

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 has submitted all required reports over a 2-year time frame in accordance with federal law. This includes reports for all actions taken and payments made 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 report on your organization's behalf.

More Information

- [Medical Malpractice Payment Reports](#)
- [What You Must Report to the NPDB](#)
- [The Guidebook, Chapter E: Reports](#)
- [How to Submit a Report](#)
- [How to Retrieve Historical 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 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>.

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>.

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 reports submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

My organization has **not** fulfilled all NPDB regulatory requirements for reports 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 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.

 [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 reports submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

My organization has **not** fulfilled all NPDB regulatory requirements for reports 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 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.

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