

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.

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

What do you need to do?

- Become a Data Bank administrator to replace the previous one
- Register my organization
 - Register for a new NPDB account for my organization
 - Renew or update my organization's NPDB registration
 - Request another DBID for my organization
- Get help for an NPDB account
- Get an NPDB Self-Query report
- Something else



Contact Us

Exit

Continue

Registration Checklist

1. Have you identified the person who will serve as the certifying official for your organization?

As the person registering for your organization, you will serve as the administrator. The NPDB also requires someone from your organization to serve as the certifying official, 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.
- The certifying official can be someone other than the administrator who is in a management or executive role. The certifying official will not have access to the NPDB until the administrator creates a user account for them.

If you will not be the certifying official, you will need to know how that person's name is listed on their government-issued ID, such as their driver's license. This is important because you and the certifying official must complete a paper form in front of a notary public and show them the ID. The paper form will show the name you enter online, and the notary must verify that it matches the name on their ID.

2. Do you know the tax identification number for your organization?

You will need to know the [Employer Identification Number \(EIN\)](#) assigned to your organization by the IRS. If your organization is not required to have an EIN (e.g., a sole proprietorship), enter your [Social Security Number \(SSN\)](#) or [Individual Tax Identification Number \(ITIN\)](#) instead.

3. Are there other identification numbers assigned to your organization?

If your organization has a [National Provider Identification \(NPI\)](#), you will need to provide it. Hospitals should also add their [CMS Certification Number \(CCN\)](#), the provider number assigned for Medicare.

If you do not have this information, please Exit and return to registration later.

 [Contact Us](#)

[Exit](#)

[Continue](#)

Rules of Behavior

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB). This is a Privacy Act protected system, with routine use provisions contained in 45 CFR 60.18. Employees accessing the system should do so only in accordance with the Privacy Act, 5 USC 552a. Per 45 CFR 60.20(b), any person who violates the Privacy Act may be subject to a **civil monetary penalty**. Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring. By using this system, you understand and consent to the following: At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any

I acknowledge and understand my responsibilities and agree to comply with the Rules of Behavior for the NPDB system

Subscriber Agreement

By checking the acceptance checkbox below, you agree to:

- Provide complete and accurate responses to requests for information during the National Practitioner Data Bank (NPDB) registration process;
- Keep your passwords and tokens (if applicable) secure;
- Refrain from sharing your account information with any other individual;
- Use your NPDB account only for authorized purposes;
- Review the accuracy of account information;
- Request revocation of your NPDB account if you ever suspect that the security of your account may have been compromised; and promptly advise the NPDB of any changes in your registration information and respond to notices from NPDB, Health Resources And Services Administration (HRSA) or The Department Of Health And Human Services (HHS) concerning your account.

I acknowledge and understand my responsibilities and agree to comply with the Subscriber Agreement for the NPDB system

 Contact Us

Exit

Continue

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

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

Organization Description > [Statutory Authority](#) > [Organization Information](#) > [Administrator Account](#) > [Certifying Official](#) > [Review Summary](#) > [Submit](#) > [Registration Status](#)

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** [Show description](#)
- 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.

 [Contact Us](#)

[Exit](#)

[Continue](#)

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

Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or nonprofit

Best category for your organization [Edit](#)

Hospital

Is your organization also a health plan?

Yes [Show description](#)

No

 [Contact Us](#)

[Exit](#)

[Continue](#)

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

Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or nonprofit

Best category for your organization [Edit](#)

Hospital

Additional category [Edit](#)

Health Plan

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

CHOOSE ONE FROM THE LIST

 Contact Us

Exit

Continue

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");
- 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:** A private sector organization, either for-profit or nonprofit
- **Type(s):** Hospital, Health plan
- **Primary Function(s):** General/Acute Care Hospital

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

Statutory Authority	Function	Querying	Reporting
Title IV	Hospital	Mandatory	Mandatory
Section 1921	Health Plan	Optional	No Requirement
Section 1128E	Health Plan	Optional	Mandatory

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

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

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 (required for hospitals)

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?](#)


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

CCN (CMS Certification Number) [What is a CCN?](#)

Company or Organization Website Address

Has your organization been in operation for at least 1 year?

Yes No

 [Contact Us](#)

[Exit](#) [Continue](#)

Create Your Administrator Account

Your Information

Enter your name as it appears on one of your government-issued identifications, such as a driver's license or passport.

First Name **MI** **Last Name**

Title

Phone Number **Extension (Optional)**

Mobile Phone (Optional)
With your mobile phone number, we can send you a code to sign in if you forget your password.

Email Address

Employee ID (Optional)

Create Your Account

Create a User ID (8 to 14 characters)

Create a Password

- 8 characters minimum
- Lower case letter
- Symbol (e.g., !, @, \$)
- Not repeating (e.g., 'aaaa')
- Number
- Upper case letter
- At least 5 different characters

Confirm Password

NPDB Email Notifications

Select the email notifications you want to receive. Update your preferences at any time in your user account settings.

- Activity Updates: A monthly summary of querying and reporting activity and change notices for any reports in your query responses.
- Query and Report Availability
- NPDB Insights: A monthly update of NPDB system changes and policy information.
- Administrator Alerts: Account events such as approval of your organization's registration.

Select and Answer Challenge Questions

If you forget or need to reset your password, you will be required to provide your answers to the challenge questions.

1. **Question:**

Answer:

2. **Question:**

Answer:

3. **Question:**

Answer:

4. **Question:**

Answer:

5. **Question:**

Answer:

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

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 am authorized by my organization to serve as the certifying official.

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 **MI** **Last Name**

Title

Phone **Extension (Optional)**

Email Address

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

Title or department

Phone **Extension (Optional)**

 Contact Us

Exit **Continue**

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

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): Hospital, Health plan
 Primary Function(s): General/Acute Care Hospital
 Eligibility/Statutory Authority:

Statutory Authority	Function	Querying	Reporting
Title IV	Hospital	Mandatory	Mandatory
Section 1921	Health Plan	Optional	No Requirement
Section 1128E	Health Plan	Optional	Mandatory

Organization Information

 [Edit](#)

Organization Name: TEST ORGANIZATION
 Department: ADMINISTRATION
 Address: 55 W 100 N
 COLUMBUS, IN 44444
 Phone Number: Not Provided
 EIN: 444556666
 NPI: Not Provided
 CCN: Not Provided
 Website: Not Provided
 In operation at least one year: Yes

Administrator

 [Edit](#)

Name: TEST ADMIN
 Title: TEST
 Phone Number: (111) 222-3333
 Mobile Phone: Not Provided
 Email Address: admin@email.org
 Employee ID: Not Provided

Certifying Official

 [Edit](#)

Name: TEST ADMIN
 Title: TEST
 Phone Number: (111) 222-3333
 Email Address: admin@email.org
 Employee ID: Not Provided
 Point of Contact for Reports: The person who submits the report

The registration information is true, complete and correct.

 [Contact Us](#)

[Exit](#) [Continue](#)

[Organization Description](#) > [Statutory Authority](#) > [Organization Information](#) > [Administrator Account](#) > [Certifying Official](#) > [Review Summary](#) > **Submit** > [Registration Status](#)

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

TEST ADMIN

Title

TEST

Phone

(111) 222-3333

Email Address

admin@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.

 [Contact Us](#)

[Exit](#)

[Submit](#)

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > **Registration Status**



To expedite your request and avoid processing delays, please upload documents electronically. If you are unable to upload documents, contact the [Customer Service Center](#).

Registration Status

You have submitted the online registration form. Please review and complete all of the steps listed on this page.

- 1. Save a copy of your registration documents.** These documents contain the DBID and User ID, which are required to sign in to your account.
- 2. Review all of the documents to be sure they are correct.** If revisions are needed, [sign in to your account](#), revise the forms, and reprint the corrected documents. **Paper documents with marked corrections will be rejected by the NPDB.**
- 3. Obtain one of these documents as proof of your affiliation with your organization.**
 - A photocopy of your work badge issued by your organization that has your name, photo, and the name of the organization printed on it.
 - A [signed letter](#) from a duly authorized representative in your organization who can attest to your affiliation, such as a representative in your organization's human resources (HR) department.
- 3. Upload the required documents to the NPDB.** Sign in to your account and upload the documents. If you cannot upload them, send them to the address on the document. **Faxed or emailed copies are not accepted.** The NPDB will not begin processing your registration until all documents have been received.
- 4. Check the status of your registration online.**

Sign in to your account with your DBID, User ID and password to check the registration status after you have submitted all required documents. We will send you an email once your registration is approved. Allow 7 business days for the processing of your registration.

 [Contact Us](#)

 [Print](#)

[Exit](#)

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Register for a new NPDB account for my organization	Entity Registration	Below "Register my organization"	Radio Button	The field is displayed if the user selects the option "Register my organization."	Selecting the radio button "Register my organization" displays three options: "Register for a new NPDB account for my organization," "Renew or update my organization's NPDB registration," and "Request another DBID for my organization"
Renew or update my organization's NPDB registration	Entity Registration	Below "Register my organization"	Radio Button	The field is displayed if the user selects the option "Register my organization."	Selecting the radio button "Register my organization" displays three options: "Register for a new NPDB account for my organization," "Renew or update my organization's NPDB registration," and "Request another DBID for my organization"

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Request another DBID for my organization	Entity Registration – (What do you need to do?)	Below “Register my organization”	Radio Button	The field is displayed if the user selects the option “Register my organization.”	Selecting the radio button “Register my organization” displays three options: “Register for a new NPDB account for my organization,” “Renew or update my organization’s NPDB registration,” and “Request another DBID for my organization”
Other	Entity Registration (What do you need to do?)	Beside “Other”	Text Entry	This field is displayed if the user selects the “Other” option for “Why is your organization requesting another DBID?”	This field is required if the radio button “Other” is selected.
DBID Number	Entity Registration – (Select the best option for your organization)	Below “Do you know the current DBID for your organization?”	Text Entry	The field is displayed if the user selects the “Yes” option.	This field is only required if the “Yes” option is selected.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Name of your federal agency	Entity Registration – (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?”	
Does your organization follow a formal peer review process?	Entity Registration (Select the best option for your organization)	Modal display	Radio buttons	The modal with the fields is displayed when the user selects “Other Health Care Entity” and Continue	If the user selects “Yes” a Continue button is displayed. If they select “No” and Exit button is displayed.
Is your organization also a health plan?	Entity Registration – (Select the best option for your organization)	Below “Best category for your organization”	Radio buttons	The fields are displayed if the user selected “A private sector organization” as ownership and 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.”

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Which of the following also describes your organization?	Entity Registration (Select the best option for your organization)	Below “Best category for your organization”	Radio buttons	The fields are displayed if the user selected “Local government agency or entity” as ownership for their organization and selects a category that has a secondary category for registration. Radio buttons are “Health Plan”, “Acting on Behalf of the State to Administer or Supervise the Administration of a State Health Care Program” and “Neither of These”	The label is dynamic and is dependent on the user’s selection of the primary category (i.e., “Best category for your organization”)
Select up to 4 additional functions or services	Entity Registration – (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 – (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 – (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 – (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 – (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 – (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 – (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 – (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 – (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.

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Entity Registration	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Is your organization already registered with the NPDB?	Entity Registration	Modal	When the user selects "Request another DBID my organization's NPDB account" for "Register my organization"
Your organization must follow a formal peer review process	Entity Registration	Modal	When the user selects "Other Health Care Entity" for "Which category best fits your organization?"
I am authorized by my organization to serve as the certifying official	Entity 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).
Password Requirements	Entity Registration	Info box	When the user sets focus on the "Create a new password" text entry, the info box is displayed. The state of each rule changes to indicate whether or the rule is met as the user enters their text.