

## PEER REVIEW ORGAN

Public Burden Statement ✕

OMB # 0915-0126 expiration date MM/DD/YY

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 45 minutes 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 14N-39, Rockville, Maryland, 20857.

[Close](#)

## 1. Subject Information

Please fill out

## Personal Information

## Last Name

+ Additional name (f

## Gender

PETITIONER DATA BANK

DB

burden statement

**PEER REVIEW ORGANIZATION: Initial Report**

Public burden statement

## 1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

## Personal Information

## Last Name

Last Name

## First Name

First Name

## Middle Name

Middle Name

## Suffix (Jr, III)

Suffix

+ Additional name (e.g. maiden name)

## Gender

 Male  Female  Unknown

## Birthdate

MM-DD-YYYY

## Is this person deceased?

 No  Yes  Unknown

## Date of Death

MM-DD-YYYY

## Home Address/Address of Record

## Country

United States

Address Entering a military address?

Address

## Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

## City

City

## State

## ZIP

ZIP 

+ Additional address

## Work Information

 The practitioner works for our organization

## Organization Name

Organization Name

## Organization Type

Other Type - Not Classified, Specify

## Organization Description

Organization Description

## Country

United States

Address Entering a military address?

Address

## Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

## City

City

## State

## ZIP

ZIP 

## Profession and Licensure

## License 1

## Profession or Field of Licensure

## Specialty

Select One

## Does the subject have a license for the selected profession or field of licensure?

 Yes  No / Not sure

## License Number

## State

CHOOSE ONE FROM LIST

+ Additional license

## Professional Schools Attended

Enter the schools or institutions the practitioner attended for their professional degree, training or certification (e.g. medical school, certification program). If the practitioner attended medical school, enter the medical school first, then add the school where they completed their residency and other degrees.

**i** What if the practitioner has not graduated?

## Name of School or Institution

School Name

## Completion Year

YYYY

+ Additional school or institution

## Identification Numbers

## SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

SSN or ITIN

+ Additional SSN or ITIN

## NPI (National Provider Identifier)

To help queriers find your report, add the practitioner's NPI number if you know it.

NPI

+ Additional NPI

## DEA (Drug Enforcement Agency) Number

DEA

+ Additional DEA

 Does the subject have an FEIN or UPIN identification number?

## FEIN (Federal Employer Identification Number)

FEIN

+ Additional FEIN

## UPIN (Unique Physician Identification Numbers)

UPIN

+ Additional UPIN

## Health Care Entity Affiliation

 Is the practitioner affiliated with a health care entity?

## Type of Affiliation

Select One

## Entity Name

Entity Name

## Country

United States

Address Entering a military address?

Address

## Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

## City

City

## State

## ZIP

ZIP 

+ Additional affiliate

 Add this subject to my subject database

What is a subject database?

Save and finish later

Continue to next step

## 2. Action Information

## 3. Certifier Information

Return to Options

## Select an Occupation or Field of Licensure



Enter a keyword or phrase to find matching occupations. (Example: "counselor")

Search

### Physician

Physician (MD)

Physician Resident (MD)

Osteopathic Physician (DO)

Osteopathic Physician Resident (DO)

### Nurse - Advanced, Registered, Vocational or Practical

Registered Nurse

Nurse Anesthetist

Nurse Midwife

Nurse Practitioner

Licensed Practical or Vocational Nurse

Don't see what you're looking for?

## PEER REVIEW ORGANIZATION: Initial Report

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

1. Subject Information

 Edit

2. Action Information

## Finding(s)

Select up to 2 findings

 Recommendation to Sanction Other finding - Not classified (Specify)

Description

## Basis for Finding(s)

Other Finding - Not Classified, (Specify)

## Description

Description

+ Additional basis for finding

## Finding Information

## Date of the finding

MM-DD-YYYY

## Description of the finding

Do not include any personally identifying information, such as names, for anyone other than this practitioner.

Your narrative description helps querying organizations understand more about the finding and the reason for it.

4000 characters remaining

## Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all quierers.

## Entity Report Reference

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

## Customer Use

Save and finish later

Continue to next step

3. Certifier Information

Return to Options

## Select a Basis for Finding



Enter a keyword or phrase to find a basis. (Example: "failure")

Search

### Fraud, Deception, or Misrepresentation

Improper or Abusive Billing Practices

Submitting False Claims

### Unsafe Practice or Substandard Care

Failure to Provide Medically Reasonable and/or Necessary Items or Services

Furnishing Unnecessary or Substandard Items or Services

### Other

Other - Not Classified, Specify

Don't see what you're looking for?

## PEER REVIEW ORGANIZATION: Initial Report

Public burden statement

1. Subject Information

 Edit

2. Action Information

 Edit

3. Certifier Information

**Review your entries to be sure they are correct before you Submit to the NPDB.**

## Subject Information

Name:	<b>Test Practioner</b>
Gender:	<b>Male</b>
DOB:	<b>01-01-1960</b>
Practitioner Deceased:	<b>No</b>
Home Address:	<b>555 Cabin Rd Chantilly, VA 20111</b>
Work Address:	<i>None/NA</i>
Profession/Field of Licensure:	<b>Physician (MD)</b>
Specialty:	<b>General Surgery</b>
License Info:	<b>111111 (VA)</b>
SSN/ITIN:	<b>555555555</b>
NPI:	<i>None/NA</i>
DEA:	<i>None/NA</i>
FEIN:	<i>None/NA</i>
UPIN:	<i>None/NA</i>
Health Care Entity Affiliation:	<i>None/NA</i>

## Action Information

Finding(s):	<b>Recommendation to sanction</b>
Basis of Finding(s):	<b>Failure to perform contractual obligations</b>
Date of Finding:	<b>05-20-2017</b>
Description:	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, orci, sed rhoncus sapien nunc eget.

## Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

## Your Name

TEST USER

## Title

ADMIN

## Phone

0005551111

## Extension (optional)

Ext.

**WARNING:**

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

Save and finish later

Submit to the NPDB

Return to Options

## Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Peer Review Organization (1)	Below "Is this person deceased?"	Text Entry	The field is displayed if the user selects the "Yes" radio button for "Is this person deceased?"	
Organization Description	Peer Review Organization (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Name of Occupation	Peer Review Organization (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that does not require information for a specialty.	"Specialty" is displayed in place of "Name of Occupation" if the selected profession or field of licensure requires specialty information.
Specialty	Peer Review Organization (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that requires information for specialty.	"Name of Occupation" is displayed in place of "Specialty" if the selected profession or field of licensure does not require information for a specialty.
FEIN (Federal Employer Identification Number)	Peer Review Organization (1)	Below checkbox "Does the subject have an FEIN, or UPIN identification number?"	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.

UPIN (Unique Physician Identification Numbers)	Peer Review Organization (1)	Below FEIN text entry	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
Type of Affiliation	Peer Review Organization (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Entity Name	Peer Review Organization (1)	Below Type of Affiliation	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Country	Peer Review Organization (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries. United States is the default selection.
Address	Peer Review Organization (1)	Below Country	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.

Address Line 2	Peer Review Organization (1)	Below Address	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
City	Peer Review Organization (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
State	Peer Review Organization (1)	Below City	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
ZIP	Peer Review Organization (1)	Below State	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State, and ZIP entries.
Description	Peer Review Organization (2)	Below an a finding requiring a description	Text Entry	The field is displayed if the user selects a finding that requires a description.	
Description	Peer Review Organization (2)	Below Basis of Finding(s)	Text Entry	The field is displayed if the user selects a basis of finding that requires a description.	

## State Changes

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Peer Review Organization	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Select a Profession or Field of Licensure	Peer Review Organization	Modal	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.
Name of Occupation	Peer Review Organization	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Peer Review Organization	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for the selected profession or field of licensure?"
Select a Basis for Finding	Peer Review Organization	Modal	When the user sets focus on the Basis for Finding(s) text entry, the modal to select an act 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 finding or select an finding from the list without searching. The modal is hidden once the user selects a finding from the list. The user's selection populates the Basis for Finding(s) text entry.