

REGISTER YOUR ORGANIZATION

NATIONAL PRACTITIONER DATA BANK

NPDB

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

Registration Checklist

1. Have you completed the Public Burden Statement?

As the registrant, you are required to complete the Public Burden Statement. The Public Burden Statement requires someone from your organization to complete the statement. The statement is legitimate and eligible to be used for the registration process.

• The Public Burden Statement 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 1 hour 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.

2. Do you have a valid OMB Number?

You will need a valid OMB Number to complete the registration process.

3. Are there any other requirements for your organization?

If your organization is not required to provide a valid OMB Number, you should also add their CMS Certification Number (CCN) to the registration process.

Exit

Continue to Next Step

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Review Your Information

Please verify your information is correct. Select Edit to change information in a section.

Organization Description

Edit

Ownership:State government agency or entity

Primary Function(s):Health Center/Federally Qualified Health Center/Community Health Center

Allow Users to Query:Yes

Eligibility/Statutory Authority:

Statutory Authority	Function	Querying	Reporting
Title IV	Other Health Care Entity	Optional	Mandatory
Section 1921	State Agency Administering or Supervising the Administration of a State Health Care Program	Optional	Mandatory
Section 1128E	State Agency Administering or Supervising the Administration of a State Health Care Program	Optional	No Requirement

Organization Information

Edit

Organization Name:AB HEALTH CENTER

Department:ADMINISTRATION

Address:BACKLOT ALY
ASHBURN, VA 23423

Phone Number:123432565464

EIN:513212312

NPI:Not Provided

ORI:Not Provided

Website:Not Provided

Certifying Official

Edit

Name:BOB SPORT

Title:ADMIN

Phone Number:122323544564464

Email Address:ex1@ser.com

Employee ID:Not Provided

Point of Contact for Reports:BOB SPORT, ADMIN, 122323544564464

☐ The registration information is true, complete and correct

User Accounts

Edit

If a user is no longer with your organization, edit this section and select the account to be deleted.

	Name	User ID	Email	Roles	Last Sign In
	FIRST LAST1	TestUser1	email1@address.com	Query	Mar 17, 2020
	FIRST LAST2	TestUser2	email2@address.com	Query	Jan 31, 2017
	FIRST LAST3	TestUser3	email3 @address.com	Query	Mar 17, 2020
	FIRST LAST4	TestUser4	email4@address.com	Query	Mar 20, 2020
	FIRST LAST5	TestUser 5	email 5@address.com	Query	Oct 26, 2017
	FIRST LAST6	TestUser6	email6@address.com	Query	Mar 20, 2020
	FIRST LAST7	TestUser7	email7@address.com	Query	Jun 8, 2017

X = Accounts to be deleted | Total: 0

Statutory Authority and Requirements

You are registering your organization to query and/or report to the NPDB as an "eligible entity."

There are four major statutes that govern and maintain NPDB operations:

- Title IV of the Health Care Quality Improvement Act of 1986 (HCQIA), Public Law 99-660 (referred to as "Title IV");
- Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987, Public Law 100-93, codified as Section 1921 of the Social Security Act (referred to as "Section 1921");
- Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, codified as Section 1128E of the Social Security Act (referred to as "Section 1128E"); and
- Section 6403 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148).Section 6403 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148).

The NPDB regulations implementing these laws are codified at 45 CFR Part 60.

Information from the NPDB is only available to entities specified as "eligible" in the statutes and regulations.

Eligible entities are responsible for complying with all reporting and/or querying requirements that apply. Some entities may qualify as more than one type of eligible entity. Each eligible entity must certify its eligibility in order to report to the NPDB, query the NPDB, or both.

Your descriptions of your organization: [Edit](#)

- **Ownership:** State government agency or entity
- **Primary Function(s):** Health Center/Federally Qualified Health Center/Community Health Center

Your organization's eligibility to query and/or report, based on your descriptions

Statutory Authority	Function	Querying	Reporting
Title IV	Other Health Care Entity*	Optional	Mandatory
Section 1921	State Agency Administering or Supervising the Administration of a State Health Care Program	Optional	Mandatory
Section 1128E	State Agency Administering or Supervising the Administration of a State Health Care Program	Optional	No Requirement

* Must provide health care services directly or indirectly and must follow a formal peer review process for the furthering of quality health care.

☐ The descriptions for my organization are accurate, and I confirm our eligibility under these statutory authorities.
My organization will continue to comply with all NPDB requirements.

ENTITY REGISTRATION: RENEWAL

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Select the best option for your organization

Ownership Edit

State government agency or entity

Which category best fits your organization?

- ☐ Hospital Show description
- ☒ Other Health Care Entity - a health care organization that is not a hospital* Hide description
(Examples include, HMOs, PPOs, MCOs, Surgical Centers, Nursing Facilities, Community Health Centers, Hospices, Ambulatory Facilities, etc.)
A health care organization, other than a hospital, that provides health care services and follows a formal peer review process to further quality health care. Health care services may be delivered through an array of coverage arrangements or other relationships with practitioners by employing them directly or through contractual or other arrangements. This excludes indemnity insurers that have no contractual or other arrangement with physicians, dentists, or other health care practitioners.
- ☐ State Licensing or Certification Authority Responsible for Licensing or Certifying Health Care Practitioners, Entities, Providers, or Suppliers Show description
- ☐ State Law or Fraud Enforcement Agency (including but not limited to state law enforcement agencies and state Medicaid Fraud Control Units) Show description
- ☐ Medical Malpractice Payer Show description
- ☐ State Agency Administering or Supervising the Administration of a State Health Care Program (if no other option applies) Show description
- ☐ None Of These

* Must provide health care services directly or indirectly and follow a formal peer review process to further quality health care.

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Organization Description > Statutory Authority > Organization Information > Certifying Official > Review Summary > Submit > Registration Status > Attestation

Select the best option for your organization

Ownership [Edit](#)

State government agency or entity

Best category for your organization [Edit](#)

Other Health Care Entity - a health care organization that is not a hospital

Select your organization's primary health care-related function or service

Health Center/Federally Qualified Health Center/Community Health Center



+ [Additional primary function](#)

[Contact Us](#)

[Exit](#)

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Statutory Authority and Requirements

You are registering your organization to query and/or report to the NPDB as an "eligible entity."

The statutes and regulations that govern and maintain NPDB operations include:

- Title IV of the Health Care Quality Improvement Act of 1986 (HCQIA), Public Law 99-660 (referred to as "Title IV");
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The NPDB regulations implementing these laws are codified at 45 CFR Part 60.

Information from the NPDB is only available to entities specified as "eligible" in the statutes and regulations.

Eligible entities are responsible for complying with all reporting and/or querying requirements that apply. Some entities may qualify as more than one type of eligible entity. Each eligible entity must certify its eligibility in order to report to the NPDB, query the NPDB, or both.

Your descriptions of your organization: Edit

- Ownership: State government agency or entity
- Type(s): Other health care entity
- Primary Function(s): Health Center/Federally Qualified Health Center/Community Health Center

Your organization's eligibility to query and/or report, based on your descriptions

Statutory Authority	Function	Querying	Reporting
Title IV	Other Health Care Entity*	Optional	Mandatory
Section 1921	State Agency Administering or Supervising the Administration of a State Health Care Program	Optional	Mandatory
Section 1128E	State Agency Administering or Supervising the Administration of a State Health Care Program	Optional	No Requirement

* Must provide health care services directly or indirectly and must follow a formal peer review process for the furthering of quality health care.

☐ The descriptions for my organization are accurate, and I confirm our eligibility under these statutory authorities. My organization will continue to comply with all NPDB requirements.

Will your organization query the NPDB?

☒ Yes ☐ No

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NPDB

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Organization Information

Organization Name

Add any other names used by the organization, such as a Doing Business As name (DBA).

AB HEALTH CENTER

+ Add your DBA or other company name

Department

ADMINISTRATION

What is the physical location of the organization?

Country

United States

Street Address

BACKLOT ALY

Street Address Line 2

Address Line 2

City

ASHBURN

State

VA Virginia

ZIP

23423

Phone Number

123432565464

Identification Numbers

EIN (Employer Identification Number) [What is an EIN?](#)

513212312

[Don't have an EIN?](#)

NPI (National Provider Identifier) [What is an NPI?](#)

NPI

ORI (Originating Agency Identifier - National Crime Center) [What is an ORI?](#)

ORI

Company or Organization Website Address

- Organization Description > Statutory Authority > Organization Information > **Certifying Official** > Review Summary > Submit > Registration Status > Attestation

Certifying Official

The certifying official is the individual responsible for verifying that your organization is legitimate and eligible to register with the NPDB. The administrator and certifying official can be the same person.

☐ I need to change the certifying official information.

Certifying Official's Information

Enter this person's name as it appears on their government-issued identification, such as a driver's license or passport.

First Name

BOB

MI

MI

Last Name

SPORT

Title

ADMIN

Phone

122323544564464

Extension (Optional)

Ext.

Email Address

ex1@ser.com

Employee ID (Optional)

The certifying official will not automatically be given an online account. Once your organization is approved, the administrator may create a user account for them.

Your Point of Contact on NPDB Reports

If your organization submits a report to the NPDB regarding an adverse action or medical malpractice payment, a point of contact is included on the report in case more information is needed. You may designate a specific person or office as the point of contact or let the system assign the person who submits the report as the point of contact.

Who should be contacted regarding reports your organization submits to the NPDB?

- ☐ Contact the person who submits the report
- ☐ Contact me, the administrator
- ☒ I will assign a specific person or office to contact

Name of person or office

BOB SPORT

Title or department

ADMIN

Phone

122323544564464

Extension (Optional)

Ext.

ENTITY REGISTRATION: RENEWAL



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Review Your Information

Please verify your information is correct. Select Edit to change information in a section.

Organization Description

Edit

Ownership:

State government agency or entity

Type(s):

Other health care entity

Primary Function(s):

Health Center/Federally Qualified Health Center/Community Health Center

Allow Users to Query:

Yes

Eligibility/Statutory Authority:

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Organization Information

Edit

Organization Name:

AB HEALTH CENTER

Department:

ADMINISTRATION

Address:

BACKLOT ALY

ASHBURN, VA 23423

Phone Number:

123432565464

EIN:

513212312

NPI:

Not Provided

ORI:

Not Provided

Website:

Not Provided

Certifying Official

Edit

Name:

BOB SPORT

Title:

ADMIN

Phone Number:

122323544564464

Email Address:

ex1@ser.com

Employee ID:

Not Provided

Point of Contact for Reports:

BOB SPORT, ADMIN, 122323544564464

☐ The registration information is true, complete and correct.

User Accounts

Edit

If a user is no longer with your organization, edit this section and select the account to be deleted.

	Name	User ID	Email	Roles	Last Sign In
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	FIRST LAST5	TestUser5	email5@address.com	Query	Oct 26, 2017
	FIRST LAST6	TestUser6	email6@address.com	Query	Mar 20, 2020
	FIRST LAST7	TestUser7	email7@address.com	Query	Jun 8, 2017

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- **Ownership:** State government agency or entity
 - **Primary Function(s):** Health Center/Federally Qualified Health Center/Community Health Center

Your organization's eligibility to query and/or report, based on your descriptions

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- * Must provide health care services directly or indirectly and must follow a formal peer review process for the furthering of quality health care
- ☐ **The descriptions for my organization are accurate, and I confirm our eligibility under these statutory authorities. My organization will continue to comply with all NPDB requirements.**

ENTITY REGISTRATION: RENEWAL



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[Review Summary](#) > [Statutory Authority](#) > **Submit** > [Registration Status](#) > [Attestation](#)

Submit Your Registration

The certifying official is the individual responsible for verifying that your organization is legitimate and eligible to register with the NPDB. The individual is also responsible for notifying the NPDB of any change in eligibility.

By completing this registration, the certifying official agrees to the following:

- The entity qualifies under law as specified in the federal statutes section and is eligible to perform the requested querying and/or reporting functions.
- The entity may be subject to sanctions under federal statutes for failure to report final adverse actions as required in the statutes and regulations, or for the use of information obtained from the NPDB other than for the purposes for which it was provided.
- He or she is authorized to submit this registration information to the NPDB and that the information provided is true, correct and complete.
- Any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB to complete or clarify this form may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under federal law.

Certifying Official

BOB SPORT

Title

ADMIN

Phone

122323544564464

Email Address

ex1@ser.com

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.

Exit

Submit to the NPDB

ENTITY REGISTRATION: RENEWAL

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Registration Status

Your registration renewal is complete. Any changes you made to your registration or user accounts are in effect immediately. You may review your registration and user accounts in the Administrator Options section of the NPDB.

Your next date to renew is scheduled for **Month dd, yyyy**.



Contact Us

Finish the Attestation Later

Continue to Attestation

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Name of your federal agency	Entity Registration Renewal – Select the best option for your organization	Below “Federal government agency or entity” radio button	Drop List	The field is displayed if the user the option “Federal government agency or entity” for “Who owns your organization?”	
Is your organization also a health plan?	Entity Registration Renewal – Select the best option for your organization	Below “Best category for your organization”	Radio buttons	The fields are displayed if the user selects a category that has a secondary category for registration. Radio buttons are “Yes” and “No.”	The label for the secondary category is dynamic and is dependent on the user’s selection for the primary category (i.e., the “Best category for your organization.”
Select up to 4 additional functions or services	Entity Registration Renewal – Select the best option for your organization.	Below drop list “Select your organization’s primary health care-related function or service	Check Boxes	The fields are displayed if user selects the link “Add a function”	Selecting the link displays all relevant functions that apply to the registration category and secondary category selected by the user.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Description	Entity Registration Renewal – Select the best option for your organization.	Below checkbox for relevant checkbox selection	Text Entry	The field is displayed if the user selects a function that requires a description.	
NPI (National Provider Identifier)	Entity Registration Renewal – Organization Information	Below Identification Numbers	Text Entry	The field is displayed if the user selects a registration category or secondary category that has an NPI.	
CCN (CMS Certification Number)	Entity Registration Renewal – Organization Information	Below Identification Numbers	Text Entry	The field is displayed if the user selects a registration category or secondary category that has a CCN	
ORI (Originating Agency Identifier)	Entity Registration Renewal – Organization Information	Below Identification Numbers	Text Entry	The field is displayed if the user selects a registration category or secondary category that has an ORI.	

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Name of person or office	Entity Registration Renewal – Your Point of Contact on NPDB Reports	Below the radio button “I will assign a specific person or office to contact”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.
Title or department	Entity Registration Renewal – Your Point of Contact on NPDB Reports	Below “Name of person or office”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.
Phone	Entity Registration Renewal – Your Point of Contact on NPDB Reports	Below “Title or department”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.
Extension (optional)	Entity Registration Renewal – Your Point of Contact on NPDB Reports	Beside “Phone”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Description	Entity Registration Renewal	Below Select up to 5 actions	Text Entry	The field is displayed if the user selects an adverse action that requires a description.	

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Entity Registration Renewal	Modal	When the user selects the link the modal is displayed with the public burden statement content.
I am authorized by my organization to serve as the certifying official	Entity Registration Renewal	Check Box	Selecting the checkbox hides the fields for the Certifying Official's Information (First Name, Middle Name, Last Name, Suffix, Title, Phone, Extension, Email Address, Employee ID).