

Some information redacted because an actual entity profile needed to be used to generate this form.

[Sign Out](#)

AGENT REGISTRATION CONFIRMATION

the **DataBank**
NATIONAL PRACTITIONER

Only agents designated by a registered entity may query and report to the National Practitioner Data Bank (NPDB), based on the entity's eligibility. Authorized agents must be registered with the NPDB and have received a confidential Data Bank Identification Number (DBID) and password prior to using this querying and reporting service. If you are not authorized by an eligible entity to query and report to either the NPDB, **please log off now.**

[Help](#) ?

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 09, 2014 12:08PM

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

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](#)

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			
<input checked="" type="radio"/> Keep <input type="radio"/> Delete			FEB 24, 2011 09:42AM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete			APR 18, 2011 10:21AM
<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
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	FEB 24, 2011 09:42AM
[REDACTED]	[REDACTED]	APR 18, 2011 10:21AM

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

[Continue](#)

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[Return to Registration Confirmation](#)

RENEW AGENT REGISTRATION



Complete this form to renew your registration as an authorized agent to query and/or report to the NPDB, on behalf of eligible, registered entities.

All agents must review and sign this registration form to ensure knowledge of and compliance with the confidentiality requirements 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*, as amended by Public Law 101-508, *Omnibus Budget Reconciliation Act of 1990*; and/or Public Law 104-191, the *Health Insurance Portability and Accountability Act of 1996*, as amended; that applies to information submitted to the NPDB. [Review each of these statutes and regulations](#) prior to submitting your agent registration renewal.

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 5 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.

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" value="NEWARK"/>
State:	<input type="text" value="DE Delaware"/>
ZIP Code:	<input type="text" value="19713"/> - <input type="text" value=""/> <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"/>

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.**

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

Name of Certifying Official:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title of Certifying Official:	<input type="text" value="DIRECTOR OF OPERATION"/>		
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](#)

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Entity: |

User:

[Sign Out](#)

FINAL STEPS

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NATIONAL PRACTITIONER



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

 [Contact Us](#)

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