ACCREDITATION: Init

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 45 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

1. Subject Information

Organization I.

Organization N

- Include a stor
- Add any previ

Organization Name

+ Additional name

Organization Type

ACCREDITATION: Initial Report

NPDB
NATIONAL PRACTITIONER DATA BANK

1. Subject Information

> Please fill out as much information as possible to help entities find your report when they query.

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 previous names or other names used by the organization, such as a "doing business as" name (dba).

[Organization Name]

+ Additional name

Organization Type

[Other Type - Not Classified, Specify   ▼]

Organization Description

[Organization Description]

Location Address

Enter the physical address for this location.   Entering a military address?

Country

[United States   ▼]

Address

[Address]

Address Line 2

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

City   **State**

[City]   [▼]

ZIP

[ZIP   ✓]

Principal Officers and Owners

Title

[   ]

Last Name   **First Name**   **Middle Name**   **Suffix (Jr, III)**

[Last Name]   [First Name]   [Middle Name]   [Suffix]

+ Additional principal officer or owner

Identification Numbers

NPI (National Provider Identifier)
To help queriers find your report, add the organization's NPI number if you know it.

[NPI]

+ Additional NPI

FEIN (Federal Employer Identification Number)

[FEIN]

+ Additional FEIN

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

[SSN or ITIN]

+ Additional SSN or ITIN

DEA (Drug Enforcement Agency) Number

[DEA]

+ Additional DEA

MPN/MSN (Medicare Provider/Supplier Number)

[MPN/MSN]

+ Additional MPN/MSN

☑ Does the subject have a FDA or CLIA identification number?

FDA (Federal Food and Drug Administration)

[FDA]

+ Additional FDA

CLIA (Clinical Laboratory Improvement Act)

[CLIA]

+ Additional CLIA

Organization State Licensure Information

License 1

Does the organization have a license?

◉ Yes   ○ No / Not sure

License Number   **State**

[   ]   [▼]

+ Additional license

Health Care Entity Affiliation

☑ Is the organization affiliated with a health care entity?

Type of Affiliation

[Select One   ▼]

Entity Name

[Entity Name]

Country

[United States   ▼]

Address

[Address]

Address Line 2

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

City   **State**

[City]   [▼]

ZIP

[ZIP   ✓]

+ Additional affiliate

☐ Add this subject to my subject database
   What is a subject database?

[Save and finish later]   [Continue to next step]

3. Certifier Information

[Return to Options]

ACCREDITATION: Initial Report

Public burden statement

1. Subject Information

✎ Edit

2. Action Information

Adverse Action(s) Taken

Select up to 4 actions

Find an Action | Type a keyword

☐ Accreditation restoration or reinstatement denied

☐ Accreditation terminated

☐ Non-accreditation / Denial of accreditation

☑ Other private accreditation action, not classified (Specify)

| Description |

Selected Action(s): 1   Clear All
· Other private accreditation action, not classified (Specify)

Basis for Action(s)

| Other Basis for Action - Not Classified, (Specify) |

Description

| Description |

+ Additional basis for action

Adverse Action Information

What is the name of the agency or program that took the action?

| Name of Agency or Program |

Date the action was taken
The date the decision for the action was issued, filed or signed.

| MM-DD-YYYY |

Date the action went into effect
The starting date for the action. This may be the same as the date the action was taken or it may be different.

| MM-DD-YYYY |

How long will it remain in effect?

◉ A specifc period of time   ○ Permanently   ○ Unknown / Indefinite

| 0 | Days ▾ |

Is reinstatement automatic after this period of time?

◉ No   ○ Yes   ○ Yes, with conditions (requires a Revision to Action report when status changes)

Total Monetary Penalty, Assessment, Restitution or Fine

| $ 0000.00 |

Describe the subject's acts or omissions and reason the action was taken

Do not include any personally identifying information, such as names.

Your narrative description helps querying organizations understand more about the action and why it was taken.

4000 characters remaining

Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers.

Entity Report Reference

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

Customer Use

Save and finish later   Continue to next step

3. Certifier Information

Return to Options

Select a Basis for Action

Enter a keyword or phrase to find a basis. (Example: "failure")

Search

Non-Compliance

Noncompliance with Private Accreditation Standards That Indicate a Risk to the Safety of Patient(s) or Quality of Health Care Services

Other

Other - Not Classified, Specify

Don't see what you're looking for?

ACCREDITATION: Initial Report

NATIONAL PRACTITIONER DATA BANK
NPDB

Public burden statement

1. Subject Information	✎ Edit

2. Action Information	✎ Edit

3. Certifier Information

Review your entries to be sure they are correct before you Submit to the NPDB.

Subject Information

Organization Name:	**Test Entity #1234**
Organization Type:	**Clinic**
Address:	**555 Cabin Rd**
	Chantilly, VA 20111
Principal Officers and Owners:	**John Jones**
NPI:	*None/NA*
FEIN:	**55-555555**
SSN/ITIN:	*None/NA*
DEA:	*None/NA*
MPN/MSN:	*None/NA*
FDA:	*None/NA*
CLIA:	*None/NA*
License Info:	**111111 (VA)**
Health Care Entity Affiliation:	*None/NA*

Action Information

Adverse action(s) taken :	**Accreditation suspended**
Basis of action(s):	**Failure to maintain records or provide medical, financial, or other required information**
Agency or program taking the action:	**Test Agency**
Date the action was taken:	**05-20-2017**
Date the action became effective:	**05-20-2017**
Length of time the action will be in effect:	**Indefinite/unspecified**
Total monetary penalty:	*None/NA*
Description:	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, orci, sed rhoncus sapien nunc eget.

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.

Save and finish later   Submit to the NPDB

Return to Options

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Organization Description	Accreditation Report (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
FDA (Federal Food and Drug Administration)	Accreditation Report (1)	Below checkbox "Does the subject have a FDA or CLIA identification number?"	Drop List	The field is displayed if the user selects the checkbox for "Does the subject have a FDA or CLIA Identification number?"	Selecting the checkbox displays FDA, and CLIA text entry fields.
CLIA (Clinical Laboratory Improvement Act)	Accreditation Report (1)	Below checkbox "Does the subject have a FDA or CLIA identification number?"	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have a FDA or CLIA Identification number?"	Selecting the checkbox displays FDA, and CLIA text entry fields.
Type of Affiliation	Accreditation Report(1)	Below the checkbox "Is the organization affiliated with a health care entity?	Drop List	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting ""Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Address, Address Line 2, City, State and ZIP entries.

Entity Name	Accreditation Report(1)	Below the checkbox "Is the organization affiliated with a health care entity?	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting ""Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Country	Accreditation Report (1)	Below Entity Name	Drop List	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. United States is selected by default.
Address	Accreditation Report (1)	Below Entity Country	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.

Address Line 2	Accreditation Report (2)	Below Address	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
City	Accreditation Report (2)	Below Address Line 2	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
State	Accreditation Report (2)	Beside City	Drop List	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
ZIP	Accreditation Report (2)	Below State	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.

Description	Accreditation Report(2)	Below Select up to 5 actions	Text Entry	The field is displayed if the user selects an adverse action that requires a description.	
Description	Accreditation Report(2)	Below Basis for Action(s)	Text Entry	The field is displayed if the user selects a basis for action that requires a description.	

State Changes

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Accreditation Report	Modal	When the user selects the Public Burden Statement link the modal is displayed.
License Number	Accreditation Report	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the organization have a license?"
Select a Basis for Action	Accreditation Report	Modal	When the user sets focus on the Basis for Action(s) text entry, the modal to select an act 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 basis or select a basis from the list without searching. The modal is hidden once the user selects a basis from the list. The user's selection populates the Basis for Action(s) text entry.