

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 1 hour 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](#)

burden statement

[Continue to Next Step](#)

What do you need to do?

- Become an NPDB administrator
- Register my organization
- Get help for an NPDB account
- Get a NPDB Self-Query report
- Something else

What do you need to do?

- Become an NPDB administrator to replace the previous one
- Register my organization
- Get help for an NPDB account
- Get a NPDB Self-Query report
- Something else

Exit

Continue to Next Step

What do you need to do?

- Become an NPDB administrator to replace the previous one
- Register my organization
 - Register for a new NPDB account for my organization
 - Renew or update my organization's NPDB registration
 - Request another DBID for my organization's NPDB account
- Get help for an NPDB account
- Get a NPDB Self-Query report
- Something else

Exit

Continue to Next Step

What do you need to do?

- Become an NPDB administrator
- Register my organization
 - Register for a new NPDB account
 - Renew or update my organization's account
 - Request another DBID for my organization
- Get help for an NPDB account
- Get a NPDB Self-Query report
- Something else

Is your organization already registered with the NPDB?



Why is your organization requesting another NPDB account?

- Our account DBID was compromised
- A department or unit in our organization needs a separate NPDB account
- Other

Do you know the current DBID for your organization?

- Yes
- No

DBID Number

Exit

Request another account

Continue to Next Step

Registration Checklist

1. Have you identified the person who will serve as the certifying official for your organization?

You are registering your organization, so you will be the NPDB administrator. The NPDB also requires someone to serve as the certifying official, someone that can certify that your organization is legitimate and eligible to register with the NPDB. In most cases, the administrator also serves as the certifying official. In some cases, the certifying official is someone other than the NPDB administrator, who is in a management or executive role. A certifying official who is not the NPDB administrator will not have access to the NPDB until the administrator creates an account for them.

If you will not be the certifying official, you will need to know how that person's name is listed on their government-issued ID, such as their driver's license. This is important because you and the certifying official must complete a paper form in front of a notary public and show them the ID. The paper form will show the name you enter online and the notary must verify that it matches the name on their ID.

2. Do you know the tax identification number for your organization?

You will need to know the [Employer Identification Number \(EIN\)](#) assigned to your organization by the IRS. If your organization is not required to have an EIN (e.g. a sole proprietorship) enter your [Social Security Number \(SSN\)](#) or [Individual Tax Identification Number \(ITIN\)](#) instead.

3. Are there other identification numbers assigned to your organization?

If your organization has a [National Provider Identification \(NPI\)](#) you will need to provide it. Hospitals should also add their [CMS Certification Number \(CCN\)](#), the provider number assigned for Medicare.

If you do not have this information, please [Exit](#) and return to registration later.

[Exit](#)

[Continue to Next Step](#)

Rules of Behavior

You are accessing a U.S. Government information system. This information system is provided for U.S. Government authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. 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 may be subject to fine and imprisonment under Federal statute. By using this system, you understand and consent to the following: At any time and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose. All individuals that have access to obtain information from and report information to the NPDB system must comply with the following conditions:

All individuals that have access to obtain information from and report information to the National Practitioner Data Bank (NPDB) system must comply with the following conditions:

- I acknowledge and understand my responsibilities and agree to comply with the Rules of Behavior for the NPDB system**

Subscriber Agreement

By checking the acceptance checkbox below, you agree to:

- Provide complete and accurate responses to requests for information during the National Practitioner Data Bank (NPDB) registration process;
- Keep your passwords and tokens (if applicable) secure;
- Refrain from sharing your account information with any other individual;
- Use your NPDB account only for authorized purposes; (maintaining account information, querying and/or reporting as authorized)
- Review the accuracy of account information;
- Request revocation of your NPDB account if you ever suspect that the security of your account may have been compromised; and promptly advise the NPDB of any changes in your registration information and respond to notices from NPDB, Health Resources And Services Administration (HRSA) or The Department Of Health And Human Services (HHS) concerning your account.

COMPLETE TERMS OF NPDB ACCOUNT AGREEMENT

- I acknowledge and understand my responsibilities and agree to comply with the Subscriber Agreement for the NPDB system**

Exit

Continue to Next Step

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Select the best option for your organization

Who owns your organization?

- A private sector organization, either for-profit or non-profit**

Includes organization receiving federal, state or municipal funding or operating under contract

- Federal government agency or entity**

e.g. Department of Veterans Affairs, FBI, HHS

Name of your federal agency

- State government agency or entity**

e.g. a state Medicaid agency or Department of Health

- The District of Columbia or a U.S. Territory agency or entity**

e.g. Department of Health for D.C. or American Samoa

- Local government agency or entity**

e.g. Department of Health for a county, city or township

- An Indian Tribe or Nation or entity**

An organization under the direct ownership of an Indian tribe, band, nation or other group or community recognized by the Bureau of Indian Affairs (BIA) of the United States

Exit

Continue to Next Step

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or non-profit

Which category best fits your organization?

Hospital [Hide description](#)

An institution primarily engaged in providing inpatient diagnostic and therapeutic services; rehabilitation services for medical diagnosis, treatment, and care; or rehabilitation of injured, disabled, or sick persons by or under the supervision of physicians. The hospital must also be licensed or approved as meeting the standard established for licensing by the State or applicable local licensing authorities (Section 1861(e) (1) and (7) of the Social Security Act).

Other health care entity - a health care organization that is not a hospital [Show description](#)

Health Plan [Show description](#)

Medical Malpractice Payer [Show description](#)

An agent registering to query and/or report on behalf of another organization [Show description](#)

Professional Society [Show description](#)

Peer Review Organization [Show description](#)

Private Accreditation Organization

Quality Improvement Organization under contract with the Centers for Medicare and Medicaid Services (CMS)
[Show description](#)

None of these

Exit

Continue to Next Step

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or non-profit

Best category for your organization [Edit](#)

Hospital

Is your organization also a health plan?

Yes

A health plan is a plan, program, or organization that provides health care benefits, whether directly or through insurance, reimbursement, or otherwise. Health care organizations may be recognized as "health plans" if they meet the basic definition of "providing health benefits." [See examples of health plans](#)

No

Exit

Continue to Next Step

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or non-profit

Best category for your organization [Edit](#)

Hospital

Additional category [Edit](#)

Health Plan

Select your organization's primary health care-related function or service

Children's Hospital

Select up to 4 additional functions or services

- Critical Care Hospital
- Long Term Care Hospital
- General/Acute Care Hospital
- Rehabilitation Hospital
- Specialty Hospital
- Other hospital (Not listed in any other category)

Description

Selected Function(s): 2

[Clear All](#)

- Children's Hospital
- Other hospital (Not listed in any other category)

[Exit](#)

[Continue to Next Step](#)

Organization Description > **Statutory Authority** > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Statutory Authority and Requirements

You are registering your organization to query and/or report to the NPDB as an "eligible entity."

Three major statutes that govern NPDB operations:

- Title IV of Public Law 99- 660, the Health Care Quality Improvement Act of 1986 (Title IV);
- Section 1921 of the Social Security Act (Section 1921);
- Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

Information from the NPDB is only available to entities specified as "eligible" in the statutes and regulations.

Eligible entities are responsible for complying with all reporting and/or querying requirements that apply; some entities may qualify as more than one type of eligible entity. Each eligible entity must certify its eligibility in order to report to the NPDB, query the NPDB, or both.

Your descriptions of your organization [Edit](#)

- **Ownership** - A private sector organization, either for-profit or non-profit
- **Type(s)** - Hospital, Health Plan
- **Function(s)** - Children's Hospital

Your organization's eligibility to query and/or report, based on your descriptions

NPDB Function	Eligibility and Requirements	Statutory Authority
Report	Must report all medical malpractice payments and adverse actions that satisfy NPDB reporting requirements .	Title IV, Section 1921, Section 1128E
Query	<ul style="list-style-type: none"> • Mandatory for health care practitioners who are on medical staff (courtesy or otherwise) or have clinical privileges at the hospital. • May query the NPDB regarding other health care practitioners for authorized purposes. 	Title IV, Section 1921, Section 1128E

- The descriptions for my organization are accurate and I confirm our eligibility under these statutory authorities. My organization will comply with all NPDB requirements.**

Will your organization query the NPDB?

- Yes No

Exit

Continue to Next Step

Organization Description > Statutory Authority > **Organization Information** > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g. XYZ Pharmacy # 123)
- Add any other names used by the organization, such as a "doing business as" name (dba).

+ Additional name

Department (required for hospitals)



Country



Street Address

Street Address Line 2

City

State



ZIP



Phone Number

Identification Numbers

EIN (Employer Identification Number) [What is an EIN?](#)

[Don't have an EIN?](#)

NPI (National Provider Identifier) [What is an NPI?](#)

CCN (CMS Certification Number) [What is a CCN?](#)

ORI (Originating Agency Identifier - National Crime Center) [What is an ORI?](#)

Company or Organization Website Address

Exit

Continue to Next Step

Create Your Administrator Account

Your Information

Enter your name as it appears on one of your government-issued identifications, such as a driver's license or passport.

First Name	Middle Name	Last Name	Suffix (Jr, III)
<input type="text" value="First Name"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="Suffix"/>

Title

Phone Number

Mobile Phone (Optional)
We will send you a code to sign in if you forget your password.

Email Address

Employee ID (Optional)

Password Requirements

Passwords *must* have:

- 🔴 Between 8 and 14 characters
- 🔴 At least one number
- 🔴 At least one lower case letter
- 🔴 At least one upper case letter
- 🔴 At least 1 of these characters:
!@#\$%^&*()-_+[]{}|;:,.<>?
- 🔴 At least 5 different characters
- 🔴 No repeated characters, such as 'aaaa'
- 🔴 New and Confirm Passwords must match

Passwords *must not* be:

- Similar to a word in the dictionary
- Similar to your user ID
- A simple sequence, such as 'abcd1234'
- One of your last 24 passwords

Create Your Account

Create a User ID (8 to 14 characters)

Create a Password

Type Password Again

NPDB Email Notifications

Select the email notifications you want to receive. Update your preferences any time in your user account settings.

- Activity Updates: A monthly summary of querying and reporting activity and change notices for any reports in your query responses.
- Query and Report Availability
- NPDB Insights: A monthly update of NPDB system changes and policy information.
- Administrator Alerts: Account events such as approval of your organization's registration.

Select and Answer Challenge Questions

If you forget your password you will need to enter the correct answer for your challenge questions. Answers are case sensitive.

Question 1

Your Answer

Question 2

Your Answer

Question 3

Your Answer

Question 4

Your Answer

Question 5

Your Answer

Organization Description > Statutory Authority > Organization Information > Administrator Account > **Certifying Official** > Review Summary > Submit > Registration Status

Certifying Official

The certifying official is the individual selected and empowered by your organization to certify the legitimacy of the NPDB registration. One person may be both the account administrator and certifying official.

I am authorized by my organization to serve as the certifying official

Certifying Official's Information

Enter this person's name as it appears on their government-issued identification, such as a driver's license or passport.

First Name

Middle Name

Last Name

Suffix (Jr, III)

Title

Phone

Extension (optional)

Email Address

Employee ID (Optional)

The certifying official will not have an online account at first. After your organization's registration is approved, you may create a user account for them.

Your Point of Contact on NPDB Reports

If your organization submits a report to the NPDB regarding an adverse action or medical malpractice payment, a point of contact is included on the report in case more information is needed. You may designate a specific person or office as the point of contact or let the system assign the person who submits the report as the point of contact.

Who should be contacted regarding reports your organization submits to the NPDB?

- Contact the person who submits the report
- Contact me, the administrator
- I will assign a specific person or office to contact

Name of person or office

Title or department

Phone

Extension (optional)

Exit

Continue to Next Step

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Review Your Information

Please verify your information is correct. Select the Edit link if you need to change information in a section.

Organization Description [Edit](#)

Ownership: **A private sector organization, either for-profit or non-profit**
Type(s): **Hospital, Health Plan**
Function(s): **Children's Hospital**

Organization Information [Edit](#)

Organization Name: **Test Entity**
Department: **Credentialing**
Address: **555 Cabin Rd
Chantilly, VA 20111**
Phone Number: **111-111-1111**
EIN: **55-555555**
NPI: *None/NA*
CCN: *None/NA*
Website: *None/NA*

Account Administrator [Edit](#)

Name: **John Jones**
Title: **Administrator**
Phone Number: **111-111-1111**
Mobile Phone: *None/NA*
Email Address: **admin@org.org**
Employee ID: *None/NA*

Certifying Official [Edit](#)

Name: **John Jones**
Title: **Administrator**
Phone Number: **111-111-1111**
Email Address: **admin@org.org**
Employee ID: *None/NA*
Point of Contact for Reports: **the person who submits the report**

The registration information is true, complete and correct

Exit

Continue to Next Step

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > **Submit** > Registration Status

Submit Your Registration

The certifying official is the individual selected and empowered by an entity to certify the legitimacy of registration for participation in the NPDB and is responsible for notifying the NPDB of any change in eligibility.

By completing this registration, the certifying official agrees to the following:

- The entity qualifies under law as specified in the federal statutes section and is eligible to perform the requested querying and/or reporting functions.
- The entity may be subject to sanctions under federal statutes for failure to report final adverse actions as required in the statutes and regulations, or for the use of information obtained from the NPDB other than for the purposes for which it was provided.
- He or she is authorized to submit this registration information to the NPDB and that the information provided is true, correct and complete.
- 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.

Certifying Official

Title

Phone

Extension

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.

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Registration Status

You have submitted the online registration form. Please review and complete all of the steps listed on this page.

- 1. Print out 2 copies of your [registration documents](#).** The documents contain the DBID and user ID which you must have to sign in to your account, so keep a copy for your files.
- 2. Review all of the documents to be sure they are correct.** If revisions are needed, [sign into your account](#), revise the forms, then reprint the corrected documents. **Do not mark corrections on the paper documents. They will be rejected by the NPDB.**
- 3. Read the Summary of Terms on your administrator registration document.** You must agree to abide by these terms.
- 4. Take the administrator registration document to a notary public and sign it in their presence.** You will need to bring a government-issued photo identification with you for the notary as proof of your identity. (e.g., drivers license, valid passport).
- 5. Obtain one of these documents as proof of your affiliation with your organization.**
 - A photocopy of your work badge issued by your organization that has your name, photo, and the name of the organization printed on it.
 - A [signed letter](#) from a duly authorized representative in your organization who can attest to your affiliation, such as a representative in your organization's human resources (HR) department.
- 6. Obtain one of these documents as proof of your organization's identity.** This is required because you stated that your organization has been in business for less than one year. **The document you provide as proof must match the organization name and address on the NPDB registration.**
 - A photocopy of your organization's license to conduct business in your state.
 - A photocopy of your organization's articles of incorporation.
- 7. Provide the entity registration document and certifying official registration document to the certifying official.**

They must also:

 - Agree to the terms and conditions listed on their registration document.
 - Sign their registration document in the presence of a notary public and provide a government-issued photo identification to the notary that matches the information on their registration form.
 - Sign the entity registration document.
 - Provide proof of their affiliation with your organization.
- 8. Upload all required documents to the NPDB.** The NPDB will not process your registration until all documents are received. A checklist is included in the [registration documents](#). You may sign into your account and upload the documents or mail them to the address listed on the document. **Faxed or emailed copies are not accepted.**
- 9. Check the status of your registration online.**

Use your DBID, user name, and password to sign into your NPDB account to check the registration status after you have submitted all required documents. The NPDB will send you an email once your registration is approved. Please allow (7) business days to process your registration.

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Register for a new NPDB account for my organization	Entity Registration	Below "Register my organization"	Radio Button	The field is displayed if the user selects the option "Register my organization."	Selecting the radio button "Register my organization" displays three options: "Register for a new NPDB account for my organization," "Renew or update my organization's NPDB registration," and "Request another DBID for my organization's NPDB account."
Renew or update my organization's NPDB registration	Entity Registration	Below "Register my organization"	Radio Button	The field is displayed if the user selects the option "Register my organization."	Selecting the radio button "Register my organization" displays three options: "Register for a new NPDB account for my organization," "Renew or update my organization's NPDB registration," and "Request another DBID for my organization's NPDB account."

Request another DBID for my organization's NPDB account	Entity Registration – What do you need to do?	Below “Register my organization”	Radio Button	The field is displayed if the user selects the option “Register my organization.”	Selecting the radio button “Register my organization” displays three options: “Register for a new NPDB account for my organization,” “Renew or update my organization's NPDB registration,” and “Request another DBID for my organization's NPDB account.”
DBID Number	Entity Registration – Select the best option for your organization	Below “Do you know the current DBID for your organization?”	Text Entry	The field is displayed if the user selects the “Yes” option.	
Name of your federal agency	Entity Registration – Select the best option for your organization	Below “Federal government agency or entity” radio button	Drop List	The field is displayed if the user the option “Federal government agency or entity” for “Who owns your organization?”	
Is your organization also a health plan?	Entity Registration – Select the best option for your organization	Below “Best category for your organization”	Radio buttons	The fields are displayed if the user selects a category that has a secondary category for registration. Radio buttons are “Yes” and “No.”	The label for the secondary category is dynamic and is dependent on the user's selection for the primary category (i.e., the “Best category for your organization.”

Select up to 4 additional functions or services	Entity Registration – Select the best option for your organization.	Below drop list “Select your organization’s primary health care-related function or service	Check Boxes	The fields are displayed if user selects the link “Add a function”	Selecting the link displays all relevant functions that apply to the registration category and secondary category selected by the user.
Description	Entity Registration – Select the best option for your organization.	Below checkbox for relevant checkbox selection	Text Entry	The field is displayed if the user selects a function that requires a description.	
NPI (National Provider Identifier)	Entity Registration – Organization Information	Below Identification Numbers	Text Entry	The field is displayed if the user selects a registration category or secondary category that has an NPI.	
CCN (CMS Certification Number)	Entity Registration – Organization Information	Below Identification Numbers	Text Entry	The field is displayed if the user selects a registration category or secondary category that has a CCN	
ORI (Originating Agency Identifier)	Entity Registration – Organization Information	Below Identification Numbers	Text Entry	The field is displayed if the user selects a registration category or secondary category that has an ORI.	

Name of person or office	Entity Registration – Your Point of Contact on NPDB Reports	Below the radio button “I will assign a specific person or office to contact”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.
Title or department	Entity Registration – Your Point of Contact on NPDB Reports	Below “Name of person or office”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.
Phone	Entity Registration – Your Point of Contact on NPDB Reports	Below “Title or department”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.
Extension (optional)	Entity Registration – Your Point of Contact on NPDB Reports	Beside “Phone”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.
Description	Entity Registration	Below Select up to 5 actions	Text Entry	The field is displayed if the user selects an adverse action that requires a description.	

State Changes

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Entity Registration	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Is your organization already registered with the NPDB?	Entity Registration	Modal	When the user selects "Request another DBID my organization's NPDB account" for "Register my organization"
I am authorized by my organization to serve as the certifying official	Entity Registration	Check Box	Selecting the checkbox hides the fields for the Certifying Official's Information (First Name, Middle Name, Last Name, Suffix, Title, Phone, Extension, Email Address, Employee ID).
Password Requirements	Entity Registration	Info box	When the user sets focus on the "Create a new password" text entry, the info box is displayed. The state of each rule changes to indicate whether or the rule is met as the user enters their text.