



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

[Help ?](#)

OMB # 0915-0126 expiration date 05/31/16

Public Burden Statement: 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 project is 0915-0126. Public reporting burden for this collection of information is 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, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

Entity Identification Information

Name of Entity:

[+ Additional Name](#)

Department or Office to Which Mail Should be Addressed:

Street Address:

Address Line 2:

City:

State:

Zip: -

Country:
(if U.S., leave blank)

Department Fax Number:

Taxpayer Identification Number (TIN):

National Crime Information Center Originating Agency Identifier (ORI):
(For law enforcement only)

Ownership of the Entity:

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.

Existing Registration

Is your organization already registered with the Data Bank? Yes No

[Help ?](#)

Has your organization been in operation for at least 1 year? Yes No

As part of the registration process, the Data Bank must verify your organization's name and address. In order to complete this registration, you will be required to provide the following documentation:

- A copy of your organization's license to conduct business in your state, OR
- Your organization's articles of incorporation.

Please note: The document provided must confirm the name and address listed on your registration.

[Continue](#)



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Eligibility/ Statutory Authority

Help ?

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

[Change](#)

What best describes your organization?

Resources

- [Determine Eligibility](#)
- [Descriptions](#)

If your organization meets more than one of the following descriptions, select the most appropriate description, but ensure that you comply with all requirements associated with Data Bank eligibility.

- Hospital**
[More...](#)
- Other Health Care Entity***
(Examples include, HMOs, PPOs, MCOs, Surgical Centers, Nursing Facilities, Community Health Centers, Hospices, Ambulatory Facilities, etc.)
[More...](#)
- State Licensing or Certification Authority Responsible for Licensing or Certifying Health Care Practitioners, Entities, Providers, or Suppliers**
[More...](#)
- State Law or Fraud Enforcement Agency (including but not limited to state law enforcement agencies and state Medicaid Fraud Control Units)**
[More...](#)
- Medical Malpractice Payer**
[More...](#)
- State Agency Administering or Supervising the Administration of a State Health Care Program (if no other option applies)**
[More...](#)
- None Of These**

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

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Eligibility/Statutory Authority

Help ?

- You have indicated that your organization is a **State Government Agency**. [Change](#)
- Your previous answer indicates that your organization is a **State Authority Responsible for Licensing or Certifying Health Care Practitioners, Entities, Providers or Suppliers**. [Change](#)

Which of the following also describes your organization?

Resources
[Determine Eligibility Descriptions](#)

- Board of Medical/Dental Examiners**
(Includes Composite Boards for physicians or dentists and other health care practitioners.)
[More...](#)
- Other State Practitioner Licensing Board**
[More...](#)
- State Authority Responsible for Licensing or Certifying Health Care Entities, Providers or Suppliers**
[More...](#)

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Eligibility/Statutory Authority

Help ?

- You have indicated that your organization is a **State Government Agency**. [Change](#)
- Your previous answer indicates that your organization is a **State Authority Responsible for Licensing or Certifying Health Care Practitioners, Entities, Providers or Suppliers**. [Change](#)
- Your previous answer indicates that your organization is a **Other State Practitioner Licensing Board**. [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 Licensing or Certification Authority Responsible for Licensing or Certifying Health Care Practitioners, Entities, Providers, or Suppliers	Optional	Mandatory
Section 1128E	State Licensing or Certification Authority Responsible for Licensing or Certifying Health Care Practitioners, Entities, Providers, or Suppliers	Optional	No Requirement

Do the Statutory Authority selections accurately describe your organization?

Yes No

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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.

[Help ?](#)

Category:

Primary Function:

[Add additional function](#)

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Query Option

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

[Help ?](#)

Allow users to query

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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:

Title or Department:

Telephone: Ext:

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.

Name of Certifying Official:

Title of Certifying Official:

Telephone: Ext:

E-mail Address:

Confirm E-mail Address:

Employee ID:

[Continue](#)



Next, create an administrator account for your organization. The administrator is the individual that manages your users' accounts, your organization's registration, your payment methods, and your agent relationships. If an entity has only one person who uses the IQRS, the entity may choose to use the administrator account as its regular user account.

After your registration has been approved, you may create additional accounts with administrator privileges if desired.

Is the administrator the same person as the certifying official? Yes No

Administrator Information

The name entered below must match the name on the administrator's Government-issued ID.

[Help ?](#)

Name:

Title:

Telephone: Ext.

E-mail Address:

Confirm E-mail Address:

Employee ID:

Administrator Account Information

Choose a user ID and password for your account.

User ID :

New Password :

Confirm Password :

Password Requirements

Passwords must have:

- Between 8 and 14 characters
- At least one number
- At least one lower case letter
- At least one upper case letter
- At least 1 of these characters:
! @ # \$ ^ & * () - _ = + [] { } | : ; . , < > ?
- At least 5 different characters
- No repeated characters, such as 'aaaa'
- New and Confirm Passwords must match

Passwords must not be:

- Similar to a word in the dictionary
- Similar to your user ID
- A simple sequence, such as 'abcd1234'
- One of your last 24 passwords

Administrator Account Challenge Questions Setup

You must provide responses to all of the challenge questions that you select. Answers must be at least three characters long.

Help ?

1. Question:

Answer:

2. Question:

Answer:

3. Question:

Answer:

4. Question:

Answer:

5. Question:

Answer:

Notification Preferences

The Data Bank will send e-mail notifications for certain events. Select the notifications you wish to receive.

Help ?

- Data Bank Notices (Monthly Summaries and Report Updates)
- Responses Available (Query or Report)
- Data Bank E-newsletters [View the latest issue](#)
- Administrative Events

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Your challenge questions could not be saved at this time. All other registration details have been saved.

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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Now that you have printed your registration documents, please do the following:

1. The certifying official and administrator must sign their registration documents in the presence of a **Notary Public** as described in the printed instructions.
2. The certifying official and administrator must read the Summary of Terms in their respective section of the registration documents. ([Need another copy of your registration documents?](#))
3. In addition to the registration documents, the certifying official must provide **proof-of-affiliation** with the organization being registered.

Proof-of-affiliation may be:

- A. A photocopy of the work badge issued by the certifying official's organization, OR
 - B. The [signed letter](#) from a duly authorized representative in the certifying official's organization attesting to their affiliation with the organization being registered.
4. The administrator must provide must provide **proof-of-affiliation** with the organization being registered.

Proof-of-affiliation may be:

- A. A photocopy of the work badge issued by the administrator's organization, OR
 - B. The [signed letter](#) from a duly authorized representative in the administrator's organization attesting to their affiliation with the organization being registered.
5. You must provide **proof-of-organization** documentation. Proof-of-organization may be:
 - A. A copy of your organization's license to conduct business in your state, OR
 - B. Your organization's articles of incorporation.

Please note: The documents provided will need to confirm the name and address listed on your registration.

6. Mail all required documents to the address specified in the printed instructions.

Note: Faxed or scanned copies will not be accepted.

7. The Data Bank will send you an e-mail once your registration is approved.

Entity Registration Instructions

1. Make note of the DBID and User ID 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: 429700000107580

User ID: jonmann158

2. Sign the Entity Registration document.
3. Make sure you have read the Summary of Terms section of the NPDB Certifying Official and Data Bank Administrator Registration document.
4. **Do not sign the document yourself yet; a Notary Public must witness your signature as described below.**
5. Take the NPDB Certifying Official and Data Bank Administrator 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.

6. Sign and date the registration document in the presence of the Notary Public who will complete his/her section of the document.
7. The following **4 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 Certifying Official and Data Bank Administrator Registration document.
 - C. Proof-of-affiliation with your health care organization for which you are certifying to the NPDB. You must provide **one** of the following:
 - (1) A photocopy of the work badge issued by your organization. The badge must contain a photograph and the name of the organization for which you work.
 - (2) Proof-of-Affiliation document signed by a duly authorized representative for your organization attesting to your affiliation with the health care organization for which you are certifying.
 - D. A photocopy of your organization's license to conduct business in your state OR articles of incorporation.

8. Mail the document(s) to one of the following addresses:

Regular Mail:

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

Overnight Mail:

The Data Bank
4094 Majestic Lane, PMB-332
Fairfax, VA 22033

9. 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

Signatures on all documents must be original (Photocopied, stamped, or computer-generated signatures are not accepted)

All of the 4 documents listed must be sent to the Data Bank before your registration can be processed.

- Entity Registration document
 - Signed and dated by the Certifying Official
 - Current and accurate organization identification information
- Organizational Documentation
 - Copy of your organization's license to conduct business in your state OR articles of incorporation
- NPDB Certifying Official and Data Bank Administrator Registration
 - Must be notarized with a stamp or seal on the document
 - Government-issued ID fields must be completed
- Proof of Organizational Affiliation documents with a copy of a work badge OR a letter signed by a duly authorized representative of your organization

If a work badge is used, it must contain:

- Name of the individual
- Photo of the individual
- Name of the organization

If a letter is used, it must be signed by a duly authorized representative of your organization who can attest to your employment (for example, a member of your human resources department or another manager or official in your organization)

The Certifying Official and Data Bank Administrator may not sign their own Proof-of-affiliation letter for the account

Mail the document(s) to one of the following addresses:

Regular Mail:

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

Overnight Mail:

The Data Bank
4094 Majestic Lane, PMB-332
Fairfax, VA 22033



Entity Registration

A. ENTITY IDENTIFICATION INFORMATION

Name of Entity:	FOOT CARE BOARD
Street Address:	5600 FISHERS LN
City, State, Zip:	ROCKVILLE, MD 20852-1750
Taxpayer Identification Number:	123456789
Ownership of the Entity:	State Government Agency
Primary Function of the Entity:	Health Care Practitioner Licensing Board or Authority

B. ELIGIBILITY/STATUTORY AUTHORITY

NPDB - Title IV	Function/Service: State Practitioner Licensing Board Other than Medical/Dental Examiners	Reporting: No Requirement
	Querying: Optional	
NPDB - Section 1921	Function/Service: State Licensing or Certification Authority Responsible for Licensing or Certifying Health Care Practitioners, Entities, Providers, or Suppliers	Reporting: Mandatory
	Querying: Optional	
NPDB - Section 1128E	Function/Service: State Licensing or Certification Authority Responsible for Licensing or Certifying Health Care Practitioners, Entities, Providers, or Suppliers	Reporting: No Requirement
	Querying: Optional	
Query Preference:	NPDB Only	

C. POINT OF CONTACT FOR REPORTS

Name or Office:	ANITTA MANN
Title or Department:	TITLE
Telephone:	(301) 301-3011

D. CERTIFYING OFFICIAL/ENTITY ADMINISTRATOR

Name:	JON MANN
Title:	TITLE
Telephone:	(301) 301-3011
Email Address:	jonmann@email.gov
Certification Date:	12/09/2014



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

I read and understand my responsibilities under:

- Title IV of Public Law 99-660, the Health Care 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 to notify the NPDB 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 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.

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 health care 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 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 for 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 acknowledge my acceptance of the Summary of Terms in which I 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 supplying information to the NPDB to complete or clarify this document may be punishable by criminal, civil, or administrative actions including fines, penalties, and/or imprisonment under Federal law.

Registrant use only

Name (First Name, Middle Initial, Last Name): JON MANN	Title: TITLE
Email: jonmann@email.gov	Employee ID:
Employer/Organization: FOOT CARE BOARD	
Business Address: 5600 FISHERS LN ROCKVILLE, MD 20852-1750	
Telephone: (301) 301-3011	
Applicant's Signature and Date*: <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> _____ _____ </div> <p style="text-align: center;">(*Sign and date in the presence of the Notary Public) (Date)</p>	
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: _____	