):	77777772
National Crime Information Center Originating Agency Identifier (ORI): (For law enforcement only)	1
Ownership of the Entity:	State Government Agency

<u>Sic</u>



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## **RESULTS: Statutory Authority and Requirements**

Based on your answers, your organization is eligible to register with the Data Bank under the following statutory authority functions. Certain agencies and organizations may qualify under more than one function per statute. Your organization must comply with all regulatory requirements associated with Data Bank eligibility, including, but not limited to the associated querying and reporting requirements listed below.

Statutory Authority	Function	Querying	Reporting
Title IV	State Practitioner Licensing Board Other than Medical/Dental Examiners	Optional	No Requirement
	State Authority Responsible for Licensing or Certification of Health Care Practitioners, Entities, Providers, or Suppliers	-	Mandatory
Section 1128E	State Authority Responsible for Licensing or Certification of Health Care Practitioners, Entities, Providers, or Suppliers	Optional	Mandatory

## Do the Statutory Authority selections accurately describe your organization?



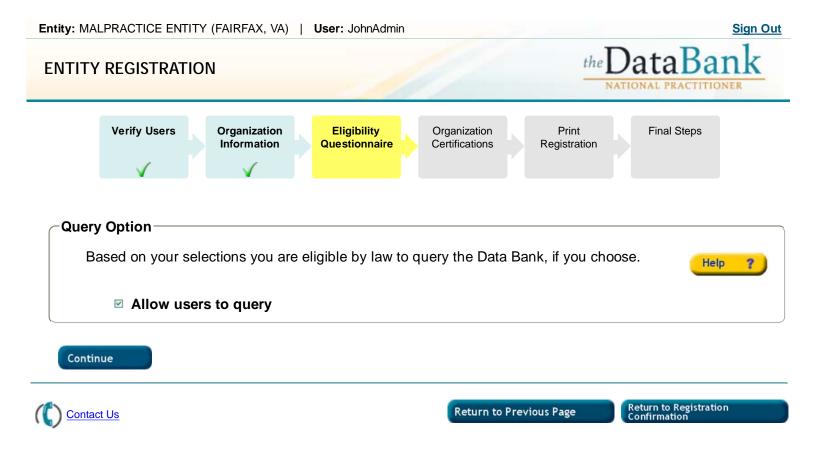


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Entity: MALPRACTICE ENTITY (FAIRFAX, VA)   User: JohnAdmin ENTITY REGISTRATION	the DataBank
Verify Users Organization Information Certifications	Print Final Steps Registration
Entity Primary and Additional Functions Choose a primary function that best describes the health care related fu organization performs. You can select one primary function and up to tw If an appropriate description does not appear on the list, select "Other"	wo additional functions.
Category: Licensing Agencies	
Primary Function: Health Care Practitioner Licensing Board or Authority	
Add additional function	
Continue	

Contact Us

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Entity: MALPRACTICE ENTITY (FAIRFAX, VA)   User: JohnAdmin				<u>Sign Out</u>			
ENTITY REGISTRATION			the D	DataBa	nk		
	Verify Users	Organization Information	Eligibility Questionnaire	Organization Certifications	Print Registration	Final Steps	
A re al	ports. You may o I reports submitte	ntact is applicab lesignate an indi d by your organi	vidual or office to zation to the NP	ty is eligible unde b be the point of c DB. If your entity as the point of cor	ontact to be inc does not desig	nate a point of c	
N	ame or Office:		JACK SM	ITH			
Tr	tle or Department	:	DIRECTO	R			
Te	elephone		70355523	23	Ext:		

The certifying official is the in legitimacy of registration for p			an entity to ce	rtify the	Help 1
By completing this registratio	n, the certifying official is	s agreeing to	the following:		
<ul> <li>The entity being registername AUTHORITY section and</li> </ul>	red qualifies under law a d is eligible to perform th				
<ul> <li>The entity may be subject as required in the statu- than the purposes for ways</li> </ul>	tes and regulations, or fo				
<ul> <li>He or she is authorized provided is true, correct</li> </ul>		on informatio	n to the NPDB a	and that the	information
<ul> <li>He or she will notify the form is not true, correct</li> </ul>	,	e or she bec	omes aware tha	t any informa	ation in this
<ul> <li>Any omission, misrepre</li> </ul>	sentation or falsification	of any infor	mation containe	ed in this forn	n or containe
in any communication s	supplying information to t civil, or other administra	the NPDB to	complete or cla	arify this form	n may be
in any communication s punishable by criminal, imprisonment under Fe <b>Note</b> : The name entered belo	supplying information to t civil, or other administra deral law. ow must match the name	the NPDB to tive actions	complete or cla including fines,	arify this form penalties, ar	n may be nd/or
in any communication s punishable by criminal, imprisonment under Fe	supplying information to t civil, or other administra deral law. ow must match the name ed.	the NPDB to tive actions e on the cert	complete or cla including fines, ifying official's C	arify this form penalties, ar	n may be nd/or
in any communication s punishable by criminal, imprisonment under Fe <b>Note</b> : The name entered belo the registration will be rejected	supplying information to t civil, or other administra deral law. ow must match the name ed.	the NPDB to trive actions on the cert the individua	complete or cla including fines, ifying official's C al listed below.	arify this form penalties, ar	n may be nd/or
in any communication s punishable by criminal, imprisonment under Fe <b>Note</b> : The name entered belo the registration will be rejected	supplying information to t civil, or other administra deral law. ow must match the name ed. fying official differs from t	the NPDB to tive actions e on the cert	complete or cla including fines, ifying official's C al listed below.	arify this form penalties, ar	n may be nd/or
<ul> <li>in any communication s punishable by criminal, imprisonment under Fe</li> <li>Note: The name entered belot the registration will be rejected</li> <li>Check this box if the certification</li> </ul>	supplying information to t civil, or other administration deral law. bw must match the name ed. fying official differs from t <i>First Name</i>	the NPDB to trive actions on the cert the individua	complete or cla including fines, ifying official's C al listed below. Last Name	arify this form penalties, ar	n may be nd/or
<ul> <li>in any communication so punishable by criminal, imprisonment under Fe</li> <li>Note: The name entered below the registration will be rejected</li> <li>Check this box if the certification of Certifying Official:</li> </ul>	supplying information to t civil, or other administra- deral law. bw must match the name ed. fying official differs from t <i>First Name</i> PAUL	the NPDB to trive actions on the cert the individua	including fines, ifying official's C al listed below. <i>Last Name</i> PAULSON	arify this form penalties, ar	n may be nd/or

#### Submit to Data Bank



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In order for the Data Bank to successfully process your registration, you must complete the following steps:

- 1. Print your <u>Registration document</u>. You may wish to print an additional copy for your records.
- 2. Once you have finished printing your copies, press Continue.



## the DataBank

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## **Entity Renewal Instructions**

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- CÈ Tæ\^Á\` \^Á[` Á@æç^Á^æåÁ@ ÂU` { & a^^Á, Á/^ \{ Á^&cā, } Å, Á@ ÁPÚÖÓÂÔ^ \cā~ ā, \* ÁU~æ8ãæ4Áæ) å ÄÖæææ4Óæ) \ Á0Eå { ā, ë a clæet, } Å a clæet, } a clæet, }
- HÈ Do not sign the document yourself yet; a Notary Public must witness your signature as described below.

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- ÓÈ V@^A(¦ãtājæ)A/[œebã^åAÞÚÖÓAÔ^¦œã-ãj\*ÁU~a3&ãed/æ);åÄÖæeæÁÓæ);\ÁOEå{ãjãrdæe[¦ÁÜ^\*ãrdæeã[}A&u[&`{^}œÈ
- ÔÈ Ú¦[[-Á, Ásc-ajānedā]}Á, ãc@Á[`¦Á@:ae¦o@sael^Á,¦\*ae) ã aedā]}Á{[¦Á, @38k@Á[`Ásel^Ás/\cã-ˆā]\*Á{[Ás@:Áp·ÚÖÓÈÄŸ[`Á(`•oA,\[çãa^Áone [-Ás@:Á{[][,ā]\*K

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# the DataBank

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Entity	Registration	Renewal
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	<u> </u>			
A. ENTITY IDENTIFICATION INFORMATION				
Name of Entity:	T CĚŚÚÜCIÔVÔÒÁÒÞVQYŸ			
Department or Office:	ÙÜŒĨŠŒ(ÒÁ/ÒÙVÁÒÞVŒ/Ÿ			
Street Address:	IHÍ€Á20EDÜÁŜOESÒÙÁÔUWÜ∨			
City, State, Zip:	Ø GEÜ Ø GEÝ ÉÉK GEÁGGEIHEI I HÍ			
Taxpayer Identification Number:	ÏÏÏÏÏÏÏG			
Ownership of the Entity:	Ùææ^ÁÕ[ç^¦}{ ^}ớŒ ^}&^			
Primary Function of the Entity:	P^æ¢c@łÔæł^ÁÚ¦æ\$kcããą[}^¦/Śõãk^}●ą]*ÁÓ[æłåÁ[¦ÁŒc@2¦lãĉ			
ORI:	F			
B. ELIGIBILITY/STATUTORY AUTHORITY				
NPDB - Title IV	Function/Service:	Ùcæe^ÁÚ¦æ&cãaā[}^¦ÁŠã&^}●āj*ÁÓ[æ¦åÁJc@¦Ác@e) T^åã&æ4EÖ^}cæ4fôg¢æ4fāj^¦●		
	Querying:ÁJ] cấį}æļ	<b>Reporting:</b> Þ[ ẤIJ^˘˘ā^{ ^}c		
NPDB - Section 1921	Function/Service:	Ùcæe^ÁOEco@;¦äĉÁÜ^•][}•äà ^Át;¦ÁŠ3&^}•āj*át;¦ÁÔ^;cãa&æa‡i} [~ÁP^a¢c@ÁÔæ¦^ÁÚ;¦æ&cãa‡i}^¦•ÉÔ}cãa&•ÉÁÚ;[çãa^;¦•É4t; U`]] a^; •		
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NPDB - Section 1128E	Function/Service:	Úcæe^ÁCEcc@;¦ãĉÁÜ^•][}•ãa ^Át[¦ÁŠ3&^}•āj*Át¦ÁÔ^¦cãaBæeāti} [~Á?^æþc@ÁÔæ¦^ÁÚ¦æ&cãaāti}}^¦•ÊÔ}cãa?\•ÊÁÚ¦[çãa^¦•ÊÁt;¦ Ŭĭ]] ã^¦•		
	Querying:ÁJ] cǎi } æ	Reporting: Tæ)åæt ¦^		
Query Preference:	ÞÚÖÓÁJ} ^			
C. POINT OF CONTACT FOR REPORTS				
Name or Office:	ROÐÔSÁÙT QVP			
Title or Department:	ÖÜÒÔVUÜ			
Telephone:	Çi€HDÁİÍÍËGHCH			
D. CERTIFYING OFFICIAL/ENTITY ADMINIS	STRATOR			
Name:	ÚŒIVŠÁÚŒIVŠÙUÞ			
Title:	ŒÜT O⊅OÙVÜOEVUÜ			
Telephone:	ÇĨ€HDÁÍÍÍËEGHI			
Email Address:	] æੱ  ] æੱ  •[ } O ] æੱ  ] æ	ĕ  • [ } È8[ {		
Certification Date:	FFBDÌBB€€FG			



P.O. Box 10832 Chantilly, VA 20153-0832

#### http://www.npdb.hrsa.gov

I read and understand my responsibilities under:

- Title IV of Public Law 99-660, the Healthcare Quality Improvement Act, as amended;
- Public Law 100-93, Section 5[b] of the Medicare and Medicaid Patient and Program Protection Act of 1987, [Section 1921 of the Social Security Act]; and
- Section 221[a], Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, more commonly referred to as Section 1128E of the Social Security Act.

I certify that the entity identified above qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the querying and/or reporting functions. I understand that the entity may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB other than the purposes for which it was provided. I further certify that I am authorized to submit this registration information to the NPDB and that the information provided is true, correct, and complete. If I become aware that any information in this form is not true, correct, or complete, I agree

Signature of Certifying Official

Signature Date (MM-DD-YYYY)

DCN: 794000075353378

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the DataBank

P.O. Box 10832 Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

## NPDB Certifying Official and Data Bank Administrator Registration

**Section 1 - Registrant Instructions:** The Certifying Official/Data Bank Administrator (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: I (the "Registrant"), as the Certifying Official of the healthcare organization identified in this document, certify that the organization qualifies under law as specified in the ELIGIBILITY/ STATUTORY AUTHORITY section of the Entity/Agent Registration document and is eligible to perform the querying and/or reporting functions. I understand that the Entity/Authorized Agent may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB other than the purposes for which it was provided. I am also registering as a Data Bank Administrator for an Entity or Authorized Agent registered or registering with the NPDB. As a Data Bank Administrator, I am responsible for overseeing the use of the NPDB online services at my organization, identity proofing applicants who request a user account, establishing and revoking individual user accounts, and maintaining my organization's registration with the NPDB. By signing below, I accept the Summary of Terms and agree to provide complete and accurate responses to requests for information during the registration process. I further certify that I am authorized to submit this registration information to the NPDB 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 of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this document or contained in any communication that supplies information to the NPDB to complete or clarify a document may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

Name (First Name, Middle Initial, Last Nam	e):	Title:		
PAUL PAULSON		ADMINISTRATOR		
Email:		Employee ID:		
paulpaulson@paulpaulson.com				
Employer/Organization:		•		
Employer/Organization: MALPRACTICE ENTITY Business Address:				
Business Address:				
4350 FAIR LAKES COURT				
FAIRFAX, VA 22033-4435				
Telephone:				
(703) 555-1234				
Applicant's Signature and Date*:				
_				
	(*Sign and date in the prese	ence 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 Applicant's government-issued photo ID for the purpose of identity proofing.

Government-issued ID (Photo, Name, Serial Numb	er, Expiration Date, Address, and Date	e of Birth Required)
Exact Name Listed on ID		
Serial Number	Date of Birth	
Identification Type	Issuing Authority	
Date of Issuance	Expiration Date	
Notary Public: I hereby certify that on this day of,	20, in the city of	
and in the county of,,	personally appeared	Notary Public seal here
before me the signer and subject of the above form, who sig	ned or attested the same in my presence,	
My Commission Expires In:		
Street Address of Branch or Office:		
Name of Organization Employing Notary:		



DCN: 7940000075353378

Page 1 of 1



Now that you have printed your registration documents, what's next?

- 1. You must sign your registration documents in the presence of a Notary Public as described in the printed instructions.
- 2. Make sure you have read the Summary of Terms section of the registration document. (Need another copy of your registration document?)
- 3. In addition to the registration documents, you must provide **proof of affiliation** with the organization being registered. This may be either:
  - A. a photocopy of the work badge issued by your organization, OR
  - B. a signed letter on company letterhead from an authorized official in your organization attesting to your affiliation with the organization being registered. <u>Click here to view the required format.</u>
- 4. Mail all required documents to the address specified in the printed instructions.

Note: Faxed or scanned copies will not be accepted.

5. The Data Bank will send you an e-mail once your registration is approved.

