

AGENT REGISTRATION CONFIRMATION

You are signed in as:

TEST AGENT
555 Cabin Rd.
Chantilly, VA 20111

Your agent's registration renewal is due: JUL 31, 2018

The NPDB registration for your organization expires on 07/31/2018 and must be renewed by the Data Bank administrator. If the entity account expires it will be deactivated and you may be unable to query or report to the NPDB until it is renewed.

Agents must renew their registration every 2 years to maintain their access to the NPDB. Administrators must review and update all information for the agent registration and user accounts. If your information is current, you can complete the form in about 5 minutes.

Be prepared to verify or provide:

- Agent information (Name, Address, Department, Tax Identification Number, etc.)
- Certifying official information (Name, Title, Phone Number)
- User accounts

For help, contact the [NPDB Customer Service Center](#).

[Continue - Do Not Renew Now](#)

[Renew Registration](#)

Only agents designated by a registered entity may query and/or report to the National Practitioner Data Bank (NPDB), based on the entity's eligibility. Authorized agents must be registered with the NPDB and have received a confidential Data Bank Identification Number (DBID) and password prior to using this querying and reporting service. Any unauthorized individual or organization that attempts to query or file reports with the NPDB is subject to fine and imprisonment under Federal statute. If you are not authorized by an eligible entity to query or report to the NPDB, **please log off now**.

SECURITY NOTICE: Please read this important information regarding your role in protecting critical NPDB information.

Agent Registration : R

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 5 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](#)

Review Summary > Statutory Authority >

Review Your Information

Please verify that your information is accurate.

Organization Description

Organization Information [Edit](#)

Agent Registration : Renewal

Public burden statement

[Review Summary](#) > [Statutory Authority](#) > [Submit](#) > [Registration Status](#)

Review Your Information

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

Registration Information

Organization Description

Ownership: **A private sector organization, either for-profit or non-profit**
 Type(s): **An agent registering to query and/or report on behalf of another organization**

Organization Information [Edit](#)

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

Certifying Official [Edit](#)

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

The registration information is true, complete and correct

User Accounts [Edit](#)

If a user is no longer with your organization, edit this section and select the account to be deleted.

| Name | User ID | Last Sign In |
|--------------|-----------|--------------|
| Test User 1 | UserID1a | Dec 1, 2016 |
| Test User 1A | UserID1 | Feb 11, 2017 |
| Test User2 | User ID3a | Oct 1, 2017 |
| Test User 2A | UserID2 | Apr 12, 2016 |
| Test User 3 | User ID2a | Jan 14, 2013 |
| Test User 3A | UserID3 | Sep 30, 2017 |

X = Accounts to be deleted | Total: 0

Entity Relationships

Your organization is authorized to act as an agent to submit reports and/or queries on behalf of the entity(ies) listed below:

| |
|---|
| 1. Board of Medical Examiners (Tallahassee, FL) |
| 2. Boynton Community Hospital (Boynton Beach, FL) |
| 3. Dental Licensing Board (Tallahassee, FL) |
| 4. General Hospital (Tampa, FL) |
| 5. General Hospital Surgical Center (Tampa, FL) |
| 6. Memorial Hospital Ocala (Ocala, FL) |
| 7. Memorial General Okachobee (Ochachobee, FL) |
| 8. Orlando Memorial Hospital (Orlando, FL) |
| 9. Orlando Surgical Center (Orlando, FL) |

Total entities: 47 [View All](#)

Is this list complete and correct?

Yes No / Not sure

[How do I deactivate an entity relationship?](#)

Exit

Continue to Next Step

Agent Registration : Renewal

Public burden statement

[Review Summary](#) > [Statutory Authority](#) > [Submit](#) > [Registration Status](#)

Statutory Authority and Requirements

Your organization is registered with the NPDB as an agent to act on behalf of 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.

Organizations which are not eligible under the statutes may only register as an agent. Agents may only access the NPDB on behalf of eligible entities and may only perform the functions designated to them by each entity.

Agents are responsible for adhering to the regulations regarding the confidentiality of NPDB information.

- Agents are subject to the same regulations as eligible entities regarding confidentiality and disclosure of NPDB information, as detailed in the statutes.
- Persons and entities receiving information from the NPDB, either directly or from another party, must use it solely with respect to the purpose for which it was provided. Any person who violates the confidentiality provisions is subject to a civil money penalty. The penalty will be imposed pursuant to procedures at [45 CFR Part 1003](#). The penalty amounts in this section are adjusted for inflation annually. Adjusted amounts are published at [45 CFR Part 102](#).
- Agents that are designated by multiple eligible entities to query on their behalf may not share NPDB information across those entities. Each entity must direct to agent to process a query on their behalf. The agent must only provide the results from the query to the entity on whose behalf it was processed.
- Persons and entities are responsible for the accuracy of information which they report to the NPDB. If your organization submits a report on behalf of an eligible entity and discovers an error or omission after the report is submitted, your organization must submit a correction on the entity's behalf.

Your descriptions of your organization

- **Ownership** - A private sector organization, either for-profit or non-profit
- **Type(s)** - An agent registering to query and/or report on behalf of another organization

The descriptions for my organization are accurate. My organization will continue to comply with all NPDB requirements .

[Exit](#)[Continue to Next Step](#)

Agent Registration : Renewal

Public burden statement

[Update User Accounts](#) > [Review Summary](#) > [Statutory Authority](#) > [Submit](#) > [Registration Status](#)

Update User Accounts

If the user is no longer with your organization, select their account for deletion. The account will be deleted after you submit your registration renewal to the NPDB.

| | Name | User ID | Last Sign In |
|--------------------------|--------------|-----------|--------------|
| <input type="checkbox"/> | Test User 1 | UserID1a | Dec 1, 2016 |
| <input type="checkbox"/> | Test User 1A | UserID1 | Feb 11, 2017 |
| <input type="checkbox"/> | Test User2 | User ID3a | Oct 1, 2017 |
| <input type="checkbox"/> | Test User 2A | UserID2 | Apr 12, 2016 |
| <input type="checkbox"/> | Test User 3 | User ID2a | Jan 14, 2013 |
| <input type="checkbox"/> | Test User 3A | UserID3 | Sep 30, 2017 |

User Accounts to be deleted: 0

[Exit](#)[Continue to Next Step](#)

Agent Registration : Renewal

Public burden statement

[Review Summary](#) > [Statutory Authority](#) > [Submit](#) > [Registration Status](#)**Submit Your Registration**

The certifying official is the individual selected and empowered by an agent 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 agent is qualified to register with the NPDB.
- 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.
- The agent's NPDB registration may be suspended revoked for failure to comply with the requirements.

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.

18 U.S.C. §1001 authorizes criminal penalties against whomever in any matter within the jurisdiction of the executive, legislative, or judicial branch of the government, knowingly and willfully falsifies, conceals, or covers-up by any trick, scheme, or writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.

Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. §3571, Section 3571 (d) also authorizes fines of up to the greater of twice the gross gain derived by the offender or twice the gross loss sustained by another as a result of the offense.

Agent Registration : Renewal



Public burden statement

[Review Summary](#) > [Statutory Authority](#) > [Submit](#) > **Registration Status**

Registration Status

Your registration renewal is complete. Any changes you made to your registration or user accounts are in effect immediately. You may review your registration and user accounts in the Administrator Options section of the NPDB.

Your next date to renew is scheduled for July 31, 2020.

[Return to Options](#)

Agent Registration: U

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

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[Close](#)[View/Update Agent Registration](#) ▲

Agent Registration : Update

Public burden statement

[Statutory Authority](#) > [Organization Information](#) > [Certifying Official](#) > [Review Summary](#) > [Submit](#) > [Registration Status](#)

Statutory Authority and Requirements

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Your descriptions of your organization

- **Ownership** - A private sector organization, either for-profit or non-profit
- **Type(s)** - An agent registering to query and/or report on behalf of another organization

The descriptions for my organization are accurate. My organization will continue to comply with all NPDB requirements.

Exit

Continue to Next Step

Agent Registration : Update

Public burden statement

Statutory Authority > **Organization Information** > 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

EIN (Employer Identification Number) [What is an EIN?](#)[Don't have an EIN?](#)

Company or Organization Website Address

Agent Registration : Update

Public burden statement

Statutory Authority > Organization Information > **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 Number****Email Address****Employee ID (Optional)**

The certifying official will not have a user account unless you create one for them.

Exit

Continue to Next Step

Agent Registration : Update

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

Statutory Authority > Organization Information > Certifying Official > **Review Summary** > Submit

Review Your Information

Please verify your information is correct.

Organization Description

Ownership: **A private sector organization, either for-profit or non-profit**
Type(s): **An agent registering to query and/or report on behalf of another organization**

Organization Information [Edit](#)

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

Certifying Official [Edit](#)

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

The registration information is true, complete and correct

[Exit](#)[Continue to Next Step](#)

Agent Registration : Update

Public burden statement

[Statutory Authority](#) > [Organization Information](#) > [Certifying Official](#) > [Review Summary](#) > **Submit** > [Registration Status](#)

Submit Your Registration

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

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- 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.
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Certifying Official

Title

Phone

Extension

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Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. §3571, Section 3571 (d) also authorizes fines of up to the greater of twice the gross gain derived by the offender or twice the gross loss sustained by another as a result of the offense.

Agent Registration : Update

Public burden statement

[Statutory Authority](#) > [Organization](#) > [Certifying Official](#) > [Review Summary](#) > [Submit](#) > **Registration Status****Registration Status**

Your registration update is complete. Any changes you made to your registration are in effect immediately. You may review your user accounts in the Administrator Options section of the NPDB.

Your next date to renew is scheduled for April 25, 2019

[Return to Options](#)[View/Update Agent Registration](#) ▲

Select the Edit link if you need to change information in a section.

Organization Description

Ownership: **A private sector organization, either for-profit or non-profit**
Type(s): **An agent registering to query and/or report on behalf of another organization**

Organization Information [Edit](#)

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

Certifying Official [Edit](#)

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

State Changes

| Label | PDF Name | Item Type | Trigger |
|--|--------------------|-----------|--|
| Public Burden Statement | Agent Registration | Modal | When the user selects the Public Burden Statement link the modal is displayed. |
| I am authorized by my organization to serve as the certifying official | Agent 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). |