

Authorized Agent Designation Form and Instruction

Entity: TEST AGENCY (TEST,ST) | User: Testuser [Sign Out](#)

NATIONAL PRACTITIONER DATA BANK
NPDB

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

AUTHORIZED AGENTS

Public Burden Statement x

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 voluntary. 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 .25 hours 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](#)

[Help](#)

on its behalf as an authorized agent. In
ialing, e.g., a credentials verification

are currently registered with the NPDB
[an Authorized Agent](#) to view a list of
ized agents.

[Exit to Options](#) [Continue](#)

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

DESIGNATE AUTHORIZED AGENT

NATIONAL PRACTITIONER DATA BANK

NPDB

[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 Name:	<input type="text"/>
Last 4 numbers of agent's DBID	<input type="text"/>
Country	<input type="text" value="United States"/>
City	<input type="text"/>
State	<input type="text" value="Select a state"/>
ZIP	<input type="text"/>

Select the functions you are authorizing the agent to perform on your behalf

- One-Time Query
- Continuous Query Enrollment
- Report
- I authorize my agent to resolve compliance actions for professions in a [compliance review](#)

Is the agent authorized to use your EFT account to pay for query transactions submitted on your behalf?

Your organization is responsible for payment of all queries processed by an authorized agent on your organization's behalf, regardless of whether or not the agent is authorized to use your organization's EFT account for payment.

Yes No

The agent may use a credit or debit card for payment. If you want the agent to use your card you must arrange it with your bank and provide the account information to the agent.

Who should receive the responses for transactions the agent submits?

My organization The agent Both of us

Where should we send your responses?

IQRS, the NPDB system QRXS

CERTIFICATION

I certify that I am authorized to submit this transaction to designate an authorized agent and that all information is true, complete and correct to the best of my knowledge.

Name:	FIRST LAST
Title:	TITLE
Phone:	(122) 343-5773
Email:	test@test.com

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 to Options](#)[Submit](#)

Agent Designation Request - DCN nnnnnnnnnnnnnnnnnnn

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.

A. ENTITY INFORMATION

Entity DBID: [REDACTED]
 Entity Name: [REDACTED] R
 Address: [REDACTED]
 City, State, ZIP: [REDACTED]

Submitted by: a
 Title: a
 Phone: 11111111 111-1111
 Certification Date: 05/05/2020

B. AGENT INFORMATION

Agent Name: [REDACTED]
 Address: [REDACTED]
 City, State, ZIP: [REDACTED]

C. CONFIGURATION

I authorize my agent to submit the following transactions on my behalf: One-time Query Only

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

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 nd 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 nd 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.