REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

TITLE IV CLINICAL PRIVILEGES: Initial Report

Hide Public Burden Statement
OMB # 0915-0126 expiration date 05/31/16

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 the forms, 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 10-29, Rockville, Maryland, 20857.

1. Subject Information | 2. Action Information | 3. Certification

PRACTITIONER INFORMATION

Help ?

Please provide as much information as possible to make your report easier for other registered organizations to find. Your report may help inform decisions about practitioners under consideration for actions such as employment, licensing or privileging.

We have pre-populated the practitioner information from the most recent report. Please review all pre-populated information for accuracy.

Personal Information

Practitioner Name

Last Name	First Name	Middle Name	Suffix (Jr, III)
MANN	ANITTA		

Add another name used

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Gender

○ Male ◉ Female ○ Unknown

Birth Date

01 / 01 / 1982

Is Subject Deceased?

◉ No ○ Unknown ○ Yes

Home Address/Address of Record

Street Address:	5600 FISHERS LN
Address Line 2:	
City:	ROCKVILLE
State:	MD Maryland
ZIP Code:	20852 - 1750 ✓
Country: (if U.S., leave blank)	

Work Information

☐ Check here if the practitioner's work information is the same as your organization.

Organization

Name:	LICENSING BOARD

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Click Help ? for information on filling out non-U.S. and military addresses.

Address

Street Address: 123 CEDAR LANE
Address Line 2:
City: ROCKVILLE
State: MD Maryland
ZIP Code: 20857 - 0001
Country: (if U.S., leave blank)

Social Security Numbers (SSN)

*****1111 Edit
Add another SSN

Drug Enforcement Administration (DEA) Numbers

AM111111111
Add another DEA Number

Occupation And State Licensure Information

Add information for at least one state license.

License 1

Occupation/Field of Licensure: Podiatrist
Other Name for Occupation (Optional):
State: MD Maryland
License Number: SL56
Unlicensed / No license number for this occupation

Add occupation/field of licensure

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Select an Occupation or Field of Licensure
Enter a keyword or phrase to find matching occupations. (Example: "counselor")

Search

Recently Used
- Podiatrist

Physician
- Physician (MD)
- Physician Resident (MD)
- Osteopathic Physician (DO)
- Osteopathic Physician Resident (DO)

Nurse - Advanced, Registered, Vocational or Practical
- Registered Nurse
- Nurse Anesthetist
- Nurse Midwife
- Nurse Practitioner
- Licensed Practical or Vocational Nurse
- Clinical Nurse Specialist
- Other Nurse Occupation - Not Classified, Specify

Don't see what you're looking for?

Name of Affiliated/Associated Health Care Entity:

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Professional Schools Attended

The form will suggest schools as you type. Please choose the matching school or enter the complete school name.

School Name:	Year of Graduation (YYYY)
UNIVERSITY OF THE FOOT	2006

Add another Professional School

Health Care Entities With Which the Subject is Affiliated or Associated

Inclusion of an affiliated/associated health care entity in this report does not imply complicity in the reported action. Click Help for information on filling out non-U.S. and military addresses.

Name of Affiliated/Associated Health Care Entity:

Address

Street Address:

Address Line 2:

City:

State: CHOOSE ONE FROM LIST

ZIP Code: -

Country: (if U.S., leave blank)

How is the subject of this report related to the affiliated entity?

The subject is a CHOOSE ONE FROM LIST

Add another Affiliate

☐ Check this box if you wish to add/update this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries. You will be notified of potential duplicate entries prior to completing this subject entry.

Help

Continue to Action Information → Store as a Draft →

Return to Options

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Show Public Burden Statement

1. Subject Information | 2. Action Information | 3. Certification

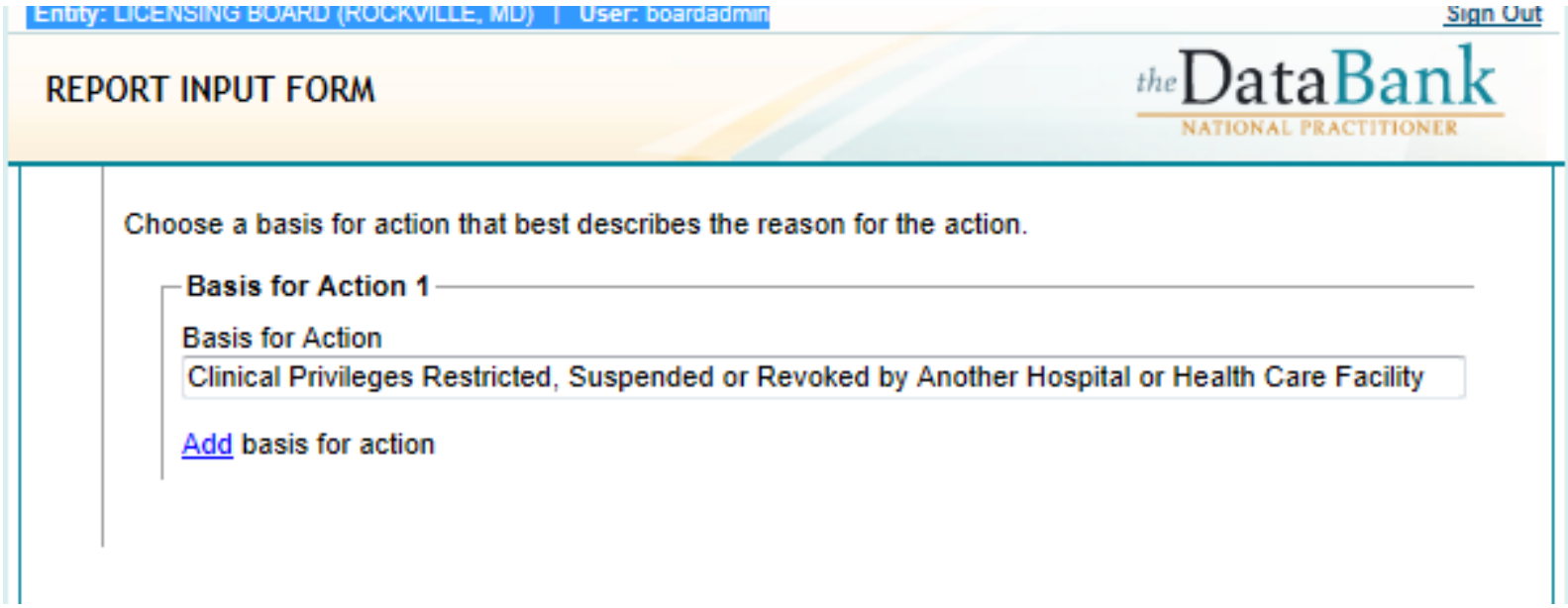
ADVERSE ACTION INFORMATION

Help ?

Adverse Action Classification Codes

Select up to five adverse action classification codes from one of the action categories and click **Continue**.
Note: Any existing selections can be changed.

- [x] Revocation of Clinical Privileges (1610)
- [ ] Termination of Panel Membership or Employment (Professional Review Action) (1615)
- [x] Suspension of Clinical Privileges (1630)
- [ ] Summary or Emergency Suspension of Clinical Privileges (1632)
- [ ] Voluntary Limitation, Restriction, or Reduction of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct (1634)
- [ ] Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Competence or Conduct (1635)
- [ ] Involuntary Resignation (1637)
- [ ] Voluntary Leave of Absence, While Under, or to Avoid, Investigation (1638)
- [ ] Summary or Emergency Limitation, Restriction, or Reduction of Clinical Privileges (1639)
- [ ] Reduction of Clinical Privileges (1640)
- [ ] Limitation or Restriction on Certain Procedure(s) or Practice Area(s) (1642)
- [ ] Limitation or Restriction: Mandatory Concurring Consultation Prior to Procedures (1643)
- [ ] Limitation or Restriction: Mandatory Proctoring or Monitoring During Procedures (1644)
- [ ] Denial of Clinical Privileges (1650)
- [ ] Withdrawal of Renewal Application While Under Investigation (1655)
- [ ] Practitioner Allowed Privileges to Expire While Under Investigation (1656)
- [ ] Other Restriction/Limitation of Clinical Privileges, Specify (1645)


Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin
Sign Out
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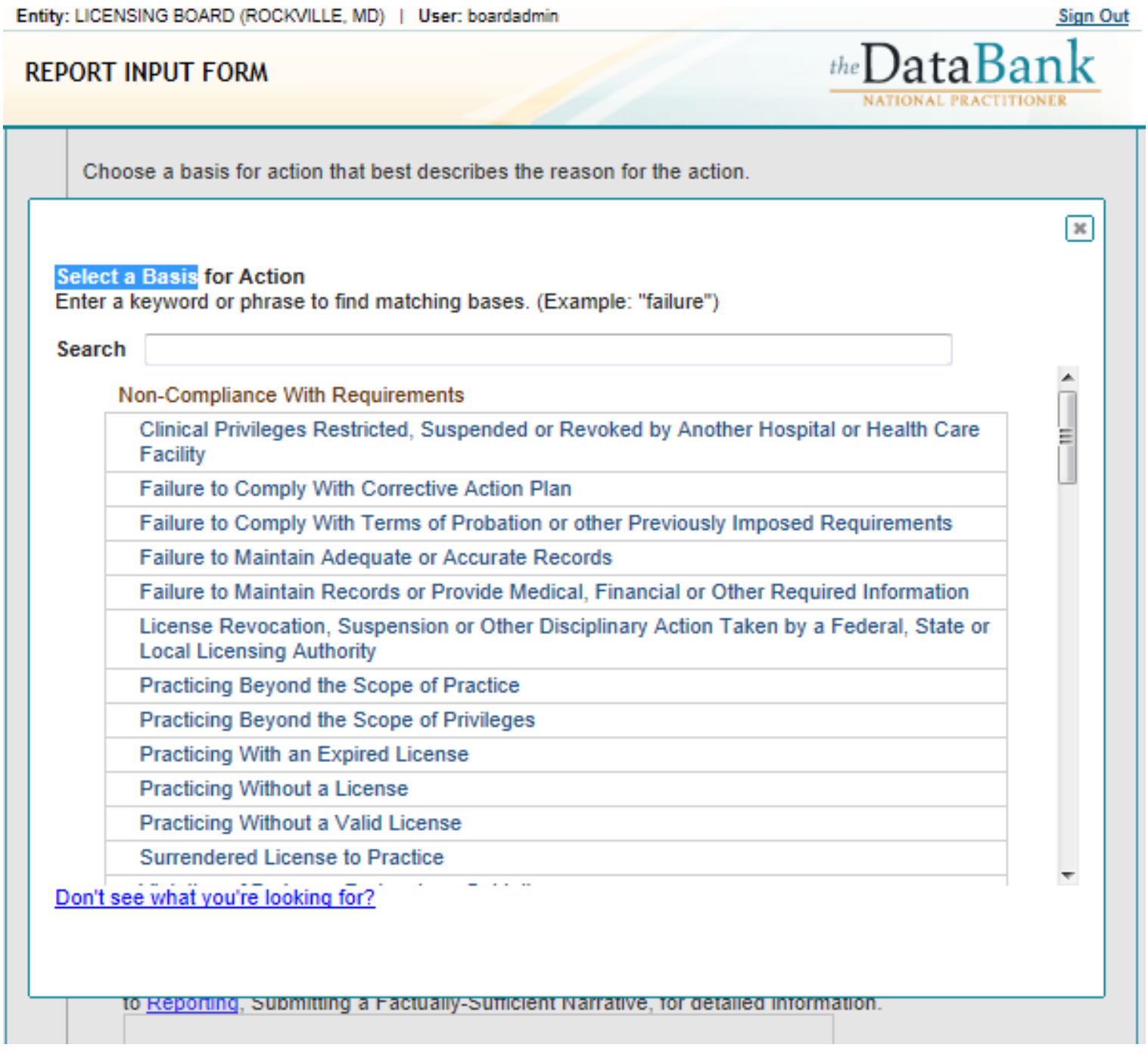
Choose a basis for action that best describes the reason for the action.
Basis for Action 1
Basis for Action
Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
Add basis for action


Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin
Sign Out
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Choose a basis for action that best describes the reason for the action.
Select a Basis for Action
Enter a keyword or phrase to find matching bases. (Example: "failure")
Search
Non-Compliance With Requirements
Clinical Privileges Restricted, Suspended or Revoked by Another Hospital or Health Care Facility
Failure to Comply With Corrective Action Plan
Failure to Comply With Terms of Probation or other Previously Imposed Requirements
Failure to Maintain Adequate or Accurate Records
Failure to Maintain Records or Provide Medical, Financial or Other Required Information
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Practicing Beyond the Scope of Practice
Practicing Beyond the Scope of Privileges
Practicing With an Expired License
Practicing Without a License
Practicing Without a Valid License
Surrendered License to Practice
Don't see what you're looking for?
to Reporting, Submitting a Factually-Sufficient Narrative, for detailed information.

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Adverse Action Information

Date action was taken:

11 / 26 / 2014

Date action became effective:

11 / 26 / 2014

Length of Action:

- (•) Permanent
- ( ) Indefinite/Unspecified
- ( ) Specific Period

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity
Note: Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report. The description must include sufficient specificity to enable a knowledgeable reviewer to determine clearly the circumstances of the action(s) or surrender. Refer to Reporting, Submitting a Factually-Sufficient Narrative, for detailed information.

Provided poor foot care.

There are 3976 characters remaining for the description.

Spell Check

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Entity Internal Report Reference

This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers.

Entity Internal Report Reference:
(e.g., claim number)

Customer Use

This optional field may be used by the submitter to identify this transaction. This information is returned without modification and only appears on the response returned to your organization.

Customer Use:

Continue to Certification → Store as a Draft →

Return to Options

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Show Public Burden Statement

1. Subject Information | 2. Action Information | 3. Certification

Send to State Board

Federal law (42 USC §11134(c)(2)) requires that you send a copy of your report to the appropriate state licensing board in the state in which the reporting entity is located. For purposes of this requirement, the state in which the practitioner was practicing is considered to be the location of the reporting entity.

According to Data Bank records, licenses or certifications for **Podiatrist** in the state of **MARYLAND** are administered by:

BOARD OF PODIATRIC MEDICAL EXAMINERS (BALTIMORE, MD)

To fulfill my organization's legal requirement to report this action to the state board:

- (•) I agree to allow the Data Bank to send an electronic report notice to **BOARD OF PODIATRIC MEDICAL EXAMINERS**. I attest that this is the correct state board to notify based on where the clinical privileges action arose.
- ( ) I attest that I will provide a copy of this report to the appropriate state board.

Note:

- If you choose to send an electronic report notice to the state board, you should receive an email as well as a Data Bank correspondence within 7 days verifying that the state board has or has not viewed the electronic notice.
- If the appropriate state board is not listed here you must mail a printed copy of the official report (the Report Verification Document) to the appropriate state licensing board(s) to fulfill this requirement. If the practitioner was not licensed in the state in which the practitioner was practicing (which may be the case with federally-employed practitioners) or if the practitioner was practicing at overseas military locations, you must send a copy of the report to the licensing board in at least one state in which the practitioner is licensed.

Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Authorized Submitter's Name:	JANET DOE
Authorized Submitter's Title:	BOARD OFFICIAL
Authorized Submitter's Phone:	5555555555 Ext.
Date:	11/26/2014

Submit to Data Bank → Store as a Draft →

Return to Options

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P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

MANN, ANITTA

LICENSING BOARD

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 11/26/2014

Initial Action	Basis for Initial Action
- REVOCATION OF CLINICAL PRIVILEGES - SUSPENSION OF CLINICAL PRIVILEGES	- CLINICAL PRIVILEGES RESTRICTED, SUSPENDED OR REVOKED BY ANOTHER HOSPITAL OR HEALTH CARE FACILITY

A. REPORTING ENTITY

Entity Name:	LICENSING BOARD
Address:	123 CEDAR LANE
City, State, Zip:	ROCKVILLE, MD 20857-0001
Country:	
Name or Office:	JANET DOE
Title or Department:	BOARD OFFICIAL
Telephone:	(555) 555-5555
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	MANN, ANITTA
Other Name(s) Used:	
Gender:	FEMALE
Date of Birth:	01/01/1982
Organization Name:	LICENSING BOARD
Work Address:	123 CEDAR LANE
City, State, ZIP:	ROCKVILLE, MD 20857-0001
Home Address:	5600 FISHERS LN
City, State, ZIP:	ROCKVILLE, MD 20852-1750
Deceased:	NO
Social Security Numbers (SSN):	***-**-1111
Professional School(s) & Year(s) of Graduation:	UNIVERSITY OF THE FOOT (2006)
Occupation/Field of Licensure (Code):	PODIATRIST
State License Number, State of Licensure:	SL56, MD
Drug Enforcement Administration (DEA) Numbers:	AM111111111
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

C. INFORMATION REPORTED

Type of Adverse Action:	TITLE IV CLINICAL PRIVILEGES
Basis for Action:	CLINICAL PRIVILEGES RESTRICTED, SUSPENDED OR REVOKED BY ANOTHER HOSPITAL OR HEALTH CARE FACILITY (A8)
Adverse Action Classification Code(s):	REVOCATION OF CLINICAL PRIVILEGES (1610) SUSPENSION OF CLINICAL PRIVILEGES (1630)
Date Action Was Taken:	11/26/2014
Date Action Became Effective:	11/26/2014
Length of Action:	PERMANENT

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Chantilly, VA 20153-0832

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MANN, ANITTA
For authorized use by:
LICENSING BOARD

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: PROVIDED POOR FOOT CARE.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/26/2014
Date of Most Recent Change: 11/26/2014

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT