

## REGISTER YOUR ORGANIZATION

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

### Registration Checklist

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### 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 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](mailto:paperwork@hrsa.gov).

Close

### ization?

requires someone from your  
ization is legitimate and eligible to

executive role. The certifying official

government-issued ID, such as their  
in front of a notary public and show  
atches the name on their ID.

S. If your organization is not required  
Identification Number (ITIN) instead.

ould also add their CMS Certification

Exit

Continue to Next Step

## 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: A private sector organization, either for-profit or nonprofit  
 Type(s): An agent registering to query and/or report on behalf of another organization

## Organization Information

[Edit](#)

Organization Name: TEST AGENT  
 Department: Not Provided  
 Address: 5 420TH ST  
 AVOCA, IA 11111  
 Phone Number: (111) 222-3333  
 EIN: 444556666  
 Website: Not Provided  
 In operation at least one year: Yes

## Administrator

[Edit](#)

Name: JANE TEST  
 Title: TEST  
 Phone Number: (111) 222-3333  
 Mobile Phone: Not Provided  
 Email Address: test@testagent.org  
 Employee ID: Not Provided

## Certifying Official

[Edit](#)

Name: JANE TEST  
 Title: TEST  
 Phone Number: (111) 222-3333  
 Email Address: test@testagent.org  
 Employee ID: Not Provided

 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	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

X = Accounts to be deleted | Total: 0

## Entity Relationships

Your organization is authorized to act as an agent to submit reports and/or queries on behalf of the entity(ies) listed below:

1. Entity Name1 (City, ST)
2. Entity Name2 (City, ST)
3. Entity Name3 (City, ST)
4. Entity Name4 (City, ST)
5. Entity Name5 (City, ST)
6. Entity Name6 (City, ST)
7. Entity Name7 (City, ST)
8. Entity Name8 (City, ST)
9. Entity Name9 (City, ST)

Total entities: 47 [View All](#)

## Is this list complete and correct?

 Yes  No/Not sure[How do I deactivate an entity relationship?](#)[Contact Us](#)

Exit

Continue

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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

#### Who owns your organization?

**A private sector organization, either for-profit or nonprofit**

Includes organizations receiving federal, state, or municipal funding or operating under contract

**Federal government agency or entity**

e.g., Department of Veterans Affairs, FBI, HHS

**State government agency or entity**

e.g., a state Medicaid agency or Department of Health

**The District of Columbia or a U.S. Territory agency or entity**


e.g., Department of Health for D.C. or American Samoa

**Local government agency or entity**

e.g., Department of Health for a county, city or township

**An Indian Tribe or Nation**

An organization under the direct ownership of an Indian tribe, band, nation or other group or community recognized by the Bureau of Indian Affairs (BIA) of the United States

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## Select the best option for your organization

**Ownership** [Edit](#)

A private sector organization, either for-profit or nonprofit

**Which category best fits your organization?**

- Hospital** [Show description](#)
- Other Health Care Entity - a health care organization that is not a hospital\*** [Show description](#)
- Medical Malpractice Payer** [Show description](#)
- An agent registering to query and/or report on behalf of another organization** [Hide description](#)
- An agent does not have the authority to query or report to the NPDB on their own. An organization that is eligible to query and/or report to the NPDB (an "eligible entity") must designate the agent to interact with the NPDB on its behalf. Agents must register with the NPDB and comply with all registration requirements before they can be designated by an eligible entity as an authorized agent.
- Professional Society\*** [Show description](#)
- Private Entity Under Contract to Administer a Federal Health Care Program** [Show description](#)
- Health Plan (if no other option applies)** [Show description](#)
- Peer Review Organization** [Show description](#)
- Quality Improvement Organization Under Contract With the Centers for Medicare & Medicaid Services (CMS)** [Show description](#)
- Private Accreditation Organization** [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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## Statutory Authority and Requirements

**You are registering your organization with the NPDB as an agent to act on behalf of 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");
- 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.**

Organizations which are not eligible under the statutes may only register as an agent. Agents may only access the NPDB on behalf of eligible entities and may only perform the functions designated to them by each entity.

**Agents are responsible for adhering to the regulations regarding the confidentiality of NPDB information.**

- Agents are subject to the same regulations as eligible entities regarding confidentiality and disclosure of NPDB information, as detailed in the statutes.
- Persons and entities receiving information from the NPDB, either directly or from another party, must use it solely with respect to the purpose for which it was provided. Any person who violates these confidentiality provisions may be subject to a [civil money penalty](#) for each violation.
- Agents that are designated by multiple eligible entities to query on their behalf may not share NPDB information across those entities. Each entity must direct the agent to process a query on their behalf. The agent must only provide the results from the query to the entity on whose behalf it was processed.
- Persons and entities are responsible for the accuracy of information which they report to the NPDB. If your organization submits a report on behalf of an eligible entity and discovers an error or omission after the report is submitted, your organization must submit a correction on the entity's behalf.

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

- **Ownership** - A private sector organization, either for-profit or nonprofit
- **Type(s)** - An agent registering to query and/or report on behalf of another organization

**The descriptions for my organization are accurate. My organization will comply with all NPDB requirements.**

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## Organization Information

### Organization Name

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

[+ Add your DBA or other company name](#)

### Department

### What is the physical location of the organization?

#### Country

#### Street Address

#### Street Address Line 2

#### City

#### State

#### ZIP

#### Phone Number

## Identification Numbers

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

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

### Company or Organization Website Address

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## ENTITY REGISTRATION: RENEWAL

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## Certifying Official

The certifying official is the individual selected and empowered by your organization to certify the legitimacy of the NPDB registration. One person may be both the account administrator and certifying official.

 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.

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# ENTITY REGISTRATION: RENEWAL

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- [Organization Information](#) >
- [Certifying Official](#) >
- [Review Summary](#)** >
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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:

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.

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7. Entity Name7 (City, ST)
8. Entity Name8 (City, ST)
9. Entity Name9 (City, ST)

Total entities: 47 [View All](#)

Is this list complete and correct?

- Yes  No/Not sure

[How do I deactivate an entity relationship?](#)

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## 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 agent is qualified to register with the NPDB.
- 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.
- The agent's NPDB registration may be suspended revoked for failure to comply with the requirements.

**Certifying Official**

JANE TEST

**Title**

TEST

**Phone**

(111) 222-3333

**Email Address**

test@testagent.org

**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.

18 U.S.C. § 1001. Statements or entries generally (a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully— (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

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## ENTITY REGISTRATION: RENEWAL

NATIONAL PRACTITIONER DATA BANK

# NPDB


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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**.

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[Finish the Attestation Later](#)

[Continue to Attestation](#)

## State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Agent Registration	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	Agent Registration	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).