

## ENTITY REGISTRATION CONFIRMATION

NATIONAL PRACTITIONER DATA BANK

NPDB

**You are signed in as:**

TEST ENTITY  
555 Cabin Rd.  
Chantilly, VA 20111

**Your entity'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.**

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

**Be prepared to verify or provide:**

- Entity information (Name, Address, Department, Fax Number, Tax Identification Number, etc.)
- Certifying official information (Name, Title, Phone Number)
- User accounts
- Point of contact for reports (Name, Title, Phone Number)
- For hospitals participating in Medicare: Centers for Medicare and Medicaid Services (CMS) certification number

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

[Continue - Do Not Renew Now](#)[Renew Registration](#)

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). Authorized entities 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 law and registered 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](#).

## Entity 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 15 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 your information

## Organization Description

Organization Information [Edit](#)

## Entity 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 [Edit](#)

Ownership: **A private sector organization, either for-profit or non-profit**  
 Type(s): **Hospital**  
 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*

NPDB Reporting Information [Edit](#)

Point of Contact for Reports: **the person who submits the report**

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

## Authorized Agents

Your organization has authorized the following agent(s) to submit reports and/or queries to the NPDB on its behalf:

- XYZ Verification, Inc (Miami, FL)

## Is this list complete and correct?

Yes  No / Not sure

[How do I change an agent authorization?](#)

Exit

Continue to Next Step

## Entity Registration : Renewal

Public burden statement

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

## Statutory Authority and Requirements

**Your organization is registered 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 <a href="#">reporting requirements</a> .	Title IV, Section 1921, Section 1128E
Query	<ul style="list-style-type: none"> <li>• Mandatory for health care practitioners who are on medical staff (at (courtesy or otherwise) or have clinical privileges at the hospital.</li> <li>• May query the NPDB regarding other health care practitioners for <a href="#">authorized purposes</a>.</li> </ul>	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 continue to comply with all NPDB requirements.**

Exit

Continue to Next Step

## Entity 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](#)

## Entity Registration : Renewal

Public burden statement

[Review Summary](#) > [Statutory Authority](#) > [Update User Accounts](#) > **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

#### 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.

[Exit](#)[Submit to the NPDB](#)

## Entity Registration : Renewal



Public burden statement

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

## Entity Registration : U

Review > Update User >  
Summary Accounts

Select the best option f

**Ownership** Edit

A private sector organization

Which category best fits y

**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

**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 15 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



**Entity Registration : Update**

Public burden statement

**Organization Description** > Statutory Authority > Organization Information > 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

**Entity Registration : Update**

Public burden statement

**Organization Description** > **Statutory Authority** > **Organization Information** > **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

## Entity Registration : Update

Public burden statement

Organization Description > Statutory Authority > Organization Information > 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

No

Exit

Continue to Next Step

## Entity Registration : Update

[Public burden statement](#)[Organization Description](#) > [Statutory Authority](#) > [Organization Information](#) > [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

## 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)

Selected Function(s): 2

[Clear All](#)

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

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

## Entity Registration : Update

Public burden

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

## Statutory Authority and Requirements

**Your organization is registered 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
- **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 <a href="#">reporting requirements</a> .	Title IV, Section 1921, Section 1128E
Query	<ul style="list-style-type: none"> <li>• Mandatory for health care practitioners who are on medical staff (at courtesy or otherwise) or have clinical privileges at the hospital.</li> <li>• May query the NPDB regarding other health care practitioners for <a href="#">authorized purposes</a>.</li> </ul>	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 continue to comply with all NPDB requirements.**

**Will your organization continue to query the NPDB?**

- Yes  No

Exit

Continue to Next Step

## Entity Registration : Update

Public burden statement

Organization Description > 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

## 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?](#)

## Company or Organization Website Address

## Entity Registration : Update

Public burden statement

Organization Information > Statutory Authority > Organization > **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

First Name

Middle Name

Middle Name

Last Name

Last Name

Suffix (Jr, III)

Suffix

Title

Title

Phone

Phone

Extension (optional)

Ext.

Email Address

Email

Employee ID (Optional)

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

Name

Title or department

Title

Phone

Phone

Extension (optional)

Ext.

Exit

Continue to Next Step

## Entity Registration : Update

Public burden statement

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

## Review Your Information

Please verify your information is correct. To change information, select the Edit link for the appropriate section.

**Organization Description** [Edit](#)

Ownership: **A private sector organization, either for-profit or non-profit**  
Type(s): **Hospital**  
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: **333333333**  
CCN: **444444444**  
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*  
Point of Contact for Reports: **the person who submits the report**

**The registration information is true, complete and correct**

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



## Entity Registration : Update

Public burden statement

Organization Information > Statutory Authority > Organization > 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.

## Entity Registration : Update

Public burden statement

[Organization Information](#) > 
 [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

[View/Update Entity Registration](#) ^

[Return to Options](#)

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**  
 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: **333333333**  
 CCN: **444444444**  
 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*  
 Point of Contact for Reports: **the person who submits the report**

## Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Name of your federal agency	Entity Registration Renewal – 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 Renewal – 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 Renewal – 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 Renewal – 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 Renewal – 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 Renewal – 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 Renewal – 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 Renewal – 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 Renewal – 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 Renewal – 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 Renewal – 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 Renewal	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 Renewal	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	Entity Registration Renewal	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).