

Clearinghouse/HIPDB Data Submission Requirements for Individuals

Required Field Names	NABP Clearinghouse	HIPDB Reporting
HIPDB Identification Number		x
Certification Name		x
Certification Title		x
Certification Telephone Number		x
Certification Date	x	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
Work Address 1		x***
Work City		x***
Work Zip Code		x***
Pharmacy School	x	x
<i>Year of Eligibility</i> (or Graduation)	x	x
Field of Licensure/Occupation	x *	x
Description of "Other" Field of Licensure	x	x
State/Jurisdiction of License	x	x
License Number	x	x
Name of Program or Board Taking Action	x	x
Action Classification Code	x	x
Description of "Other" Action Classification Code	x	x
Amount of Fine	x *	
Date of Action	x	x
Effective Date of Action	x	x
Action Length Types	x	x
Length Years	x	x
Length Months	x	x
Length Days	x	x
Is Reinstatement Automatic?		x
Is Action Competence or Conduct Related?		x
Basis for Action	x	x
Description of "Other" Basis for Action		x
Is Action on Appeal?		x
Date of Appeal		x
Description of Act	x	x
**ID		x
**Nabp_ID	x *	
**Adverse Action Report Type	x	x
**Subject Type	x	x

*Required by NABP to search and ensure accurate information is provided on requests from Boards.
(Also required for technicians, interns, and pharmacy assistants.)

**Not a data-enterable field.

***Mandatory, if known.

NOTE: Previous DCN (Document Control Number) is required by HIPDB to update a previously reported disciplinary action on a practitioner. **For more information or questions:** E-mail us at clearinghouse@nabp.net.