

## Agent Registration (Renewal Update) Form and Instruction

Entity: ACCREDITATION AGENT (LEONARD, MI) | User: Vantone1

[Help Center](#) | [Sign Out](#)

AGENT REGISTRATION: RENEWAL

Public Burden Statement

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

**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](#), [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 0906-0081 and it is valid until mm/dd/yyyy. This information collection is required to obtain or retain a benefit (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 5 minutes 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857.

Close

Review Your Information

Please verify your information is correct.

Organization Description

Ownership:

Type(s):

Organization Information

Organization Name:

Department:

Address:

Phone Number:

EIN:

Website:

Certifying Official

Name:

Title:

Phone Number:

Email Address:

Employee ID:

☐ The registration information is true, complete and correct.

Review Your Information

Please verify your information is correct. Select Edit to change information in a section.

Organization Description

Ownership:

A private sector organization, either for-profit or nonprofit

Type(s):

An agent registering to query and/or report on behalf of another organization

Organization Information

Edit

Organization Name:

ACCREDITATION AGENT

Department:

CREDENTIALING

Address:

1975 E LEONARD RD  
LEONARD, MI 48367

Phone Number:

(313) 552-3241

EIN:

824372823

Website:

https://www.accurateaccreditation.com/

Certifying Official

Edit

Name:

PAMELA SMITH

Title:

CREDENTIALING

Phone Number:

(918) 407-7789

Email Address:

Test\_59420@testc-npdb.hrsa.gov

Employee ID:

Not Provided

☐ The registration information is true, complete and correct.

User Accounts

Edit

If a user is no longer with your organization, edit this section and select the account to be deleted.

|  | Name                 | User ID   | Email                                           | Roles                               | Last Sign In |
|--|----------------------|-----------|-------------------------------------------------|-------------------------------------|--------------|
|  | PAGE MUSER           | 1PMuser   | Test_455903@399700000139064-testc-npdb.hrsa.gov |                                     |              |
|  | PAMELA SMITH         | Spammy4me | test_59420@testc-npdb.hrsa.gov                  | Administrator, Billing Lookup, QRXS | Aug 29, 2024 |
|  | VERONICA C PERSINGER | Vantone1  | Test_258396@399700000139064-testc-npdb.hrsa.gov | Administrator, Billing Lookup, QRXS | Apr 21, 2026 |

X = Accounts to be deleted | Total: 0

Entity Relationships

Your organization is authorized to act as an agent to submit reports and/or queries on behalf of the entity(ies) listed below:

|                                                          |
|----------------------------------------------------------|
| 1. APOLLO SURGERY CENTER, LLC. (MEMPHIS, TN)             |
| 2. ARIZONA JOINT SPECIALTY CENTER, LLC (TUCSON, AZ)      |
| 3. CONTINUUM SURGERY CENTER OF NAPLES, INC. (NAPLES, FL) |
| 4. CVC-ASC LLC (OXFORD, FL)                              |
| 5. DESERT PASS SURGICAL CENTER, LLC (EL PASO, TX)        |
| 6. ELKO COMMUNITY HEALTH CENTER, LLC (ELKO, NV)          |

Total entities: 14 [View All](#)

Is this list complete and correct?

☐ Yes ☐ No / Not Sure

[How do I deactivate an entity relationship?](#)

AGENT REGISTRATION: RENEWAL

- [Update User Accounts](#)
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- Organization Information**
- >
- Certifying Official
- >
- Review Summary
- >
- Statutory Authority
- >
- Submit
- >
- Registration Status
- >
- Attestation

Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g., XYZ Pharmacy #123)
- Add any other names used by the organization, such as a Doing Business As name (DBA).

ACCREDITATION AGENT

[+ Add your DBA or other company name](#)

Department

CREDENTIALING

What is the physical location of the organization?

Country

United States

Street Address

1975 E LEONARD RD

Street Address Line 2

Address Line 2

City

LEONARD

State

MI Michigan

ZIP

48367

Phone Number

3135523241

Identification Numbers

EIN (Employer Identification Number) [What is an EIN?](#)

824372823

[Don't have an EIN?](#)

Company or Organization Website Address

https://www.accurateaccreditation.com/

[Update User Accounts](#)

>

[Organization Information](#)

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**Certifying Official**

>

[Review Summary](#)

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Certifying Official

The certifying official is the individual selected and empowered by your organization to certify the legitimacy of the NPDB registration. One person may be both the account administrator and certifying official.

☒ I need to change the certifying official information

- ☒ Enter a new certifying official
- ☐ Make myself the certifying official
- ☐ Make administrator PAMELA SMITH (Spammy4me) the certifying official

Certifying Official's Information

Enter this person's name as it appears on their government-issued identification, such as a driver's license or passport.

First Name

Jane

MI

MI

Last Name

Doe

Title

Manager

Phone

2145551212

Extension (Optional)

Ext.

Email Address

jdoe@email.com

Employee ID (Optional)

The certifying official will not automatically be given an online account. Once your organization is approved, the account administrator may create a user account for them.

## AGENT REGISTRATION: RENEWAL

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

## Update User Accounts

If the user is no longer with your organization, select the account for deletion. The account will be deleted after you submit your registration renewal to the NPDB.

|                          | Name         | User ID   | Email                           | Roles                               | Last Sign In |
|--------------------------|--------------|-----------|---------------------------------|-------------------------------------|--------------|
| <input type="checkbox"/> | PAGE MUSER   | 1PMuser   | Test_455903@testc-npdb.hrsa.gov | Billing Lookup, QRXS                | Apr 21, 2026 |
| <input type="checkbox"/> | PAMELA SMITH | Spammy4me | Test_59420@testc-npdb.hrsa.gov  | Administrator, Billing Lookup, QRXS | Aug 29, 2024 |

User Accounts to be deleted: 0

Exit

Continue

## Statutory Authority and Requirements

**You are registering your organization with the NPDB as an agent to act on behalf of an "eligible entity."**

The statutes and regulations that govern and maintain NPDB operations include:

- Title IV of the Health Care Quality Improvement Act of 1986 (HCQIA), Public Law 99-660 (referred to as "[Title IV](#)");
- Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987, Public Law 100-93, codified as Section 1921 of the Social Security Act (referred to as "[Section 1921](#)"); and
- Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, codified as Section 1128E of the Social Security Act (referred to as "[Section 1128E](#)"); and
- [Section 6403](#) of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148).

The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#).

**Information from the NPDB is only available to entities specified as "eligible" in the statutes and regulations.**

Organizations which are not eligible under the statutes may only register as an agent. Agents may only access the NPDB on behalf of eligible entities and may only perform the functions designated to them by each entity.

**Agents are responsible for adhering to the regulations regarding the confidentiality of NPDB information.**

- Agents are subject to the same regulations as eligible entities regarding confidentiality and disclosure of NPDB information, as detailed in the statutes.
- Persons and entities receiving information from the NPDB, either directly or from another party, must use it solely with respect to the purpose for which it was provided. Any person who violates these confidentiality provisions shall be subject to a [civil money penalty](#) for each violation.
- Agents that are designated by multiple eligible entities to query on their behalf may not share NPDB information across those entities. Each entity must direct the agent to process a query on their behalf. The agent must only provide the results from the query to the entity on whose behalf it was processed.
- Persons and entities are responsible for the accuracy of information which they report to the NPDB. If your organization submits a report on behalf of an eligible entity and discovers an error or omission after the report is submitted, your organization must submit a correction on the entity's behalf.

**Your descriptions of your organization:**

- **Ownership** - A private sector organization, either for-profit or nonprofit
- **Type(s)** - An agent registering to query and/or report on behalf of another organization

☐ **The descriptions for my organization are accurate. My organization will comply with all NPDB requirements.**

## Submit Your Registration

The certifying official is the individual selected and empowered by an entity to certify the legitimacy of registration for participation in the NPDB and is responsible for notifying the NPDB of any change in eligibility.

By completing this registration, the certifying official agrees to the following:

- The agent is qualified to register with the NPDB.
- He or she is authorized to submit this registration information to the NPDB and that the information provided is true, correct and complete.
- Any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB to complete or clarify this form may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under federal law.
- The agent's NPDB registration may be suspended revoked for failure to comply with the requirements.

### Certifying Official

JANE DOE

### Title

MANAGER

### Phone

(214) 555-1212

### Email Address

jdoe@email.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.

18 U.S.C. § 1001. Statements or entries generally

- (a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully—
- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
  - (2) makes any materially false, fictitious, or fraudulent statement or representation; or
  - (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;
- shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

## State Changes

| Label                                             | PDF Name                            | Item Type | Trigger                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------|-------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy | Agent Registration (Renewal Update) | Modal     | When the user selects the link the modal is displayed with the public burden statement content.                                                                                                                                                                                                                                                                                                                      |
| Edit                                              | Agent Registration (Renewal Update) | Link      | On the Review Your Information page under Organization Information, when the user selects the “Edit” link, the form for Organization Information page is displayed and prefilled. Form fields are Department, Country, Street Address, Street Address Line 2, City, State, ZIP, Phone Number, EIN (Employer Identification Number) and Company or Organization Website Address. The user can change the information. |
| Edit                                              | Agent Registration (Renewal Update) | Link      | On the Review Your Information page under Certifying Official, when the user selects the “Edit” link, the form for Certifying Official page is displayed and prefilled. Form fields are First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID. The user can change the information for Title, Phone, Extension, Email Address and Employee ID.                                           |

| Label                                                | PDF Name                            | Item Type  | Trigger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------|-------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I need to change the certifying official information | Agent Registration (Renewal Update) | Check Box  | <p>On the Certifying Official page, selecting the checkbox displays radio button selections.</p> <ul style="list-style-type: none"> <li>• Enter a new certifying official</li> <li>• Make myself the certifying official</li> <li>• Make administrator (name and User ID of another administrator user account) the certifying official</li> </ul> <p>If the user is currently the certifying official, then Make myself the certifying official is preselected.</p> <p>If the user is the only administrator for the organization's account, then "Make admin Make administrator (name and User ID of another administrator user account) the certifying official" is not displayed. Otherwise, a radio button is displayed for all administrator accounts for the organization, except the user's account.</p> |
| First Name                                           | Agent Registration (Renewal Update) | Text Entry | Selecting the radio button "Enter a new certifying official" displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| MI                                                   | Agent Registration (Renewal Update) | Text Entry | Selecting the radio button "Enter a new certifying official" displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Last Name                                            | Agent Registration (Renewal Update) | Text Entry | Selecting the radio button "Enter a new certifying official" displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Label                                                                                               | PDF Name                            | Item Type    | Trigger                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|-------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title                                                                                               | Agent Registration (Renewal Update) | Text Entry   | Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.                                                                  |
| Phone                                                                                               | Agent Registration (Renewal Update) | Text Entry   | Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.                                                                  |
| Extension                                                                                           | Agent Registration (Renewal Update) | Text Entry   | Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.                                                                  |
| Email Address                                                                                       | Agent Registration (Renewal Update) | Text Entry   | Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.                                                                  |
| Employer ID                                                                                         | Agent Registration (Renewal Update) | Text Entry   | Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.                                                                  |
| Make myself the certifying official                                                                 | Agent Registration (Renewal Update) | Radio Button | Selecting the radio button “Make myself the certifying official” hides the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.                                                                 |
| Make administrator (name and User ID of another administrator user account) the certifying official | Agent Registration (Renewal Update) | Radio Button | Selecting the radio button “Make administrator (name and User ID of another administrator user account) the certifying official” hides the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID. |

| Label                              | PDF Name                            | Item Type     | Trigger                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------|-------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Edit                               | Agent Registration (Renewal Update) | Link          | The User Accounts section on the Review Your Information page is only displayed for Renewal. When the user selects the Edit link, the page to Update User Accounts is displayed with list user accounts for the organization. The user can select accounts to delete if applicable. On selection of Exit or Continue, the user is returned to the Review Your Information page with any accounts selected for deletion noted on the table. |
| Is this list complete and correct? | Agent Registration (Renewal Update) | Radio buttons | The Entity Relationships section and radio buttons “Yes” and “No/Not Sure” on the Review Your Information page are only displayed for Renewal.                                                                                                                                                                                                                                                                                             |