

## ENTITY REGISTRATION

### Eligibility/Statutory Authority

[Help ?](#)

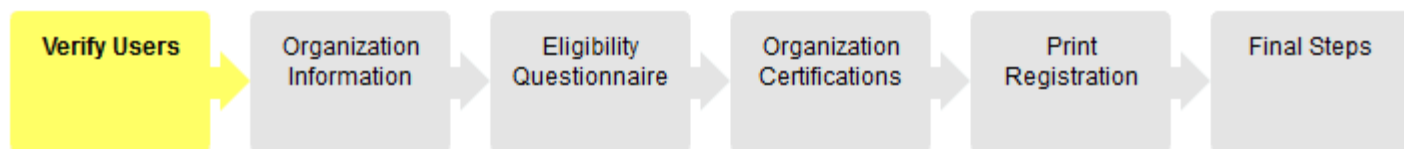
You are responsible for verifying your organization's legal obligation or eligibility under the following applicable laws and regulation.

- [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**.

[Help](#)

Action	User ID	Name	Last Login
<input checked="" type="radio"/> Keep <input type="radio"/> Delete	14Johnny63	JOHN DOE	JAN 06, 2012 12:40PM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete	1MAUser	SALLY BROWN	NOV 23, 2013 03:45PM

[Continue](#)

## VERIFY USERS



The following user account(s) will remain active:

User ID	Name	Last Login
14Johnny63	JOHN DOE	JAN 06, 2012 12:40PM
1MAUser	SALLY BROWN	NOV 23, 2013 03:45PM

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

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## ENTITY REGISTRATION



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

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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" value="SURGICAL HOSPITAL"/> <a href="#">+ Additional Name</a>
Department or Office to Which Mail Should be Addressed:	<input type="text" value="MEDICAL STAFF OFFICE"/>
Street Address:	<input type="text" value="6125 N. HOSPITAL STREET"/>
Address Line 2:	<input type="text"/>
City:	<input type="text" value="SAN DIEGO"/>
State:	<input type="text" value="CA California"/>
Zip:	<input type="text" value="11111"/> - <input type="text"/>
Country: (if U.S., leave blank)	<input type="text"/>
Department Fax Number:	<input type="text" value="1234567890"/>
Taxpayer Identification Number (TIN):	<input type="text" value="11111111"/>
National Provider Identifier (NPI):	<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.**

Within the past two years, has your entity been a party to an acquisition or merger?  Yes  No

Did your name change?  Yes  No

Previous name of your entity:

[Continue](#)

## ENTITY REGISTRATION



## Eligibility/Statutory Authority

Help ?

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

[Change](#)

## Hospital - Additional Information

American Hospital Association (AHA) ID, if known:

Is your hospital affiliated with a multi-hospital health system, health care corporation, or other health care network?

 Yes  No

Name of affiliated health system, health care corporation, or other health care network:

Does your hospital make its own credentialing and privileging decisions?

 Yes  No

Do your credentialing and privileging decisions also apply to any other facility(ies)?

 Yes  No

Name of facility to which your credentialing and privileging decisions also apply:

[+ Additional Facility Name](#)

Does your hospital conduct its own peer review for credentialing/privileging/disciplinary purposes?

 Yes  No

Name of entity that conducts your peer review:

[+ Additional Entity Name](#)

What profession(s) does your hospital grant clinical privileges to?

[+ Additional Profession](#)

## 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	Hospital	Mandatory	Mandatory
Section 1921	Hospital*	Optional	No Requirement
Section 1128E	Hospital	Optional	No Requirement

\* Government hospitals and health care entities that qualify as one of the Federal or State agencies specified in this statute and regulations should select a Section 1921 and Section 1128E statutory authority for that type of agency in order to receive all information to which they are entitled.

## 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](#)



**Query Option**

Based on your selections you are required by law to query the Data Bank.

[Help ?](#)

**Allow users to query**

**Querying and Reporting Functions**

Please specify the following preferences for querying and reporting to the Data Bank. These preferences will take effect after you complete Data Bank registration (or registration renewal).

When we need to query the Data Bank, we would:

- Submit our queries and only our own queries
- Submit our queries on our own behalf and on behalf of other affiliated entities
- Not query. An affiliated entity would query on our behalf

Name of entity that would query on your behalf

Is this entity a third-party agent?

Yes  No

Is this entity a hospital?

Yes  No

[+ Additional Entity](#)

If our hospital took clinical privilege actions that met the requirements for reporting to the National Practitioner Data Bank, we would:

- Report clinical privilege actions on our own behalf and only on our own behalf
- Report clinical privilege actions on our own behalf and on behalf of other affiliated entities
- Not report clinical privilege actions. An affiliated entity would be responsible for reporting clinical privilege actions to the Data Bank on our behalf

Name of entity that would report on your behalf

Is this entity a third-party agent?

Yes  No

Is this entity a hospital?

Yes  No

[+ Additional Entity](#)

[Continue](#)

## ENTITY REGISTRATION

**Associated Entities**

Are any other DBIDs associated with this entity (either for reporting or querying)?  Yes  No

DBID:

[Add additional DBID](#)

Are any associated DBIDs no longer being used?  Yes  No

DBID:

[Add additional DBID](#)

Continue



[Contact Us](#)

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## 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.

Name of Certifying Official:

Title of Certifying Official:

Telephone:  Ext:

E-mail Address:

Confirm E-mail Address:

Employee ID:

Is the Certifying Official also the entity's Chief Executive Officer (CEO), or equivalent position?  Yes  No

**Chief Executive Officer (or the equivalent)**

Name of Chief Executive Officer (or the equivalent):

Job Title:

Telephone:  Ext:

E-mail Address:

Confirm E-mail Address:

[Submit to Data Bank](#)

## 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.



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