



Clearinghouse/NPDB Data Submission Requirements for Individuals

Required Field Names	NABP Clearinghouse	NPDB Reporting
NPDB Identification Number		X
Certification Name		X
Certification Title		X
Certification Telephone Number		X
Transaction Type Code	X	X
First Name	X	X
Last Name	X	X
Gender	X	
Date of Birth	X	X
Social Security Number		X
Home Address	X	X
Home City	X	X
Home State	X	X
Home Zip Code	X	X
Pharmacy School	X	X
Year of Eligibility (or Graduation)	X	X
Field of Licensure/Occupation	X	X
Description of Other Field of Licensure (when applicable)	X	X
State/Jurisdiction of License	X	X
License Number	X	X
Name of Program or Board Taking Action	X	X
Amount of Fine (when applicable)	X	X
Date of Action	X	X
Effective Date of Action	X	X
Action Length Types	X	X
Length Years (when applicable)	X	X
Length Months (when applicable)	X	X
Length Days (when applicable)	X	X
Is Reinstatement Automatic?		X
Basis for Action	X	X
Description of Other Basis for Action (when applicable)		X
Is Action on Appeal?		X
Date of Appeal (when applicable)		X
Description of Act	X	X
e-Profile ID	X	

NOTE: A previous DCN (Document Control Number) is required by NPDB to update a previously reported disciplinary action on a practitioner.

For more information or questions, e-mail clearinghouse@nabp.pharmacy.

Revised 8/2016