

## PRACTITIONER IDENTIFICATION

[Privacy Policy](#)

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

Please enter

SSN / ITIN:

Birth Date:

 ContactPublic Burden Statement ✕

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 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 .75 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](mailto:paperwork@hrsa.gov).

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## RULES OF BEHAVIOR

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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 communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

All individuals that have access to obtain information from and report information to the National Practitioner Data Bank (NPDB) system must comply with the following conditions:

**Ownership**

This system is the property of the U.S. Department of Health and Human Services, Health Resources and Services Administration and is for authorized users only. The system is for official NPDB business only. Unauthorized access or use of this system may subject violators to criminal, civil and/or administrative penalties.

**Responsibilities**

Individual users are provided with a unique user ID and initial password to access this system. The first time you log in to the system, you will be forced to establish your own password to continue to use the system. You are responsible for maintaining the integrity of, and are held accountable for, everything done using your user ID and password. No other person, including those at the NPDB Customer Service Center, has access to your password. Passwords shall not be shared with others. You agree to change the password immediately, and notify the NPDB Customer Service Center if password security is suspected to be compromised.

Information and activities associated with the NPDB system shall not be false, inaccurate or misleading; shall not violate any law, statute, ordinance or regulation; and shall not contain any viruses or any malicious code that may damage, detrimentally interfere with, surreptitiously intercept, or expropriate any system, data, or personal information.

"Information" is defined as any information you provide to the NPDB System in the course of using this system. "Activities" is defined as any process of interacting with the NPDB system.

**Confidentiality**

The system contains personal information protected under the provisions of the Privacy Act of 1974, 5 USC Section 552a. Violations of the provisions of the Privacy Act may subject the offender to criminal penalties.

Information reported to the NPDB is confidential and shall not be disclosed except as specified in the NPDB regulations. The HHS OIG has the authority to impose civil money penalties on those who violate the confidentiality provisions of NPDB information. Persons or entities that receive information either directly or indirectly are subject to the confidentiality provisions specified in the NPDB regulations at 45 CFR Part 60 and the imposition of a [civil money penalty](#) for each offense if they violate those provisions. When an authorized agent is designated to handle NPDB queries, both the entity and the agent are required to maintain confidentiality in accordance with the federal statutory requirements.

**Intrusion Detection**

The NPDB system is maintained for the U.S. Government. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in Federal court.

Individuals using the NPDB system are subject to monitoring of those activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence obtained by such monitoring to law enforcement officials. Moreover, for system security purposes and to ensure that the NPDB system is used for legitimate purposes by authorized, registered users, we collect information concerning the use of this system e.g., data you view and alter. We employ software programs to monitor traffic, and to identify unauthorized attempts to view and/or change information, or otherwise cause damage to the system. Information from these sources may be used to help identify an individual(s) in the event of authorized law enforcement investigation, and pursuant to any required legal process.

**Violation of Rules of Behavior**

In the event it is suspected that you have not complied with these Rules of Behavior your account will be frozen, resulting in denial of all access to the system; and criminal, civil and/or administrative action may be taken.

Use of the NPDB system signifies acknowledgement and understanding of user responsibilities and represents your agreement to comply with the Rules of Behavior for the NPDB system.

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

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## PRACTITIONER IDENTIFICATION

NATIONAL PRACTITIONER DATA BANK

# NPDB

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Please enter your SSN / ITIN and date of birth below.

**SSN / ITIN:**

**Birth Date:**

MMDDYYYY



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## ACCOUNT PROFILE

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Complete the information for your account profile. You may change your information at any time.

## Email Address

We will notify you of any new activities regarding your report(s).

[+ Additional email address](#)

## Password

**Your password expires in -85 day(s).**

## Create a new password

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

## Mailing Address

If you change your mailing address, we will send all future correspondence regarding report updates to the new address. This does not affect the address on the report. Only the reporting entity can change the address they entered on the report.

## Type of Address

Home  Work

## Country

## Street Address

## Street Address Line 2

## City

## State

## ZIP



## Certification

I certify that I am authorized to submit this information. I am the subject of this report, the duly authorized attorney for the subject of this report, or the designated employee representing the organization that is the subject of this report.

## Your Name

## Title

Enter "Self" if you are the practitioner.

## Phone

## Extension (optional)

## 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.

## REPORT RESPONSE OPTIONS

### Dispute Resolution Progress

(Hover over a box to see a description of that phase)



A report has been filed on you. You can [view](#) the report using the link below. For more help using the Report Response Service, please see [Responding to Reports](#).

[View](#) the report

[Add, edit, or withdraw](#) a statement or dispute

[Withdraw](#) your request for Dispute Resolution

[Update](#) your password, email options, or mailing address

## RESPOND TO A REPORT

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## Report Summary

5500000072601871

Federal governing statute(s):

- Title IV

Reported Action(s):

- Failure to Order Appropriate Medication

## Add a Statement

The subject statement is your opportunity to tell your side of the story. If you disagree with the reported action(s), add facts and additional information to support your position. After you add your statement, we review it and remove any personally identifiable information such as names, addresses or phone numbers.

## Is your contact information correct?

Update your information before adding a statement or dispute.

Mailing Address: 4304 TEST RD  
TEST, ST 11111

Email Address(es): Test@email.com

## Your Statement

Do not include any personally identifiable information, such as names or phone numbers. After you add a statement, we will do the following:

- Review it and redact any personally identifiable information.
- Add the statement to section D of the report. It will remain a part of the report until you edit or remove it.
- Send the updated report with your statement to all organizations who received a copy of your report in the last 3 years and to the organization that submitted the report.

You may add or edit your statement at any time.

Re: DCN: 5500000067014264 [CASE #3 on NPDB list] Date of Action: 02/25/2011 -FAILURE TO MEDICATE Re: DCN: 5500000072601871 [CASE #1 on NPDB list] Date of Action: 12/30/2011 -FAILURE TO ORDER APPROPRIATE MEDICATION The above two Cases are the same. The complaint alleges FAILURE TO MEDICATE and FAILURE TO ORDER APPROPRIATE MEDICATION and that I was the Physician who followed the plaintiff in the Chronic Care Clinic [CCC] for his seizure disorder. This statement is FALSE. I was NOT the Chronic Care Physician during this patient's incarceration. I saw this patient two times only, [6/28/07 and 7/17/07], when the patient came to the medical department alleging that he had just had a seizure and I happened to walk by. At both those times the patient was in no distress, showed no signs of being post-ictal, and had no clinical evidence of having had a recent seizure. His drug levels were subsequently determined to have been therapeutic. Since I was NOT the CCC Physician whom the patient was regularly scheduled to see regarding his seizure disorder, seizure medications and other medical concerns, I was not responsible for seeing and did not see this patient any other time. I was not responsible for prescribing or monitoring his "proper seizure medication." I was also not at all aware that he had a psychiatric disorder. Since the pt allegedly had a seizure that allegedly 'caused' him to fall down stairs while he was on a second floor with railings all around, and with Officers and other inmates present, the unreported

1497 characters remaining

[Spell Check](#)

## Adding a Dispute

Reports can only be changed by the organization that submitted the report or by the Secretary of the U.S. Department of Health and Human Services following a review. The report remains unchanged until the reporting entity or the Secretary changes it.

You may dispute a report if the following are true:

- Facts in the report are not accurate
- The report was not submitted in accordance with NPDB reporting requirements

You should not dispute the report for any other reasons such as your belief that the action, finding, or judgment was inappropriate. These can be added to your statement. For additional information, visit the [Guidebook, Chapter F](#).

## Current Dispute Status

Dispute status is noted in Section E of the report. Disputed reports are not removed from the NPDB.

 Not disputed Dispute this report

## Certification

I certify that I am authorized to submit this information. I am the subject of this report, the duly authorized attorney for the subject of this report or the designated employee representing the organization that is the subject of this report.

## Your Name

## Title

Enter "Self" if you are the practitioner.

## Phone

## Extension (optional)

## 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 to the NPDB](#)

## State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Subject Statement and Dispute	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Add, edit, or withdraw a statement or dispute	Subject Statement and Dispute	link	When the user selects the link, display the Report Summary page.
Withdraw	Subject Statement and Dispute	link	When the user selects the link, display the Withdraw Request For Dispute Resolution page
Update	Subject Statement and Dispute	link	When the user selects the link, display the Account Profile page

## Additional Functionality Changes

Label	PDF Name (step)	Response Input Item	Trigger
First Name	Subject Statement and Dispute – (Practitioner Identification)	Text entry	If additional identity verification functionality is available, then this field will be presented.
Middle Name	Subject Statement and Dispute – (Practitioner Identification)	Text entry	If additional identity verification functionality is available, then this field will be presented.
Last Name	Subject Statement and Dispute – (Practitioner Identification)	Text entry	If additional identity verification functionality is available, then this field will be presented.
Suffix (Jr, III)	Subject Statement and Dispute – (Practitioner Identification)	Text entry	If additional identity verification functionality is available, then this field will be presented.
Agree to Terms and Conditions	Subject Statement and Dispute – (Practitioner Identification)	Checkbox	If additional identity verification functionality is available, then this field will be presented.
Experian Questions	Subject Statement and Dispute – (Practitioner Identification)	Radio Button	If additional identity verification functionality is available, then Experian questions will be presented. Question and answer content is determined by Experian. User will be shown four questions, at least one of which contains financial information. The questions are customized based on the user's information.
User ID	Subject Statement and Dispute – (Account Profile)	Text entry	If additional account functionality is available and a User ID is required as a unique identifier, then this field will be presented.

Label	PDF Name (step)	Response Input Item	Trigger
Mobile Phone (Optional)	Subject Statement and Dispute (Account Profile)	Text entry	If 3 <sup>rd</sup> factor authentication is active, mobile phone will be collected and used.
Question	Subject Statement and Dispute (Account Profile)	Drop list	If account recovery functionality is available, challenge questions will be presented. The user will select a question from the list. Five challenge questions will be presented. The user must select different questions for each.
Answer	Subject Statement and Dispute (Account Profile)	Text entry	If account recovery functionality is available, and the challenge questions are displayed, the user must provide an answer for each question they selected.
Select notification service	Subject Statement and Dispute (Account Profile)	Checkbox	If additional services are available, the user will have an option to select the service.
Profession or Field of Licensure	Subject Statement and Dispute (Account Profile)	Text Entry	If additional functionality is implemented, the user will focus on the text entry to display the modal to select their profession
Select an Occupation or Field of Licensure	Subject Statement and Dispute (Account Profile)	Modal	If Profession or Field of Licensure is implemented, when the user sets focus on the Profession or Field of Licensure text entry, the modal to select 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. The user's selection populates the Profession or Field of Licensure text entry.
Specific Name of Occupation	Subject Statement and Dispute (Account Profile)	Text Entry	If Profession or Field of Licensure is implemented, the field is displayed if the user selects a profession or field of licensure that requires a description.

<b>Label</b>	<b>PDF Name (step)</b>	<b>Response Input Item</b>	<b>Trigger</b>
License Number	Subject Statement and Dispute (Account Profile)	Text Entry	If Profession or Field of Licensure is implemented, the field is displayed and an entry is required.
State	Subject Statement and Dispute (Account Profile)	Drop List	If Profession or Field of Licensure is implemented, the field is displayed and a selection is required.
Name of School or Institution	Subject Statement and Dispute (Account Profile)	Text Entry	If additional functionality is implemented to collect school information, the field is displayed.
Completion Year	Subject Statement and Dispute (Account Profile)	Text Entry	If additional functionality is implemented to collect school information, the field is displayed.
SSN or ITIN	Subject Statement and Dispute (Account Profile)	Text Entry	If additional functionality is implemented to collect SSN, the field is displayed.
NPI (National Provider Identifier)	Subject Statement and Dispute (Account Profile)	Text Entry	If additional functionality is implemented to collect NPI, the field is displayed.
Do you have a DEA, FEIN or UPIN identification number?	Subject Statement and Dispute (Account Profile)	Checkbox	If additional functionality is implemented to collect DEA, FEIN or UPIN, the checkbox is displayed.
DEA (Drug Enforcement Administration)	Subject Statement and Dispute (Account Profile)	Text Entry	If additional functionality is implemented to collect DEA, FEIN or UPIN and the checkbox is selected, DEA, FEIN and UPIN text entry fields are displayed.
FEIN (Federal Employer Identification Number)	Subject Statement and Dispute (Account Profile)	Text Entry	If additional functionality is implemented to collect DEA, FEIN or UPIN and the checkbox is selected, DEA, FEIN and UPIN text entry fields are displayed.

<b>Label</b>	<b>PDF Name (step)</b>	<b>Response Input Item</b>	<b>Trigger</b>
UPIN (Unique Physician Identification Number)	Subject Statement and Dispute (Account Profile)	Text Entry	If additional functionality is implemented to collect DEA, FEIN or UPIN and the checkbox is selected, DEA, FEIN and UPIN text entry fields are displayed.