

## ATTESTATION FOR REPORTING

**⚠ Your Organization's Attestation is Due By (Month dd yyyy)**

Your organization should attest as to whether or not they have submitted all required reports to the NPDB from (Month dd, yyyy) to (Month dd, yyyy).

Hospitals and other authorized health care organizations access NPDB report information by querying. The query response is used as part of the professional review process when making decisions regarding the licensing, credentialing, privileging, or employment of health care practitioners. These organizations must also report certain adverse actions they take and payments they make for the benefit of a health care practitioner in settlement of a malpractice claim or judgment. These reports are added to the NPDB repository to benefit all querying organizations.

**Why is reporting required?**

Federal law requires hospitals, other authorized health care organizations, and medical malpractice payers to report certain actions to the NPDB. Your entity may meet the definition of multiple entity categories. In that case, your entity must comply with all applicable reporting requirements. Medical malpractice payments and other required actions must be reported to the NPDB within 30 days of the date the payment was made or the action was taken.

**What is attestation?**

Your organization should confirm whether or not they have submitted reports to the NPDB for all actions taken and/or payments made from (Month dd, yyyy) to (Month dd, yyyy), as required by law.

**What reports have been submitted to the NPDB?**

- Your organization has added a total of (n) reports to the NPDB to benefit other querying organizations.
- Of these, (n) reports were submitted for actions taken or payments made from (Month dd, yyyy) to (Month dd, yyyy).

**What is the deadline for attestation?**

An organization's attestation should be submitted to the NPDB no later than (Month dd, yyyy). If your organization does not complete the attestation it may be subject to sanctions outlined in [45 CFR 60.12](#).

**Are you ready to attest now?****More Information**

- [What You Must Report to the NPDB](#)
- [The Guidebook: Chapter E - Reports](#)
- [How to Submit a Report](#)
- [How to Retrieve Historical Report Summaries](#)
- [Help and FAQs](#)

# ATTESTATION FOR REPORTING

## 1. Attesting Official

**Identify the person with the authority to attest to compliance with NPDB reporting requirements on behalf of your organization.**

The Data Bank administrator may have the authority to attest. If not, the Data Bank administrator must identify the attesting official, advise that person of his or her responsibilities, and submit the form on behalf of the attesting official.

**The attesting official must:**

- Have access to all reports submitted to the NPDB by your organization.
- Attest to whether or not all required reports have been submitted to the NPDB from **(Month dd, yyyy) to (Month dd, yyyy)**.

**Who is authorized to attest regarding compliance for NPDB reporting?**

I am authorized

**Name**

**Title**

**Phone**

**Email**

Exit

Save and Finish Later

Continue to Next Step

## 2. Decisions Affecting Other <Entity Type>s

## 3. Attestation

## 4. Review and Submit

## ATTESTATION FOR REPORTING

1. Attesting Official

 [Edit](#)

### 2. Decisions Affecting Other <Entity Type>s

Is your <entity type> responsible for making decisions that govern other <entity type>s regarding adverse actions and/or medical malpractice payments that are reportable to the NPDB?

Yes  No

[Exit](#)

[Save and Finish Later](#)

[Continue to Next Step](#)

3. Attestation

4. Review and Submit



## ATTESTATION FOR REPORTING

1. Attesting Official

 Edit

2. Decisions Affecting Other &lt;Entity Type&gt;s

 Edit

## 3. Attestation

## NPDB Attestation for Required Reports

## Summary of your organization's reports to the NPDB

- Your organization has added a total of (n) reports to the NPDB. These added reports benefit other querying organizations.
- Of these, (n) reports were submitted for actions taken and/or payments made from (Month dd, yyyy) to (Month dd, yyyy).

## Your organization's legal requirements for reporting to the NPDB

Eligible entities must report all required adverse actions and medical malpractice payments to the NPDB within 30 days of the date the action became effective or the payment was made. An adverse action or medical malpractice payment must be reported to the NPDB based on whether or not it satisfies NPDB reporting requirements.

## Attest to your organization's compliance with NPDB reporting requirements.

Has your organization submitted all reports, as required by law, from (Month dd, yyyy) to (Month dd, yyyy)?

- Yes, all required reports are submitted       No, some required reports have not been submitted

Why didn't your organization submit these required reports to the NPDB?

Add a reason

**This information is required**

## More Information

- [What You Must Report to the NPDB](#)
- [The Guidebook: Chapter E - Reports](#)
- [How to Submit a Report](#)
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- [Help and FAQs](#)

Exit

Save and Finish Later

Continue to Next Step

4. Review and Submit

# ATTESTATION FOR REPORTING

- 1. Attesting Official
 Edit
- 2. Decisions Affecting Other <Entity Type>s
 Edit
- 3. Attestation
 Edit

## 4. Review and Submit

Please review your attestation. If it is correct, submit your attestation to the NPDB. If it is not correct, select a section to edit.

**Attestation for <Entity Name>, <City, ST> for reports submitted to the NPDB from (Month dd, yyyy) to (Month dd, yyyy).**

My organization has not yet fulfilled our NPDB reporting requirements.

**The reason why these required reports were not submitted:**

We did not know about these requirements.

### Certify Attestation

I certify that the attestation regarding NPDB reporting requirements is true and correct to the best of my knowledge. I certify that my organization will continue to submit all required reports within 30 days of the date an action was taken or a medical malpractice payment was made. I further certify that I am authorized to submit these statements on behalf of our organization.

Attested By: John Doe

Title: Administrator

Phone: 714-248-1200

Email Address: Admin@bwbaptist.org

- [Exit](#)
- [Save and Finish Later](#)
- [Submit](#)

## ATTESTATION FOR REPORTING

✔ Thank you for submitting your attestation.

Attestation for <Entity name>, <City, ST> for reports submitted to the NPDB from (Month dd, yyyy) to (Month dd, yyyy).

My organization has not yet fulfilled our NPDB reporting requirements..

**The reason why these required reports were not submitted:**

We did not know about these requirements.

### Certify Attestation

I certify that the attestation regarding NPDB reporting requirements is true and correct to the best of my knowledge. I certify that my organization will continue to submit all required reports within 30 days of the date of payment or the action was taken. I further certify that I am authorized to submit this attestation on behalf of our organization.

Attested By:	John Doe
Title:	Administrator
Phone:	714-248-1200
Email Address:	Admin@bwbaptist.org