

## 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:

### • **Ownership**

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](#)

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**For assistance with issues such as:**

- **recovering a lost password**
- **replacing an administrator**
- **renewing or updating your registration**

or any other questions related to an existing entity registration with the Data Bank, please e-mail the Customer Service Center at [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov) or call **1-800-767-6732** weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time.

**To submit a new entity registration with the Data Bank, click Continue.**

Continue



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## 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](#)





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 1 hour 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:   
+ Additional Name

Department or Office to Which Mail Should be Addressed:

Street Address:

Address Line 2:

City:

State:

Zip:  -

Country:   
(if U.S., leave blank)

Department Fax Number:

Taxpayer Identification Number (TIN):

National Provider Identifier (NPI):

National Crime Information Center Originating Agency Identifier (ORI):   
(For law enforcement only)

Ownership of the Entity:

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:

**Existing Registration**

Is your organization already registered with the Data Bank?  Yes  No

Has your organization been in operation for at least 1 year?  Yes  No

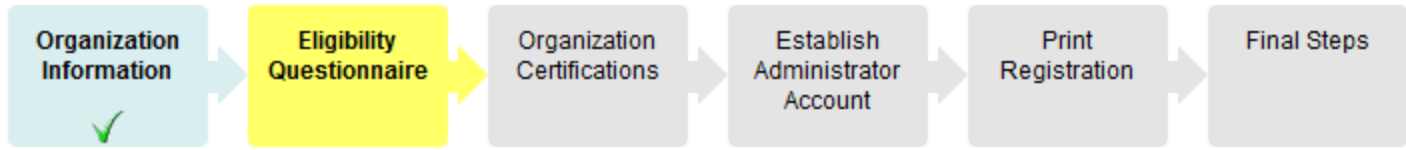
[Help ?](#)

As part of the registration process, the Data Bank must verify your organization's name and address. In order to complete this registration, you will be required to provide the following documentation:

- A copy of your organization's license to conduct business in your state, OR
- Your organization's articles of incorporation.

**Please note: The document provided must confirm the name and address listed on your registration.**

[Continue](#)



Eligibility/Statutory Authority

Help ?

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

[Change](#)

What best describes your organization?

If your organization meets more than one of the following descriptions, select the most appropriate description, but ensure that you comply with all requirements associated with Data Bank eligibility.

**Hospital**

[Less...](#)

An institution primarily engaged in providing inpatient diagnostic and therapeutic services; rehabilitation services for medical diagnosis, treatment, and care; or rehabilitation of injured, disabled, or sick persons by or under the supervision of physicians. The hospital must also be licensed or approved as meeting the standard established for licensing by the State or applicable local licensing authorities (Section 1861(e) (1) and (7) of the Social Security Act).

**Other Health Care Entity\***

(Examples include, HMOs, PPOs, MCOs, Surgical Centers, Nursing Facilities, Community Health Centers, Hospices, Ambulatory Facilities, etc.)

[Less...](#)

A health care organization, other than a hospital, that provides health care services and follows a formal peer review process to further quality health care. Health care services may be delivered through an array of coverage arrangements or other relationships with practitioners by employing them directly or through contractual or other arrangements. This excludes indemnity insurers that have no contractual or other arrangement with physicians, dentists, or other health care practitioners.

**Medical Malpractice Payer**

[Less...](#)

A Medical Malpractice Payer makes payments for the benefit of a physician, dentist, or other licensed health care practitioner in settlement of, or in satisfaction in whole or in part of, a claim or judgment against such physician, dentist, or other licensed health care practitioner. Hospitals and Other Health Care Entities should only select this option if they want to register a separate department that only reports malpractice payments.

**Professional Society\***

[Less...](#)

A membership association of physicians, dentists, or other health care practitioners that follows a formal peer review process for the purpose of furthering quality health care. Examples of professional membership societies may include medical and dental societies and academies of medicine and dentistry.

**Private Entity Under Contract to Administer a Federal Health Care Program**

[Less...](#)

A for-profit business or a non-profit organization that is under a contract to administer a Federal health care program.

**Health Plan (if no other option applies)**

[Less...](#)

A plan, program, or organization that provides health care benefits, whether directly or through insurance, reimbursement, or otherwise. Health care organizations may be recognized as "health plans" if they meet the basic definition of "providing health benefits." Health plans include, but are not limited to, the following:

- A policy of health insurance
- A contract of a service benefit organization
- A membership agreement with a health maintenance organization or other prepaid health plan
- A plan, program, or agreement established, maintained, or made available by an employer or group of self-insured employers; a practitioner, provider, or supplier group; a third party administrator; an integrated health care delivery system; an employee welfare association; a public service group or organization; or a professional association
- An insurance company, insurance service, or insurance organization that is licensed to engage in the business of selling health care insurance in a State, and that is subject to State law which regulates health insurance
- An organization that provides benefit plans whose coverage is limited to outpatient prescription drugs

**Peer Review Organization**

[Less...](#)

An organization whose primary purpose is to:

- Evaluate the quality of patient care practices or services ordered or performed by health care practitioners measured against objective criteria which define acceptable and adequate practice through an evaluation by a sufficient number of health practitioners in such an area to ensure adequate peer review.
- The organization has due process mechanisms available to health care practitioners.
- This definition excludes utilization and quality control peer review organizations described in Part B of Title XI of the Social Security Act (referred to as QIOs) and other organizations funded by the Centers for Medicare and Medicaid Services (CMS) to support the QIO program.

**Quality Improvement Organization Under Contract With the Centers for Medicare & Medicaid Services (CMS)**

[Less...](#)

Quality Improvement Organizations (QIOs) also referred to in statute as utilization and quality peer review organizations are private companies that hold contracts with the Centers for Medicare and Medicaid Services to monitor the quality of care provided to Medicare beneficiaries. There is one company for each U.S. state and territory that is designated as the QIO for that region.

**Private Accreditation Organization**

[Less...](#)

An organization that:

- Evaluates and seeks to improve the quality of health care provided by a health care entity, provider, or supplier;
- Measures a health care entity's, provider's, or supplier's performance based on a set of standards and assigns a level of accreditation;
- Conducts ongoing assessments and periodic reviews of the quality of health care provided by a health care entity, provider or supplier; and
- Has a due process mechanism available to health care entities, providers, or suppliers.

**None Of These**

Resources

- [Determine Eligibility Descriptions](#)

\* Must provide health care services directly or indirectly and follow a formal peer review process to further quality health care.

Continue





**Eligibility/Statutory Authority**

Help ?

- You have indicated that your organization is a **Private Sector Organization**.
- Your previous answer indicates that your organization is a **Hospital**.

[Change](#)

[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](#)

**Are you also a Health Plan?**

**Yes**

[Less...](#)

A plan, program, or organization that provides health care benefits, whether directly or through insurance, reimbursement, or otherwise. Health care organizations may be recognized as "health plans" if they meet the basic definition of "providing health benefits." Health plans include, but are not limited to, the following:

- A policy of health insurance
- A contract of a service benefit organization
- A membership agreement with a health maintenance organization or other prepaid health plan
- A plan, program, or agreement established, maintained, or made available by an employer or group of self-insured employers; a practitioner, provider, or supplier group; a third party administrator; an integrated health care delivery system; an employee welfare association; a public service group or organization; or a professional association
- An insurance company, insurance service, or insurance organization that is licensed to engage in the business of selling health care insurance in a State, and that is subject to State law which regulates health insurance
- An organization that provides benefit plans whose coverage is limited to outpatient prescription drugs

**No**

Continue



**Eligibility/Statutory Authority**

Help ?

- You have indicated that your organization is a **Private Sector Organization**.
- Your previous answer indicates that your organization is a **Hospital**.
- Your previous answer indicates that your organization is **NOT a Health Plan**.

[Change](#)  
[Change](#)  
[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	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 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



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**Query Option**

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

Help ?

**Allow users to query**

**Reporting and Querying 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 report clinical privilege actions 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



**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.

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):

Title of Chief Executive Officer:

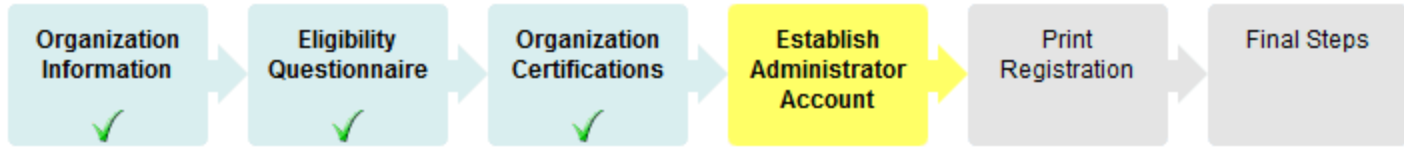
Telephone:  Ext:

E-mail Address:

Confirm E-mail Address:

Continue





Next, create an administrator account for your organization. The administrator is the individual that manages your users' accounts, your organization's registration, your payment methods, and your agent relationships. If an entity has only one person who uses the IQRS, the entity may choose to use the administrator account as its regular user account.

After your registration has been approved, you may create additional accounts with administrator privileges if desired.

Is the administrator the same person as the certifying official?  Yes  No

**Administrator Account Information**

Choose a user ID and password for your account.

User ID :   
 New Password :   
 Confirm Password :

**Password Requirements**  
 Passwords *must* have:

- Between 8 and 14 characters
- At least one number
- At least one lower case letter
- At least one upper case letter
- At least 1 of these characters:  
! @ # \$ % ^ & \* ( ) - \_ = + [ ] { } | ; : , . < > ?
- At least 5 different characters
- No repeated characters, such as 'aaaa'
- New and Confirm Passwords must match

Passwords *must not* be:

- Similar to a word in the dictionary
- Similar to your user ID
- A simple sequence, such as 'abcd1234'
- One of your last 24 passwords

**Administrator Account Challenge Questions Setup**

You must provide responses to all of the challenge questions that you select. Answers must be at least three characters long.

[Help ?](#)

1. Question:   
 Answer:

2. Question:   
 Answer:

3. Question:   
 Answer:

4. Question:   
 Answer:

5. Question:   
 Answer:

**Notification Preferences**

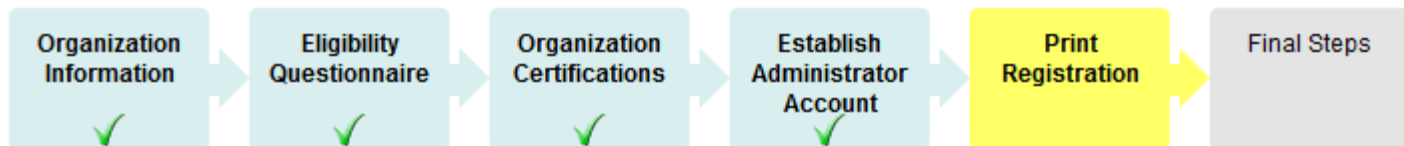
The Data Bank will send e-mail notifications for certain events. Select the notifications you wish to receive.

[Help ?](#)

- Data Bank Notices (Monthly Summaries and Report Updates)
- Responses Available (Query or Report)
- Data Bank E-newsletters [View the latest issue](#)
- Administrative Events

[Continue](#)





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

1. Print your [Registration document](#). You may wish to print an additional copy for your records.
2. Once you have finished printing your copies, press **Continue**.

Continue



[Contact Us](#)

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Now that you have printed your registration documents, please do the following:

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. The [signed letter](#) from a duly authorized representative in your organization attesting to your affiliation with the organization being registered.
4. You must provide **proof-of-organization** documentation. Proof-of-organization may be:
  - A. A copy of your organization's license to conduct business in your state, OR
  - B. Your organization's articles of incorporation.

**Please note: The documents provided will need to confirm the name and address listed on your registration.**

5. Mail all required documents to the address specified in the printed instructions.

**Note:** Faxed or scanned copies will not be accepted.

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



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## Entity Registration Instructions

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1. Make note of the DBID and User ID below. After your registration has been successfully processed you will use these values in addition to your password to log in to the Integrated Querying and Reporting Service (IQRS).

**Data Bank Identification Number:** 429700000105929

**User ID:** TESTDEV1

2. Sign the Entity Registration document.
3. Make sure you have read the Summary of Terms section of the NPDB Certifying Official and Data Bank Administrator Registration document.
4. **Do not sign the document yourself yet; a Notary Public must witness your signature as described below.**
5. Take the NPDB Certifying Official and Data Bank Administrator Registration document and the credentials listed below to a person certified by a State or Federal Government as being authorized to confirm identities (such as Notary Public), that uses a stamp, seal, or other mechanism to authenticate their identity confirmation.

### Credentials to Present to the Notary Public:

You must present a valid State or Federal government-issued photo ID. Forms of acceptable ID are as follows: A state-issued photo ID (with a serial number) such as a driver's license, Passport from country of citizenship, federal, state or local government agency (must have name, date of birth, gender, height, eye color and address), US military ID, Certificate of U.S. Citizenship, Certificate of Naturalization, permanent or unexpired temporary resident card, Native American tribal document, or Canadian driver's license.

6. Sign and date the registration document in the presence of the Notary Public who will complete his/her section of the document.
7. The following **4 items** must be mailed to the Data Bank for processing (faxed/scanned copies will not be accepted):
  - A. The signed Entity Registration document.
  - B. The original notarized NPDB Certifying Official and Data Bank Administrator Registration document.
  - C. Proof-of-affiliation with your health care organization for which you are certifying to the NPDB. You must provide **one** of the following:
    - (1) A photocopy of the work badge issued by your organization. The badge must contain a photograph and the name of the organization for which you work.
    - (2) Proof-of-Affiliation document signed by a duly authorized representative for your organization attesting to your affiliation with the health care organization for which you are certifying.
  - D. A photocopy of your organization's license to conduct business in your state OR articles of incorporation.

8. Mail the document(s) to one of the following addresses:

Regular Mail:  
The Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

Overnight Mail:  
The Data Bank  
4094 Majestic Lane, PMB-332  
Fairfax, VA 22033

9. The Data Bank will process the registration documents and if the registration is approved, you shall receive confirmation via e-mail with instructions on how to proceed.



# Registration Checklist

Signatures on all documents must be original (Photocopied, stamped, or computer-generated signatures are not accepted)

**All of the 4 documents listed must be sent to the Data Bank before your registration can be processed.**

- Entity Registration document
  - Signed and dated by the Certifying Official
  - Current and accurate organization identification information
- Organizational Documentation
  - Copy of your organization's license to conduct business in your state OR articles of incorporation
- NPDB Certifying Official and Data Bank Administrator Registration
  - Must be notarized with a stamp or seal on the document
  - Government-issued ID fields must be completed
- Proof of Organizational Affiliation documents with a copy of a work badge OR a letter signed by a duly authorized representative of your organization

If a work badge is used, it must contain:

- Name of the individual
- Photo of the individual
- Name of the organization

If a letter is used, it must be signed by a duly authorized representative of your organization who can attest to your employment (for example, a member of your human resources department or another manager or official in your organization)

*The Certifying Official and Data Bank Administrator may not sign their own Proof-of-affiliation letter for the account*

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**Mail the document(s) to one of the following addresses:**

Regular Mail:

The Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

Overnight Mail:

The Data Bank  
4094 Majestic Lane, PMB-332  
Fairfax, VA 22033

**Entity Registration****A. ENTITY IDENTIFICATION INFORMATION**

<b>Name of Entity:</b>	TEST
<b>Street Address:</b>	4300 FAIR LAKES CT
<b>City, State, Zip:</b>	FAIRFAX, VA 22033-4232
<b>Taxpayer Identification Number:</b>	999999999
<b>Ownership of the Entity:</b>	Private Sector Organization
<b>Primary Function of the Entity:</b>	General/Acute Care Hospital

**B. ELIGIBILITY/STATUTORY AUTHORITY**

<b>NPDB - Title IV</b>	<b>Function/Service:</b> Hospital	<b>Reporting:</b> Mandatory
	<b>Querying:</b> Mandatory	
Must provide health care services directly or indirectly and follow a formal peer review process to further quality health care.		

<b>NPDB - Section 1921</b>	<b>Function/Service:</b> Hospital	<b>Reporting:</b> No Requirement
	<b>Querying:</b> Optional	
Must provide health care services directly or indirectly and follow a formal peer review process to further quality health care.		

<b>NPDB - Section 1128E</b>	<b>Function/Service:</b> Hospital	<b>Reporting:</b> No Requirement
	<b>Querying:</b> Optional	

<b>Query Preference:</b>	NPDB Only
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**C. POINT OF CONTACT FOR REPORTS**

<b>Name or Office:</b>	TEST
<b>Title or Department:</b>	TEST
<b>Telephone:</b>	(989) 555-1212

**D. CERTIFYING OFFICIAL/ENTITY ADMINISTRATOR**

<b>Name:</b>	TEST DEV
<b>Title:</b>	DEV
<b>Telephone:</b>	(432) 555-1212
<b>Email Address:</b>	TEST@SRA.COM
<b>Certification Date:</b>	11/18/2014



<http://www.npdb.hrsa.gov>

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I read and understand my responsibilities under:

- Title IV of Public Law 99-660, the Health Care 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 to notify the NPDB of this fact immediately. I understand that 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.

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Signature of Certifying Official

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Signature Date (MM-DD-YYYY)





## 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 health care 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 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 for 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 acknowledge my acceptance of the Summary of Terms in which I 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 supplying information to the NPDB to complete or clarify this document may be punishable by criminal, civil, or administrative actions including fines, penalties, and/or imprisonment under Federal law.

Registrant use only

<b>Name (First Name, Middle Initial, Last Name):</b> TEST DEV	<b>Title:</b> DEV
<b>Email:</b> TEST@SRA.COM	<b>Employee ID:</b>
<b>Employer/Organization:</b> TEST	
<b>Business Address:</b> 4300 FAIR LAKES CT FAIRFAX, VA 22033-4232	
<b>Telephone:</b> (432) 555-1212	
<b>Applicant's Signature and Date*:</b>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>_____ (*Sign and date in the presence of the Notary Public)</span> <span>_____ (Date)</span> </div>	

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.

Notary Public use only

<b>Government-issued ID (Photo, Name, Serial Number, Expiration Date, Address, and Date of Birth Required)</b>	
Exact Name Listed on ID _____	
Serial Number _____	Date of Birth _____
Identification Type _____	Issuing Authority _____
Date of Issuance _____	Expiration Date _____
<p>Notary Public: _____</p> <p>I hereby certify that on this _____ day of _____, 20____, in the city of _____</p> <p>and in the county of _____, _____ personally appeared</p> <p>before me the signer and subject of the above form, who signed or attested the same in my presence,</p> <p style="text-align: right; margin-right: 50px;">Notary Public seal here</p> <p>My Commission Expires In: _____</p> <p>Street Address of Branch or Office: _____</p> <p>Name of Organization Employing Notary: _____</p>	