**Entities Survey: Module 28**

**Number of questions: 4**

**Authorized Agents: Reporting Related Demographics**

**Q 28.1.** For how many organizations did your agency provide NPDB reporting services between January 2018 and December 2020?

Type a number: \_\_\_\_\_\_\_\_

Do not know (please explain) \_\_\_\_\_\_\_\_\_

**Q 28.2.** What is the average number of reports to the NPDB that your organization submitted per month between January 2018 and December 2020?

Please enter a number: \_\_\_\_\_\_\_

**Q 28.3.** For how many **practitioners** do you typically report per **month**?

Type a number: \_\_\_

**Q 28.4.** For what types of organizations did your organization provide reporting services between January 2018 and December 2020? (Please select all that apply.)

Hospital or Hospital System

Health Plan

Other Health Care Entities (e.g., Group Practice, Community Health Center, Clinic, Urgent Care or Ambulatory Health Care Facility or another health care organization that is not a hospital)

Medical Malpractice Payer

Professional Society

State Licensing Board or Certification Authority

Federal Licensing Agency

Other State Agency

Other Federal Agency

Other (Please Explain)\_\_\_\_\_\_\_\_\_\_

Piping Logic:

Survey will be directed to Module 29 next.