

Public burden statement

Public Burden Statement



OMB # 0915-0126 expiration date MM/DD/YY

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 25 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 14N-39, Rockville, Maryland, 20857.

Close

ENROLL SUBJECT

1. Subject Information

Personal Information

Last Name

Last Name

+ Additional name (e.g. maiden name)

Response

Suffix (Jr, III)

Suffix

1. Subject Information

Please fill out as much information as possible to ensure a timely and accurate response.

Personal Information

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Suffix (Jr, III)

Suffix

+ Additional name (e.g. maiden name)

Gender

Male Female Unknown

Birthdate

MM-DD-YYYY

Home Address/Address of Record

Country

United States

Address Entering a military address?

Address

Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

City

City

State



ZIP

ZIP



Work Information

Use our information as the practitioner's work information.

Organization Name

Organization Name

Organization Type

Other Type - Not Classified, Specify

Organization Description

Organization Description

Country

United States

Address Entering a military address?

Address

Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

City

City

State



ZIP

ZIP



Profession and Licensure

License 1

Profession or Field of Licensure

Specialty

Select One



Does the subject have a license for the selected profession or field of licensure?

Yes No / Not sure

License Number

State

CHOOSE ONE FROM LIST



+ Additional license

Professional Schools Attended

Schools or institutions subject attended for their professional degree, training or certification (e.g., medical school, certification program)

Name of School or Institution

School Name

Completion Year

YYYY

+ Additional school or institution

Identification Numbers

SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

SSN or ITIN

+ Additional SSN or ITIN

NPI (National Provider Identifier)

For the fastest query response, add the practitioner's NPI number if you know it.

NPI

+ Additional NPI

DEA (Drug Enforcement Agency) Number

DEA

+ Additional DEA

Does the subject have an FEIN or UPIN identification number?

FEIN (Federal Employer Identification Number)

FEIN

+ Additional FEIN

UPIN (Unique Physician Identification Numbers)

UPIN

+ Additional UPIN

Type of Practitioner

Privileged Staff or Employee Temporary or *Locum Tenens* Applicant

Ending Date for Temporary or *Locum Tenens* Enrollment

Cancel on: MM-DD-YYYY

After enrollment is complete, you may extend the enrollment period up to one year if needed. Cancel the enrollment when the practitioner no longer has a relationship with the organization.

Continue to Next Step

2. Entity Selection

3. Review

4. Payment

5. Certifier Information

Return to Options

Select an Occupation or Field of Licensure



Enter a keyword or phrase to find matching occupations. (Example: "counselor")

Search

Physician

Physician (MD)

Physician Resident (MD)

Osteopathic Physician (DO)

Osteopathic Physician Resident (DO)

Nurse - Advanced, Registered, Vocational or Practical

Registered Nurse

Nurse Anesthetist

Nurse Midwife

Nurse Practitioner

Licensed Practical or Vocational Nurse

Don't see what you're looking for?

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1. Subject Information

 Edit

2. Entity Selection

Select the entities that have authorized you to query on their behalf


Only entities that have authorized your organization to query are shown. Queries for each entity are charged and processed separately.

 Select All Entities

Find an Entity:

| Name | Address | City | State |
|---|------------|-----------|-------|
| <input checked="" type="checkbox"/> TEST ENTITY ONE | 1 TEST ST | CITY | ST |
| <input type="checkbox"/> TEST ENTITY TWO, INC | 2 TEST WAY | TEST CITY | ST |
| <input type="checkbox"/> TEST ENTITY THREE, LLC | 3 TEST RD | TEST CITY | ST |
| <input type="checkbox"/> TEST ENTITY FOUR | 5 TEST DR | TEST CITY | ST |

Enroll 1 subject on behalf of:

| | | | | |
|-----------------|------------|------|----|---|
| TEST ENTITY ONE | 1 TEST ST. | CITY | ST |  |
|-----------------|------------|------|----|---|

[Continue to Next Step](#)

3. Review

4. Payment

5. Certifier Information

[Return to Options](#)

ENROLL SUBJECT

Public Burden Statement

1. Subject Information

Edit

2. Entity Selection

Edit

3. Review

Review your selections to ensure they are correct

Querying 1 practitioner on behalf of:

| Name | Address | City | State |
|-----------------|------------|------|-------|
| TEST ENTITY ONE | 1 TEST ST. | CITY | ST |

Practitioner:

| Name | License | SSN/TIN |
|------------|------------------------------|---------|
| JONES, JOE | Physician (MD) - 111111 (VA) | **5555 |

Enter Subject ID or Department for these enrollment(s)

Edit the information for each entity (Subject ID and Department are optional)

TEST ENTITY ONE | 1 TEST ST., CITY, ST

| Subject Identification Number | Department |
|-------------------------------|--------------------------------|
| <input type="text"/> | <input type="text" value="v"/> |

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 NPDB is subject to fine and imprisonment under federal statutes.

[Continue to Next Step](#)

4. Payment

5. Certifier Information

[Return to Options](#)

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Public Burden Statement

1. Subject Information

Edit

2. Entity Selection

Edit

3. Review

Edit

4. Payment

Select a Payment Method

Enrollments for each entity will be billed separately and assigned separate confirmation numbers

| | | |
|-------------------------------|---|---------------|
| Subjects to Enroll | | 1 |
| Charge per Enrollment | X | \$2.00 |
| Total Entities | X | 1 |
| Total for 1 Enrollment | | \$2.00 |

Available Payment Methods

 Credit Card On File

Nickname: CA
 Account Number: *****1111
 Expires: 01/2020

 Credit or Debit Card

What type of credit or debit card can I use?



Name on Card

Card Number

Expiration Date

Month Year

Country

United States

Billing Address

Street Address

Billing Address Line 2

Street Address Line 2

City

City

State

ZIP

ZIP 

Continue to Next Step

5. Certifier Information

Return to Options

1. Subject Information

Edit

2. Entity Selection

Edit

3. Review

Edit

4. Payment

Edit

5. Certifier Information

Please verify your information is correct.

Subject Information

| | |
|--------------------------------|---|
| Name: | John Jones |
| Gender: | Male |
| DOB: | 01-01-1960 |
| Home Address: | 555 Cabin Rd Chantilly, VA 20111 |
| Organization Name: | <i>None/NA</i> |
| Organization Type: | <i>None/NA</i> |
| Work Address: | <i>None/NA</i> |
| Profession/Field of Licensure: | Physician (MD) |
| Specialty: | General Surgery |
| License Info: | 111111 (VA) |
| School/Institution, Year: | <i>None/NA</i> |
| SSN/ITIN: | 55555555 |
| NPI: | <i>None/NA</i> |
| DEA: | <i>None/NA</i> |
| FEIN: | <i>None/NA</i> |
| UPIN: | <i>None/NA</i> |

Payment Information

| | |
|-------------------------|----------------------------|
| Total for 1 Enrollment: | \$2.00 |
| Payment Method: | Credit Card On File |
| Nickname: | CA |
| Account Number: | *****1111 |
| Expires: | 04/2020 |

Federal regulations restrict the use of information obtained from the NPDB to specified uses. Disclosure or use of such information for any other purpose is subject to a fine and imprisonment under federal statutes.

Select the purpose of this enrollment and submit your request for disclosure to the NPDB. Your payment is processed when you select **Submit to the NPDB**.

Query Purpose:

Choose a query purpose from the list



Customer Use is an optional field that allows to create an internal identification for this transaction. Your customer use number is only available on your organization's query response.

Customer Use

Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Your Name

TEST USER

Title

ADMIN

Phone

0005551111

Extension (optional)

Ext.

WARNING:

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

Submit to the NPDB

Return to Options

Non-visible Questions

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|--|----------------------|--|---------------------|---|--|
| Organization Description | Continuous Query (1) | Below Organization Type | Text Entry | The field is displayed if the user selects an organization type that requires a description. | |
| Name of Occupation | Continuous Query (1) | Beside Profession or Field of Licensure | Text entry | The field is displayed if the user selects a profession or field of licensure that requires a description. | "Specialty" is displayed in place of "Name of Occupation" if the selected profession or field of licensure requires specialty information. |
| Specialty | Continuous Query (1) | Beside Profession or Field of Licensure | Drop List | The field is displayed if the user selects a profession or field of licensure that requires information for specialty. | "Name of Occupation" is displayed in place of "Specialty" if the selected profession or field of licensure does not require information for a specialty. |
| FEIN (Federal Employer Identification Number) | Continuous Query (1) | Below checkbox "Does the subject have an FEIN, or UPIN identification number?" | Text Entry | The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?" | Selecting the checkbox displays FEIN and UPIN text entry fields. |
| UPIN (Unique Physician Identification Numbers) | Continuous Query (1) | Below FEIN text entry | Text Entry | The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?" | Selecting the checkbox displays FEIN and UPIN text entry fields. |

| | | | | | |
|--|----------------------|--|-------------|---|---|
| Cancel on | Continuous Query (1) | Below Privileged Staff or Employee radio button | Text Entry | The field is displayed if the user selects Temporary or Locum Tenens or Applicant radio buttons. | Privileges Staff or Employee option does not require a cancellation date. |
| Entity Selection | Continuous Query (2) | After step 1 Subject Information | Check boxes | The Entity Selection section is only displayed if the user is authorized to act as an agent to query on behalf of other entities. | All entities are listed for which the user is authorized to query are listed. |
| Enter Subject ID or Department for these enrollment(s) | Continuous Query (3) | After Practitioner section on the Review panel | Checkbox | The field is displayed if the Entity Selection panel is displayed. | |
| Subject Identification Number | Continuous Query (3) | Below Enter Subject ID or Department for these enrollment(s) | Text Entry | The field is displayed if the user selects the checkbox Enter Subject ID or Department for these enrollment(s). | |
| Department | Continuous Query (3) | Beside Subject Identification Number | Drop List | The field is displayed if the user selects the checkbox Enter Subject ID or Department for these enrollment(s) and the entity has added departments in their profile. | |

State Changes

| Label | PDF Name | Item Type | Trigger |
|-------------------------|------------------|-----------|--|
| Public Burden Statement | Continuous Query | Modal | When the user selects the Public Burden Statement link the modal is displayed. |

| | | | |
|--|------------------|------------|--|
| Select an Profession or Field of Licensure | Continuous Query | Modal | When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry. |
| Name of Occupation | Continuous Query | Text Entry | Text entry is disabled if the user does not select a profession or field of licensure requiring a description. |
| License Number | Continuous Query | Text Entry | Text entry is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for your selected profession or field of licensure?" |