

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. Profile

Professions Granted Clinical Privileges

Review the professions that are currently granted clinical privileges at your hospital. Add or remove professions if this list is not correct or complete.

Physician (MD)	✘
Dentist	✘
Nurse Anesthetist	✘
Nurse Midwife	✘
Nurse Practitioner	✘
Osteopathic Physician (DO)	✘
Pharmacist	✘
Physician Resident (MD)	✘
Podiatrist	✘
Psychologist	✘

[+ Add a Profession](#)

More Information

- [Hospitals](#)
- [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](#)
- [Reporting Clinical Privileges Actions](#)
- [Reporting Medical Malpractice Payments](#)
- [Help and FAQs](#)

Does your hospital provide [self-insured medical malpractice plans](#) to its health care practitioners and pay claims directly from in-house funds?

Yes No/Not sure

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. Profile	 Edit
2. Attestation	

Attestation confirms that your hospital has submitted all required reports and queries 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 hospital's behalf.

More Information

- [Hospitals](#)
- [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](#)
- [Reporting Clinical Privileges Actions](#)
- [Reporting Medical Malpractice Payments](#)
- [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 and queries were submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

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 Compliance

[Hospitals](#) are the only health care organizations mandated by federal law to query the NPDB. Each hospital must query as follows:

- When a physician, dentist, or other health care practitioner applies for medical staff appointment (courtesy or otherwise) or clinical privileges at the hospital, including temporary privileges.
- Every 2 years for all physicians, dentists, and other health care practitioners who are on its medical staff (courtesy or otherwise) or hold clinical privileges at the hospital.

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.

Your hospital submitted a total of <n> one-time queries and <n> continuous query enrollments from <Month dd, yyyy>, to <Month dd, yyyy>.

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. Profile	Edit
2. Attestation	Edit
3. Certify and Submit	

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

Profile

Professions granted clinical privileges:

- Physician (MD)
- Dentist
- Nurse Anesthetist
- Nurse Midwife
- Nurse Practitioner
- Osteopathic Physician (DO)
- Pharmacist
- Physician Resident (MD)
- Podiatrist
- Psychologist

My hospital does not provide self-insured medical malpractice plans to its health care practitioners or pay claims directly from in-house funds.

Attestation for <Entity Name>, <City, ST> for reporting and querying 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>.**The reason why we have not fulfilled all NPDB regulatory requirements:**

Organization's reason for not complying

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: 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.

 Thank you for submitting your attestation

Attestation

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

Profile

Professions granted clinical privileges:

- Physician (MD)
- Dentist
- Nurse Anesthetist
- Nurse Midwife
- Nurse Practitioner
- Osteopathic Physician (DO)
- Pharmacist
- Physician Resident (MD)
- Podiatrist
- Psychologist

My hospital does not provide self-insured medical malpractice plans to its health care practitioners or pay claims directly from in-house funds.

Attestation for <Entity Name>, <City, ST> for reporting and querying 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>.

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

Organization's reason for not complying

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: 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.