

---

## Entity Registration Instructions

---

1. Make note of the DBID and User ID in Section A below. After your registration has been successfully processed you will use these values in addition to your password to log in to the Integrated Querying and Reporting Service (IQRS).

**Data Bank Identification Number:**

**User ID:**

2. Sign the Entity Registration document.
3. The Certifying Official and Administrator must take the following steps in order to complete their registration documents:
  - A. Make sure you have read the Summary of Terms section of the Registration document.
  - B. **Do not sign the document yourself yet; a Notary Public must witness your signature as described below.**
  - C. Take the Registration document and the credentials listed below to a person certified by a State or Federal Government as being authorized to confirm identities (such as Notary Public), that uses a stamp, seal, or other mechanism to authenticate their identity confirmation.

Credentials to Present to the Notary Public:

You must present a valid State or Federal government-issued photo ID. Forms of acceptable ID are as follows: A state-issued photo ID (with a serial number) such as a driver's license, Passport from country of citizenship, federal, state or local government agency (must have name, date of birth, gender, height, eye color and address), US military ID, Certificate of U.S. Citizenship, Certificate of Naturalization, permanent or unexpired temporary resident card, Native American tribal document, or Canadian driver's license.

- D. Sign and date the registration document in the presence of the Notary Public who will complete his/her section of the document.
4. The following **5 items** must be mailed to the Data Bank for processing (faxed/scanned copies will not be accepted):
    - A. The signed Entity Registration document.
    - B. The original notarized NPDB-HIPDB Certifying Official Registration document.
    - C. Proof of the Certifying Official's affiliation with your healthcare organization for which you are certifying to the NPDB-HIPDB. You must provide **one** of the following:
      - (1) A photocopy of the work badge issued by your organization. The badge must contain a photograph, the name of the organization for which you work, and a non-expired expiration date.
      - (2) Or, a signed letter on company letterhead from an authorized official in your organization attesting to your affiliation with the healthcare organization for which you are certifying. A sample letter can be viewed by logging in to the IQRS and clicking the sample link on the Registration Confirmation screen.
    - D. The original notarized Data Bank Administrator Registration document.
    - E. Proof of the Administrator's affiliation with your organization for which you are certifying to the NPDB-HIPDB.
  5. Mail the document(s) to:

The Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

6. The Data Bank will process the registration documents and if the registration is approved, you shall receive confirmation via e-mail with instructions on how to proceed.

# Registration Checklist

Before sending your registration, please ensure the following:

- All documents listed in the Entity Registration Instructions are included:
  - Entity Registration document
  - NPDB-HIPDB Certifying Official Registration document
  - Proof of the Certifying Official's affiliation with the healthcare organization you are certifying to the NPDB-HIPDB
  - NPDB-HIPDB Administrator Registration document
  - Proof of the Administrator's affiliation with the organization you are certifying to the NPDB-HIPDB
  
- Entity Registration document:
  - Signed and dated by the Certifying Official
  - Current and accurate organization identification information
  
- Certifying Official and Data Bank Administrator Registration documents:
  - Must be notarized
  - Government-issued ID fields are completed
  - Stamp or seal is located on the document
  
- Proof of affiliation - If a work badge is used, it must contain all of the following:
  - Name of the individual
  - Photo of the individual
  - Name of the organization
  - Unexpired expiration date

*Work badges without expiration dates are not accepted*
  
- Proof of affiliation - If a letter is used, it must meet both of the following:
  - Be on your organization's letterhead
  - Be signed by an authorized official from your organization who can attest to your employment (for example, a member of your human resources department or another manager or official from within your organization)

*Proof-of-affiliation letters may not be signed by the Certifying Official or Data Bank Administrator listed on the account*
  
- All signatures on all documents must be original (Photocopied, stamped, or computer-generated signatures are not accepted)
  
- Mail the documents to one of the following addresses:

Regular Mail: The Data Bank	Overnight Mail: The Data Bank
P.O. Box 10832	4094 Majestic Lane, PMB-332
Chantilly, VA 20153-0832	Fairfax, VA 22033





<http://www.npdb-hipdb.hrsa.gov>

---

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 or the HIPDB other than the purposes for which it was provided. I further certify that I am authorized to submit this registration information to the NPDB-HIPDB 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 to notify the NPDB-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this form may be

---

Signature of Certifying Official

---

Signature Date (MM-DD-YYYY)



## NPDB-HIPDB Certifying Official Registration

**Section 1 - Registrant Instructions:** The Certifying Official (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:** You (the "Registrant") certify that the entity identified on this document 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 or the HIPDB other than the purposes for which it was provided. By signing below, you acknowledge your acceptance of the Summary of Terms in which you 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-HIPDB 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-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this document or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify document may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

Registrant use only

<b>Name (First Name, Middle Initial, Last Name):</b>		<b>Title:</b>	
<b>Email:</b>		<b>Employee ID:</b>	
<b>Employer/Organization:</b>			
<b>Business Address:</b>			
<b>Telephone:</b>		<b>Name of NPDB-HIPDB Data Bank Administrator:</b>	
<b>Applicant's Signature and Date*:</b>			
_____		_____	
(*Sign and date in the presence of the Notary Public)		(Date)	

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

Notary Public seal here

before me the signer and subject of the above form, who signed or attested the same in my presence,

My Commission Expires In: \_\_\_\_\_

Street Address of Branch or Office: \_\_\_\_\_

Name of Organization Employing Notary: \_\_\_\_\_



**NPDB-HIPDB Data Bank Administrator Registration**

**Section 1 - Registrant Instructions:** The 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:** You (the "Registrant") are registering as a Data Bank Administrator for an Entity or Authorized Agent registered or registering with the NPDB-HIPDB. As a Data Bank Administrator, you are responsible for overseeing the use of the NPDB-HIPDB online services at your organization, identity proofing applicants who request a user account, establishing and revoking individual user accounts, and maintaining your organization's registration with the NPDB-HIPDB. By signing below, you acknowledge your acceptance of the Summary of Terms in which you 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-HIPDB and that the information provided is true, correct, and complete. If I become aware that any information in this document is not true, correct, or complete, I agree to notify the NPDB-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this document or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this document may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

Registrant use only

<b>Name (First Name, Middle Initial, Last Name):</b>	<b>Title:</b>
<b>Email:</b>	<b>Employee ID:</b>
<b>Employer/Organization:</b>	
<b>Business Address:</b>	
<b>Telephone:</b>	<b>Name of NPDB-HIPDB Certifying Official:</b>
Applicant's Signature and Date*:  <div style="display: flex; justify-content: space-around;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-around;"> <span>(*Sign and date in the presence of the Notary Public)</span> <span>(Date)</span> </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

<b>Government-issued ID (Photo, Name, Serial Number, Expiration Date, Address, and Date of Birth Required)</b>	
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	Notary Public seal here
before me the signer and subject of the above form, who signed or attested the same in my presence,	
My Commission Expires In: _____	
Street Address of Branch or Office: _____	
Name of Organization Employing Notary: _____	