ATTESTATION

National Practitioner Data Bank
NPDB

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

Your
Your c... <Month dd, yyyy>, to <Month dd, yyyy>.

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

1. Attestati...

Attestation c... frame in acc... made from <...

Your organiz... credentialing... to act on its ...

<name of ag...

...Information
...lical Malpractice Payment Reports
...at You Must Report to the NPDB
...Guidebook, Chapter E: Reports
...to Submit a Report
...to Retrieve Historical Report Summaries
...and FAQs

Are you aut...

The person ... authorized to ... ...nents. You may be the person

- You have a...
- All required...

If you are no... administrator... attestation o... ...ponsibilities. If that person has an ...ain permission to submit the

☐ I am auth...

Authorized N...

Title

Phone

Email jdoe@email.com

ATTESTATION

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>.

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:

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

<name of agent> is currently authorized to 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 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, yyy>, 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	Jane Doe
Title	Admin
Phone	2221114444
Email	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?

Organization's reason for not complying

Exit Continue

2. Certify and Submit

Contact Us

ATTESTATION

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>.

1. Attestation

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

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 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.

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Why not?	Medical Malpractice Payer 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	Medical Malpractice Payer Attestation	Modal	When the user selects the link the modal is displayed with the public burden statement content.