

Respond to a Report

Verify Your Identity > Account

To ensure the security of your

Social Security Number (SSN)

SSN or ITIN

Birthdate

MM-DD-YYYY

Security guidelines for your account

Contact us

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

Exit

Continue to Next Step

PRACTITIONER DATA BANK
PDB

Public burden statement

Respond to a Report



[Verify Your Identity](#) > [Account Profile](#) > [Review Report](#)

To ensure the security of your information you must verify your identity.

[Public burden statement](#)

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

Birthdate

[Security guidelines for your report](#)

[Exit](#)

[Continue to Next Step](#)

Respond to a Report

[Verify Your Identity](#) > [Account Profile](#) > [Review Report](#)

Account Profile

Public burden statement

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

Email Address

The NPDB will notify you of any new activities regarding your report(s)

+ Additional email address

The password issued by the NPDB was only for a single use. For security you must create a new password now.

Create a new password

Type your password again

Mobile Phone (Optional)

We will send you a code to sign in if you forget your 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

Mailing Address

If you change your mailing address the NPDB 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

Organization Name

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) is subject to a fine and imprisonment under federal statute.

[Security guidelines for your report](#)

Respond to a Report

Report Summary

5555000001111111

Federal governing statute(s): Title IV

Reported Action(s): - Reduction of clinical privileges
 - Limitation or restriction on certain procedure(s) or practice area(s)

[View Report](#)[Add a Statement/Dispute](#)[Request Resolution](#)[Messages](#)[History](#)[Account Profile](#)

Add a Statement

Public burden 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 information to support your position.
- Statements are reviewed by the NPDB and may not include identifying patient or other individual confidential information such as names, addresses, or phone numbers.

Is your contact information correct?

[Update your profile](#) with any corrections needed before you add a statement or dispute.

Mailing Address: 111 Test Street
 Test City, ST 11111

Email Address(es): test@email.com

Your Statement

Do not include any personally identifying information, (PII), such as names or phone numbers. The NPDB will remove any PII found in your statement and send you a revised version with the deletions noted.

You may add or change your statement at any time.

4000 characters remaining

After your statement is submitted and reviewed by the NPDB:

- The statement is added to section C of the report. It becomes part of the report and remains with the report until you edit or remove it.
- The updated report with your statement is sent to all organizations who received a copy of your report from the NPDB in the last 3 years, including the organization that submitted the report to the NPDB.

Adding a Dispute

Information in NPDB reports can only be changed by the entity 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 in the NPDB until the reporting entity or the Secretary changes it.

You may dispute a report if:

- 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 other reasons such as your belief that the action, finding, or judgment was inappropriate. These can be added to your statement. Review the [NPDB Guidebook](#) for details

Current Dispute Status

Dispute status is noted in Section D 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)

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[Exit](#)[Submit to the NPDB](#)

State Changes

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Subject Statement and Dispute	Modal	When the user selects the Public Burden Statement link the modal is displayed.