

ATTESTATION

1. Sites

If your organization's service delivery sites below are not being privileged

Select all

In Scope

Total selected

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.

Close

More Information

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

	City	State	ZIP
E	CITYNAME	ST	99999
E	CITYNAME	ST	99999
E	CITYNAME	ST	99999
E	CITYNAME	ST	99999
E	CITYNAME	ST	99999
E	CITYNAME	ST	99999
E	CITYNAME	ST	99999

The sites below are not in scope:

- SITENAME 1, 111 STREET NAME, CITYNAME ST
- SITENAME 5, 555 STREET NAME, CITYNAME ST

ATTESTATION

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

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: Query](#)
- [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 checked="" type="checkbox"/>	SITENAME 5	555 STREET NAME	CITYNAME	ST	99999
<input type="checkbox"/>	SITENAME 6	666 STREET NAME	CITYNAME	ST	99999
<input type="checkbox"/>	SITENAME 7	777 STREET NAME	CITYNAME	ST	99999

Total selected: 5

The sites below are not in scope:



- SITENAME 1, 111 STREET NAME, CITYNAME ST
- SITENAME 5, 555 STREET NAME, CITYNAME 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

Site Name	Site Address	Point of Contact	BPS Site ID	Actions
New Site	99 New Street New City 3332221111	Ann Smith asmith@email.com	1111111	 

[+ Add a site](#)

Exit

Continue

2. Attestation

3. Certify and Submit

Add a Site Location



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

Site Name

This field is required.

**Contact
Name**

Phone

Ext.

Email

**BPHC Site
ID**

ID is assigned by BPHC grant

Address

Line 2

City

State

ZIP



Cancel

Save

ATTESTATION

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

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.

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="ADMINISTRATOR"/>		
Phone	<input type="text" value="2221114444"/>	Ext.	<input type="text"/>
Email	<input type="text" value="jdoe@email.com"/>		

More Information

- [Health Centers](#)
- [What You Must Report to the NPDB](#)
- [The Guidebook, Chapter E: Reports](#)
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- [Help and FAQs](#)

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?

Organization's reason for not complying

Exit

Continue

3. Certify and Submit

ATTESTATION

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

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 <TEST ENTITY>, <CITY>, <ST> for reports submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

- My organization has **not** fulfilled our 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

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

Site Name	Address	City	State	ZIP
SITENAME 2	222 STREET NAME	CITYNAME	ST	99999
SITENAME 3	333 STREET NAME	CITYNAME	ST	99999
SITENAME 4	444 STREET NAME	CITYNAME	ST	99999
SITENAME 6	666 STREET NAME	CITYNAME	ST	99999
SITENAME 7	777 STREET NAME	CITYNAME	ST	99999

Additional Sites

Site Name	Site Address	Point of Contact	BPS Site ID
New Site	99 New Street New City 3332221111	Ann Smith asmith@email.com	1111111

- My organization is **not** responsible for either privileging, or credentialing, or both 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 potential 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

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.

[Exit](#)[Submit](#)

ATTESTATION

Thank you for submitting your attestation

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

Attestation for <TEST ENTITY>, <CITY>, <ST> for reports submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

- My organization has **not** fulfilled our 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:

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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

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

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Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Why not?	Health Center 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	Health Center Attestation	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Add a site	Health Center Attestation	Modal	When the user sets Selects the link "+Add a site" the page Add a site location is displayed as a modal. The user can complete the required form elements. The modal is hidden once the user submits the additional site form information or selects the Cancel button.