

Entities Survey: Module 1

Note: Please note that all the text in red or blue in all the modules is for the internal purposes of Biktek Inc. and the DPDB teams, and will not be shown to the survey participants.

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. Also note that the word, “practitioner” refers to health care practitioners throughout the survey.

For every completed survey, we will donate \$2 to NIH Children’s Inn [pending OMB clearance].

The survey takes 15 to 40 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 responses or prevent you from continuing the survey.

Your organization’s 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 0915-0366 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 .25 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.

Please click the navigation button below to continue.