

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](#)

[Return to Data Bank Home Page](#)

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 agent registration with the Data Bank, please e-mail the Customer Service Center at 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 agent registration with the Data Bank, click **Continue**.

[Continue](#)



[Contact Us](#)

[Return to Previous Page](#)

[Return to Data Bank Home Page](#)

AGENT REGISTRATION

Complete this form to register as an authorized agent to query and/or report to the National Practitioner Data Bank (NPDB) on behalf of eligible, registered entities.

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.

AUTHORIZED AGENT IDENTIFICATION INFORMATION

Agent Organization Name:	<input type="text"/>
Additional Name (Optional):	<input type="text"/>
Department or Office to Which Mail Should be Addressed:	<input type="text"/>
Street Address:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="CHOOSE ONE FROM LIST"/>
ZIP Code:	<input type="text"/> - <input type="text" value="✓"/>
Country (if U.S., leave blank):	<input type="text"/>
Department Fax Number:	<input type="text"/>
Taxpayer Identification Number (TIN):	<input type="text"/>

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

AUTHORIZED AGENT REQUIREMENTS

As an agent authorized to report and query the National Practitioner Data Bank (NPDB) on behalf of an eligible entity, I certify that the organization has read and understands the provisions of Public Law 99-660, as amended; the NPDB regulation (45 CFR Part 60); Public Law 100-93, as amended by Public Law 101-508; Public Law 104-191, as amended; and that I will meet and comply with the following requirements:

- I am authorized to conduct business in my State.
- My facilities are secure to ensure the confidentiality of NPDB information.
- I understand and can comply with the technical requirements for electronically reporting to and querying the NPDB, as provided by the NPDB and/or guidance distributed by the NPDB.
- I will use my own password and DBID to report and query on behalf of my NPDB client.
- I understand that I must query the NPDB separately for each entity on whose behalf I am authorized to query. My agreement(s) with the entity(ies) I represent explicitly prohibits me from using information obtained from the NPDB other than the purpose for which the disclosure was made.
- I will not use a single query response for a particular practitioner, provider, or supplier on behalf of more than one entity.
- To my knowledge, the information I am submitting is accurate and truthful.
- I will keep registration information concerning my organization in the NPDB up-to-date; and I will delete NPDB query and report information from my organization's database that I provided or obtained on behalf of any entity for whom I am no longer acting as agent.
- I understand that I must query the NPDB separately for each entity on whose behalf I am authorized to query. My agreement(s) with the entity(ies) I represent explicitly prohibits me from using information obtained from the NPDB other than the purpose for which the disclosure was made.

CERTIFYING OFFICIAL

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

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

- The agent being registered satisfies the requirements as specified above.
- If he or she does not comply with the stated requirements, his or her status as an authorized agent with the NPDB may be suspended or revoked by the Government.
- 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.

Notice: 18 U.S.C. §1001 authorizes criminal penalties against whomever in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government, knowingly and willfully falsifies, conceals, or covers-up by any trick, scheme, or writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry. **Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. §3571, Section 3571 (d) also authorizes fines of up to the greater of twice the gross gain derived by the offender or twice the gross loss sustained by another as a result of the offense.**

Name of Certifying Official:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title of Certifying Official:	<input type="text"/>		
Telephone:	<input type="text"/>	Ext.	<input type="text"/>
E-mail Address:	<input type="text" value="Not specified - enter e-mail address here"/>		
Confirm E-mail Address:	<input type="text" value="Not specified - enter e-mail address here"/>		
Employee ID:	<input type="text"/>		

[Continue](#)

[Return to Previous Page](#)

[Return to Data Bank Home Page](#)



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:

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

 [Contact Us](#)

Return to Previous Page

Return to Data Bank Home Page

PRINT REGISTRATION



Your challenge questions could not be saved at this time. All other registration details have been saved.

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](#)

[Return to Data Bank Home Page](#)



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.

Signature of Certifying Official

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

Name (First Name, Middle Initial, Last Name): JON MANN	Title: TITLE
Email: jonmann@email.gov	Employee ID:
Employer/Organization: Agent	
Business Address: 5600 FISHERS LN ROCKVILLE, MD 20852-1750	
Telephone: (301) 301-3011	
Applicant's Signature and Date*: <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> _____ _____ </div> <p style="text-align: center;">(*Sign and date in the presence of the Notary Public) (Date)</p>	
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

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