

**The National Practitioner Data Bank Survey**

Thank you for your participation in this survey. Please note that the National Practitioner Data Bank will be referred to as the NPDB throughout the survey.

You have been selected for this survey because you self-queried the NPDB recently. We appreciate your feedback.

The survey takes 5 to 15 minutes to complete.

You do not have to complete all of it in one sitting. If at any time during the survey you wish to exit and return to complete the survey at a later time, your responses will be automatically saved. By clicking on the link provided in the invitation letter, you will be returned to the section of the survey where you exited. Once you submit the survey, you will not be able to retake the survey, and the link provided will cease to provide access to the survey.

Please use the navigation buttons at the bottom of each page of the survey in order to move forward through each section of the survey or to access previous pages in order to change responses that were inaccurate.

**Warning! Do not use your Internet browser's "back", "forward", "stop", or "reload/refresh" buttons for navigation while taking this survey.** This may cause the survey to lose track of the page that you are on and may invalidate your results or prevent you from continuing the survey.

Your responses will be confidential. The data will be used for improving NPDB users' experience and research purposes.

**Public Burden Statement:**

The survey will collect information regarding the participants' experiences of querying and reporting to the NPDB, perceptions of health care practitioners with reports, impact of NPDB reports on organizations' decision-making, and satisfaction with various NPDB products and services. 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-XXXX 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 .10 hours 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).

Please click the navigation button below to continue.

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**Demographic Information**

We are collecting demographic information so that we can learn more about our survey participants.

In what capacity did you self-query the NPDB?

- On My Own Behalf as an Individual Health Care Practitioner
- On My Own Behalf as an Individual Health Care Provider, or Supplier
- On Behalf of an Organization (Health Care Provider, Supplier, or Entity)

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### Demographic Information

We are collecting demographic information so that we can describe the different kinds of individuals participating in this survey.

Which category best describes your status in the health care industry? Select all that apply.

- Full-time practice
- Part-time practice
- Locum tenens
- Undergoing training to be a health care practitioner
- Retired but practicing part-time
- Retired and not practicing
- Currently not practicing (not retired)

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Please select your current primary practicing position held as a health care practitioner.

Physician (Doctor of Medicine)	Licensed Practical or Vocational Nurse	Psychologist
Physician (Doctor of Osteopathy)	Nursing Para-Professional	Social Worker
Chiropractor	Optometrist	Other Behavioural Health Provider (e.g., Pastoral Counselor, Mental Health Counselor, etc.)
Dental Hygienist	Pharmacist	Therapist (e.g., Physical Therapist, Massage Therapist, etc.)
Advanced Practice Registered Nurse	Physician Assistant	Health Care Technician and Assistant (e.g., Radiologic Technician, Physical Therapy Assistant, etc.)
Registered Nurse	Podiatrist	Other (Please Explain)

Do you currently practice at more than one facility?

Yes

No

Other (Please Explain)

Not Applicable

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Please select your current primary practicing position held as a health care practitioner.

Physician (Doctor of Medicine)	Licensed Practical or Vocational Nurse	Psychologist
Physician (Doctor of Osteopathy)	Nursing Para-Professional	Social Worker
Chiropractor	Optometrist	Other Behavioural Health Provider (e.g., Pastoral Counselor, Mental Health Counselor, etc.)
Dental Hygienist	Pharmacist	Therapist (e.g., Physical Therapist, Massage Therapist, etc.)
Advanced Practice Registered Nurse	Physician Assistant	Health Care Technician and Assistant (e.g., Radiologic Technician, Physical Therapy Assistant, etc.)
Registered Nurse	Podiatrist	Other (Please Explain)

Please answer this question.

Do you currently practice at more than one facility?

Yes

No

Other (Please Explain)

Not Applicable

If you currently practice at more than one facility, how many?

▼

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Please select the jurisdiction(s) in which you are currently licensed or certified to practice. Select all that apply.

Alabama	Louisiana	Oregon
Alaska	Maine	Pennsylvania
American Samoa	Maryland	Puerto Rico
Arizona	Massachusetts	Rhode Island
Arkansas	Michigan	South Carolina
California	Minnesota	South Dakota
Colorado	Mississippi	Tennessee
Connecticut	Missouri	Texas
Delaware	Montana	Utah
District of Columbia	Nebraska	Vermont
Florida	Nevada	Virgin Islands
Georgia	New Hampshire	Virginia
Guam	New Jersey	Washington
Hawaii	New Mexico	West Virginia
Idaho	New York	Wisconsin
Illinois	North Carolina	Wyoming
Indiana	North Dakota	Canada
Iowa	Northern Marianas Islands	Other Foreign Country
Kansas	Ohio	Not Applicable
Kentucky	Oklahoma	

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For how long have you been working as a health care practitioner? (Select the numbers of months and years from the dropdown options.)

Years

Months

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Do you intend to continue to work as a health care practitioner in the foreseeable future?

Yes

No

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### NPDB Self-Query

Have you ever self-queried the NPDB?

Yes

No

Other (Please Explain)

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### Experiences of Self-Querying the NPDB

How did you access the self-query interface on the NPDB website?

- Using the link on the NPDB website
- Using a link on a non-NPDB website
- Other (please specify)

Please rate your level of overall satisfaction with self-query.

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied Nor Dissatisfied
- Satisfied
- Very Satisfied

How many times have you performed a self-query in the last 5 years?

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In the past 5 years, whenever you have self-queried, what was/were your reason(s)?  
(Please select all that apply.)

- I was notified that I was the subject of a report in the NPDB
- To check if I have any reports in the NPDB
- To provide to an employer or a potential employer
- To provide to an organization (e.g., hospital, health plan, etc.) for medical staff membership, clinical privileges, and/or panel memberships
- To provide to a medical malpractice/liability coverage
- To provide to a State Licensing Board
- To provide to a Professional Society
- To provide to another State Agency
- To provide to a Federal Agency
- Other (Please Explain)

Have you ever requested multiple copies of the results from a self-query?

- Yes
- No
- Other (Please Explain)

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For each of the following items, please select the reasons that you requested multiple copies of the self-query results.

To provide to an employer or a potential employer	To provide to another State Agency
To provide to an organization (e.g., hospital, health plan, etc.) for medical staff membership, clinical privileges, and/or panel memberships	To provide to a Federal Agency
To provide to a medical malpractice/liability coverage	To retain a copy in my own records
To provide to a State Licensing Board	Other
	<input type="text"/>
To provide to a Professional Society	

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Have you requested a response to be mailed?

Yes

No

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Were there any difficulties in receiving a mailed response?

Yes (Please Explain)

No

Other (Please Explain)

What were your reasons for requesting a copy to be mailed?

A potential employer requested a hard copy.

I was not able to print an electronic copy.

I was not able to save an electronic copy.

Other (Please Explain)

Would a digitally signed PDF copy of the report be sufficient instead of a mailed hard copy?

Yes

No (Please Explain)

Do not know

Other (Please Explain)

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Have you ever left the process of self-query unfinished?

- Yes
- No
- Unknown
- Other (Please Explain)

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What were your reasons for not finishing self-query? (Please select all that apply.)

- I did not want to use the online automated identity verification process.
- Online automated identity verification process could not identify me.
- A Notary was required, which I did not have access to at the time.
- The overall self-query process was too hard.
- I changed my mind about self-querying in the middle of the process.
- Other reason (please explain)

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Please rate your level of satisfaction with NPDB's Notary identity verification method for completing a self-query?

Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Applicable (I have never used NPDB's Notary identity verification method)
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Using the scale provided, please rate your agreement with each of the following statements regarding the NPDB's Notary identification method.

	Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree	Not Applicable (I have never used NPDB's Notary identity verification method)
The NPDB's Notary identity verification method is secure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB's Notary identity verification method is easy to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB's Notary identity verification method is convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The self-query information I received from the NPDB is accurate and complete.

Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree
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I received a response to the self-query in a timely manner.

Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree
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How would you rate the cost of self-query?

Very  
Expensive

Expensive

Fair Cost

Inexpensive

Very  
Inexpensive

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Please share any comments regarding your experiences with self-querying the NPDB.

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### Report in the NPDB

Have you ever been the subject of a report in the NPDB?

Yes

No

Other (Please Explain)

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**Report in the NPDB**

What types of reports does the NPDB contain in which you are a subject? (Please select all that apply.)

 Medical Malpractice Payment State Licensure Action Clinical Privileges / Panel Membership Action Health Plan Other Adjudicated Action (e.g., contract termination) Professional Society Membership Action Federal Licensure (including DEA) Government Administrative Action Federal or State Exclusion or Debarment Private Accreditation / Peer Review Organization Action Judgment or Conviction Other (Please Explain)[← BACK](#)[NEXT →](#)

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How would you rate the impact of having a report in the NPDB on your career?

Neutral	Slightly Negative	Somewhat Negative	Moderately Negative	Extremely Negative
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Have you suffered loss of certification, licensing, credentialing, clinical privileges, or employment due to having a NPDB report?

 Yes No Other (Please Explain)

Have you been able or will you be able to obtain a similar position in the health care industry?

 Yes No Other (Please Explain) Not Applicable

Were your career opportunities affected by having a report in the NPDB?

 Yes No Other (Please Explain) Not Applicable

When you were first notified of being a subject of a report in the NPDB, did you work at or have clinical privileges at two or more facilities simultaneously?

 Yes

Have you been able or will you be able to obtain a similar position in the health care industry?

Yes

No

Other (Please Explain)

Not Applicable

Were your career opportunities affected by having a report in the NPDB?

Yes

No

Other (Please Explain)

Not Applicable

When you were first notified of being a subject of a report in the NPDB, did you work at or have clinical privileges at two or more facilities simultaneously?

Yes

No

Other (Please Explain)

Not Applicable

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**Directions:** For the next two questions, we are interested in experiences of individuals who might have held several positions simultaneously.

If you held positions in more than one facility at the same time, how long did it take the second employer to contact you regarding a report in the NPDB that was previously known by the first employer?

 Less than 1 week At least 1 week but less than 1 month At least 1 month but less than 3 months At least 3 months but less than 6 months At least 6 months but less than 1 year More than 1 year Never Unknown Other (Please Explain) Not Applicable

If you held positions in more than one facility at the same time, what type of actions were taken by the second employer as a result of you having a report in the NPDB? (Please select all that apply.)

 No Action Taken Restrictions of Clinical Privileges Employment or Contract Termination Placed on Administrative Leave Initiated an Investigation Legal Actions Declined as a Candidate (if you were applying for a new position) Unknown

At least 1 week but less than 1 month

At least 1 month but less than 3 months

At least 3 months but less than 6 months

At least 6 months but less than 1 year

More than 1 year

Never

Unknown

Other (Please Explain)

Not Applicable

If you held positions in more than one facility at the same time, what type of actions were taken by the second employer as a result of you having a report in the NPDB? (Please select all that apply.)

No Action Taken

Restrictions of Clinical Privileges

Employment or Contract Termination

Placed on Administrative Leave

Initiated an Investigation

Legal Actions

Declined as a Candidate (if you were applying for a new position)

Unknown

Other (Please Explain)

Not Applicable

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Have you provided a copy of a report containing adverse action information from a self-query that ultimately resulted in an organization denying licensure, certification, credentialing, clinical privileges, or employment?

 Yes No Other (Please Explain)

Have you provided a copy of a report containing medical malpractice payment information from a self-query that ultimately resulted in an organization denying licensure, certification, credentialing, clinical privileges, or employment?

 Yes No Other (Please Explain)

Have you provided a copy of a report containing medical malpractice payment information from a self-query to an insurance provider?

 Yes No Other (Please Explain)[← BACK](#)[NEXT →](#)

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Have you ever added your own statement (also called a subject statement) to the NPDB report?

Yes

No

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What impact has adding your own statement made?

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Please share any other thoughts about your experience of being the subject of a report in the NPDB.

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### NPDB Dispute Process

Were you ever involved in the NPDB's Dispute Resolution Process? (Previously known as Secretarial Review)

Yes

No

Other (Please Explain)

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**Experience with the NPDB Dispute Process**

You have indicated that you had/have been involved in the NPDB's Dispute Resolution Process (previously known as Secretarial Review). What type of report(s) did you dispute? (Select all that apply.)

 Medical Malpractice Payment State Licensure Action Clinical Privileges / Panel Membership Action Health Plan Other Adjudicated Action (e.g., contract termination) Professional Society Membership Action Federal Licensure (including DEA) Government Administrative Action Federal or State Exclusion or Debarment Private Accreditation / Peer Review Organization Action Judgment or Conviction Other (Please Explain)[← BACK](#)[NEXT →](#)

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Why did you dispute the NPDB report(s)? (Select all that apply.)

 Information in the report was incorrect Report was submitted for reasons other than my professional competence or professional conduct You were treated unfairly by the reporting entity The action was not reportable to the NPDB Court advised to go through the NPDB administrative process Legal counsel advised to dispute Wrong practitioner reported Wrong action included in the report (Please Explain) Other (Please Explain)[← BACK](#)[NEXT →](#)

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Before you initiated your dispute process with the NPDB, what other actions were taken?  
(Select all that apply.)

- Tried to resolve the issue directly with the entity that submitted the report to the NPDB
- Tried to contact the entity but the entity did not respond or refused further communication
- Could not engage with the entity that submitted the report because it no longer exists
- Hired legal counsel to try to resolve the issue with the entity that submitted the report to the NPDB
- Filed a legal case in the Federal court system
- Other (Please Explain)

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Please rate your level of satisfaction with the NPDB's Dispute Resolution Process (as opposed to the decision that was rendered).

Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
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Based on your dispute, what happened to your report?

- No change was made to the report.
- Some of the details in the report regarding the action were changed.
- The report was voided.
- Other (please explain)

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Did you file for re-consideration with NPDB?

Yes

No

Why did you file for re-consideration with NPDB? (Select all that apply.)

Had new evidence not submitted previously

Did not agree with the NPDB's decision

Believed escalating my case would result in a different outcome

Lawyer recommended filing for re-consideration

Court advised to first exhaust all of the NPDB's administrative processes

Other (Please Explain)

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## Report in the NPDB

What do you think are health care organizations' perceptions of health care practitioners with any of the following reports in the NPDB? (Please select from the rating scale for each of the items.)

	Extremely Negative	Moderately Negative	Somewhat Negative	Slightly Negative	Neutral
Medical Malpractice Payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Licensure Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Privileges / Panel Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Plan Other Adjudicated Action (e.g., contract termination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Society Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal Licensure (including DEA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government Administrative Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal or State Exclusion or Debarment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Accreditation / Peer Review Organization Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment or Conviction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Report (Please Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>					

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How often does receiving the following kinds of reports from the NPDB impact a health care practitioner's ability to obtain certification, licensing, credentialing, clinical privileges, or employment? (Please select from the rating scale for each of the items.)

	All the time	Most of the time	More than half the time	About half the time	Less than half the time	Rarely	Never	Not Applicable (Please Explain)	( E
Medical Malpractice Payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
State Licensure Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Clinical Privileges / Panel Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Health Plan Other Adjudicated Action (e.g., contract termination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Professional Society Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Federal Licensure (including DEA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Government Administrative Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Federal or State Exclusion or Debarment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Private Accreditation / Peer Review Organization Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Judgment or Conviction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other Report (Please Explain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input style="width: 100px; height: 15px;" type="text"/>									

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How does having a medical malpractice payment report in the NPDB impact a health care practitioners' medical liability insurance?

- No impact
- Negative impact (increased premiums or hard to get insurance)
- Do not know

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Please rate the impact on a health care practitioner's ability to obtain certification, licensing, credentialing, clinical privileges, or employment, if they have any of the following kinds of medical malpractice payment reports in the NPDB. (Please select from the rating scale for each of the items.)

	Neutral	Slightly Negative	Somewhat Negative	Moderately Negative	Extremely Negative
Malpractice payment of \$1 to \$5,000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malpractice payment of \$5,001 to \$10,000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malpractice payment of \$10,001 to \$50,000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malpractice payment of \$50,001 to \$100,000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malpractice payment of \$100,001 to \$1,000,000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malpractice payment of more than \$1,000,000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the impact on a health care practitioner's ability to obtain certification, licensing, credentialing, clinical privileges, or employment, if they have 1 or more medical malpractice payment reports in the NPDB. (Please select from the rating scale for each of the items.)

	Neutral	Slightly Negative	Somewhat Negative	Moderately Negative	Extremely Negative
1 report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than 5 reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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How likely is it that health care organizations will reject an application with any of the following reports in the NPDB?

	Extremely unlikely	Unlikely	Neutral	Likely	Extremely likely
Medical Malpractice Payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Licensure Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Privileges / Panel Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Plan Other Adjudicated Action (e.g., contract termination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Society Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal Licensure (including DEA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government Administrative Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal or State Exclusion or Debarment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Accreditation / Peer Review Organization Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment or Conviction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Report (Please Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>					

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

How does having the following kinds of reports in the NPDB impact on health care practitioners' ability to obtain certification, licensing, credentialing, clinical privileges, or employment **above and beyond** the impact of the original action that resulted in the report? That is, what kind of an impact an NPDB report has, not the action itself?

	Neutral	Slightly Negative	Somewhat Negative	Moderately Negative	Extremely Negative
Medical Malpractice Payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Licensure Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Privileges / Panel Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Plan Other Adjudicated Action (e.g., contract termination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Society Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal Licensure (including DEA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government Administrative Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal or State Exclusion or Debarment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Accreditation / Peer Review Organization Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment or Conviction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Report (Please Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100px; height: 15px;" type="text"/>					

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

### Satisfaction with NPDB Products & Services

Please rate your level of satisfaction with each of the following resources. (Only one answer per row.)

	Unfamiliar with this resource	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	\ Sat
Webinars/Webcasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Insights (NPDB Newsletter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Infographics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Guidebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Data Analysis Tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Public Use Data File	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Compliance Results Map	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
NPDB Website (npdb.hrsa.gov)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Customer Service Center Phone Number: 800-767-6732	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Customer Service Center Email: help@npdb.hrsa.gov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other Resource (Please Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input style="width: 100px; height: 15px;" type="text"/>						

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Customer Service Center hours are: Monday – Thursday 8:30am – 6:00pm EST, Friday 8:30am – 5:30pm EST. Are the customer service hours sufficient?

Yes

No

Other (Please Explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Have you ever contacted the Customer Service Center?

Yes

No

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

What is the typical wait time when you call the Customer Service Center? If you have never called the Customer Service Center, type NA in the textbox.

When you contact the Customer Service Center, how often are the customer service personnel able to answer your questions?

- All the time
- Most of the time
- More than half the time
- About half the time
- Less than half the time
- Rarely
- Never
- Not Applicable
- Other (Please Explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

The NPDB is considering introducing a new feature that will allow health care practitioners to sign up to receive an electronic notification whenever a new report regarding them is sent to the NPDB. How likely is it that you will sign up for such a feature to monitor **reports** regarding you?

Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
------------------	--------	---------	----------	--------------------

The NPDB is also considering a similar feature for queries that will allow health care practitioners to sign up to receive an electronic notification whenever a new query is performed regarding them. How likely is it that you will sign up for such a feature to monitor entities' **queries** regarding you?

Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
------------------	--------	---------	----------	--------------------

How much would you be willing to pay annually for the following subscription features?  
Please enter numbers (dollar values) in all three boxes below.

Report monitoring alone:

Query monitoring alone:

Both report and query monitoring:

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Please rate your level of agreement with the following statements concerning the NPDB website. (Only one answer per row.)

	Completely Agree	Agree	Neither Agree or Disagree	Disagree	Completely Disagree
The NPDB website is easy to navigate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB website is well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to quickly find what I need on the NPDB website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB website content is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to find information about self-query on the NPDB website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard to find the link to complete a self-query on the NPDB website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please let us know if you would like to see any other features, products, or services from the NPDB in the future.

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**Demographic Information**

We are collecting demographic information so that we can describe the different kinds of organizations participating in this survey.

What types of medical services does your organization provide (if applicable)?

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

What types of health care products does your organization produce or distribute (if applicable)?

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In which jurisdiction is your organization located? (If your organization is located in more than one state, please list the state in which your organization's headquarters is located.)

Alabama	Illinois	Nebraska	Rhode Island
Alaska	Indiana	Nevada	South Carolina
American Samoa	Iowa	New Hampshire	South Dakota
Arizona	Kansas	New Jersey	Tennessee
Arkansas	Kentucky	New Mexico	Texas
California	Louisiana	New York	Utah
Colorado	Maine	North Carolina	Vermont
Connecticut	Maryland	North Dakota	Virgin Islands
Delaware	Massachusetts	Northern Marianas Islands	Virginia
District of Columbia	Michigan	Ohio	Washington
Florida	Minnesota	Oklahoma	West Virginia
Georgia	Mississippi	Oregon	Wisconsin
Guam	Missouri	Pennsylvania	Wyoming
Hawaii	Montana	Puerto Rico	Other (Please Specify)
			<input type="text"/>
Idaho			

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

### NPDB Self-Query

Has your organization ever self-queried the NPDB?

Yes

No

Other (Please Explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

### Experiences of Self-Querying the NPDB

Which of the following links did you use to access the self-query interface on the NPDB?

The link on the NPDB webpage

The link on a non-NPDB webpage

Other (please specify)

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Please rate your organization's level of overall satisfaction with self-query.

Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied
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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

How many times has your organization performed a self-query in the last 5 years?

What was the purpose of your organization's self-query? (Please select all that apply.)

- To provide to an Insurance Agency for Medical Liability Insurance
- To provide to a State Agency
- To provide to a Federal Agency
- My organization was notified of being the subject of an NPDB report
- My organization wanted to verify if it was the subject of an NPDB report
- Other (Please Explain)

If your organization has requested a response to be mailed, were there any difficulties?

- Yes
- No
- Unknown

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Please explain the difficulties that your organization experienced.

Has your organization ever left the process of a self-query unfinished?

- Yes
- No
- Unknown
- Other (Please Explain)

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What were the reasons for your organization for not finishing self-query? (Please select all that apply.)

- A Notary was required, which I did not have access to at the time.
- The overall self-query process was too hard.
- I changed my mind about querying in the middle of the process.
- I do not know.
- Other reason (please explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Please rate your organization's level of satisfaction with NPDB's Notary identity verification method for completing a self-query?

Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied
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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Using the scale provided, please rate your organization's agreement with each of the following statements regarding the NPDB's Notary identity verification method.

	Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree
The NPDB's identity verification method is secure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB's identity verification method is easy to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB's identity verification method is convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The self-query information that my organization received from the NPDB is accurate and complete.

Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree
------------------	-------	----------------------------	----------	---------------------

My organization received a response to the self-query in a timely manner.

Completely Agree	Agree	Neither Agree Nor Disagree	Disagree	Completely Disagree
------------------	-------	----------------------------	----------	---------------------

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

How would your organization rate the cost of the NPDB self-query?

Very Expensive	Expensive	Fair Cost	Inexpensive	Very Inexpensive
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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Please share any comments regarding your experiences with self-querying the NPDB.

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### Report in the NPDB

Has your organization ever been the subject of a report in the NPDB?

Yes

No

Other (Please Explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

**Report in the NPDB**

What type of report does the NPDB contain regarding your organization? (Please select all that apply.)

 State Licensure Action Clinical Privileges / Panel Membership Action Health Plan Other Adjudicated Action (e.g., contract termination) Professional Society Membership Action Federal Licensure (including DEA) Government Administrative Action Federal or State Exclusion or Debarment Private Accreditation / Peer Review Organization Action Judgment or Conviction Other (Please Explain)[← BACK](#)[NEXT →](#)

OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

What is the impact of having a report in the NPDB on your business?

- Neutral
- Slightly Negative
- Somewhat Negative
- Moderately Negative
- Extremely Negative

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Has your organization ever added its own statement (also called a subject statement) to the NPDB report?

Yes

No

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Has your organization ever added its own statement (also called a subject statement) to the NPDB report?

Yes

No

What impact has adding your organization's own statement made?

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Please explain how having a report in the NPDB impacts your business.

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### NPDB Dispute Process

Has your organization ever been involved in the NPDB Dispute Resolution Process?  
(Previously known as Secretarial Review)

Yes

No

Other (Please Explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

**Experience with the NPDB Dispute Process**

You have indicated that your organization has/had been involved in the NPDB's Dispute Resolution Process (previously known as Secretarial Review). What kind of report(s) did your organization dispute? (Select all that apply.)

 State Licensure Action Clinical Privileges / Panel Membership Action Health Plan Other Adjudicated Action (e.g., contract termination) Professional Society Membership Action Federal Licensure (including DEA) Government Administrative Action Federal or State Exclusion or Debarment Private Accreditation / Peer Review Organization Action Judgment or Conviction Other (Please Explain)[← BACK](#)[NEXT →](#)

OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Why did your organization dispute the NPDB report(s)? (Select all that apply.)

- Information in the report was incorrect
- Report was submitted for reasons other than health care related professional competence or professional conduct of the organization
- My organization was treated unfairly by reporter
- The action was not reportable to the NPDB
- Court advised to go through the NPDB administrative process
- Legal counsel advised to dispute
- Wrong organization reported
- Wrong action included in the report (Please Explain)

Other (Please Explain)

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Before your organization initiated a dispute process with the NPDB, what other actions were taken? (Select all that apply.)

- Tried to resolve the issue directly with the entity that submitted the report to the NPDB
- Tried to contact the entity but the entity did not respond or refused further communication
- Could not engage with the entity that submitted the report because it no longer exists
- Hired legal counsel to try to resolve the issue with the entity that submitted the report to the NPDB
- Filed a legal case in the Federal court system
- Other (Please Explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Please rate your level of satisfaction with the NPDB's Dispute Resolution Process (as opposed to the decision that was rendered).

Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
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Based on your organization's dispute, what happened to the report?

- No change was made to the report.
- Some of the details in the report regarding the action were changed.
- The report was voided.
- Other (please explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Did your organization file for re-consideration with NPDB?

- Yes
- No

Why did your organization file for re-consideration with NPDB? (Select all that apply.)

- Had new evidence not submitted previously
- Did not agree with NPDB's decision
- Believed other dispute resolution manager would decide differently
- Lawyer recommended filing for re-consideration
- Court advised to first exhaust all of the NPDB's administrative processes
- Other (Please Explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

**Report in the NPDB**

Please rate the impact on organizations' ability to obtain licensing or new business, if they have any of the following reports in the NPDB. (Only one answer per row.)

	Neutral	Slightly Negative	Somewhat Negative	Moderately Negative	Extremely Negative
State Licensure Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Privileges / Panel Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Plan Other Adjudicated Action (e.g., contract termination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Society Membership Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal Licensure (including DEA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government Administrative Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal or State Exclusion or Debarment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Accreditation / Peer Review Organization Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment or Conviction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Report (Please Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>					

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

What do you think are regulatory organizations' perceptions of organizations with adverse action reports in the NPDB?

- Neutral
- Slightly Negative
- Somewhat Negative
- Moderately Negative
- Extremely Negative

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

What do you think is the impact of having a report in the NPDB on an organization's business?

- Neutral
- Slightly Negative
- Somewhat Negative
- Moderately Negative
- Extremely Negative

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**Satisfaction with NPDB Products & Services**

Please rate your organization's level of satisfaction with each of the following resources.  
(Only one answer per row.)

	Unfamiliar with this resource	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied
Webinars/Webcasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insights (NPDB Newsletter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infographics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy Corner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Analysis Tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Use Data File	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance Results Map	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NPDB Website (npdb.hrsa.gov)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service Center Phone Number: 800-767-6732	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service Center Email: help@npdb.hrsa.gov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Resource (Please Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>					

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Customer Service Center hours are: Monday – Thursday 8:30am – 6:00pm EST, Friday 8:30am – 5:30pm EST. Are these NPDB customer service hours sufficient?

Yes

No

Other (Please Explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Has your organization ever contacted the NPDB Customer Service Center?

Yes

No

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

What is the typical wait time when you call the Customer Service Center? If you have never called the Customer Service Center, type NA in the textbox.

When your organization contacts the NPDB Customer Service Center, how often are the customer service personnel able to answer your questions?

- All the Time
- Most of the Time
- More than Half the Time
- About Half the Time
- Less than Half the Time
- Rarely
- Never
- Not Applicable
- Other (Please Explain)

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OMB Number: 0915-XXXX; Expiration date: XX/XX/202X

Please rate your organization's level of agreement with the following statements concerning the NPDB website. (Only one answer per row.)

	Completely Agree	Agree	Neither Agree or Disagree	Disagree	Completely Disagree
The NPDB website is easy to navigate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB website is well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to quickly find what I need on the NPDB website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The NPDB website content is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to find information about self-query on the NPDB website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard to find the link to complete a self-query on the NPDB website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please let us know if your organization would like to see any other features, products or services from the NPDB in the future.

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**NPDB-HIPDB Merger**

Prior to taking this survey, were you aware of the merger of the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB) that occurred in 2013?

- Yes
- No

Have you experienced any benefits by the merger of the NPDB and the HIPDB?

- Yes (please explain)
- No

Have you experienced any drawbacks due to the merger of the NPDB and the HIPDB?

- Yes (please explain)
- No

After the merger, are you receiving all of the reports you expect to see?

- Yes
- No (clarify the issues you experienced)
- Not applicable (explain)

Have you experienced any benefits by the merger of the NPDB and the HIPDB?

Yes (please explain)

No

Have you experienced any drawbacks due to the merger of the NPDB and the HIPDB?

Yes (please explain)

No

After the merger, are you receiving all of the reports you expect to see?

Yes

No (clarify the issues you experienced)

Not applicable (explain)

Please share any comments that you have regarding your experiences with the merger of the NPDB and the HIPDB.

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**Thank You!**

Thank you for your participation in this survey! Your responses have been recorded and will greatly facilitate our understanding of NPDB user experiences.

**Optional comments:**

If you have any comments about the NPDB or this survey, please feel free to enter them here. For instance, you might mention aspects of your experiences with the NPDB or your views about the NPDB that you feel that this survey did not capture.

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We thank you for your time spent taking this survey.  
Your response has been recorded.