

REGISTER YOUR ORGANIZATION WITH THE NPDB

What do you need?

☐ Become a Data Bank Member

☐ Register my organization

☐ Get help for an NPDB Self-Registration

☐ Get an NPDB Self-Registration

☐ Something else

Contact Us

NATIONAL PRACTITIONER DATA BANK

NPDB

Expiration Date: mm/dd/yyyy

Exit

Continue

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 1 hour 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

What do you need to do?

- ☐ Become a Data Bank administrator to replace the previous one
- ☒ Register my organization
 - ☒ Register for a new NPDB account for my organization
 - ☐ Renew or update my organization's NPDB registration
 - ☐ Request another DBID for my organization
- ☐ Get help for an NPDB account
- ☐ Get an NPDB Self-Query report
- ☐ Something else



Contact Us

Exit

Continue

Is your organization already registered with the NPDB?



Why is your organization requesting another DBID?

- ☐ A department or unit in our organization needs a separate DBID
- ☐ Our account DBID was compromised
- ☒ Other

Do you know the current DBID for your organization?

- ☒ Yes ☐ No

DBID Number

Exit

Request another DBID

Registration Checklist

1. Have you identified the person who will serve as the certifying official for your organization?

As the person registering for your organization, you will serve as the administrator. The NPDB also requires someone from your organization to serve as the certifying official, the individual responsible for verifying that your organization is legitimate and eligible to register with the NPDB.

- The administrator and certifying official can be the same person.
- The certifying official can be someone other than the administrator who is in a management or executive role. The certifying official will not have access to the NPDB until the administrator creates a user account for them.

If you will not be the certifying official, you will need to know how that person's name is listed on their government-issued ID, such as their driver's license. This is important because you and the certifying official must complete a paper form in front of a notary public and show them the ID. The paper form will show the name you enter online, and the notary must verify that it matches the name on their ID.

2. Do you know the tax identification number for your organization?

You will need to know the [Employer Identification Number \(EIN\)](#) assigned to your organization by the IRS. If your organization is not required to have an EIN (e.g., a sole proprietorship), enter your [Social Security Number \(SSN\)](#) or [Individual Tax Identification Number \(ITIN\)](#) instead.

3. Are there other identification numbers assigned to your organization?

If your organization has a [National Provider Identification \(NPI\)](#), you will need to provide it. Hospitals should also add their [CMS Certification Number \(CCN\)](#), the provider number assigned for Medicare.

If you do not have this information, please [Exit](#) and return to registration later.

Rules of Behavior

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB). This is a Privacy Act protected system, with routine use provisions contained in 45 CFR 60.18. Employees accessing the system should do so only in accordance with the Privacy Act, 5 USC 552a. Per 45 CFR 60.20(b), any person who violates the Privacy Act may be subject to a [civil monetary penalty](#). Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring. By using this system, you understand and consent to the following: At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any

☐ I acknowledge and understand my responsibilities and agree to comply with the Rules of Behavior for the NPDB system

Subscriber Agreement

By checking the acceptance checkbox below, you agree to:

- Provide complete and accurate responses to requests for information during the National Practitioner Data Bank (NPDB) registration process;
- Keep your passwords and tokens (if applicable) secure;
- Refrain from sharing your account information with any other individual;
- Use your NPDB account only for authorized purposes;
- Review the accuracy of account information;
- Request revocation of your NPDB account if you ever suspect that the security of your account may have been compromised; and promptly advise the NPDB of any changes in your registration information and respond to notices from NPDB, Health Resources And Services Administration (HRSA) or The Department Of Health And Human Services (HHS) concerning your account.

☐ I acknowledge and understand my responsibilities and agree to comply with the Subscriber Agreement for the NPDB system

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > Registration Status

Select the best option for your organization

Who owns your organization?

☐ **A private sector organization, either for-profit or nonprofit**

Includes organizations receiving federal, state, or municipal funding or operating under contract

☐ **Federal government agency or entity**

e.g., Department of Veterans Affairs, FBI, HHS

☐ **State government agency or entity**

e.g., a state Medicaid agency or Department of Health

☐ **The District of Columbia or a U.S. Territory agency or entity**

e.g., Department of Health for D.C. or American Samoa

☐ **Local government agency or entity**

e.g., Department of Health for a county, city or township

☐ **An Indian Tribe or Nation**

An organization under the direct ownership of an Indian tribe, band, nation or other group or community recognized by the Bureau of Indian Affairs (BIA) of the United States

- Organization Description
- >
- Statutory Authority
- >
- Organization Information
- >
- Administrator Account
- >
- Certifying Official
- >
- Review Summary
- >
- Submit
- >
- Registration Status

Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or nonprofit

Which category best fits your organization?

- ☐ Hospital [Show description](#)
- ☐ Other Health Care Entity - a health care organization that is not a hospital* [Show description](#)
- ☐ Medical Malpractice Payer [Show description](#)
- ☒ An agent registering to query and/or report on behalf of another organization [Hide description](#)

An agent does not have the authority to query or report to the NPDB on their own. An organization that is eligible to query and/or report to the NPDB (an "eligible entity") must designate the agent to interact with the NPDB on its behalf. Agents must register with the NPDB and comply with all registration requirements before they can be designated by an eligible entity as an authorized agent.
- ☐ Professional Society* [Show description](#)
- ☐ Private Entity Under Contract to Administer a Federal Health Care Program [Show description](#)
- ☐ Health Plan (if no other option applies) [Show description](#)
- ☐ Peer Review Organization [Show description](#)
- ☐ Quality Improvement Organization Under Contract With the Centers for Medicare & Medicaid Services (CMS) [Show description](#)
- ☐ Private Accreditation Organization [Show description](#)
- ☐ None Of These

* Must provide health care services directly or indirectly and follow a formal peer review process to further quality health care.

Statutory Authority and Requirements

You are registering your organization to query and/or report to the NPDB as 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](#)");
- 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).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 may 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: [Edit](#)

- **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.**

Organization Information

Organization Name

Add any other names used by the organization, such as a Doing Business As name (DBA).

+ Add your DBA or other company name

Department (required for hospitals)

What is the physical location of the organization?

Country

United States

Street Address

Street Address Line 2

Address Line 2

City

State

ZIP

Phone Number

Phone

Identification Numbers

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

EIN

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

Company or Organization Website Address

Has your organization been in operation for at least 1 year?

☐ Yes ☐ No



Contact Us

Exit

Continue

Your Information

Enter your name as it appears on one of your government-issued identifications, such as a driver's license or passport.

First Name	MI	Last Name
First Name	MI	Last Name
Title		
Title		
Phone Number	Extension (Optional)	
Phone	Ext.	
Mobile Phone (Optional)		
With your mobile phone number, we can send you a code to sign in if you forget your password.		
Mobile Phone		
Email Address		
Email		
Employee ID (Optional)		
Employee ID		

Create Your Account

Create a User ID (8 to 14 characters)

Create a Password

- 8 characters minimum
- Lower case letter
- Symbol (e.g., !, @, \$)
- Not repeating (e.g., 'aaaa')
- Number
- Upper case letter
- At least 5 different characters

Confirm Password

NPDB Email Notifications

Select the email notifications you want to receive. Update your preferences any time in your user account settings.

- ☒ Activity Updates: A monthly summary of querying and reporting activity and change notices for any reports in your query responses.
- ☐ Query and Report Availability
- ☒ NPDB Insights: A monthly update of NPDB system changes and policy information.
- ☒ Administrator Alerts: Account events such as approval of your organization's registration.

Select and Answer Challenge Questions

If you forget or need to reset your password, you will be required to provide your answers to the challenge questions.

1. Question:	Select one question	▼
Answer:		
2. Question:	Select one question	▼
Answer:		
3. Question:	Select one question	▼
Answer:		
4. Question:	Select one question	▼
Answer:		
5. Question:	Select one question	▼
Answer:		

Certifying Official

The certifying official is the individual responsible for verifying that your organization is legitimate and eligible to register with the NPDB. The administrator and certifying official can be the same person.

☐ I am authorized by my organization to serve as 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

MI

Last Name

Title

Phone

Extension (Optional)

Email Address

Employee ID (Optional)

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

- Organization
Description
- >
- Statutory
Authority
- >
- Organization
Information
- >
- Administrator
Account
- >
- Certifying
Official
- >
- Review
Summary
- >
- Submit
- >
- Registration
Status

Review Your Information

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

Organization Description

 Edit

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:

TEST AGENT

Department:

Not Provided

Address:

5 420TH ST
AVOCA, IA 11111

Phone Number:

(111) 222-3333

EIN:

444556666

Website:

Not Provided

In operation at least one year:

Yes

Administrator

 Edit

Name:

JANE TEST

Title:

TEST

Phone Number:

(111) 222-3333

Mobile Phone:

Not Provided

Email Address:

test@testagent.org

Employee ID:

Not Provided

Certifying Official

 Edit

Name:

JANE TEST

Title:

TEST

Phone Number:

(111) 222-3333

Email Address:

test@testagent.org

Employee ID:

Not Provided

☐ The registration information is true, complete and correct.

Submit Your Registration

The certifying official is the individual responsible for verifying that your organization is legitimate and eligible to register with the NPDB. The individual is also 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 TEST

Title

TEST

Phone

(111) 222-3333

Email Address

test@testagent.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.

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.

Organization Description > Statutory Authority > Organization Information > Administrator Account > Certifying Official > Review Summary > Submit > **Registration Status**



To expedite your request and avoid processing delays, please upload documents electronically. If you are unable to upload documents, contact the [Customer Service Center](#).

Registration Status

You have submitted the online registration form. Please review and complete all of the steps listed on this page.

1. **Save a copy of your [registration documents](#).** These documents contain the DBID and User ID, which are required to sign in to your account.
2. **Review all of the documents to be sure they are correct.** If revisions are needed, [sign in to your account](#), revise the forms, and reprint the corrected documents. **Paper documents with marked corrections will be rejected by the NPDB.**
3. **Obtain one of these documents as proof of your affiliation with your organization.**
 - A photocopy of your work badge issued by your organization that has your name, photo, and the name of the organization printed on it.
 - A [signed letter](#)  from a duly authorized representative in your organization who can attest to your affiliation, such as a representative in your organization's human resources (HR) department.
3. **Upload the required documents to the NPDB.** Sign in to your account and upload the documents. If you cannot upload them, send them to the address on the document. **Faxed or emailed copies are not accepted.** The NPDB will not begin processing your registration until all documents have been received.
4. **Check the status of your registration online.**

Sign in to your account with your DBID, User ID and password to check the registration status after you have submitted all required documents. We will send you an email once your registration is approved. Allow 7 business days for the processing of your registration.



Contact Us



Print

Exit

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Register for a new NPDB account for my organization	Agent Registration	Below “Register my organization”	Radio Button	The field is displayed if the user selects the option “Register my organization.”	Selecting the radio button “Register my organization” displays three options: “Register for a new NPDB account for my organization,” “Renew or update my organization’s NPDB registration,” and “Request another DBID for my organization”
Renew or update my organization’s NPDB registration	Agent Registration	Below “Register my organization”	Radio Button	The field is displayed if the user selects the option “Register my organization.”	Selecting the radio button “Register my organization” displays three options: “Register for a new NPDB account for my organization,” “Renew or update my organization’s NPDB registration,” and “Request another DBID for my organization”

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Request another DBID for my organization	Agent Registration – (What do you need to do?)	Below “Register my organization”	Radio Button	The field is displayed if the user selects the option “Register my organization.”	Selecting the radio button “Register my organization” displays three options: “Register for a new NPDB account for my organization,” “Renew or update my organization’s NPDB registration,” and “Request another DBID for my organization”
Other	Agent Registration (What do you need to do?)	Beside the radio button “Other”	Text Entry	This field is displayed if the user selects the “Other” option for “Why is your organization requesting another DBID?”	This field is required if the radio button “Other” is selected on the modal “Is your organization already registered with the NPDB?”
DBID Number	Agent Registration– (Select the best option for your organization)	Below the Yes radio button for “Do you know the current DBID for your organization?”	Text Entry	The field is displayed if the user selects the “Yes” option.	This field is only required if the “Yes” radio button for “Do you know the current DBID for your organization?” on the modal “Is your organization already registered with the NPDB?”

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy	Agent Registration	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Is your organization already registered with the NPDB?	Agent Registration	Modal	When the user selects "Request another DBID my organization" for "Register my organization"
An agent may only access the NPDB if they are designated by a registered health care entity to act on their behalf	Agent Registration	Modal	When the user submits their selection for a category and the radio button "An agent registering to query and/or report on behalf of another organization" is selected, then the modal is displayed with a Yes and No button. If the user selects Yes, they continue to register as an agent. If no, then the modal closes.
I am authorized by my organization to serve as the certifying official	Agent Registration	Check Box	Selecting the checkbox hides the fields for the Certifying Official's Information (First Name, Middle Name, Last Name, Suffix, Title, Phone, Extension, Email Address, Employee ID).
Password Requirements	Agent Registration	Info box	When the user sets focus on the "Create a new password" text entry, the info box is displayed. The state of each rule changes to indicate whether or the rule is met as the user enters their text.