

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Registration Checklist

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1 Have Public Burden Statement

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

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Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at 45 CFR Part 60. 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 0915-0126 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit (45 CFR Part 60), 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. 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.

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requires someone from your ization is legitimate and eligible to

ecutive role. The certifying official

overnment-issued ID, such as their in front of a notary public and show tches the name on their ID.

S. If your organization is not required Identification Number (ITIN) instead.

ould also add their CMS Certification

Exit

Continue to Next Step

Close

NATIONAL PRACTITIONER DATA BANK

Privacy Policy OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

- What do you need to do?
- O Become a Data Bank administrator to replace the previous one
- Register my organization
 - Register for a new NPDB account for my organization

 - O Renew or update my organization's NPDB registration
 - O Request another DBID for my organization
- Get help for an NPDB account
- O Get an NPDB Self-Query report
- Something else

Contact Us

Exit

Continue to Next Step



Privacy Policy OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Registration Checklist

1. Have you identified the person who will serve as the certifying official for your organization?

As the person registering for your organization, you will serve as the administrator. The NPDB also requires someone from your organization to serve as the certifying official, the individual responsible for verifying that your organization is legitimate and eligible to register with the NPDB.

- · The administrator and certifying official can be the same person.
- The certifying official can be someone other than the administrator who is in a management or executive role. The certifying official
 will not have access to the NPDB until the administrator creates a user account for them.

If you will not be the certifying official, you will need to know how that person's name is listed on their government-issued ID, such as their driver's license. This is important because you and the certifying official must complete a paper form in front of a notary public and show them the ID. The paper form will show the name you enter online, and the notary must verify that it matches the name on their ID.

2. Do you know the tax identification number for your organization?

You will need to know the Employer Identification Number (EIN) assigned to your organization by the IRS. If your organization is not required to have an EIN (e.g., a sole proprietorship), enter your Social Security Number (SSN) or Individual Tax Identification Number (ITIN) instead.

3. Are there other identification numbers assigned to your organization?

If your organization has a National Provider Identification (NPI), you will need to provide it. Hospitals should also add their CMS Certification Number (CCN), the provider number assigned for Medicare.

If you do not have this information, please Exit and return to registration later.

Exit



Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Rules of Behavior

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB). This is a Privacy Act protected system, with routine use provisions contained in 45 CFR 60.18. Employees accessing the system should do so only in accordance with the Privacy Act, 5 USC 552a. Per 45 CFR 60.20(b), any person who violates the Privacy Act may be subject to a civil monetary penalty. Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring. By using this system, you understand and consent to the following: At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage

☐ I acknowledge and understand my responsibilities and agree to comply with the Rules of Behavior for the NPDB system

Subscriber Agreement

By checking the acceptance checkbox below, you agree to:

- Provide complete and accurate responses to requests for information during the National Practitioner Data Bank (NPDB) registration process;
- · Keep your passwords and tokens (if applicable) secure;
- · Refrain from sharing your account information with any other individual;
- · Use your NPDB account only for authorized purposes;
- · Review the accuracy of account information;
- Request revocation of your NPDB account if you ever suspect that the security of your account may have been compromised; and promptly advise the NPDB of any changes in your registration information and respond to notices from NPDB, Health Resources And Services Administration (HRSA) or The Department Of Health And Human Services (HHS) concerning your account.

☐ I acknowledge and understand my responsibilities and agree to comply with the Subscriber Agreement for the NPDB system



			Priva	cy Policy (OMB Numb	er: 0915-0	0126 Expirat	tion Date: mm/dd/yyyy
Organization > Description	Statutory > Authority	Organization Information	Administrator Account	Certifying Official	92 E	eview mmary	> Submit >	Registration Status
Select the best	option for	your organ	nization					
Ownership Edit								
A private sector organiz	ation, either fo	r-profit or nonpro	ofit					
Which category best f	its your orgar	nization?						
O Hospital Show descri	iption							
Other Health Care E	***	th care organiza	ation that is no	t a hospital*	Show des	cription		
O Medical Malpractice	Payer Show	description						
An agent registering	to query and	or report on be	half of anothe	r organizatio	n Hide de	scription		
An agent does not have	A CONTRACTOR OF THE PROPERTY O	and the same of th		ACTION TO THE PARTIES OF THE			to query an	nd/or report
to the NPDB (an "eligible and comply with all regis					-			h the NPDB
		1111	an be designate	a by an engione	chity as a	ii adiiionz	ed agent.	
O Professional Societ	202 100 1000	control controls	alanal Haaliib (D	2 2.500.00			
O Private Entity Unde				are Progran	1 Show de	scription		
O Health Plan (if no o	and sector		cription					
O Peer Review Organ					d: 0			(0140)
O Quality Improvements Show description	nt Organizatio	n Under Contra	act with the Co	enters for Me	edicare &	Medical	a Services	(CMS)
O Private Accreditation	n Organizatio	n Show description	on					
O None Of These								
* Must provide health ca	are services di	rectly or indirectl	y and follow a f	ormal peer re	view proc	ess to fu	ther quality	y health care.

An agent may only access the NPDB if they are designated by a registered health care entity to act on their behalf



Health care organizations can give another registered organization, known as an "authorized agent," the authority to query and/or report to the NPDB on their behalf. The agent registers their organization with the NPDB but has no independent authority to query or report.

In most cases, an authorized agent is an independent contractor used for centralized credentialing; e.g., a credentials verification organization or hospital association.

Do you want to register your organization as an agent?





Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Statutory Authority and Requirements

You are registering your organization to query and/or report to the NPDB as an "eligible entity."

The statutes and regulations that govern and maintain NPDB operations include:

- Title IV of the Health Care Quality Improvement Act of 1986 (HCQIA), Public Law 99-660 (referred to as "Title IV");
- Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987, Public Law 100-93, codified as Section 1921 of the Social Security Act (referred to as "Section 1921");
- Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, codified as Section 1128E of the Social Security Act (referred to as "Section 1128E"); and
- Section 6403 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148). Section 6403 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148).

The NPDB regulations implementing these laws are codified at 45 CFR Part 60.

Information from the NPDB is only available to entities specified as "eligible" in the statutes and regulations.

Organizations which are not eligible under the statutes may only register as an agent. Agents may only access the NPDB on behalf of eligible entities and may only perform the functions designated to them by each entity.

Agents are responsible for adhering to the regulations regarding the confidentiality of NPDB information.

- Agents are subject to the same regulations as eligible entities regarding confidentiality and disclosure of NPDB information, as detailed in the statutes.
- Persons and entities receiving information from the NPDB, either directly or from another party, must use it solely with
 respect to the purpose for which it was provided. Any person who violates these confidentiality provisions may be subject
 to a civil money penalty for each violation.
- Agents that are designated by multiple eligible entities to query on their behalf may not share NPDB information across
 those entities. Each entity must direct the agent to process a query on their behalf. The agent must only provide the results
 from the query to the entity on whose behalf it was processed.
- Persons and entities are responsible for the accuracy of information which they report to the NPDB. If your organization submits a report on behalf of an eligible entity and discovers an error or omission after the report is submitted, your organization must submit a correction on the entity's behalf.

Your descriptions of your organization: Edit

- Ownership A private sector organization, either for-profit or nonprofit
- Type(s) An agent registering to guery and/or report on behalf of another organization

☐ The descriptions for my organization are accurate. My organization will comply with all NPDB requirements.

Exit Continue to Next Step



Privacy Pol	icy OMB Number: 0915-0126	Expiration Date: mm/dd/yyyy
Organization > Statutory > Organization > Administrator Description Authority Information Account	Certifying Review Summary	Submit > Registration Status
Organization Information		
Organization Name		
Add any other names used by the organization, such as a Doing Business	As name (DBA).	
+ Add your DBA or other company name		
Department (required for hospitals)		
What is the physical location of the organization?		
Country		
United States		*
Street Address		
Street Address Line 2		
Address Line 2		
City	State	
		∞
ZIP		
\bigcirc		
Phone Number		
Phone		
Identification Numbers		
EIN (Employer Identification Number) What is an EIN?		
EIN		
Don't have an EIN?		
Company or Organization Website Address		
Has your organization been in operation for at least 1 year? ○ Yes ○ No		
Contact Us	E	cxit Continue to Next Step



Organizatio Descriptio	The state of the s	on > Administrator	Policy OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy Certifying > Review > Submit > Registration Official Summary Status
Create Your A	Administrator Account		
Your Informat	ion		
Enter your name	as it appears on one of your gove	ernment-issued identi	ifications, such as a driver's license or passport.
First Name	ACA B + HOLD MET - MENDE AND CHARLES AND CONTROL OF METAL AND AND CONTROL AND AND CONTROL	MI	Last Name
First Name		MI	Last Name
Title			
Title			
Phone Number		Extension (Op	etional)
Phone		Ext.	
Mobile Phone (O With your mobile p	ptional) bhone number, we can send you a	code to sign in if you	forget your password.
Mobile Phone			
Email Address			
Email			
Employee ID (Op	tional)		
Employee ID			
Create Your A	Account		
Create a User ID	(8 to 14 characters)		
UserID			
Create a Passwo	rd		
Password			
O 8 characters mi O Lower case lette O Symbol (e.g., !, O Not repeating (e	er O Upper case lette O At least 5 differe		
Confirm Passwo	rd		
Password			
☑ Activity Update☐ Query and Rep☑ NPDB Insights	notifications you want to receive. es: A monthly summary of querying	ng and reporting activ tem changes and pol	
	nswer Challenge Questio ed to reset your password, you will		le your answers to the challenge questions.
1. Question:	Select one question		
Answer:			
2. Question:	Select one question		
	oviest one question		
Answer:			
3. Question:	Select one question		
Answer:			
4. Question:	Select one question		
Answer:			
5. Question:	Select one question		
Answer:			

Contact Us

Exit Continue to Next Step

Contact Us



Continue to Next Step

Exit

	Privacy I	Policy OMB Number: (0915-0126 Expiration Date: mm/dd/yyy	/y
Organization Statutory Organization Description Authority Information	The state of the s	Official Summa	The contract of the contract o	
Certifying Official				
The certifying official is the individual responsible for the administrator and certifying official can be the	생기를 가면하는 것을 하는 것들이 말하면 생기가 살아가고 있다.	ganization is legitimate a	and eligible to register with the NPDE	3.
☐ I am authorized by my organization to serv	e as the certifying of	ficial.		
Certifying Official's Information				
Enter this person's name as it appears on their go	overnment-issued ide	ntification, such as a driv	ver's license or passport.	
Fig. 4 No.		I was A Marrier		
First Name	MI	Last Name		
First Name	MI	Last Name		
Title				
Title				
Phone	Extension	(Optional)		
Phone	Ext.			
Email Address				
Email				
Employee ID (Optional)				
The certifying official will not automatically be give may create a user account for them.	en an online account. O	nce your organization is	approved, the administrator	



Privacy Policy OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Organization Statutory > Description Authority

Information

Organization > Administrator > Certifying Account

Official

Review Summary > Submit > Registration

Review Your Information

Please verify your information is correct. Select Edit to change information in a section.

Organization Description

Edit

Ownership:

A private sector organization, either for-profit or nonprofit

Type(s): An agent registering to query and/or report on behalf of another organization

Organization Information

Edit

Organization Name:

TEST AGENT

Department:

Address:

Not Provided 5 420TH ST

AVOCA, IA 11111

Phone Number:

(111) 222-3333

EIN:

444556666

Website:

Not Provided

In operation at least one year:

Yes

Administrator

@ Edit

Name: Title:

JANE TEST

Phone Number:

TEST

(111) 222-3333

Mobile Phone:

Not Provided

Email Address:

test@testagent.org

Employee ID:

Not Provided

Certifying Official

@ Edit

Name:

JANE TEST

Title:

TEST

Phone Number:

(111) 222-3333

Email Address:

test@testagent.org

Employee ID:

Not Provided

The registration information is true, complete and correct.



Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Organization > Statutory > Organization > Administrator > Certifying > Review > Submit > Registration

Description Authority Information Account Official Summary Status

Submit Your Registration

The certifying official is the individual responsible for verifying that your organization is legitimate and eligible to register with the NPDB. The individual is also responsible for notifying the NPDB of any change in eligibility.

By completing this registration, the certifying official agrees to the following:

- The agent is qualified to register with the NPDB.
- He or she is authorized to submit this registration information to the NPDB and that the information provided is true, correct and complete.
- Any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB to complete or clarify this form may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under federal law.
- The agent's NPDB registration may be suspended revoked for failure to comply with the requirements.

Certifying Official

JANE TEST

Title

TEST

Phone

(111) 222-3333

Email Address

test@testagent.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.

18 U.S.C. § 1001. Statements or entries generally (a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully— (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.



Privacy Policy OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Organization Description Statutory Authority

Organization Information Administrator
 Account

Certifying Official

Review Summary > Submit >

Registration Status



To expedite your request and avoid processing delays, please upload documents electronically. If you are unable to upload documents, contact the Customer Service Center.

Registration Status

You have submitted the online registration form. Please review and complete all of the steps listed on this page.

- Save a copy of your registration documents. These documents contain the DBID and User ID, which are required to sign in to your account.
- Review all of the documents to be sure they are correct. If revisions are needed, sign in to your account, revise the forms, and reprint the corrected documents. Paper documents with marked corrections will be rejected by the NPDB.
- 3. Obtain one of these documents as proof of your affiliation with your organization.
 - A photocopy of your work badge issued by your organization that has your name, photo, and the name of the organization printed on it.
 - A signed letter from a duly authorized representative in your organization who can attest to your affiliation, such as a representative in your organization's human resources (HR) department.
- 3. Upload the required documents to the NPDB. Sign in to your account and upload the documents. If you cannot upload them, send them to the address on the document. Faxed or emailed copies are not accepted. The NPDB will not begin processing your registration until all documents have been received.
- 4. Check the status of your registration online.

Sign in to your account with your DBID, User ID and password to check the registration status after you have submitted all required documents. We will send you an email once your registration is approved. Allow 7 business days for the processing of your registration.

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Register for a new NPDB account for my organization	Agent Registration	Below "Register my organization"	Radio Button	The field is displayed if the user selects the option "Register my organization."	Selecting the radio button "Register my organization" displays three options: "Register for a new NPDB account for my organization," "Renew or update my organization's NPDB registration," and "Request another DBID for my organization's NPDB account."
Renew or update my organization's NPDB registration	Agent Registration	Below "Register my organization"	Radio Button	The field is displayed if the user selects the option "Register my organization."	Selecting the radio button "Register my organization" displays three options: "Register for a new NPDB account for my organization," "Renew or update my organization's NPDB registration," and "Request another DBID for my organization's NPDB account."

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Request another DBID for my organization's NPDB account	Agent Registration – (What do you need to do?)	Below "Register my organization"	Radio Button	The field is displayed if the user selects the option "Register my organization."	Selecting the radio button "Register my organization" displays three options: "Register for a new NPDB account for my organization," "Renew or update my organization's NPDB registration," and "Request another DBID for my organization's NPDB account."
DBID Number	Agent Registration— (Select the best option for your organization)	Below "Do you know the current DBID for your organization?"	Text Entry	The field is displayed if the user selects the "Yes" option.	

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915- 0126 Expiration Date: mm/dd/yyyy	Agent Registration	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Is your organization already registered with the NPDB?	Agent Registration	Modal	When the user selects "Request another DBID my organization's NPDB account" for "Register my organization"
An agent may only access the NPDB if they are designated by a registered health care entity to act on their behalf	Agent Registration	Modal	When the user submits their selection for a category and the radio button "An agent registering to query and/or report on behalf of another organization" is selected, then the modal is displayed with a Yes and No button. If the user selects Yes, they continue to register as an agent. If no, then the modal closes.
I am authorized by my organization to serve as the certifying official	Agent Registration	Check Box	Selecting the checkbox hides the fields for the Certifying Official's Information (First Name, Middle Name, Last Name, Suffix, Title, Phone, Extension, Email Address, Employee ID).
Password Requirements	Agent Registration	Info box	When the user sets focus on the "Create a new password" text entry, the info box is displayed. The state of each rule changes to indicate whether or the rule is met as the user enters their text.