

DESIGNATE AUTHORIZED A

Entities that are registered and a
to act on their behalf as their aut
functions you authorize for them

Your organization is still resp

Agent's Organization Nam

Organization Name

Last 4 numbers of agent's I

Last 4 Numbers of DBID

Country

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

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DESIGNATE AUTHORIZED AGENT

[Public Burden Statement](#)

Entities that are registered and authorized to query and/or report to the NPDB may designate another registered organization to act on their behalf as their authorized agent. The agent only acts on behalf of your organization to perform the NPDB functions you authorize for them.

Your organization is still responsible for complying with all NPDB reporting and/or querying requirements.

Agent's Organization Name**Last 4 numbers of agent's DIBD****Country****City****State****ZIP****Select the functions you are authorizing the agent to perform on your behalf.**

- One-Time Query
 Continuous Query Enrollment
 Reporting

Is the agent authorized to use your EFT account to pay for query transactions submitted on your behalf?

Yes No

The agent may use their own credit or debit card for payment. If you want the agent to use your card you must arrange this with your bank and provide the account information to the agent directly. **Your organization is ultimately responsible to pay for query transactions processed on its behalf, regardless of the type of payment used.**

Who should receive the responses for queries submitted by the agent?

My organization The agent Both of us

How do you want to receive your responses?

In the NPDB system (IQRS) Through the XML service (QRXS)

Certification

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

Your Name**Title****Phone****Extension (optional)****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.

State Changes

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