

ENTITY REGISTRATION

Eligibility/Statutory Authority

[Help ?](#)

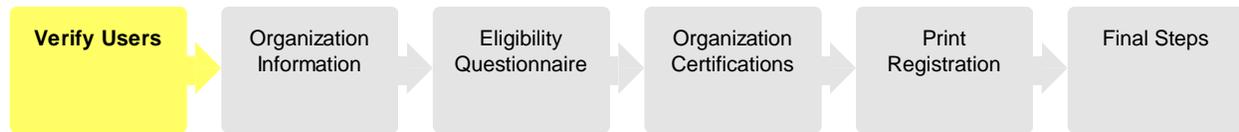
You are responsible for verifying your organization's legal obligation or eligibility under the following applicable laws and regulation.

- [Title IV](#) of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended;
- Public Law 100-93, Section 5[b] of the *Medicare and Medicaid Patient and Program Protection Act of 1987*, [\[Section 1921](#) of the *Social Security Act*]; and
- Section 221[a], Public Law 104-191, the *Health Insurance Portability and Accountability Act of 1996*, more commonly referred to as [Section 1128E](#) of the *Social Security Act*.
- [Final Regulations, NPDB \(includes Section 1921 and Section 1128E\)](#)

Please respond to the questions following this page to determine your organization's eligibility and statutory authority. You may wish to seek advice from legal counsel before completing this questionnaire. [Review each of these statutes and regulations](#) prior to submitting your entity registration.

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VERIFY USERS



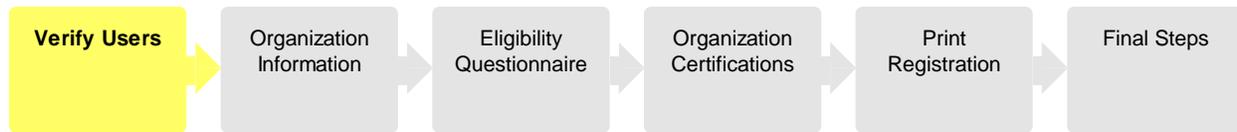
Select an action for each user. Users marked "Keep" will need to have their identity and organizational affiliation verified. **Users marked "Delete" will be deleted upon the Data Bank's approval of the entity renewal.** After selecting an action for each user, click **Continue**.

[Help ?](#)

Action	User ID	Name	Last Login
<input checked="" type="radio"/> Keep <input type="radio"/> Delete	1PMuser	JOHN SMITH	OCT 18, 2012 10:45AM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete	RDON	RON DON	AUG 03, 2012 02:26PM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete	aaronh	Aaron	SEP 11, 2012 04:30PM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete	batchqryUser	TEST DEVELOPER	AUG 22, 2011 03:19PM
<input checked="" type="radio"/> Keep <input type="radio"/> Delete	jdoe1	JOHN DOE	AUG 23, 2011 12:33PM

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VERIFY USERS



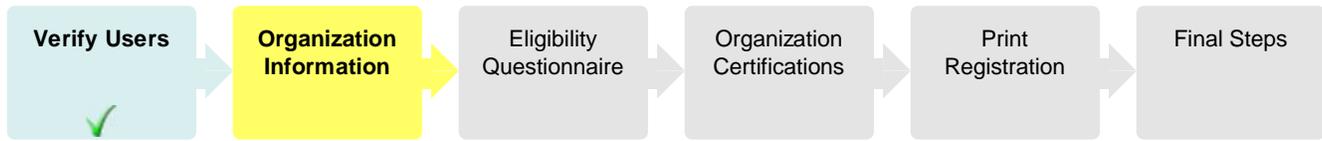
The following user account(s) will remain active and will be required to complete identity proofing:

User ID	Name	Last Login
1PMuser	JOHN SMITH	OCT 18, 2012 10:45AM
RDON	RON DON	AUG 03, 2012 02:26PM
aaronh	Aaron	SEP 11, 2012 04:30PM
batchqryUser	TEST DEVELOPER	AUG 22, 2011 03:19PM
jdoe1	JOHN DOE	AUG 23, 2011 12:33PM

If these selections are correct, click **Continue**. Otherwise click **Return to Previous Page** to modify your selections.

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ENTITY REGISTRATION



Complete this form with information about your organization and click **Continue**.

Help ?

OMB # 0915-0239 expiration date 05/31/14

OMB # 0915-0126 expiration date 12/31/13

OMB # 0915-0331 expiration date 12/31/13

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. The OMB control numbers for this project are 0915-0239 , 0915-0126 and 0915-0331. Public reporting burden for this collection of information estimated to average 1 hour to complete this form, 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, HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

Entity Identification Information

Name of Entity:	<input type="text" value="MALPRACTICE ENTITY"/>
Department or Office to Which Mail Should be Addressed:	<input type="text" value="SRA LIVE TEST ENTITY"/>
Street Address:	<input type="text" value="4350 FAIR LAKES COURT"/>
Address Line 2:	<input type="text"/>
City:	<input type="text" value="FAIRFAX"/>
State:	<input type="text" value="VA Virginia"/>
Zip:	<input type="text" value="22033"/> - <input type="text" value="4435"/>
Country: (if U.S., leave blank)	<input type="text"/>
Department Fax Number:	<input type="text"/>
Taxpayer Identification Number (TIN):	<input type="text" value="77777772"/>
National Crime Information Center Originating Agency Identifier (ORI): (For law enforcement only)	<input type="text" value="1"/>
Ownership of the Entity:	<input type="text" value="State Government Agency"/>

To select this ownership, you must be a public sector organization that is a component of, authorized by and under the direct authority of a State government. Receiving funding from a State Agency is not sufficient to select this ownership. If you are funded by, but not a component of a State government, select another category that more accurately describes your organization's ownership.

Continue

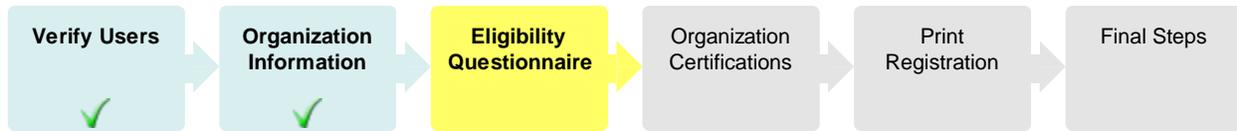


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ENTITY REGISTRATION



Eligibility/Statutory Authority

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- You have indicated that your organization is a **State Government Agency**.

[Change](#)

RESULTS: Statutory Authority and Requirements

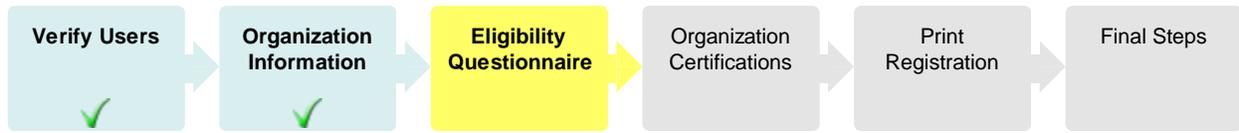
Based on your answers, your organization is eligible to register with the Data Bank under the following statutory authority functions. Certain agencies and organizations may qualify under more than one function per statute. Your organization must comply with all regulatory requirements associated with Data Bank eligibility, including, but not limited to the associated querying and reporting requirements listed below.

Statutory Authority	Function	Querying	Reporting
Title IV	State Practitioner Licensing Board Other than Medical/Dental Examiners	Optional	No Requirement
Section 1921	State Authority Responsible for Licensing or Certification of Health Care Practitioners, Entities, Providers, or Suppliers	Optional	Mandatory
Section 1128E	State Authority Responsible for Licensing or Certification of Health Care Practitioners, Entities, Providers, or Suppliers	Optional	Mandatory

Do the Statutory Authority selections accurately describe your organization?

[Yes](#)[No](#)[Contact Us](#)[Return to Previous Page](#)[Return to Registration Confirmation](#)

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Entity Primary and Additional Functions

Choose a primary function that best describes the health care related function or service your organization performs. You can select one primary function and up to two additional functions. If an appropriate description does not appear on the list, select "Other" and describe the function.

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Category:

Primary Function:

[Add additional function](#)

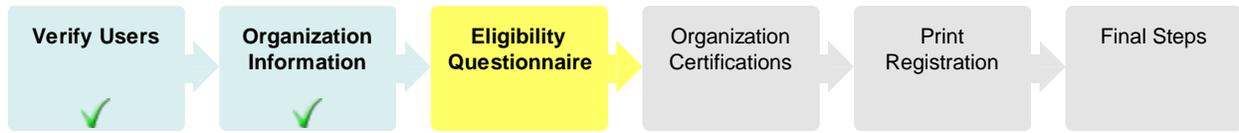
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ENTITY REGISTRATION



Query Option

Based on your selections you are eligible by law to query the Data Bank, if you choose.

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Allow users to query

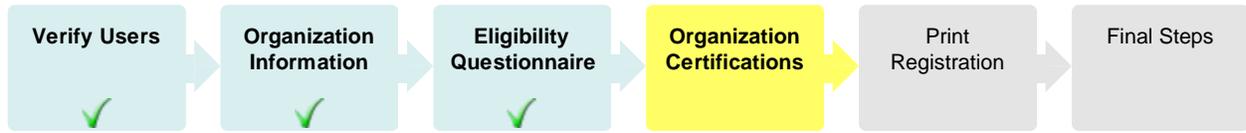
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ENTITY REGISTRATION



Point Of Contact For Reports

A report point of contact is applicable only if the entity is eligible under law to submit reports. You may designate an individual or office to be the point of contact to be included on all reports submitted by your organization to the NPDB. If your entity does not designate a point of contact, the submitter of each individual report will be listed as the point of contact for that report.

[Help ?](#)

Name or Office:	<input type="text" value="JACK SMITH"/>
Title or Department:	<input type="text" value="DIRECTOR"/>
Telephone	<input type="text" value="7035552323"/> Ext: <input type="text"/>

Certifying Official

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

Help ?

By completing this registration, the certifying official is agreeing to the following:

- The entity being registered qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the requested querying and/or reporting functions.
- The entity may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations, or for the use of information obtained from the NPDB other than the purposes for which it was provided.
- He or she is authorized to submit this registration information to the NPDB and that the information provided is true, correct, and complete.
- He or she will notify the NPDB immediately if he or she becomes aware that any information in this form is not true, correct, or 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.

Note: The name entered below must match the name on the certifying official's Government-issued ID or the registration will be rejected.

Check this box if the certifying official differs from the individual listed below.

Name of Certifying Official:	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
	PAUL		PAULSON
Title of Certifying Official:	ADMINISTRATOR		
Telephone:	7035551234	Ext:	
E-mail Address:	paulpaulson@paulpaulson.com		
Confirm E-mail Address:	paulpaulson@paulpaulson.com		
Employee ID:			

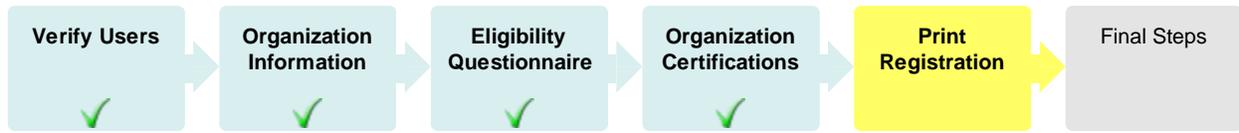
Submit to Data Bank

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PRINT REGISTRATION



In order for the Data Bank to successfully process your registration, you must complete the following steps:

1. Print your [Registration document](#). You may wish to print an additional copy for your records.
2. Once you have finished printing your copies, press **Continue**.

[Continue](#)

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I read and understand my responsibilities under:

- Title IV of Public Law 99-660, the Healthcare Quality Improvement Act, as amended;
- Public Law 100-93, Section 5[b] of the Medicare and Medicaid Patient and Program Protection Act of 1987, [Section 1921 of the Social Security Act]; and
- Section 221[a], Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, more commonly referred to as Section 1128E of the Social Security Act.

I certify that the entity identified above qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the querying and/or reporting functions. I understand that the entity may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB other than the purposes for which it was provided. I further certify that I am authorized to submit this registration information to the NPDB and that the information provided is true, correct, and complete. If I become aware that any information in this form is not true, correct, or complete, I agree

Signature of Certifying Official

Signature Date (MM-DD-YYYY)



NPDB Certifying Official and Data Bank Administrator Registration

Section 1 - Registrant Instructions: The Certifying Official/Data Bank Administrator (Registrant) must read the terms below, complete the appropriate fields, provide a government-issued ID and either provide a work badge or proof of affiliation letter on company letterhead before signing and dating the document in front of the Notary Public.

Summary of Terms: I (the "Registrant"), as the Certifying Official of the healthcare organization identified in this document, certify that the organization qualifies under law as specified in the ELIGIBILITY/ STATUTORY AUTHORITY section of the Entity/Agent Registration document and is eligible to perform the querying and/or reporting functions. I understand that the Entity/Authorized Agent may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB other than the purposes for which it was provided. I am also registering as a Data Bank Administrator for an Entity or Authorized Agent registered or registering with the NPDB. As a Data Bank Administrator, I am responsible for overseeing the use of the NPDB online services at my organization, identity proofing applicants who request a user account, establishing and revoking individual user accounts, and maintaining my organization's registration with the NPDB. By signing below, I accept the Summary of Terms and agree to provide complete and accurate responses to requests for information during the registration process. I further certify that I am authorized to submit this registration information to the NPDB and that the information provided is true, correct, and complete. If I become aware that any information on this document is not true, correct, or complete, I agree to notify the NPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this document or contained in any communication that supplies information to the NPDB to complete or clarify a document may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

Registrant use only

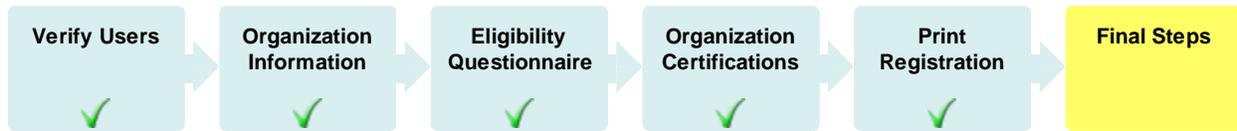
Name (First Name, Middle Initial, Last Name): PAUL PAULSON	Title: ADMINISTRATOR
Email: paulpaulson@paulpaulson.com	Employee ID:
Employer/Organization: MALPRACTICE ENTITY	
Business Address: 4350 FAIR LAKES COURT FAIRFAX, VA 22033-4435	
Telephone: (703) 555-1234	
Applicant's Signature and Date*: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ (*Sign and date in the presence of the Notary Public) _____ (Date) </div>	
Note: Use an ink pen to cross out any mistake, write in the correct information and initial it.	

Section 2 - Notary Public Instructions: The Notary Public must record the information below for the Applicant's government-issued photo ID for the purpose of identity proofing.

Notary Public use only

Government-issued ID (Photo, Name, Serial Number, Expiration Date, Address, and Date of Birth Required)	
Exact Name Listed on ID	
Serial Number	Date of Birth
Identification Type	Issuing Authority
Date of Issuance	Expiration Date
Notary Public: _____ I hereby certify that on this _____ day of _____, 20____, in the city of _____ and in the county of _____, _____ personally appeared before me the signer and subject of the above form, who signed or attested the same in my presence,	
Notary Public seal here	
My Commission Expires In: _____	
Street Address of Branch or Office: _____	
Name of Organization Employing Notary: _____	

REGISTRATION STATUS



Now that you have printed your registration documents, what's next?

1. **You must sign your registration documents in the presence of a Notary Public as described in the printed instructions.**
2. Make sure you have read the Summary of Terms section of the registration document. ([Need another copy of your registration document?](#))
3. In addition to the registration documents, you must provide **proof of affiliation** with the organization being registered. This may be either:
 - A. a photocopy of the work badge issued by your organization, OR
 - B. a signed letter on company letterhead from an authorized official in your organization attesting to your affiliation with the organization being registered. [Click here to view the required format.](#)
4. Mail all required documents to the address specified in the printed instructions.
Note: Faxed or scanned copies will not be accepted.
5. The Data Bank will send you an e-mail once your registration is approved.