

## CORRECTIVE ACTION PLANS



The following professions require a Corrective Action Plan (CAP) to assist your organization to meet its reporting requirements.

Filter by Profession:

Show : [Unresolved](#) | [Pending](#) | [Resolved](#) | [All](#)

<a href="#">Date Notified</a>	<a href="#">Profession</a>	<a href="#">Time Frame</a>	<a href="#">Due Date</a>	<a href="#">Status</a>
04/15/2013	<a href="#">Pharmacist</a>	2010-2011	04/23/2013	Unresolved
04/15/2013	<a href="#">Pharmacy Technician</a>	2010-2011	04/23/2013	Unresolved
04/15/2013	<a href="#">Pharmacy Technician Trainee</a>	2010-2011	04/23/2013	Resolved

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## CORRECTIVE ACTION PLAN



A Corrective Action Plan (CAP) allows the Data Bank to monitor, manage and collaboratively work with organizations on reporting compliance with the Data Bank. By submitting the CAP form, organizations agree to work with DPDB to achieve reporting compliance by providing the number of actions pending submission, providing a time line for submitting reports, and committing to report all future actions in a timely manner. For better understanding of how to use a CAP, please select the following link for the [CAP Tutorial](#).

The actions covered by each CAP have been reviewed as part of the [Adverse Licensure Action Comparison Project](#).

### Licensed Practical Nurse

#### Related Correspondence:

\*\*\* Message Received: 02/03/2014 \*\*\*

Dear Data Bank User,

The Data Bank is requesting that your entity complete a

Your organization has [2 pending](#) missing action(s) for this profession in the time frame January 1, 2010 to December 31, 2011 and is required to submit a CAP for the following time frame.

Number of Reports:

 Per 

Expected Start Date:

Expected Completion Date:

Additional Notes for the Compliance Officer:

### Certification

Our organization certifies that the statements for this Corrective Action Plan are true and correct to the best of our knowledge. I further certify that I am authorized to submit these statements on behalf of our organization.

Name of Board Representative:

Title of Board Representative:

Phone Number of Board Representative:

Email Address of Board Representative:

Date:

[Certify](#)[Save and Certify Later](#)[Contact Us](#)[Return to Previous Page](#)[Return to Compliance](#)

**CAP CONFIRMATION**

The Corrective Action Plan listed below was **approved** by the Data Bank on 04/22/2013.

[Print](#)

A Corrective Action Plan (CAP) allows the Data Bank to monitor, manage and collaboratively work with organizations on reporting compliance with the Data Bank. By submitting the CAP form, organizations agree to work with DPDB to achieve reporting compliance by providing the number of actions pending submission, providing a time line for submitting reports, and committing to report all future actions in a timely manner.

**Corrective Action Plan**

Pharmacist

Your organization currently has 0 missing action(s) for this profession.

Reporting Time Frame: January 1, 2010 to December 31, 2011

Number Of Reports: **45 action(s) per Month**

Expected Start Date: 04/29/2013

Expected Completion Date: 06/30/2013

**Certification**

Our organization certifies that the statements on the professions specified are true and correct to the best of our knowledge. I further certify that I am authorized to submit these statements on behalf of our organization.

Name of Licensing Board/Agency: STATE BOARD

Name of Board Representative: JANE DOE

Title of Board Representative: MANAGER

Phone Number of Board Representative: 7031234567

Email Address of Board Representative: jane@abc.net

Date: 04/19/2013