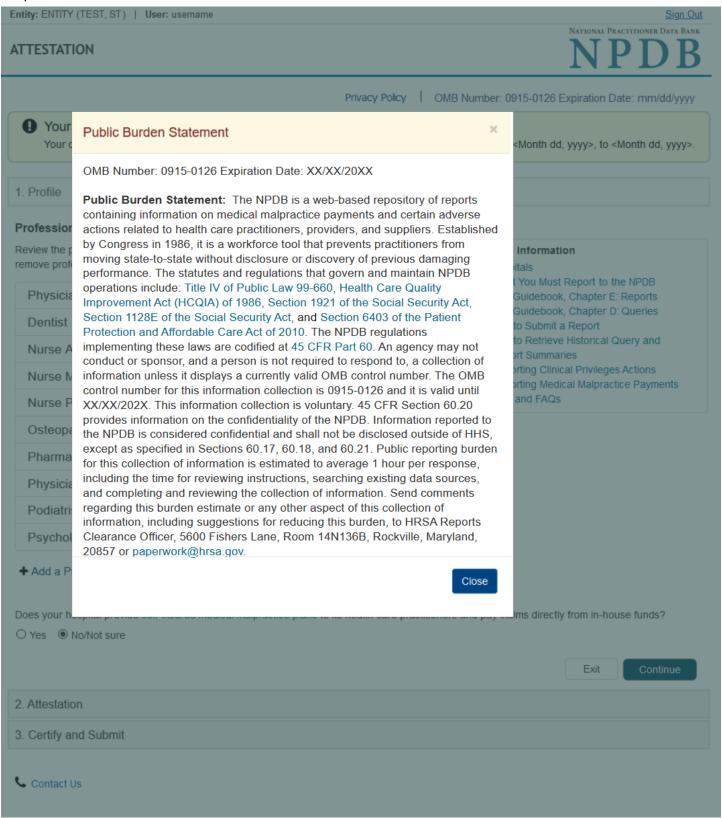
Hospital Attestation Form and Instruction



Sign Out

ATTESTATION



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

Your organization's attestation is due <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. Profile

Professions Granted Clinical Privileges

Review the professions that are currently granted clinical privileges at your hospital. Add or remove professions if this list is not correct or complete.

Physician (MD)	×
Dentist	×
Nurse Anesthetist	×
Nurse Midwife	×
Nurse Practitioner	×
Osteopathic Physician (DO)	×
Pharmacist	×
Physician Resident (MD)	×
Podiatrist	×
Psychologist	×

More Information

- Hospitals
- 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
- · Reporting Clinical Privileges Actions
- · Reporting Medical Malpractice Payments
- Help and FAQs

+ Add a Profession

Does your hospital provide self-insured medical malpractice plans to its health care practitioners and pay claims directly from in-house funds?

O Yes

No/Not sure

Exit Continue

- 2. Attestation
- 3. Certify and Submit



Add a Profession



Type the name of a profession and select one from the list or select the Add button.

Search	Add
Chiropractor	
Clinical Nurse Specialist	
Dental Resident	
Dentist	
Nurse Midwife	

ATTESTATION



Sign Out

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

Your organization's attestation is due <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>.

Edit 1. Profile 2. Attestation

Attestation confirms that your hospital has submitted all required reports and queries 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 hospital's behalf.

More Information

- Hospitals
- 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
- Reporting Clinical Privileges Actions
- Reporting Medical Malpractice Payments
- 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 and queries were submitted from <Month dd, yyyy>, to <Month dd, yyyy>.

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	o attest	
Authorized Name	Jane Doe	
Title	Admin	
Phone	2221114444	
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 Compliance

Hospitals are the only health care organizations mandated by federal law to query the NPDB. Each hospital must query as follows:

- When a physician, dentist, or other health care practitioner applies for medical staff appointment (courtesy or otherwise) or clinical privileges at the hospital, including temporary privileges.
- Every 2 years for all physicians, dentists, and other health care practitioners who are on its medical staff (courtesy or otherwise) or hold clinical privileges at the hospital.

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.

Your hospital submitted a total of <n> one-time queries and <n> continuous query enrollments from <Month dd, yyyy>, to <Month dd, yyyy>.

Attest

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

O Yes No

Why not?

Organization's reason for not complying

Exit

Continue

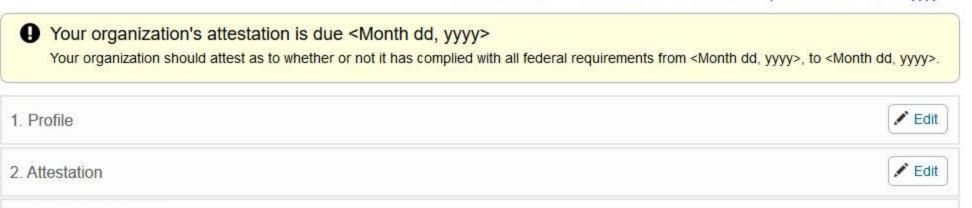
Certify and Submit



ATTESTATION



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



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

Profile

Professions granted clinical privileges:

· Physician (MD)

3. Certify and Submit

- Dentist
- Nurse Anesthetist
- · Nurse Midwife
- · Nurse Practitioner
- · Osteopathic Physician (DO)
- Pharmacist
- Physician Resident (MD)
- Podiatrist
- · Psychologist

My hospital does not provide self-insured medical malpractice plans to its health care practitioners or pay claims directly from in-house funds.

Attestation for <Entity Name>, <City, ST> for reporting and querying compliance from <Month dd, yyyy>, to <Month dd, yyyy>.

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

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

Organization's reason for not complying

Certify Attestation

I certify that I have access to all potentially 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: 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.

Exit Submit

Sign Out

ATTESTATION





Thank you for submitting your attestation

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

Profile

Professions granted clinical privileges:

- Physician (MD)
- Dentist
- Nurse Anesthetist
- Nurse Midwife
- · Nurse Practitioner
- Osteopathic Physician (DO)
- Pharmacist
- · Physician Resident (MD)
- Podiatrist
- Psychologist

My hospital does not provide self-insured medical malpractice plans to its health care practitioners or pay claims directly from in-house funds.

Attestation for <Entity Name>, <City, ST> for reporting and querying compliance from <Month dd, yyyy>, to <Month dd, yyyy>.

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

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

Organization's reason for not complying

Certify Attestation

I certify that I have access to all potentially 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: Admin

Phone: 2221114444

Email: jdoe@email.com

Date: <Month dd, yyyy>

I am authorized to submit the attestation on behalf of the certifier.

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.



Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Why not?	Hospital 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	Hospital Attestation	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Add a Profession	Hospital Attestation	Modal	When the user sets Selects the link "+Add a profession" the modal to add 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 and the system adds I or the user selects the Add button.