



New Administrator Request

Instructions: This form must be signed by a manager or HR representative in your organization (the Duly Authorized Representative). Once completed, scan the form, attach it to an email, and send it to help@npdb.hrsa.gov, or fax the request to 1-703-803-1964.

Organization Information

Legal Organization Name: _____

Other Names Used (DBA): _____

Address: _____

Tax Identification Number: _____

Data Bank Identification Number (DBID) (if available): _____

Former Administrator Name: _____

New Administrator's Information

Full Legal Name (First, MI, Last): _____

Title: _____

Email Address: _____ Phone: _____ Ext: _____

Current Work Address: _____

Duly Authorized Organization Representative (HR Representative or Management Personnel)

Full Legal Name (First, MI, Last): _____

Title: _____

Email Address: _____ Phone: _____ Ext: _____

Current Work Address: _____

Certification

As a Duly Authorized Representative, I attest that _____ is authorized to access the
NEW ADMINISTRATOR NAME

NPDB system as an account administrator for _____
ORGANIZATION NAME

Signature of Duly Authorized Representative: _____ **Date:** _____

OMB # 0915-0126 expiration date 03/31/18

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 ten 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 Information Collection Clearance Officer, 14N39, 5600 Fishers Lane, Rockville, MD 20857.

