

Entity: TEST ENTITY (CITY, ST) | User: Testuser Sign Out

NATIONAL PRACTITIONER DATA BANK  
**NPDB**

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

1. Subject

**Public Burden Statement** x

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 required to obtain or retain a benefit ([45 CFR Part 60](#)). [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 .08 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).

[Close](#)

Person

First Name

First Name

+ Add

Gender

Birthdate

MM-

Home

County

United

Street

Add

Street

Address Line 2

te response.

Suffix (Jr, III)

Suffix

## 1. Subject Information

Please fill out as much information as possible to ensure a timely and accurate response.

## Personal Information

## First Name

## Middle Name

## Last Name

## Suffix (Jr, III)

+ Additional name (e.g., maiden name)

## Gender

Male  Female  Unknown

## Birthdate

## Home Address/Address of Record

## Country

## Street Address

## Street Address Line 2

## City

## State

## ZIP

## Work Information

Check here if the practitioner's work information is the same as your organization.

## Organization Name

## Organization Type

## Country

## Street Address

## Street Address Line 2

## City

## State

## ZIP

## Profession and Licensure

## License 1

## Profession or Field of Licensure

## Other Name for Occupation

## Does the subject have a license for the selected profession or field of licensure?

Yes  No/Not sure

## State

## License Number

## Professional Schools Attended

Schools or institutions subject attended for their professional degree, training or certification (e.g., medical school, certification program) 

## Name of School or Institution

## Completion Year

+ Additional school or institution

## Identification Numbers

## SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

+ Additional SSN or ITIN

## NPI (National Provider Identifier)

For the fastest query response, add the practitioner's NPI number if you know it.

+ Additional NPI

Does the subject have a DEA, FEIN, or UPIN identification number?

## DEA (Drug Enforcement Agency)

+ Additional DEA

## FEIN (Federal Employer Identification Number)

+ Additional FEIN

## UPIN (Unique Physician Identification Numbers)

+ Additional UPIN

Check this box if you wish to store this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries.

Continue

## 2. Payment

## 3. Certifier Information

Return to Options



## What type of license are you reporting?

Search

### Recently Used

Occupational Therapist ✖

### Behavioral Health Occupations

Other Behavioral Health Occupation - Not Classified, Specify - BEHAVIOR ANALYST

### Psychologist/Psychological Assistant

Psychologist

Psychologist - CERTIFIED

### Rehabilitative, Respiratory and Restorative Service Practitioner

Occupational Therapist

Occupational Therapy Assistant

Physical Therapist

Physical Therapy Assistant

### Health Care Facility Administrator

Health Care Facility Administrator

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[Report a different license](#)

## QUERY INPUT

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

## 1. Subject Information

 Edit

## 2. Payment

Subjects to Query 1

Charge per Query X \$n.nn

**Total for 1 Query** \$n.nn

## Available Payment Methods

 Credit Card On File

Account Number: \*\*\*\*\*5555

Expires: mm/yyyy

 Credit or Debit Card

What type of credit or debit card can I use?



## Name on Card

## Card Number

## Expiration Date

 

## Country

## Billing Address

## Billing Address Line 2

## City

## State

## ZIP

 Pre-authorized Electronic Funds Transfer (EFT)

Your entity does not have an EFT account on file. [Learn how to authorize an electronic funds transfer](#) for future payments.

Continue

## 3. Certifier Information

Return to Options

## QUERY INPUT

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

## 1. Subject Information

 Edit

## 2. Payment

 Edit

## 3. Certifier Information

Please verify your information is correct.

## Subject Information

 Edit

Name: **John Smith**  
 Gender: **Unknown**  
 DOB: **01-01-1960**  
 Home Address: **5 Test Dr  
 Test City, ST 11111**  
 Organization Name: *None/NA*  
 Organization Type: *None/NA*  
 Work Address: *None/NA*  
 Profession/Field of Licensure: **Registered Nurse**  
 Other Name for Occupation: *None/NA*  
 License Info: **11111 (ST)**  
 School/Institution, Year: **UNIVERSITY FOR MEDICAL SCIENCES 2000**  
 SSN/ITIN: **444556666**  
 NPI: *None/NA*  
 DEA: *None/NA*  
 FEIN: *None/NA*  
 UPIN: *None/NA*

## Payment Information

 Edit

Payment Method: **Credit or Debit Card**  
 Cardholder Name: **CARDHOLDER NAME**  
 Card #: **4111111111111111**  
 Exp: **nn/nnnn**  
 Billing Address: **nnn Street Name  
 City, ST nnnnn-nnnn**

Federal regulations restrict and specify the use of NPDB information. Disclosure or use of such information for any other purpose may be subject to fine or imprisonment under federal statutes.

Select the purpose of your request for NPDB information and submit. The fees are charged when you click **Submit to the NPDB**.

## Query Purpose:

Choose a query purpose from the list



## Authorized Submitter's Name

TEST

## Authorized Submitter's Title

TEST

## Authorized Submitter's Phone

7777777777

## Ext.

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

## Customer Use

**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.

Submit

Return to Options

## Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Organization Description	One-Time Query for an Individual (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Name of Occupation	One-Time Query for an Individual (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that requires a description.	“Specialty” is displayed in place of “Name of Occupation” if the selected profession or field of licensure requires specialty information.
Specialty	One-Time Query for an Individual (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that requires information for specialty.	“Name of Occupation” is displayed in place of “Specialty” if the selected profession or field of licensure does not require information for a specialty.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
FEIN (Federal Employer Identification Number)	One-Time Query for an Individual (1)	Below checkbox "Does the subject have an FEIN, or UPIN identification number?"	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
UPIN (Unique Physician Identification Numbers)	One-Time Query for an Individual (1)	Below FEIN text entry	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
Entity Selection	One-Time Query for an Individual (2)	After step 1 Subject Information	Check boxes	The Entity Selection section is only displayed if the user is authorized to act as an agent to query on behalf of other entities.	All entities are listed for which the user is authorized to query.

## State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Query Input - Individual	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Subjects Available	Query Input - Individual	Table	When the user selects the option to enroll from their subject database, the summary table of the subjects with previously saved subject information is displayed. The user select one or more names from the table, then select continue to enter payment information.
Select a Profession or Field of Licensure	Query Input - Individual	Modal	When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry.
Name of Occupation	Query Input - Individual	Text Entry	The field is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Query Input - Individual	Text Entry	The field is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for your selected profession or field of licensure?"