

## ATTEST TO NPDB REPORTING COMPLIANCE

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

Health centers should attest as to whether or not they have submitted all reportable clinical privileges actions to the NPDB taken from (Month, dd, yyyy) to (Month, dd, yyyy).

Health centers, hospitals, and other authorized health care organizations access NPDB information by querying. The query response is used as part of the review process in making decisions regarding licensing, credentialing, privileging, or employment. These organizations are also required to report certain actions they take to the NPDB, adding their information to the repository to benefit other querying organizations.

**Why is reporting required?**

Federal law requires health centers to report certain adverse actions, such as clinical privileges actions. If your health center has taken any clinical privileges actions that meet the NPDB reporting requirements, you must submit a report within 30 days of the date the action became effective.

**What is attestation?**

Your organization should confirm that all reportable clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy) have been submitted to the NPDB, as required by law.

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

- Your organization has added a total of 10 reports to the NPDB to benefit other querying organizations.
- Of these, 3 reports were submitted for clinical privileges actions taken 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 attestation, it may be subject to sanctions outlined in 45 CFR 60.12.

**Are you ready to attest now?**

- You have identified and contacted the person who will be responsible for attesting.
- If you are not the person responsible for attesting, you can provide their contact information.
- The person attesting is prepared to confirm whether or not all reportable clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy) were submitted to the NPDB. This includes all locations for which your organization makes decisions regarding credentialing and/or privileging health care practitioners.

**More Information**

- [What You Must Report to the NPDB](#)
- [The Guidebook: Clinical Privileges Reporting](#)
- [About Reporting](#)
- [Health Centers](#)
- [Help & FAQs](#)
- [How to Retrieve Historical Report Summaries](#)
- [How to Submit a Report](#)



## REPORTING ATTESTATION

## 1. Attesting Official

[Public Burden Statement](#) ▾

**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 any clinical privileges actions taken by your organization.
- Determine whether or not any of those actions were reportable according to the NPDB regulations.
- Attest as to whether or not all reportable clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy) were submitted to the NPDB.
- Identify all site locations for which your organization makes decisions regarding credentialing and/or privileging health care practitioners.

**Who is authorized to attest to compliance for reporting clinical privileges actions?** I am authorized

Name

Title

Phone

Ext.

Email

[Exit](#)[Save and Finish Later](#)[Continue to Next Step](#)

## 2. Locations

## 3. Attestation

## 4. Review and Submit

## REPORTING ATTESTATION

1. Attesting Official

Edit

2. Locations

These service delivery sites were included in your scope of project. Is your organization responsible for making privileging and/or credentialing decisions regarding healthcare practitioners at these sites?

Select Yes or No for each site:

Search:

	Site Name	Address	City	State	ZIP
<input checked="" type="radio"/> Yes <input type="radio"/> No	CARBONDALE FAMILY HEALTH CENTER	141 SALEM AVENUE STE 302	CARBONDALE	PA	18407
<input checked="" type="radio"/> Yes <input type="radio"/> No	HAMLIN FAMILY HEALTH CENTER	543 EASTON TPKE	LAKE ARIEL	PA	18436
<input checked="" type="radio"/> Yes <input type="radio"/> No	HONESDALE BEHAVIORAL HEALTH CENTER	600 MAPLE AVE STE 10	HONESDALE	PA	18431
<input checked="" type="radio"/> Yes <input type="radio"/> No	HONESDALE FAMILY HEALTH CENTER	600 MAPLE AVE STE 2	HONESDALE	PA	18431
<input checked="" type="radio"/> Yes <input type="radio"/> No	MCANDREW FAMILY HEALTH CENTER	111 MAIN ST	VANDLING	PA	18421
<input checked="" type="radio"/> Yes <input type="radio"/> No	NORTHERN WAYNE FAMILY HEALTH CENTER	412 COMO ROAD	LAKE COMO	PA	18427

Total Sites: 11

Are there other sites in the approved scope of project for your health center that are not listed above?

 Yes  No

A new clinic



Site Name: A new clinic

Site Address:

BPS Site Id:

Point of Contact:

Edit

Delete

Exit

Save and Finish Later

Continue to Next Step

3. Attestation

4. Review and Submit



## REPORTING ATTESTATION

1. Attesting Official

Edit

2. Locations

Edit

3. Attestation

## NPDB Attestation for Reporting Clinical Privileges Actions

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

- Your organization has added a total of 10 reports to the NPDB to benefit other querying organizations.
- Of these, 3 reports were submitted for clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy).

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

Your organization must report all clinical privileges actions resulting from:

- Any professional review action that adversely affects the clinical privileges of a physician or dentist for a period of more than 30 days, or
- The acceptance of the surrender of clinical privileges, or any restriction of such privileges by a physician or dentist while the physician or dentist is under investigation by a health care entity for possible incompetence or improper professional conduct, or in return for not conducting such an investigation or proceeding.

## Attest to your organization's compliance with NPDB reporting requirements, including all sites for which your organization makes privileging and/or credentialing decisions.

Has your organization reported all adverse actions taken from (Month dd, yyyy) to (Month dd, yyyy) affecting the clinical privileges of a physician or dentist as defined above?

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

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

You stated that your organization is not responsible for making credentialing and/or privileging decisions regarding health care practitioners at these sites in your scope of project:

Site Name	Address	City	State	ZIP
MCANDREW FAMILY HEALTH CENTER	111 MAIN ST	VANDLING	PA	18421

Please explain:

Exit

Save and Finish Later

Continue to Next Step

4. Review and Submit

## More Information

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- [About Reporting](#)
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## Clinical Privileges Actions

Your organization **must** report clinical privileges actions taken against physicians and dentists, but **may also** report actions taken against other types of health care practitioners.



## REPORTING ATTESTATION

1. Attesting Official

Edit

2. Locations

Edit

3. Attestation

Edit

4. Review and Submit

Review your attestation. If it is correct, submit your attestation to the NPDB. If it is not correct, edit the section you need to change.

**Attestation for WAYNE HEALTH CENTER, HONESDALE, PA for reported clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy)**

- My organization has **not** fulfilled our NPDB requirements for reporting clinical privileges actions regarding physicians and dentists

**The reason why all required reports have not been submitted:**

did not know

- My organization is responsible for privileging and/or credentialing decisions at these sites:

Site Name	Address	City	State	ZIP
CARBONDALE FAMILY HEALTH CENTER	141 SALEM AVENUE STE 302	CARBONDALE	PA	18407
HAMLIN FAMILY HEALTH CENTER	543 EASTON TPKE	LAKE ARIEL	PA	18436
HONESDALE BEHAVIORAL HEALTH CENTER	600 MAPLE AVE STE 10	HONESDALE	PA	18431
HONESDALE FAMILY HEALTH CENTER	600 MAPLE AVE STE 2	HONESDALE	PA	18431
MCANDREW FAMILY HEALTH CENTER	111 MAIN ST	VANDLING	PA	18421
NORTHERN WAYNE FAMILY HEALTH CENTER	412 COMO ROAD	LAKE COMO	PA	18437
PIKE COUNTY BEHAVIORAL HEALTH AND DENTAL CLINIC	750 ROUTE 739	HAWLEY	PA	18428
PIKE FAMILY HEALTH CENTER	750 ROUTE 739	HAWLEY	PA	18428
TOGETHER FOR HEALTH DENTAL CENTER	600 MAPLE AVE STE 7	HONESDALE	PA	18431
WAYMART FAMILY HEALTH CENTER	29 WOODLANDS DR	WAYMART	PA	18472
WOMEN'S HEALTH CENTER	110 PARK ST	HONESDALE	PA	18431

## Additional Sites

Site Name	Site Address	Point of Contact	BPS Site ID
A new clinic			

- My organization is NOT responsible for privileging and/or credentialing decisions at these sites:

Site Name	Address	City	State	ZIP
MCANDREW FAMILY HEALTH CENTER	111 MAIN ST	VANDLING	PA	18421

**My explanation:**

They act independently regarding privileging and credentialing.

**Certify Attestation**

I certify that the attestation regarding clinical privileges reporting is true and correct to the best of my knowledge. I certify that my organization will continue to submit all reportable clinical privileges actions within 30 days of the date the action was taken. I further certify that I am authorized to submit these statements on behalf of our organization.

Attested By: John Doe  
 Title: DIRECTOR, FOR PATIENT FINANCIAL SERVICES  
 Phone: 214-555-1212  
 Email Address: jdoe@hc.com

**I am authorized to submit the attestation on behalf of the attesting official.**

Submitted By: STEPHANIE WOOD  
 Title: MEDICAL STAFF COORDINATOR

Exit

Save and Finish Later

Submit



## ATTESTATION CONFIRMATION

✔ Thank you for submitting your attestation.

Attestation for WAYNE HEALTH CENTER, HONESDALE, PA for reported clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy)

- My organization has **not** fulfilled our NPDB requirements for reporting clinical privileges actions regarding physicians and dentists

**The reason why all required reports have not been submitted:**

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Submitted By: STEPHANIE WOOD  
 Title: MEDICAL STAFF COORDINATOR  
 Date: (mm/dd/yyyy)



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**Why is reporting required?**

Federal law requires health centers to report certain adverse actions, such as clinical privileges actions. If your health center has taken any clinical privileges actions that meet the NPDB reporting requirements, you must submit a report within 30 days of the date the action became effective.

**What is required to attest to compliance for NPDB reporting?**

Your organization must attest as to whether or not all reports of clinical privileges actions, as required by law, taken between **(Month dd, yyyy) and (Month dd, yyyy)** have been submitted by your organization to the NPDB. If your organization is responsible for privileging and/or credentialing for other sites, those sites are included in the attestation.

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

- Your organization has added a total of 1 reports to the NPDB to benefit other querying organizations
- Of these, 0 reports were submitted for clinical privileges actions taken between (Month dd, yyyy) and (Month dd, yyyy).

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- [NPDB Help & FAQs](#)
- [Reporting Help & FAQs](#)
- [How to Attest to Reporting Compliance](#)

[View Attestation Confirmation](#)