

**State Licensing Boards –  
Permission Form Required to Copy Section 1921 Reports**

Please call the Data Banks Customer Service Center at 800-767-6732 if you have any questions.

Please complete this form and Fax or Email as follows:

Fax:           703-802-4109  
Email:         help@npdb-hipdb.hrsa.gov

- Option 1:** I give the Data Banks permission to copy all previously submitted adverse licensure actions that meet the reporting requirements of Section 1921 into the NPDB under Section 1921.
- Option 2:** I will submit all adverse licensure actions taken starting from January 1, 1992 that meet Section 1921 reporting requirements.

Entity Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Data Bank Identification Number (DBID) \_\_\_\_\_

**Signature of Authorizing Official** \_\_\_\_\_

Name of Authorizing Official \_\_\_\_\_

Title of Authorizing Official \_\_\_\_\_

Date \_\_\_\_\_