

### **AUTHORIZED AGENTS**



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

Help

Your organization can designate another organization to query and/or report to the NPDB on its behalf as an authorized agent. In most cases, an authorized agent is an independent contractor used for centralized credentialing, e.g., a credentials verification organization or hospital association.

Your organization does not have any authorized agents. You can designate an agent if they are currently registered with the NPDB and your organization has a written agreement with the agent's organization. Visit the Find an Authorized Agent to view a list of registered agents. We do not recommend or endorse any agent. Learn more about authorized agents.

+ Add an agent

Exit to Options

Continue

Entity: TEST AGENCY (TEST, ST) | User: Testuser

#### Sign Out

### DESIGNATE AUTHORIZED AGENT



Privacy Policy | OMB Number: 0905-0126 Expiration Date: mm/dd/yyyy

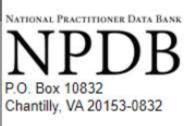
Organizations that are registered and authorized to query and/or report to the NPDB may designate another registered organization to act on their behalf as an authorized agent. The agent only acts on behalf of your organization to perform the NPDB functions you authorize for them. You may add or update the agent's authorized functions at any time.

Your organization is still responsible for complying with all NPDB reporting and/or querying requirements.

Agent Organization	n Name:	
Last 4 numbers of a	agent's DBID	
Country	United States	~
City		
State	Select a state	~
ZIP		
<ul><li>☑ One-Time Q</li><li>☑ Continuous Q</li><li>☑ Report</li></ul>	ns you are authorizing the agent to per uery Query Enrollment ny agent to resolve compliance actions for	
Your organization is of whether or not the  O Yes O No The agent may use	responsible for payment of all queries pro e agent is authorized to use your organizati	or query transactions submitted on your behalf? cessed by an authorized agent on your organization's behalf, regardless on's EFT account for payment.  ant the agent to use your card you must arrange it with your bank and
Who should receiv	ve the responses for transactions the a	gent submits?
Where should we	send your responses?	
O IQRS, the NPI	2002 23 2240 (0.00)	
CERTIFICATION		
I certify that I am aut correct to the best of	_	nate an authorized agent and that all information is true, complete and
Name:	FIRST LAST	
Title:	TITLE	
Phone:	(122) 343-5773	
Email:	test@test.com	
WADNING.		

#### 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.



https://www.npdb.hrsa.gov

## Agent Designation Request - DCN nnnnnnnnnnnnnnnn

#### Print this confirmation for your records.

- Your organization designated the organization shown below as an authorized agent for querying or reporting to the National Practitioner Data Bank (NPDB) under the provisions of Title IV of Public Law 99-660, as amended; and Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act. The NPDB's responses to queries or reports initiated by the agent on behalf of the entity represented will be based solely upon your organization's querying and/or reporting eligibility.
- Your organization is responsible for all actions the designated agent takes on its behalf.
- The entity/agent relationship is not active until the agent signs in to their NPDB account and accepts your designation.
   We have notified the agent organization's administrator of your request.
- Once the entity/agent relationship is activated, it shall remain in effect until it is deactivated by your organization or by the agent. You may change the configuration of the authorized functions for the agent at any time.

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Entity DBID: Entity Name:

City, State, ZIP:

Submitted by:

Title:

Address:

Phone:

**Certification Date:** 

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#### B. AGENT INFORMATION

Agent Name: Address:

City, State, ZIP:



#### C. CONFIGURATION

I authorize my agent to submit the following transactions on my behalf:

I authorize my agent to use my entity's EFT account to pay for queries submitted on my

entity's behalf:

Yes

Return responses to my agent's submissions to:

Agent Only

One-time Query Only

Return responses to my entity via:

**IQRS** 

## **Non-visible Questions**

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
One-Time Query	Authorized Agent Designation (1)	2 <sup>nd</sup> section of the form to select functions	Checkbox	If the entity is authorized and elects to query the NPDB	
Continuous Query Enrollment	Authorized Agent Designation (1)	2 <sup>nd</sup> section of the form to select functions	Checkbox	If the entity is authorized and elects to query the NPDB and has activated Continuous Query	
I authorize my agent to resolve compliance actions for professions in a compliance review	Authorized Agent Designation (1)	Below the report checkbox	Checkbox	The field is displayed if the user selects the Report checkbox and is a state licensure entity	
Is the agent authorized to use your EFT account to pay for query transactions submitted on your behalf?	Authorized Agent Designation (1)	Below the group of checkboxes to select functions the user is authorizing the agent to perform	Radio buttons	The field is displayed if the user selects the One-Time Query or Continuous Query Enrollment checkbox	The options displayed are Yes and No
Where should we send your responses?	Authorized Agent Designation (1)	Below the radio button group of who should receive the responses	Radio buttons	The field is displayed if the user selects the My organization radio button or Both of us radio button	The options displayed are IQRS, the NPDB system and QRXS

# **State Changes**

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Authorized Agent Designation (1)	Modal	When the user selects the link the modal is displayed with the public burden statement content.