

OMB # 0906-0028 Expiration Date XX/XX/202X

Public Burden Statement: The NPDB engages in compliance activities to ensure the accuracy and completeness of the information in the NPDB. Through the Attestation process, the NPDB can better determine which, hospitals, medical malpractice payers, health plans, health centers and other eligible entities, are meeting the reporting, querying, and confidentiality requirements, and which of these entities may require additional outreach and assistance. The biennial Attestation process strengthens the robustness of the data in the NPDB, improving the accuracy of the query responses for entities with access to NPDB reports. 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 information collection is 0906-0028 and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 1 hour per response, 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

! Your organization's attestation is due <Month dd, yyyy>
Your organization should attest as to whether or not it has complied with all federal requirements from <Month dd, yyyy>, to <Month dd, yyyy>.

Attestation

1. Attestation

Attestation confirms that your organization accessed the NPDB in accordance with federal law. This includes all queries and reports submitted on behalf of your established registered organizations from Month dd, yyyy, to Month dd, yyyy.

More Information

- [The Guidebook, Chapter E: Reports](#)
- [The Guidebook, Chapter D: Queries](#)
- [Designated Agents](#)
- [Help and FAQs](#)

Entity Relationships

Your organization was designated to act on behalf of the following authorized entities from <Month dd, yyyy>, to <Month dd, yyyy>:

Entity Name	Status	Authorization
1. ORG NAME 1 (CITY, ST)	Current	Query
2. ORG NAME 2 (CITY, ST)	Ended mm/dd/yyyy	Report
3. ORG NAME 3 (CITY, ST)	Ended mm/dd/yyyy	Query and Report
4. ORG NAME 4 (CITY, ST)	Current	Query and Report
5. ORG NAME 5 (CITY, ST)	Current	Report

Total entities: 24 [View All Entities](#)

Are you authorized to attest?

The person who attests must be authorized to confirm your organization's compliance with all confidentiality requirements.

If you are not authorized to attest, you must identify and advise the person who is authorized of his or her responsibilities. If that person has an administrator account, he or she should sign in and submit the attestation. If they cannot do so, you must obtain permission to submit the attestation on his or her behalf.

I am authorized to attest

Authorized Name:

Title:

Phone:

Email:

NPDB Regulatory Requirements

Confidentiality Compliance

Agents are subject to the same regulations as eligible organizations regarding the confidentiality and disclosure of NPDB information:

- Query responses and enrollment disclosures may be used only in accordance with the confidentiality provisions of 45 CFR Part 60 for the purpose designated at the time of the query or enrollment.
- Agents that are designated by multiple eligible organizations to query on their behalf may not share NPDB information across those organizations. Each organization must direct agents to submit a query on its behalf. The agent may only provide the query results to the organization on whose behalf it was submitted.
- Agents are responsible for the accuracy of the information that they report. If your organization submits a report on behalf of an eligible organization and discovers an error or omission after the report is submitted, you must submit a correction on the organization's behalf.

Attest

Has your organization complied with all NPDB regulatory requirements as outlined above?

Yes No

Why not?

[Exit](#)

[Continue](#)

2. Certify and Submit

[Contact Us](#)

! Your organization's attestation is due <Month dd, yyyy>

Your organization should attest as to whether or not it has complied with all federal requirements from <Month dd, yyyy>, to <Month dd, yyyy>.

Attestation

1. Attestation

 Edit

2. Certify and Submit

Review the attestation and select Submit. If it is not correct, select a section to edit.

Attestation for <Entity Name>, <City, ST> for confidentiality compliance from Month dd, yyyy, to Month dd, yyyy

My organization has **not** fulfilled all NPDB regulatory requirements for reports and queries submitted from Month dd, yyyy, to Month dd, yyyy, on behalf of the following authorized entities:

Entity Name
1. ENTITY NAME 1 (CITY, ST)
2. ENTITY NAME 2 (CITY, ST)
3. ENTITY NAME 3 (CITY, ST)
4. ENTITY NAME 4 (CITY, ST)
5. ENTITY NAME 5 (CITY, ST)

The reason why we have not fulfilled all NPDB regulatory requirements:

Organization's reason for not complying

Certify Attestation

I certify that I am authorized to submit these attestation statements on behalf of my organization. These statements apply to compliance with NPDB regulatory requirements for all reports and queries submitted on behalf of authorized entities from <Month dd, yyyy>, to <Month dd, yyyy>.

I further certify that the statements are true and correct to the best of my knowledge and that my organization will comply with all NPDB regulatory requirements in the future.

Attested by:

Name: Jane Doe
 Title: Admin
 Phone: 2221114444
 Email: jdoe@email.com
 Date: <Month dd, yyyy>

By selecting Submit you affirm that the certifier authorized you to submit the attestation on his or her behalf.

Submitted by:

Name: Pat Smith
 Title: Credentialing Admin
 Phone: 800-555-1212
 Email: psmith@abc.org


WARNING:

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) may be subject to a fine and imprisonment under federal statute.

 [Contact Us](#)

Exit

Submit

 Thank you for submitting your attestation

Attestation

Your attestation is valid until your next registration renewal on Month dd, yyyy.

Attestation for <Entity Name>, <City, ST> for confidentiality compliance from Month dd, yyyy, to Month dd, yyyy

My organization has **not** fulfilled all NPDB regulatory requirements for reports and queries submitted from Month dd, yyyy, to Month dd, yyyy, on behalf of the following authorized entities:

Entity Name
1. ENTITY NAME 1 (CITY, ST)
2. ENTITY NAME 2 (CITY, ST)
3. ENTITY NAME 3 (CITY, ST)
4. ENTITY NAME 4 (CITY, ST)
5. ENTITY NAME 5 (CITY, ST)

The reason why we have not fulfilled all NPDB regulatory requirements:

Organization's reason for not complying

Certify Attestation

I certify that I am authorized to submit these attestation statements on behalf of my organization. These statements apply to compliance with NPDB regulatory requirements for all reports and queries submitted on behalf of authorized entities from <Month dd, yyyy>, to <Month dd, yyyy>.

I further certify that the statements are true and correct to the best of my knowledge and that my organization will comply with all NPDB regulatory requirements in the future.

Attested by:

Name: Jane Doe
 Title: Admin
 Phone: 2221114444
 Email: jdoe@email.com
 Date: <Month dd, yyyy>

I am authorized to submit the attestation on behalf of the certifier.

Submitted by:

Name: Pat Smith
 Title: Credentialing Admin
 Phone: 800-555-1212
 Email: psmith@abc.org

WARNING:

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) may be subject to a fine and imprisonment under federal statute.

 [Contact Us](#)

 [Past Attestations](#) ▼

 [Printable Copy](#)

[Edit Attestation](#)

[Exit](#)