

STATE BOARD (CITY, ST) | User: TestUser1 [Sign Out](#)

NATIONAL PRACTITIONER DATA BANK
NPDB

ATTESTATION

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[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

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 mandatory ([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](#)

Attestation submit an as required they submit

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Are you ready to start?

[No, I will complete this later](#) | [Yes, I'm ready to start now](#)

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Attestation allows the NPDB to ensure all organizations are meeting their federal NPDB reporting requirements. When organizations submit an attestation, they agree to work with the NPDB to submit all reportable actions within 30 days of the date the action was taken, as required by law. They also agree to comply with federal confidentiality regulations for all queries or Continuous Query enrollments they submit.

Boards renew their NPDB registration every two years and attest regarding their compliance with NPDB reporting and querying confidentiality requirements.

There are two parts to attestation:

1. Confirm the professions your board regulates. When you report an action taken against a practitioner, you can only select professions for the license from your list of regulated professions.
 - Review the list to ensure it is correct and complete.
 - Add or remove professions from the list if needed.
2. Certify for all health care entities, providers, suppliers and practitioners your board regulates:
 - Your board has submitted all NPDB reports required by law.
 - Your board complied with federal querying confidentiality regulations for all submitted queries or enrollments.
 - Your board will continue to report actions to the NPDB according to federal reporting requirements.
 - Your board will continue to comply with NPDB querying confidentiality regulations.

Attestation results are posted to the NPDB's public website. If your board fails to complete this attestation by the due date, it may be posted as "Failed to Attest" on the website, indicating that it has not complied with federal reporting requirements.

Before you get started:

- Review all actions taken by your board from Month dd, yyyy, to Month dd, yyyy for all of the professions it licensed or regulated during that time.
- Determine whether or not your board reported all of those actions to the NPDB. You'll see a summary of all submitted NPDB reports on the Attestation section of the form with links to report details. You can also use [Historical Report Search](#) to find the reports you've submitted.
- Determine whether or not your board complied with querying confidentiality regulations for all one-time queries and Continuous Query enrollments submitted from Month dd, yyyy, to Month dd, yyyy.

Are you ready to start?[No, I will complete this later](#)**[Yes, I'm ready to start now](#)**[Contact Us](#)[Return to Compliance](#)

ATTESTATION

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1. Verify Regulated Professions

Review and update the list of professions your board regulates. If you issue different licenses or certifications for a single profession, you can add a description, such as "intern" or "applicant." For example if your board issues a license for a professional counselor, but also has a separate type or license for an intern, add the profession "Professional Counselor" and add a description of "Intern." Optional descriptions are not allowed for physicians or dentists because reports for those professions require you to select the practitioner's specialty.

Uncheck the box if your organization does not regulate the profession and select your reason for removing it. Select "Add a profession" if a profession is missing from your list. Verify your list is correct and complete before you continue.

Profession Name**Description****Physician**

- | | |
|---|-----|
| <input checked="" type="checkbox"/> Physician (MD) | N/A |
| <input checked="" type="checkbox"/> Physician Resident (MD) | N/A |
| <input checked="" type="checkbox"/> Osteopathic Physician (DO) | N/A |
| <input checked="" type="checkbox"/> Osteopathic Physician Resident (DO) | N/A |

Nurse - Advanced, Registered, Vocational or Practical Nurse

- | | |
|--|---|
| <input checked="" type="checkbox"/> Registered Nurse | <input type="text" value="+ Description (optional)"/> |
| <input checked="" type="checkbox"/> Nurse Midwife | <input type="text" value="+ Description (optional)"/> |
| <input checked="" type="checkbox"/> Nurse Practitioner | CERTIFIED x <input type="text" value="+ Description (optional)"/> |

Physician Assistant

- | | |
|---|---|
| <input checked="" type="checkbox"/> Physician Assistant | <input type="text" value="+ Description (optional)"/> |
|---|---|

Other Health Care Practitioner

- | | |
|---|---------------------|
| <input type="checkbox"/> Other Health Care Practitioner | MICROPIGMENTOLOGIST |
|---|---------------------|

Why are you removing this profession?

Total selected: 8

Additional Profession**Description**

- | | | |
|--------------------------------|---|-------------------------------------|
| Nurse Anesthetist | <input type="text" value="+ Description (optional)"/> | <input checked="" type="checkbox"/> |
| Other Health Care Practitioner | <input type="text" value="Certified Anesthesiologist Assistant"/> | <input checked="" type="checkbox"/> |

Total added: 2

[+ Add a profession](#) **This list is correct and complete****Report Forwarding**

Enrolling your practitioners in the NPDB's [Continuous Query service](#) is the fastest way to be notified of all NPDB reports submitted about practitioners in professions licensed or certified by your board. However, report forwarding also quickly provides you with a subset of those reports based on activity that occurred in your state. When an organization submits certain reports for these practitioners, it must send a copy of the reports to the appropriate board (only one board per report). If your board participates in report forwarding, the reporting organization can send your copy electronically. Otherwise, you will only receive paper copies. [More information.](#)

- Allow reporting organizations to send our report copies electronically. My board would like to receive electronic report notices from reporting organizations for my regulated profession(s). This free service allows the NPDB to notify my board when the reporting organization has submitted a report.

[Save and Exit](#)[Continue](#)

2. Attestation

3. Compliance Review Summary

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Select the profession your board regulates



Nurse - Advanced, Registered, Vocational or Practical

Nurse Anesthetist

Licensed Practical or Vocational Nurse

Clinical Nurse Specialist

Nurse Aide, Home Health Aide and Other Aide

Nurse Aide/Nursing Assistant

Home Health Aide (Homemaker)

Health Care Aide/Direct Care Worker

Medication Aide

Dental

Dentist

Dental Resident

Dental Assistant

[Can't find a profession?](#)

ATTESTATION

Review Summary

Attestation

Missing Actions

Messages 2

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1. Verify Regulated Professions

Edit

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<s> designated to act on its behalf.

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

More Information

- [State Licensing and Certification Agencies](#)
- [About Compliance](#)
- [Compliance Status \(definitions\)](#)
- [The Guidebook, Chapter E: Reporting State Licensure and Certification Actions](#)
- [The Guidebook, Chapter D: Queries](#)

NPDB Regulatory Requirements

Reporting Compliance

Federal law requires state boards, hospitals and other health care organizations to report certain adverse actions. You must submit a report within 30 days of taking an action in accordance with reporting requirements.

Review all actions taken by your board from <Month dd, yyyy>, to <Month dd, yyyy> to determine if they were reportable. To be in compliance with reporting requirements, each reportable action must match with an NPDB report. If an action was not reported you should exit this attestation now to save it, submit the missing report, then return to this attestation and complete it.

Can you attest that your board reported all actions taken from <Month dd, yyyy>, to <Month dd, yyyy> to the NPDB as required by law?

Yes = The board submitted all required NPDB reports for the profession. If no reports are listed, the board did not take any actions that required an NPDB report. The board will continue to submit all reportable actions within 30 days of when the action was taken.

No = You cannot confirm that the board submitted all required NPDB reports for the profession.

Select Yes or No for each profession. If you answer "No," you must enter a reason you cannot attest. You can return to this attestation and change it at any time.

Profession Name	Reports	Can you attest?
Physician		
Physician (MD)	10	<input checked="" type="radio"/> Yes <input type="radio"/> No
Physician Resident (MD)	0	<input checked="" type="radio"/> Yes <input type="radio"/> No
Osteopathic Physician (DO)	5	<input checked="" type="radio"/> Yes <input type="radio"/> No
Osteopathic Physician Resident (DO)	0	<input checked="" type="radio"/> Yes <input type="radio"/> No
Nurse - Advanced, Registered, Vocational or Practical Nurse		
Registered Nurse	23	<input checked="" type="radio"/> Yes <input type="radio"/> No
Nurse Anesthetist (New)	0	<input checked="" type="radio"/> Yes <input type="radio"/> No
Nurse Midwife	0	<input checked="" type="radio"/> Yes <input type="radio"/> No
Nurse Practitioner (CERTIFIED)	5	<input checked="" type="radio"/> Yes <input type="radio"/> No
Physician Assistant		
Physician Assistant	7	<input type="radio"/> Yes <input checked="" type="radio"/> No
Why hasn't your organization reported all required actions for this profession?		
<input type="text"/>		
Other Health Care Practitioner		
Other Health Care Practitioner: CERTIFIED ANESTHESIOLOGIST ASSISTANT (New)	0	<input checked="" type="radio"/> Yes <input type="radio"/> No

Total reports: 52

You also submitted 2 reports on organizations

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 query or enrollment.

Has your organization complied with all querying confidentiality regulations?

Yes No

Why not?

Certification

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 the best of my knowledge.

I further certify that I have included all professions or occupations my organization regulates, and that my organization will comply with all NPDB regulatory requirements in the future.

Name of Board Representative

Title

Phone

Email Address

Save and Exit

Submit

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.

3. Compliance Review Summary


Return to Options

ATTESTATION

[Review Summary](#)**Attestation**[Missing Actions](#)[Messages](#) **2** Thank you for submitting your attestation.


Attestation for <Entity Name>, <City>, <ST>

Your attestation is valid until Month dd, yyyy, your next renewal date. At that time you will attest to your organization's continued compliance with all NPDB regulatory requirements.

The table below shows your answer for each profession regarding compliance with reporting regulations for actions submitted from Month dd, yyyy to Month dd, yyyy. Please note that any profession marked with the  symbol must be reviewed by NPDB before it can be used in a state licensure report. We will notify you when it is approved.

Posting Status Definitions:

- **Posted:** Your response is posted on our public website
- **On Hold:** We are reviewing your response. We will notify you when it is posted.
- **Removed:** You stated that your board doesn't regulate the profession. We are reviewing your response.

Profession Name	Reports	Attested?	Posting Status	Your Comments
Physician				
Physician (MD)	10	Yes	Posted	
Physician Resident (MD)	0	Yes	Posted	
Osteopathic Physician (DO)	5	Yes	Posted	
Osteopathic Physician Resident (DO)	0	Yes	Posted	
Nurse - Advanced, Registered, Vocational or Practical Nurse				
Registered Nurse	23	Yes	Posted	
Nurse Anesthetist	0	Yes	On Hold	
Nurse Midwife	0	Yes	Posted	
Nurse Practitioner	5	Yes	Posted	
Physician Assistant				
Physician Assistant	7	Yes	Posted	
Other Health Care Practitioner				
 Other Health Care Practitioner: CERTIFIED ANESTHESIOLOGIST ASSISTANT	0	Yes	On Hold	
Other Health Care Practitioner: MICROPIGMENTOLOGIST	2	N/A	Removed	It was added by mistake

Total professions: 11

You also submitted 2 reports on organizations

You attested that your organization complied with all regulatory requirements for queries submitted from Month dd, yyyy, to Month dd, yyyy.

Report Forwarding

We will forward reports to your board for your regulated professions. Your board must view the report within 7 days or we will instruct the reporting organization to send you a paper copy

[Past Attestations](#) ▼

Certification

Name of Board Representative: YOUR NAME**Title:** YOUR TITLE**Phone Number:** (nnn) nnn-nnnn**Email Address:** email@domain.ext**Submission Date:** Month, dd, yyyy by: Save or Print[Edit Attestation](#)[Exit](#)[Go to Compliance Summary](#)

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Why are you removing this profession?	State Licensing Board Attestation (1)	Under Profession Name	Drop List	If the user unchecks the checkbox in a row, then the field is displayed.	
Additional Professions	State Licensing Board Attestation (1)	Below Add a Profession if your board regulates a profession that is not listed"	Text Entry	If the user adds a profession from the modal that requires a description then the field is displayed.	
+Description (optional)	State Licensing Board Attestation (1)	Beside Additional Profession	Text Entry	If the user adds a profession from the modal, an additional optional field is displayed.	
Why are you unable to attest?	State Licensing Board Attestation (2)	Below the Yes No button in a table row	Text Entry	When the user selects No for "Can you attest" for a in a row, then the field is displayed.	
Why not?	State Licensing Board Attestation (2)	Below the Yes and No radio buttons after Querying Confidentiality	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	State Licensing Board Attestation	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Select an Occupation or Field of Licensure	State Licensing Board Attestation (1)	Modal	When the user selects the link "+ Add a profession" 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 adds the selected profession to the list under "Additional Profession(s)"