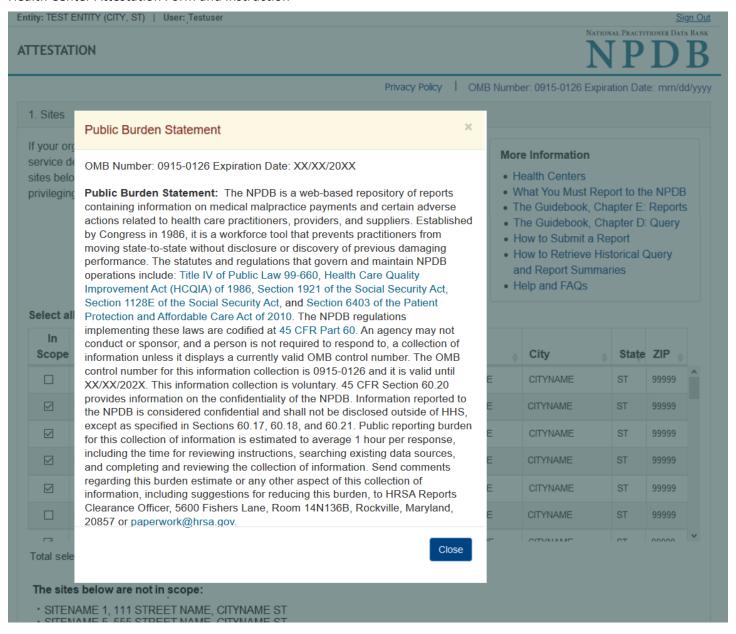
Health Center Attestation Form and Instruction



ATTESTATION

NATIONAL PRACTITIONER DATA BANK

NATIONAL PRACTITIONER DATA BANK

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

1. Sites

If your organization is responsible for either privileging, or credentialing, or both for other service delivery sites, you must attest for those sites. Review the list of service delivery sites below and select all that are currently within your project scope. If you make privileging or credentialing decisions for a site not listed, add it below and select Continue.

More Information

- Health Centers
- What You Must Report to the NPDB
- The Guidebook, Chapter E: Reports
- The Guidebook, Chapter D: Query
- How to Submit a Report
- How to Retrieve Historical Query and Report Summaries
- Help and FAQs

Select all sites currently in your scope of project

In Scope	Site Name	Address	City	State	ZIP
	SITENAME 1	111 STREET NAME	CITYNAME	ST	99999
	SITENAME 2	222 STREET NAME	CITYNAME	ST	99999
☑	SITENAME 3	333 STREET NAME	CITYNAME	ST	99999
	SITENAME 4	444 STREET NAME	CITYNAME	ST	99999
	SITENAME 5	555 STREET NAME	CITYNAME	ST	99999
	SITENAME 6	666 STREET NAME	CITYNAME	ST	99999
-a	CITCHANAC 7	777 OTDEET NIANAE	OTT/NIABAE	СТ	00000

Total selected: 5

The sites below are not in scope:

- SITENAME 1, 111 STREET NAME, CITYNAME ST
- SITENAME 5, 555 STREET NAME, CITYNAME ST

Please explain

Organization's reason for sites not in scope

Are there other sites in the approved scope of project for your health center that are not listed above?

Yes O No

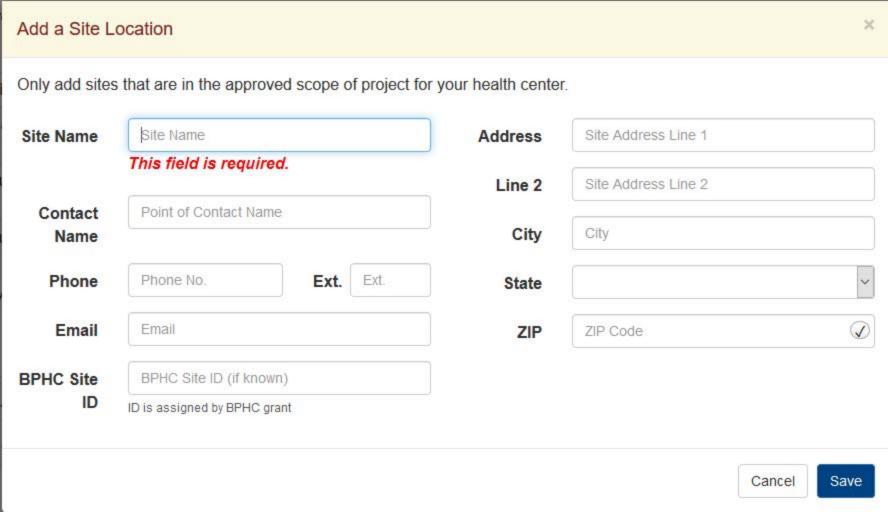
Site Name	Site Address	Point of Contact	BPS Site ID	Actions
New Site	99 New Street New City 3332221111	Ann Smith asmith@email.com	1111111	× F

+ Add a site

Exit Continue

- 2. Attestation
- Certify and Submit





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

Sign Out

NATIONAL PRACTITIONER DATA BANK

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1. Sites

ATTESTATION

2. Attestation

Attestation confirms that your organization has submitted all required reports and complied with all confidentiality provisions over a 2-year time frame in accordance with federal law. This includes reports for all actions taken, payments made and queries submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

Your organization is responsible for attesting to its compliance even if an agent or central credentialing office is designated to act on its behalf. Your organization has <n> agent designated to act on its behalf.

<Name of agent> is currently authorized to <query, or report, or query and report> on your organization's behalt.

More Information

- Health Centers
- What You Must Report to the NPDB
- . The Guidebook, Chapter E: Reports
- . The Guidebook, Chapter D: Queries
- How to Submit a Report
- How to Retrieve Historical Query and Report Summaries
- Help and FAQs

Are you authorized to attest?

The person who attests must be authorized to confirm your organization's compliance with reporting and querying requirements. You may be the person authorized to attest for your organization if you can confirm the following.

- You have access to all potentially reportable actions or payments made by your organization.
- · All required reports were submitted from <Month dd, yyyy>, to <Month dd, yyyy>,
- Query responses were used in accordance with federal law.

If you are not authorized to attest, you must identify and advise the person who is authorized of his or her responsibilities. If that person has an administrator account, he or she should sign in and submit the attestation. If they cannot do so, you must obtain permission to submit the attestation on his or her behalf.

☐ I am authorized to a	attest		
Authorized Name	JANE DOE		
Title	ADMINISTRATOR		
Phone	2221114444	Ext.	
Email	idoe@email.com		

NPDB Regulatory Requirements

Reporting Compliance

Federal law requires hospitals, health plans, medical malpractice payers, and other health care organizations to report certain adverse actions and medical malpractice payments. You must submit a report within 30 days of taking an action or making a medical malpractice payment in accordance with reporting requirements.

Your organization added a total of n reports for actions taken or payments made from <Month dd, yyyy>, to <Month dd, yyyy>.

Querying Confidentiality

Query responses and enrollment disclosures may be used only in accordance with the confidentiality provisions of 45 CFR Part 60 for the purpose designated at the time of the guery or enrollment.

Attest

Has your organization complied with all NPDB regulatory requirements as outlined above?

Why not?

Organization's reason for not complying



Certify and Submit



ATTESTATION



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

1. Sites

Edit

2. Attestation

∦ Edit

3. Certify and Submit

Review the attestation and select Submit. If it is not correct, select a section to edit.

Attestation for <TEST ENTITY>, <CITY>, <ST> for reports submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

• My organization has not fulfilled our NPDB regulatory requirements for reports submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

The reason why we have not fulfulled all NPDB regulatory requirements: Organization's reason for not complying

My organization is responsible for either privileging, or credentialing, or both at the following sites:

Site Name	Address	City	State	ZIP
SITENAME 2	222 STREET NAME	CITYNAME	ST	99999
SITENAME 3	333 STREET NAME	CITYNAME	ST	99999
SITENAME 4	444 STREET NAME	CITYNAME	ST	99999
SITENAME 6	666 STREET NAME	CITYNAME	ST	99999
SITENAME 7	777 STREET NAME	CITYNAME	ST	99999

Additional Sites

Site Name	Site Address	Point of Contact	BPS Site ID
New Site	99 New Street New City 3332221111	Ann Smith asmith@email.com	1111111

My organization is not responsible for either privileging, or credentialing, or both at the following sites:

Site Name	Address	City	State	ZIP
SITENAME 1	111 STREET NAME	CITYNAME	ST	99999
SITENAME 5	555 STREET NAME	CITYNAME	ST	99999

Explanation

Organization's reason for sites not in scope

Certify Attestation

I certify that I have access to all potential reportable actions or payments made by my organization.

I certify that I am authorized to submit these attestation statements on behalf of my organization regarding compliance with NPDB regulatory requirements for all reports and queries submitted from <Month dd, yyyy>, to <Month dd, yyyy>, and that the statements are true and correct to the best of my knowledge.

I further certify that my organization will comply with all NPDB regulatory requirements in the future.

Attested by:

Name:

Jane Doe

Title: Phone: Admin

Phone Email: 2221114444 jdoe@email.com

By selecting Submit you affirm that the certifier authorized you to submit the attestation on his or her behalf.

Submitted by:

Name:

Pat Smith

Title:

Credentialing Admin 800-555-1212

Phone: Email:

psmith@email.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.

Exit

Submit



ATTESTATION



0

Thank you for submitting your attestation

Your attestation is valid until your next registration renewal on <Month dd, yyyy>.

Attestation for <TEST ENTITY>, <CITY>, <ST> for reports submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

My organization has not fulfilled our NPDB regulatory requirements for reports submitted from < Month dd, yyyy>, to < Month dd, yyyy>.

The reason why we have not fulfulled all NPDB regulatory requirements:

Organization's reason for not complying

My organization is responsible for either privileging, or credentialing, or both at the following sites:

Site Name	Address	City	State	ZIP
SITENAME 2	222 STREET NAME	CITYNAME	ST	99999
SITENAME 3	333 STREET NAME	CITYNAME	ST	99999
SITENAME 4	444 STREET NAME	CITYNAME	ST	99999
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I certify that I am authorized to submit these attestation statements on behalf of my organization regarding compliance with NPDB regulatory requirements for all reports and queries submitted from <Month dd, yyyy>, to <Month dd, yyyy>, and that the statements are and correct to the best of my knowledge.

I further certify that my organization will comply with all NPDB regulatory requirements in the future.

Attested by:

Name:

Jane Doe

Title: Phone: Admin

Phone.

2221114444

Email:

jdoe@email.com

By selecting Submit you affirm that the certifier authorized you to submit the attestation on his or her behalf.

Submitted by:

Name:

Pat Smith

Title:

Credentialing Admin

Phone:

800-555-1212

Email:

psmith@email.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.

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Why not?	Health Center Attestation(1)	Below the Yes and No radio buttons	Text Entry	The field is displayed if the user selects the No radio button	

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915- 0126 Expiration Date: mm/dd/yyyy	Health Center Attestation	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Add a site	Health Center Attestation	Modal	When the user sets Selects the link "+Add a site" the page Add a site location is displayed as a modal. The user can complete the required form elements. The modal is hidden once the user submits the additional site form information or selects the Cancel button.