

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. Sites

If your organization is responsible for either privileging, or credentialing, or both for other service delivery sites, you must attest for those sites. Review the list of service delivery sites below and select all that are currently within your project scope. If you make privileging or credentialing decisions for a site not listed, add it below and select Continue.

More Information

- [Health Centers](#)
- [What You Must Report to the NPDB](#)
- [The Guidebook, Chapter E: Reports](#)
- [The Guidebook, Chapter D: Queries](#)
- [How to Submit a Report](#)
- [How to Retrieve Historical Query and Report Summaries](#)
- [Help and FAQs](#)

Select all sites currently in your scope of project

In Scope	Site Name	Address	City	State	ZIP
<input type="checkbox"/>	SITENAME 1	111 STREET NAME	CITYNAME	ST	99999
<input checked="" type="checkbox"/>	SITENAME 2	222 STREET NAME	CITYNAME	ST	99999
<input checked="" type="checkbox"/>	SITENAME 3	333 STREET NAME	CITYNAME	ST	99999
<input checked="" type="checkbox"/>	SITENAME 4	444 STREET NAME	CITYNAME	ST	99999
<input type="checkbox"/>	SITENAME 5	555 STREET NAME	CITYNAME	ST	99999
<input checked="" type="checkbox"/>	SITENAME 6	666 STREET NAME	CITYNAME	ST	99999
<input checked="" type="checkbox"/>	SITFNAMF 7	777 STRFFT NAMF	CITYNAMF	ST	99999

Total selected: 7

The sites below are not in scope:

- SITENAME 1, Address, City ST
- SITENAME 5, Address, City ST

Please explain

Organization's reason for sites not in scope

Are there other sites in the approved scope of project for your health center that are not listed above?

Yes No

Additional Sites

Site Name	Site Address	Point of Contact	BPS Site ID	Actions
New Site	99 New Street New City	Ann Smith asmith@email.com 3332221111	1111111111	 

[+ Add a site](#)

[Exit](#)

[Continue](#)

2. Attestation

3. 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. Sites

[Edit](#)

2. Attestation

Attestation confirms that your organization has submitted all **required reports** and complied with all confidentiality provisions over a 2-year time frame in accordance with federal law. This includes reports for all actions taken, payments made, and queries submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

Your organization is responsible for attesting to its compliance even if an agent or central credentialing office is designated to act on its behalf. Your organization has <n> agent designated to act on its behalf:

<name of agent> is currently authorized to <query, or report, or query and report> on your organization's behalf.

More Information

- [Health Centers](#)
- [What You Must Report to the NPDB](#)
- [The Guidebook, Chapter E: Reports](#)
- [The Guidebook, Chapter D: Queries](#)
- [How to Submit a Report](#)
- [How to Retrieve Historical Query and Report Summaries](#)
- [Help and FAQs](#)

Are you authorized to attest?

The person who attests must be authorized to confirm your organization's compliance with reporting and querying requirements. You may be the person authorized to attest for your organization if you can confirm the following:

- You have access to all potentially reportable actions or payments made by your organization.
- All required reports were submitted from <Month dd, yyyy>, to <Month dd, yyyy>.
- Query responses were used in accordance with federal law.

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	<input type="text" value="Jane Doe"/>
Title	<input type="text" value="Admin"/>
Phone	<input type="text" value="2221114444"/>
Email	<input type="text" value="jdoe@email.com"/>

NPDB Regulatory Requirements

Reporting Compliance

Federal law requires hospitals, health plans, medical malpractice payers, and other health care organizations to report certain adverse actions and medical malpractice payments. You must submit a report within 30 days of taking an action or making a medical malpractice payment in accordance with [reporting requirements](#).

Your organization added a total of <n> **reports** for actions taken or payments made from <Month dd, yyyy>, to <Month dd, yyyy>.

Querying Confidentiality

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.

Attest

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

Yes No

Why not?

[Exit](#)[Continue](#)

3. Certify and Submit

! 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. Sites	Edit
2. Attestation	Edit
3. 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 reports and queries submitted 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>.

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

Organization's reason for not complying

- My organization is responsible for either privileging, or credentialing, or both at the following sites:

Site Name	Address	City	State	ZIP
SITENAME 2	000 STREET NAME	CITYNAME	ST	99999
SITENAME 3	000 STREET NAME	CITYNAME	ST	99999
SITENAME 4	000 STREET NAME	CITYNAME	ST	99999
SITENAME 6	000 STREET NAME	CITYNAME	ST	99999
SITENAME 7	000 STREET NAME	CITYNAME	ST	99999
SITENAME 8	000 STREET NAME	CITYNAME	ST	99999
SITENAME 9	000 STREET NAME	CITYNAME	ST	99999

Additional Sites

Site Name	Site Address	Point of Contact	BPS Site ID
New Site	99 New Street New City	Ann Smith asmith@email.com 3332221111	1111111111

- My organization is **not** responsible for privileging or credentialing at the following sites:

Site Name	Address	City	State	ZIP
SITENAME 1	111 STREET NAME	CITYNAME	ST	99999
SITENAME 5	555 STREET NAME	CITYNAME	ST	99999

Explanation

Organization's reason for sites not in scope

Certify Attestation

I certify that I have access to all potentially reportable actions or payments made by my organization.

I certify that I am authorized to submit these attestation statements on behalf of my organization regarding compliance with NPDB regulatory requirements for all reports and queries submitted from <Month dd, yyyy>, to <Month dd, yyyy>, and that the statements are true and correct to the best of my knowledge.

I further certify that my organization will comply with all NPDB regulatory requirements in the future.

Attested by:

Name: Jane Doe
 Title: Admin
 Phone: 2221114444
 Email: jdpe@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@email.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.

✔ 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 reports and queries submitted 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>.

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

Organization's reason for not complying

• My organization is responsible for either privileging, or credentialing, or both at the following sites:

Site Name	Address	City	State	ZIP
SITENAME 2	000 STREET NAME	CITYNAME	ST	99999
SITENAME 3	000 STREET NAME	CITYNAME	ST	99999
SITENAME 4	000 STREET NAME	CITYNAME	ST	99999
SITENAME 6	000 STREET NAME	CITYNAME	ST	99999
SITENAME 7	000 STREET NAME	CITYNAME	ST	99999
SITENAME 8	000 STREET NAME	CITYNAME	ST	99999
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I certify that I am authorized to submit these attestation statements on behalf of my organization regarding compliance with NPDB regulatory requirements for all reports and queries submitted from <Month dd, yyyy>, to <Month dd, yyyy>, and that the statements are true and correct to the best of my knowledge.

I further certify 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:

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If the health center needs to add site location(s), the modal below will appear.

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Add a Site Location X

Only add sites that are in the approved scope of project for your health center.

Site Name <input type="text"/>	Address <input type="text"/>
<i>This field is required</i>	Line 2 <input type="text"/>
Contact Name <input type="text"/>	City <input type="text"/>
Phone <input type="text"/> Ext. <input type="text"/>	State <input type="text" value="Select One"/>
Email <input type="text"/>	ZIP <input type="text"/>
BPHC Site ID <input type="text" value="BPHC Site ID (if known)"/> <small>ID is assigned by BPHC grant</small>	<input type="button" value="Cancel"/> <input type="button" value="Save"/>

select all sites currently in your scope of project