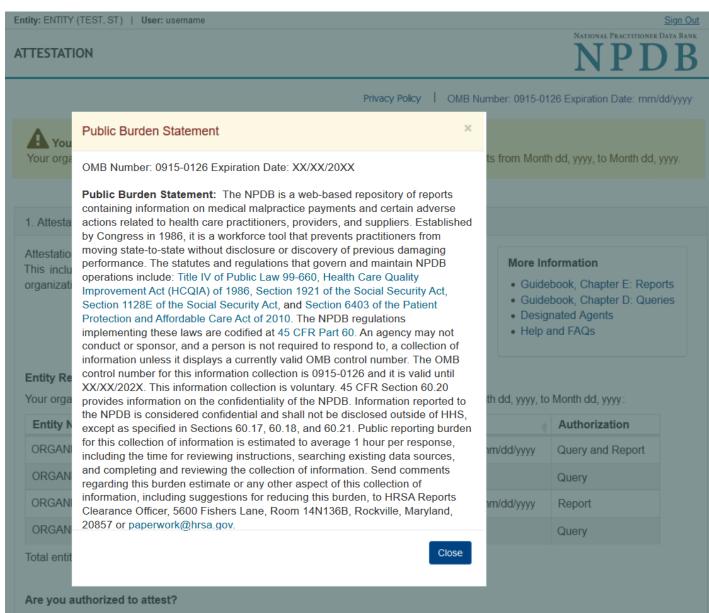
Authorized Agent Attestation Form and Instruction



The person who attests must be authorized to confirm your organization's compliance with all confidentiality requirements.

Entity: ENTITY (TEST, ST) | User: username Sign Out NATIONAL PRACTITIONER DATA BANK ATTESTATION Privacy Policy OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy A Your Organization's Attestation is Due By Month dd, yyyy. Your organization should attest as to whether or not it has complied with all federal requirements from Month dd, yyyy, to Month dd, yyyy. 1. Attestation Attestation confirms that your organization accessed the NPDB in accordance with federal law. More Information This includes all queries and reports submitted on behalf of your established registered Guidebook, Chapter E: Reports organizations from Month dd, yyyy, to Month dd, yyyy. Guidebook, Chapter D: Queries Designated Agents Help and FAQs **Entity Relationships** Your organization was designated to act on behalf of the following authorized entities from Month dd, yyyy, to Month dd, yyyy:

| Entity Name | Status | Authorization |
|-------------------------------|------------------|------------------|
| ORGANIZATION NAME (CITY, ST) | Ended mm/dd/yyyy | Query and Report |
| ORGANIZATION NAME2 (CITY, ST) | Current | Query |
| ORGANIZATION NAME3 (CITY, ST) | Ended mm/dd/yyyy | Report |
| ORGANIZATION NAME4 (CITY, ST) | Current | Query |

Total entities: 4

Are you authorized to attest?

The person who attests must be authorized to confirm your organization's compliance with all confidentiality requirements.

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 attest

| Authorized Name | Jane Doe | | |
|-----------------|---------------|------|--|
| Title | Administrator | | |
| Phone | 2221114444 | Ext. | |
| | | | |



jdoe@email.com

NPDB Regulatory Requirements

Confidentiality Compliance

Agents are subject to the same regulations as eligible organizations regarding the confidentiality and disclosure of NPDB information:

- 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.
- Agents that are designated by multiple eligible organizations to query on their behalf may not share NPDB information across those
 organizations. Each organization must direct agents to submit a query on its behalf. The agent may only provide the query results
 to the organization on whose behalf it was submitted.

Exit

Continue

Agents are responsible for the accuracy of the information that they report. If your organization submits a report on behalf of an
eligible organization and discovers an error or omission after the report is submitted, you must submit a correction on the
organization's behalf.

Attest

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

O Yes ● No

Why not?

Organization's reason for not complying

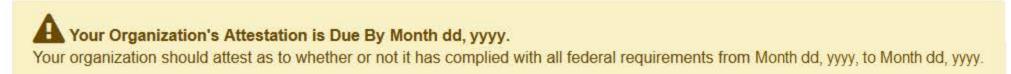
2. Certify and Submit



ATTESTATION



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



1. Attestation

2. Certify and Submit

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

Attestation for ENTITY, CITY, ST for confidentiality compliance from Month dd, yyyy, to Month dd, yyyy.

My organization has fulfilled all NPDB regulatory requirements for reports and queries submitted from Month dd, yyyy, to Month dd, yyyy, on behalf of the following authorized entities:

| Entity Name | |
|-------------------------------|--|
| ORGANIZATION NAME (CITY, ST) | |
| ORGANIZATION NAME2 (CITY, ST) | |
| ORGANIZATION NAME3 (CITY, ST) | |
| ORGANIZATION NAME4 (CITY, ST) | |

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

Organization's reason for not complying

Certify Attestation

I certify that I am authorized to submit these attestation statements on behalf of my organization. These statements apply to compliance with NPDB regulatory requirements for all reports and queries submitted on behalf of authorized entities from Month dd, yyyy, to Month dd, yyyy.

I further certify that the statements are true and correct to the best of my knowledge and that my organization will comply with all NPDB regulatory requirements in the future.

Attested by:

| Name: | Jane Doe |
|--------|----------------|
| Title: | 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@abc.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.



ATTESTATION



Thank you for submitting your attestation

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

Attestation for ENTITY, CITY, ST for confidentiality compliance from Month dd, yyyy, to Month dd, yyyy.

My organization has fulfilled all NPDB regulatory requirements for reports and queries submitted from Month dd, yyyy, to Month dd, yyyy, on behalf of the following authorized entities:

| Entity Name | |
|-------------------------------|--|
| ORGANIZATION NAME (CITY, ST) | |
| ORGANIZATION NAME2 (CITY, ST) | |
| ORGANIZATION NAME3 (CITY, ST) | |
| ORGANIZATION NAME4 (CITY, ST) | |

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

Organization's reason for not complying

Certify Attestation

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I further certify that the statements are true and correct to the best of my knowledge and that my organization will comply with all NPDB regulatory requirements in the future.

Attested by:

| Name: | Jane Doe |
|--------|-----------------|
| Title: | Admin |
| Phone: | 2221114444 |
| Email: | jdoe@email.com |
| Date: | Month dd, yyyy, |

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@abc.org | |
| Date: | Month dd, yyyy, | |

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.

🛗 Past Attestations 🔻 🔀 Printable Copy 🛛 Edit Attestation

Non-visible Questions

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|-------------|--|--|------------------------|--|-------|
| Why not? | Authorized Agent 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 | Authorized Agent Attestation | Modal | When the user selects the link the modal is displayed with the public burden statement content. |