

Identifying information was redacted in this Non-Hospital Entity Registration Renewal form because a real entity profile had to be used to generate this particular form.

[Sign Out](#)

USER AGREEMENTS

the **DataBank**
NATIONAL PRACTITIONER

RULES OF BEHAVIOR

You are accessing a U.S. Government information system. This information system is provided for U.S. Government authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB). Any unauthorized individual or organization that attempts to query or file reports with the Data Bank may be subject to fine and imprisonment under Federal statute. By using this system, you understand and consent to the following: At any time and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose. All individuals that have access to obtain information from and report information to the NPDB system must comply with the following conditions:

All individuals that have access to obtain information from and report information to the National Practitioner Data Bank (NPDB) system must comply with the following conditions:

I acknowledge and understand my responsibilities and agree to comply with the Rules of Behavior for the NPDB system.

SUBSCRIBER AGREEMENT

By checking the acceptance checkbox below, you agree to:

- Provide complete and accurate responses to requests for information during the National Practitioner Data Bank (NPDB) registration process;
- Keep your passwords and tokens (if applicable) secure;
- Refrain from sharing your account information with any other individual;
- Use your NPDB account only for authorized purposes;
- Review the accuracy of account information;
- Request revocation of your NPDB account if you ever suspect that the security of your account may have been compromised; and promptly advise the NPDB of any changes in your registration information and respond to notices from NPDB, Health Resources And Services Administration (HRSA) or The Department Of Health And Human Services (HHS) concerning your account.

COMPLETE TERMS OF NPDB ACCOUNT AGREEMENT

I acknowledge and understand my responsibilities and agree to comply with the Subscriber Agreement for the NPDB system.

[Continue](#)

ENTITY REGISTRATION CONFIRMATION

Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB). Authorized entities must be registered with the Data Bank and have received a confidential Data Bank Identification Number (DBID) and password prior to using this querying and reporting service. Any unauthorized individual or organization that attempts to query or file reports with the Data Bank is subject to fine and imprisonment under Federal statute. If you are not authorized by law and registered to query or report to the NPDB, please log off now.

SECURITY NOTICE: Please read [this important information](#) regarding your role in protecting critical Data Bank information.

Please confirm that the following information is correct:

Last successful login date: DEC 08, 2014 05:21PM

The above entity's next registration renewal deadline date is: JAN 10, 2015

The above entity's current privileges are:

Query under the following statutes: Section 1921.

Query and Report under the following statutes: Title IV; Section 1128E.

Renewal Notice

The registration for the above organization must be renewed by the Entity Data Bank Administrator **before 01/10/2015**. After this date your organization's access will be restricted until the registration is renewed.

Common Questions

[Why am I required to renew my organization's registration?](#)

[What will I need?](#)

[How long will it take?](#)

If you need further assistance, please contact the Customer Service Center at 1-800-767-6732.

Renew Registration

Continue

ENTITY REGISTRATION

Eligibility/Statutory Authority

[Help ?](#)

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 [Section 1128E](#) of the *Social Security Act*.
- [Final Regulations, NPDB](#)

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. [Review each of these statutes and regulations](#) prior to submitting your entity registration.

[Continue](#)

VERIFY USERS

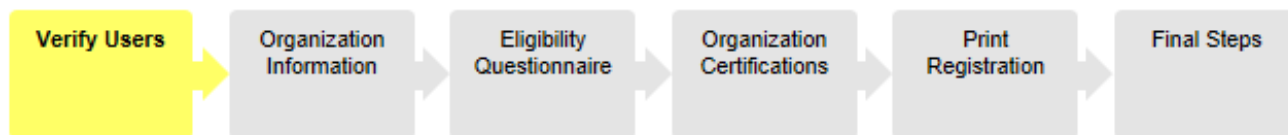


Select an action for each user. **Users marked "Delete" will be deleted upon the Data Bank's approval of the entity renewal.** After selecting an action for each user, click **Continue**.

Action	User ID	Name	Last Login
<input checked="" type="radio"/> Keep <input type="radio"/> Delete			
<input checked="" type="radio"/> Keep <input type="radio"/> Delete			JUL 31, 2014 07:13AM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete			JUL 31, 2014 02:01PM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete			JUL 31, 2014 08:00AM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete			OCT 05, 2012 10:49AM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete			MAY 22, 2014 04:24PM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete			

[Continue](#)


VERIFY USERS



The following user account(s) will remain active:

User ID	Name	Last Login
		JUL 31, 2014 07:13AM
		JUL 31, 2014 02:01PM
		JUL 31, 2014 08:00AM
		OCT 05, 2012 10:49AM
		MAY 22, 2014 04:24PM

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

[Continue](#) [Contact Us](#)[Return to Previous Page](#)[Return to Registration Confirmation](#)

ENTITY REGISTRATION



Complete this form with information about your organization and click **Continue**.

[Help ?](#)

OMB # 0915-0126 expiration date 05/31/16

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 number for this project is 0915-0126. 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 10-29, Rockville, Maryland, 20857.

Entity Identification Information

Name of Entity:	<input type="text"/>
	+ Additional Name
Department or Office to Which Mail Should be Addressed:	<input type="text" value="CREDENTIALING DEPARTMENT"/>
Street Address:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text" value="AKRON"/>
State:	<input type="text" value="OH Ohio"/>
Zip:	<input type="text" value="44309"/> - <input type="text"/> <input checked="" type="checkbox"/>
Country: (if U.S., leave blank)	<input type="text"/>
Department Fax Number:	<input type="text"/>
Taxpayer Identification Number (TIN):	<input type="text"/>
National Crime Information Center Originating Agency Identifier (ORI): (For law enforcement only)	<input type="text"/>
Ownership of the Entity:	<input type="text" value="Private Sector Organization"/>

An organization that is a for-profit business or a non-profit organization that is not owned and operated by a Federal, State or Local government.

[Continue](#)

ENTITY REGISTRATION



Eligibility/Statutory Authority

[Help ?](#)

- You have indicated that your organization is a **Private Sector Organization**.

[Change](#)

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	Other Health Care Entity*	Optional	Mandatory
Section 1921	Health Plan	Optional	No Requirement
Section 1128E	Health Plan	Optional	Mandatory

* Must provide health care services directly or indirectly and must follow a formal peer review process for the furthering of quality health care.

Do the Statutory Authority selections accurately describe your organization?

Yes

No

ENTITY REGISTRATION

**Entity Primary and Additional Functions**

Choose a primary function that best describes the health care related function or service your organization performs. You can select one primary function and up to two additional functions. If an appropriate description does not appear on the list, select "Other" and describe the function.

[Help ?](#)

Category:

Primary Function:

[Add additional function](#)

[Continue](#)

ENTITY REGISTRATION

**Query Option**

Based on your selections you are eligible by law to query the Data Bank, if you choose.

[Help ?](#) **Allow users to query**[Continue](#)

ENTITY REGISTRATION

**Point Of Contact For Reports**

A report point of contact is applicable only if the entity is eligible under law to submit reports. You may designate an individual or office to be the point of contact to be included on all reports submitted by your organization to the NPDB. If your entity does not designate a point of contact, the submitter of each individual report will be listed as the point of contact for that report.

[Help ?](#)

Name or Office:

Title or Department:

Telephone

 Ext: **Certifying Official**

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

[Help ?](#)

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

- The entity being registered qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the requested querying and/or reporting functions.
- 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.
- He or she is authorized to submit this registration information to the NPDB and that the information provided is true, correct, and complete.
- He or she will notify the NPDB immediately if he or she becomes aware that any information in this form is not true, correct, or complete.
- 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.

Note: The name entered below must match the name on the certifying official's Government-issued ID or the registration will be rejected.

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

- The certifying official is the same person but their information has changed
- Entity administrator () is the new certifying official
 - The new certifying official is a different person

Name of Certifying Official:	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
	<input type="text"/>	<input type="text" value="M"/>	<input type="text"/>
Title of Certifying Official:	<input type="text" value="DIRECTOR, CREDENTIALING"/>		
Telephone:	<input type="text"/>	Ext:	<input type="text"/>
E-mail Address:	<input type="text"/>		
Confirm E-mail Address:	<input type="text"/>		
Employee ID:	<input type="text"/>		

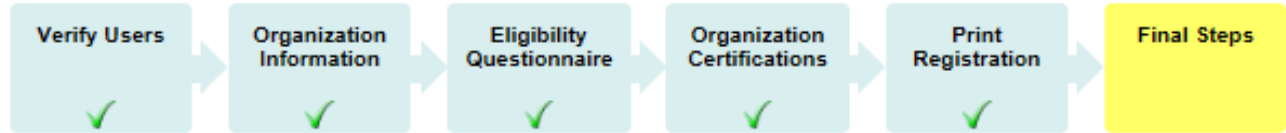
[Submit to Data Bank](#)

 [Contact Us](#)

[Return to Previous Page](#)

[Return to Registration Confirmation](#)

FINAL STEPS



Thank you for submitting this entity registration renewal. These changes have been saved to the Data Bank and are in effect immediately. No further action is required at this time.