

DATE: September 20, 2016

TO: Patrick Wells, OMB Desk Officer
Stephanie Mok, OMB Desk Officer

FROM: Lisa Wright-Solomon, HRSA Information Collection Clearance Officer

SUBJECT: Non-substantive change request for the Health Resources and Services Administration's National Practitioner Data Bank (NPDB) Information Collection (OMB #0915-0126, expires 03/31/2018)

This is a request for non-substantive changes to the Health Resources and Services Administration's National Practitioner Data Bank (NPDB) Information Collection (OMB #0915-0126, expires 03/31/2018).

The Division of Practitioner Data Bank proposes to implement system enhancements to improve the registration process. The change consists of rewording questions so they are easier to understand, changing the order of questions, reformatting the form, and omitting data elements that are not necessary. The changes do not alter the content of the instruments in any way. We believe the proposed changes will not impact the respondent burden time. A summary of the hospital registration form changes and screenshots are provided in Table 1 and global changes to NPDB forms are provided in Table 2.

Table 1: Hospital Registration Form - Changes and Screenshots






Information Collection Title	Side-by-Side Comparison of Initial ICR Content vs. Revisions	Screenshots of the Instrument
Hospital Registration (Initial)	 Initial Registration.docx	 HospitalRegistration_Initial.pdf
Hospital Registration (Renewal)	 Renewal_Registratio n.docx	 HospitalRegistration_ Renewal.pdf

Table 2: Global Changes to NPDB Forms

Add an optional Mobile Phone Number field on the NPDB forms. This universal change will make it easier and faster for users to recover their password when they forget it. Attached is the screenshot of this data field.	 Entity Registration - Admin.jpg
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Add an optional field next to Department section on the NPDB forms. This will allow users to add "care of" or "attention to" in addition to the Department field.

this collection of information, including suggestions for reducing this burden, to HHS's Reports Clearance Officer, 5600 Fishers Lane, Room 10C-031, Rockville, Maryland, 20857.

Entity Identification Information

Name of Entity:

Additional Name (Optional):

Department or Office to Which Mail Should be Addressed:

Street Address:

Address Line 2:

City:

State:

