

## ATTESTATION

 You  
Your orga

1. Attestat

Attestatio  
This inclu  
organizati

Entity Re  
Your orga

Entity M

ORGAN

ORGAN

ORGAN

ORGAN

Total entit

**Public Burden Statement** ✕

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

**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 voluntary. 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](mailto:paperwork@hrsa.gov).

[Close](#)

ts from Month dd, yyyy, to Month dd, yyyy.

**More Information**

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

th dd, yyyy, to Month dd, yyyy:

	Authorization
mm/dd/yyyy	Query and Report
	Query
mm/dd/yyyy	Report
	Query

### Are you authorized to attest?

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



## ATTESTATION

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy**⚠️ Your Organization's Attestation is Due By 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.

## 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**

- [Guidebook, Chapter E: Reports](#)
- [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
ORGANIZATION NAME (CITY, ST)	Ended mm/dd/yyyy	Query and Report
ORGANIZATION NAME2 (CITY, ST)	Current	Query
ORGANIZATION NAME3 (CITY, ST)	Ended mm/dd/yyyy	Report
ORGANIZATION NAME4 (CITY, ST)	Current	Query

Total entities: 4

**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  Ext.

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




## ATTESTATION

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy**⚠ Your Organization's Attestation is Due By 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.

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, CITY, ST for confidentiality compliance from Month dd, yyyy, to Month dd, yyyy.**

My organization has 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
ORGANIZATION NAME (CITY, ST)
ORGANIZATION NAME2 (CITY, ST)
ORGANIZATION NAME3 (CITY, ST)
ORGANIZATION NAME4 (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

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.

Exit

Submit

## ATTESTATION

✔ Thank you for submitting your attestation

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

**Attestation for ENTITY, CITY, ST for confidentiality compliance from Month dd, yyyy, to Month dd, yyyy.**

My organization has 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
ORGANIZATION NAME (CITY, ST)
ORGANIZATION NAME2 (CITY, ST)
ORGANIZATION NAME3 (CITY, ST)
ORGANIZATION NAME4 (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  
Date: Month dd, yyyy,

**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.



**Non-visible Questions**

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Why not?	Authorized Agent Attestation (1)	Below the Yes and No radio buttons	Text Entry	The field is displayed if the user selects the No radio button	

**State Changes**

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Authorized Agent Attestation	Modal	When the user selects the link the modal is displayed with the public burden statement content.