Continuous Query Enrollment Form and Instruction

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

Sign Out

ENROLL SUBJECT

NATIONAL PRACTITIONER DATA BANK
NPDB

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

1. Subjec

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Country

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 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.

Close

ENROLL SUBJECT

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NPDB

1. Subject Information

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

Personal Information

Last Name Last Name
First Name First Name
Middle Name Middle Name
Suffix (Jr, III) Suffix

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

Entity Subject Identification Number
This optional field allows you to create an identification number for internal use. This information is not used by the NPDB.

Gender
○ Male ○ Female ○ Unknown

Birthdate
MM-DD-YYYY

Department

Home Address/Address of Record

Country
United States

Street Address
Address

Street Address Line 2
Address Line 2

City City
State

ZIP ZIP

Work Information

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

Organization Name
Organization Name

Organization Type
Choose...

Country
United States

Street Address
Address

Street Address Line 2
Address Line 2

City City
State

ZIP 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 CHOOSE ONE FROM LIST
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 School Name
Completion Year YYYY

+ Additional school or institution

Identification Numbers

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

+ Additional SSN or ITIN

NPI (National Provider Identifier)
For the fastest query response, add the practitioner's NPI number if you know it.
NPI

+ Additional NPI

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

DEA (Drug Enforcement Agency)
DEA

+ Additional DEA

FEIN (Federal Employer Identification Number)
FEIN

+ Additional FEIN

UPIN (Unique Physician Identification Numbers)
UPIN

+ Additional UPIN

Type of Practitioner

○ Privileged Staff or Employee ◉ Temporary or *Locum Tenens* ○ Applicant

Ending Date for Temporary or *Locum Tenens* Enrollment

Cancel on: MM-DD-YYYY

After enrollment is complete, you may extend the enrollment period up to one year if needed. Cancel the enrollment when the practitioner no longer has a relationship with the organization.

Store - Do Not Enroll | 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

Report a different license

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NATIONAL PRACTITIONER DATA BANK
NPDB

1. Subject Information

Edit

2. Payment

Select a Payment Method

Subjects to Enroll		1
Charge per Enrollment	X	$n.nn
Total for 1 Enrollment		$n.nn

Available Payment Methods

◉ **Credit or Debit Card**

What type of credit or debit card can I use?

VISA MasterCard AMERICAN EXPRESS DISCOVER

Name on Card

CARDHOLDER NAME

Card Number

411111111111111

Expiration Date

mm yyyy

Country

United States

Billing Address

nnn STREET NAME

Billing Address Line 2

Address Line 2

City

CITY

State

ST State

ZIP

nnnnn-nnnn

○ **Credit Card On File**

Your entity does not have any credit card accounts on file or you have not been assigned any credit card accounts by your administrator. Learn how to maintain credit cards for future payments.

○ **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

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NPDB

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**
Entity Subject ID:	*None/NA*
Gender:	**Unknown**
DOB:	**01-01-1960**
Department:	**ANESTHESIOLOGY (ANE)**
Home Address:	**55 Ash Dr** **Baxter, TN 99999**
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 (IL)**
School/Institution, Year:	**UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE 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.**

Enrollment Purpose:

Choose an enrollment purpose from the list

Authorized Submitter's Name

FIRSTNAME LASTNAME

Authorized Submitter's Title (e.g., Executive Assistant)

TITLE

Authorized Submitter's Phone

nnnnnnnnnn

Extension (optional)

Ext.

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	Continuous Query (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Name of Occupation	Continuous Query (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	Continuous Query (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.
FEIN (Federal Employer Identification Number)	Continuous Query (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)	Continuous Query (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Cancel on	Continuous Query (1)	Below Privileged Staff or Employee radio button	Text Entry	The field is displayed if the user selects Temporary or Locum Tenens or Applicant radio buttons.	Privileges Staff or Employee option does not require a cancellation date.
Entity Selection	Continuous Query (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 are listed.
Enter Subject ID or Department for these enrollment(s)	Continuous Query (3)	After Practitioner section on the Review panel	Checkbox	The field is displayed if the Entity Selection panel is displayed.	
Subject Identification Number	Continuous Query (3)	Below Enter Subject ID or Department for these enrollment(s)	Text Entry	The field is displayed if the user selects the checkbox Enter Subject ID or Department for these enrollment(s).	
Department	Continuous Query (3)	Beside Subject Identification Number	Drop List	The field is displayed if the user selects the checkbox Enter Subject ID or Department for these enrollment(s) and the entity has added departments in their profile.	

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Continuous Query	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Subjects Available	Continuous Query	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 an Profession or Field of Licensure	Continuous Query	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	Continuous Query	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Continuous Query	Text Entry	Text entry 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?"