

NPDB

NATIONAL PRACTITIONER DATA BANK

New Administrator Request

Instructions: This form must be signed by a manager or HR representative in your organization (the Duly Authorized Representative). Once completed, scan the form, attach it to an email, and send it to help@npdb.hrsa.gov, or fax the request to 1-703-803-1964.

Organization Information

Legal Organization Name: _____

Other Names Used (DBA): _____

Address: _____

Tax Identification Number (TIN): _____

Data Bank Identification Number (DBID) (if available): _____

Former Administrator Name: _____

New Administrator's Information

Full Legal Name (First, MI, Last): _____

Title: _____ Phone: _____ Ext: _____

Email: _____

Current Work Address: _____

Duly Authorized Organization Representative (HR Representative or Management Personnel)

Full Legal Name (First, MI, Last): _____

Title: _____ Phone: _____ Ext: _____

Email: _____

Current Work Address: _____

Certification

As a Duly Authorized Representative, I attest that _____ is authorized to access the NPDB system as an account administrator for _____.

Signature of Duly Authorized Representative: _____ Date: _____

OMB Number: 0906-0081 Expiration Date: 1/31/2027

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: [Title IV of Public Law 99-660, Health Care Quality Improvement Act \(HCQIA\) of 1986](#), [Section 1921 of the Social Security Act](#), [Section 1128E of the Social Security Act](#), and [Section 6403 of the Patient Protection and Affordable Care Act of 2010](#). The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). 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 information collection is 0906-0081 and it is valid until 1/31/2027. This information collection is voluntary. 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average 5 minutes per response, 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.