

Group A – Self-Query Non-Matched Report

NPDB SELF-QUERY COMPONENT – NO MATCHED RESPONSE

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Self Query - Pilot Study

Thank you in advance for your participation in this request. Your responses will be confidential and used for research purposes only.

Directions: For each of the following items, please select the response that best represents your experiences. Please note that the National Practitioner Data Bank will be referred to as the "Data Bank" in items throughout the survey except in cases where more clarity is needed.

*** 1. Which category best describes the work you perform?**

Health Care Practitioner (Individual)

Medical Service Provider Organization

Medical Supplier Organization

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*** 2. Have you self-queried the Data Bank?**

Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

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***3. Are you involved in a dispute process with the Data Bank? (Previously known as the Secretarial Review)**

- Yes
 - No
 - Other (Please Explain or Type "NA" if Not Applicable)
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***4. Which category best describes your work status in the health care industry?**

- Full-time position for at least one health care organization
- Not full-time but part-time at one or more health care organizations
- Retired and not working for any health care organization
- Retired but working part-time for one or more health care organizations
- Currently not employed at any health care organization

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***5. Please select your current primary practicing position held as a health care practitioner.**

- Physician (Doctor of Medicine)
- Physician (Doctor of Osteopathy)
- Physician Assistant
- Dentist
- Dental Hygienist
- Advance Practice Nurse
- Licensed Practical Nurse
- Para-Professional Nurse
- Chiropractor
- Pharmacist
- Other (Please Explain or Type "NA" if Not Applicable)

***6. Do you currently practice at more than one facility?**

- Yes
- No
- Other (Please Explain or Type "NA" if Not Applicable)

***7. Do you work for any health care organization as locum tenens?**

- Yes

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***7. Do you work for any health care organization as locum tenens?**

- Yes
- No
- Other (Please Explain or Type "NA" if Not Applicable)

8. Please select the jurisdiction(s) in which you practice the majority of the time. You may select up to five.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Ohio
<input type="checkbox"/> Alaska	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Maine	<input type="checkbox"/> Oregon
<input type="checkbox"/> Arizona	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> California	<input type="checkbox"/> Michigan	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Colorado	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Mississippi	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Delaware	<input type="checkbox"/> Missouri	<input type="checkbox"/> Tennessee
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Montana	<input type="checkbox"/> Texas
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Utah
<input type="checkbox"/> Georgia	<input type="checkbox"/> Nevada	<input type="checkbox"/> Vermont
<input type="checkbox"/> Guam	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Virginia
<input type="checkbox"/> Hawaii	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> Idaho	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Washington

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9. Please select the jurisdiction(s) in which you are currently licensed or certified to practice. You may select up to five.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Ohio
<input type="checkbox"/> Alaska	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Maine	<input type="checkbox"/> Oregon
<input type="checkbox"/> Arizona	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> California	<input type="checkbox"/> Michigan	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Colorado	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Mississippi	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Delaware	<input type="checkbox"/> Missouri	<input type="checkbox"/> Tennessee
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Montana	<input type="checkbox"/> Texas
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Utah
<input type="checkbox"/> Georgia	<input type="checkbox"/> Nevada	<input type="checkbox"/> Vermont
<input type="checkbox"/> Guam	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Virginia
<input type="checkbox"/> Hawaii	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> Idaho	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Washington
<input type="checkbox"/> Illinois	<input type="checkbox"/> New York	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Indiana	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Iowa	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Kansas	<input type="checkbox"/> Northern Marianas Islands	

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***10. Are you currently seeking employment?**

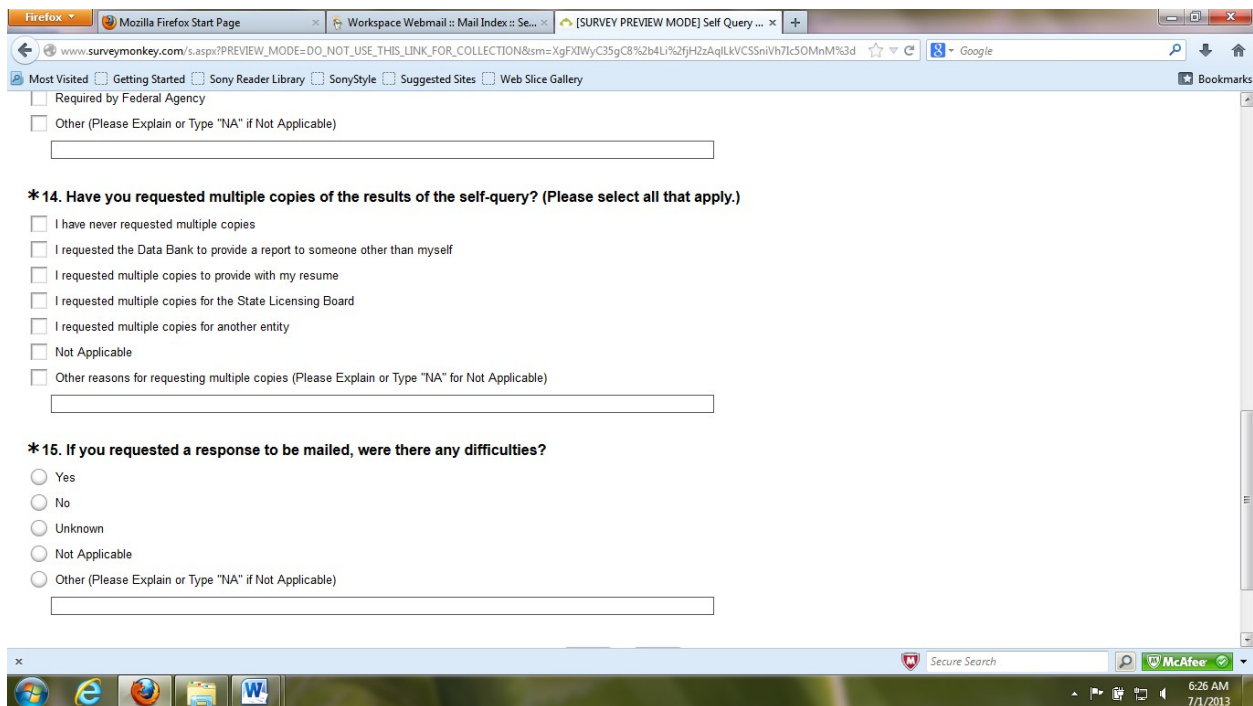
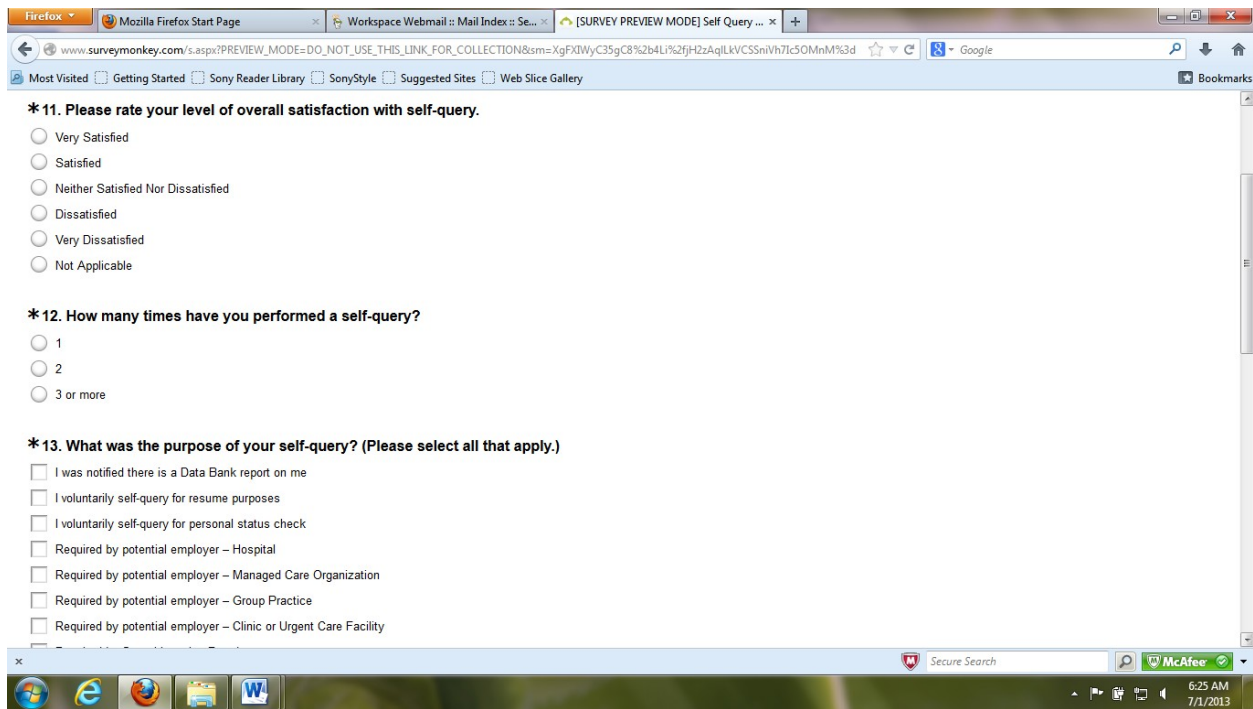
Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

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*** 16. Have you ever not finished the process of self-query?**

- Yes
- No
- Unknown
- Other (Please Explain or Type "NA" if Not Applicable)

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*** 17. I feel that the information I received from the Data Bank is accurate.**

- Completely Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Completely Disagree

*** 18. I feel that the information that I received from the Data Bank is complete.**

- Completely Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Completely Disagree

*** 19. I feel that I have received information from the self-query in a timely manner.**

- Completely Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Completely Disagree

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Agree
 Neither Agree Nor Disagree
 Disagree
 Completely Disagree

20. How would you rate the cost of self-query?

Very Expensive
 Expensive
 Fair Cost
 Inexpensive
 Very Inexpensive

***21. Have you ever been the subject of a report in the Data Bank?**

Yes
 No
 Other (Please Explain or Type "NA" if Not Applicable)

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Consider the Data Bank reports listed below. Please rate the effect of having such a report in the Data Bank on your ability to find employment.

***22. Please rate the effect of having such a report in the Data Bank on your ability to find employment if you were to have such a report in the Data Bank. (Only one answer per row.)**

	Very Strong	Strong	Moderate	Weak	Very Weak	None
State Licensure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEA/Federal Licensure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title IV Clinical Privileges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exclusion/Debarment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Society	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Review Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accreditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government Administrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Conviction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deferred Conviction or Pre-Trial Diversion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nolo Contendere (No Contest) Plea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civil Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Malpractice Payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Injunction

Medical Malpractice Payment

***23. Please rate your level of satisfaction with each of the following resources. (Only one answer per row.)**

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Data Bank Newsletters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Bank Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fact Sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NPDB Guidebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service Center (800-767-6732)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***24. Please rate your level of agreement with the following statements concerning the NPDB website. (Only one answer per row.)**

	Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree
The NPDB website is easy to navigate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB website is well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to quickly find what I need on the NPDB website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB website content is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Self Query - Pilot Study

25. Please share any comments regarding your experiences with self-querying the Data Bank.

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Self Query - Pilot Study

Optional Survey Questions

Thank you for your participation in the National Practitioner Data Bank Survey!

If you have time for just three more optional items, your participation would be greatly appreciated.

26. Do you have time for three additional questions?

Yes

No

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Self Query - Pilot Study

27. Prior to taking this survey, were you aware of the merge of the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB)?

Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

28. Have you experienced any benefits by the merge of the NPDB and the HIPDB?

29. Have you experienced any problems due to the merge of the NPDB and the HIPDB?

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Group B – Self-Query Matched Response

NPDB SELF-QUERY COMPONENT – MATCHED RESPONSE

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*** 1. Which category best describes the work you perform?**

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Medical Service Provider Organization

Medical Supplier Organization

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*** 2. Have you self-queried the Data Bank?**

Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

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***3. Are you involved in a dispute process with the Data Bank? (Previously known as the Secretarial Review)**

- Yes
 - No
 - Other (Please Explain or Type "NA" if Not Applicable)
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Self Query - Pilot Study

***4. Which category best describes your work status in the health care industry?**

- Full-time position for at least one health care organization
- Not full-time but part-time at one or more health care organizations
- Retired and not working for any health care organization
- Retired but working part-time for one or more health care organizations
- Currently not employed at any health care organization

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***5. Please select your current primary practicing position held as a health care practitioner.**

- Physician (Doctor of Medicine)
- Physician (Doctor of Osteopathy)
- Physician Assistant
- Dentist
- Dental Hygienist
- Advance Practice Nurse
- Licensed Practical Nurse
- Para-Professional Nurse
- Chiropractor
- Pharmacist
- Other (Please Explain or Type "NA" if Not Applicable)

***6. Do you currently practice at more than one facility?**

- Yes
- No
- Other (Please Explain or Type "NA" if Not Applicable)

***7. Do you work for any health care organization as locum tenens?**

- Yes

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8. Please select the jurisdiction(s) in which you practice the majority of the time. You may select up to five.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Ohio
<input type="checkbox"/> Alaska	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Maine	<input type="checkbox"/> Oregon
<input type="checkbox"/> Arizona	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> California	<input type="checkbox"/> Michigan	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Colorado	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Mississippi	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Delaware	<input type="checkbox"/> Missouri	<input type="checkbox"/> Tennessee
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Montana	<input type="checkbox"/> Texas
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Utah
<input type="checkbox"/> Georgia	<input type="checkbox"/> Nevada	<input type="checkbox"/> Vermont
<input type="checkbox"/> Guam	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Virginia
<input type="checkbox"/> Hawaii	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> Idaho	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Washington
<input type="checkbox"/> Illinois	<input type="checkbox"/> New York	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Indiana	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Iowa	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Kansas	<input type="checkbox"/> Northern Marianas Islands	

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9. Please select the jurisdiction(s) in which you are currently licensed or certified to practice. You may select up to five.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Ohio
<input type="checkbox"/> Alaska	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Maine	<input type="checkbox"/> Oregon
<input type="checkbox"/> Arizona	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> California	<input type="checkbox"/> Michigan	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Colorado	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Mississippi	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Delaware	<input type="checkbox"/> Missouri	<input type="checkbox"/> Tennessee
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Montana	<input type="checkbox"/> Texas
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Utah
<input type="checkbox"/> Georgia	<input type="checkbox"/> Nevada	<input type="checkbox"/> Vermont
<input type="checkbox"/> Guam	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Virginia
<input type="checkbox"/> Hawaii	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> Idaho	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Washington
<input type="checkbox"/> Illinois	<input type="checkbox"/> New York	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Indiana	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Iowa	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Kansas	<input type="checkbox"/> Northern Marianas Islands	

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Self Query - Pilot Study

***10. Are you currently seeking employment?**

Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

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*** 11. Please rate your level of overall satisfaction with self-query.**

- Very Satisfied
- Satisfied
- Neither Satisfied Nor Dissatisfied
- Dissatisfied
- Very Dissatisfied
- Not Applicable

*** 12. How many times have you performed a self-query?**

- 1
- 2
- 3 or more

*** 13. What was the purpose of your self-query? (Please select all that apply.)**

- I was notified there is a Data Bank report on me
- I voluntarily self-query for resume purposes
- I voluntarily self-query for personal status check
- Required by potential employer – Hospital
- Required by potential employer – Managed Care Organization
- Required by potential employer – Group Practice
- Required by potential employer – Clinic or Urgent Care Facility

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*** 14. Have you requested multiple copies of the results of the self-query? (Please select all that apply.)**

- I have never requested multiple copies
- I requested the Data Bank to provide a report to someone other than myself
- I requested multiple copies to provide with my resume
- I requested multiple copies for the State Licensing Board
- I requested multiple copies for another entity
- Not Applicable
- Other reasons for requesting multiple copies (Please Explain or Type "NA" for Not Applicable)

*** 15. If you requested a response to be mailed, were there any difficulties?**

- Yes
- No
- Unknown
- Not Applicable
- Other (Please Explain or Type "NA" if Not Applicable)

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Self Query - Pilot Study

*** 16. Have you ever not finished the process of self-query?**

- Yes
- No
- Unknown
- Other (Please Explain or Type "NA" if Not Applicable)

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*** 17. I feel that the information I received from the Data Bank is accurate.**

- Completely Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Completely Disagree

*** 18. I feel that the information that I received from the Data Bank is complete.**

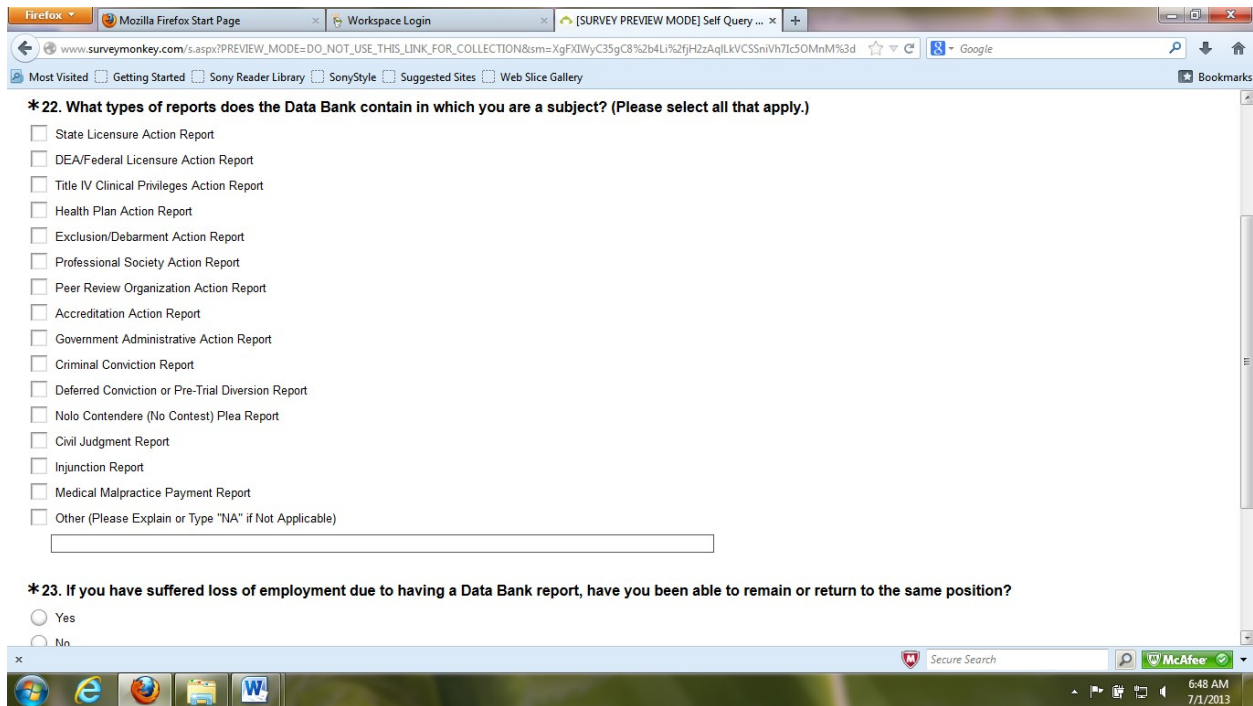
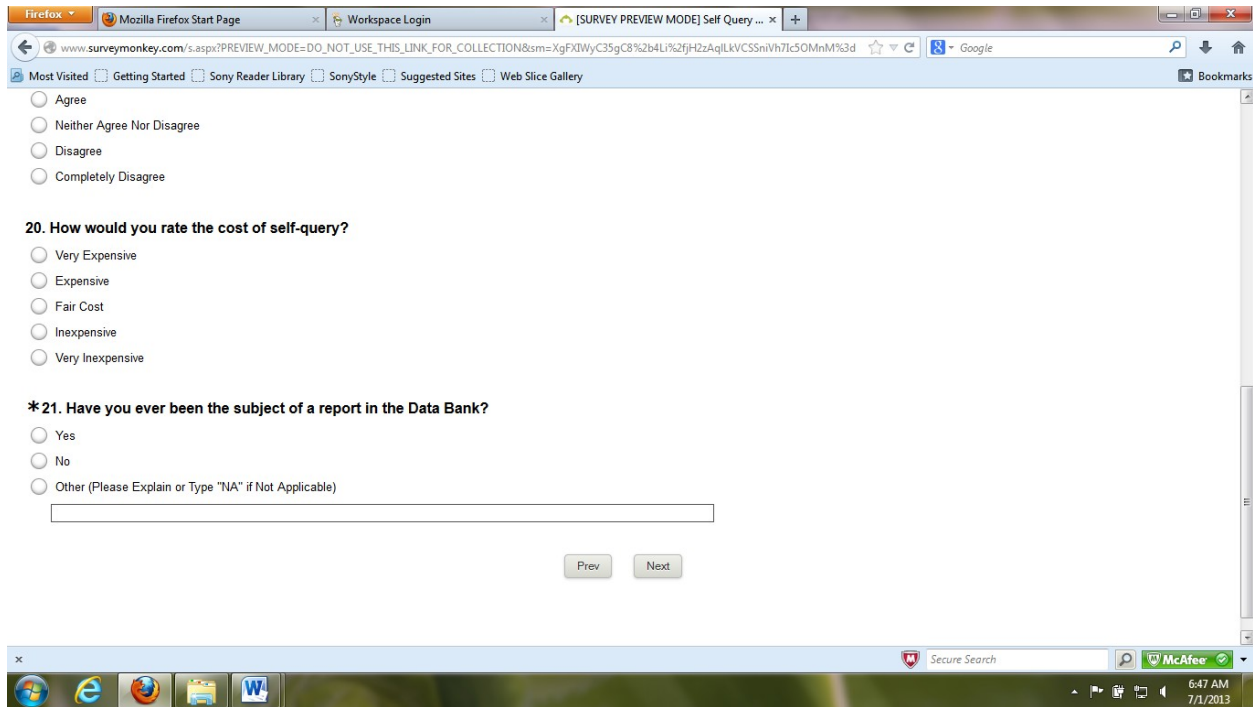
- Completely Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Completely Disagree

*** 19. I feel that I have received information from the self-query in a timely manner.**

- Completely Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Completely Disagree

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- Accreditation Action Report
- Government Administrative Action Report
- Criminal Conviction Report
- Deferred Conviction or Pre-Trial Diversion Report
- Nolo Contendere (No Contest) Plea Report
- Civil Judgment Report
- Injunction Report
- Medical Malpractice Payment Report
- Other (Please Explain or Type "NA" if Not Applicable)

***23. If you have suffered loss of employment due to having a Data Bank report, have you been able to remain or return to the same position?**

Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

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Self Query - Pilot Study

***24. Have you been able or will you be able to obtain a similar position in the health care industry?**

Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

***25. Do you feel that your career opportunities are affected by having a report in the Data Bank?**

Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

***26. When you were first notified of being a subject of a report in the Data Bank, did you work at or have clinical privileges at two or more facilities simultaneously?**

Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

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Directions: For the following two questions, we are interested in gathering your experiences in the case you have held several positions simultaneously. In order to aid in your understanding of the items, several definitions must be made prior to your selection of responses.

These two questions are not limited to your primary or secondary employer.

The first employer is defined as the employer that was first to have knowledge of the report in the Data Bank. This may or may not be your primary employer.

The second employer is defined as the subsequent employer who may or may not have gained knowledge from the Data Bank.

*27. If you held positions in more than one facility at the same time, how long did it take the second employer to contact you regarding a report in the Data Bank that was previously known by the first employer?

- Less than 1 year
- At least 1 year but less than 2 years
- At least 2 years but less than 3 years
- 3 or more years
- Never
- Unknown
- Not Applicable
- Other (Please Explain or Type "NA" if Not Applicable)

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- Less than 1 year
- At least 1 year but less than 2 years
- At least 2 years but less than 3 years
- 3 or more years
- Never
- Unknown
- Not Applicable
- Other (Please Explain or Type "NA" if Not Applicable)

*28. If you held positions in more than one facility at the same time, what type of actions were taken by the second employer as a result of you having a report in the Data Bank? (Please select all that apply.)

- No Action Taken
- Declined as a Candidate
- Restricted Clinical Privileges
- Probation
- Suspension
- License Revocation
- Membership Revocation
- Membership Restrictions
- Employment or Contract Termination
- Legal Actions
- Not Applicable
- Unknown

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29. Have you provided a copy of a report containing adverse action information from a self-query which ultimately resulted in an organization denying licensure, certification, clinical privileges, or employment?

Yes
 No
 Not Applicable
 Other (Please Explain or Type "NA" if Not Applicable)

***30. Have you provided a copy of a report containing medical malpractice payment information from a self-query which ultimately resulted in an organization denying licensure, certification, clinical privileges, or employment?**

Yes
 No
 Not Applicable
 Other (Please Explain or Type "NA" if Not Applicable)

31. Please explain how you feel about being the subject of a report in the Data Bank.

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Consider the Data Bank reports listed below. Please rate the effect of having such a report in the Data Bank on your ability to find employment.

***32. Please rate the effect of having such a report in the Data Bank on your ability to find employment if you were to have such a report in the Data Bank. (Only one answer per row.)**

	Very Strong	Strong	Moderate	Weak	Very Weak	None
State Licensure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEA/Federal Licensure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title IV Clinical Privileges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exclusion/Debarment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Society	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Review Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accreditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government Administrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Conviction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deferred Conviction or Pre-Trial Diversion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nolo Contendere (No Contest) Plea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civil Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Malpractice Payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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***33. Please rate your level of satisfaction with each of the following resources. (Only one answer per row.)**

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Data Bank Newsletters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Bank Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fact Sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NPDB Guidebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service Center (800-767-6732)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***34. Please rate your level of agreement with the following statements concerning the NPDB website. (Only one answer per row.)**

	Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree
The NPDB website is easy to navigate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB website is well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to quickly find what I need on the NPDB website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB website content is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Self Query - Pilot Study

35. Please share any comments regarding your experiences with self-querying the Data Bank.

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Self Query - Pilot Study

Optional Survey Questions

Thank you for your participation in the National Practitioner Data Bank Survey!

If you have time for just three more optional items, your participation would be greatly appreciated.

36. Do you have time for three additional questions?

Yes

No

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Self Query - Pilot Study

37. Prior to taking this survey, were you aware of the merge of the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB)?

Yes

No

Other (Please Explain or Type "NA" if Not Applicable)

38. Have you experienced any benefits by the merge of the NPDB and the HIPDB?

39. Have you experienced any problems due to the merge of the NPDB and the HIPDB?

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