STATE LICENSURE: Report Correction

To submit a **correction** to previously submitted report DCN 7930000076906084, complete all necessary modifications in the form below, and press **Submit to Data Bank**. The report entered here will replace the original report, so please ensure that all known data is entered in its entirety. Failure to provide sufficient information to permit identification of a single subject may result in the report being rejected, necessitating resubmission.

Do not print this page. A printable copy of your report submission will be provided after submission.

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 15 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

Gender

○ Male ◉ Female ○ Unknown

Birth Date

01 / 01 / 1982

Is Subject Deceased?

◉ No ○ Unknown ○ Yes

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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:	GENERAL HOSPITAL
Type:	301 General/Acute Care Hospital

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

Individual Taxpayer Identification Numbers (ITIN)

Add another ITIN

Federal Employer Identification Numbers (FEIN)

Add another FEIN

National Provider Identifiers (NPI)

Add another NPI

Drug Enforcement Administration (DEA) Numbers

AM111111111

Add another DEA Number

Unique Physician Identification Numbers (UPIN)

Add another UPIN

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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

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)

Add another Professional School

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Add another UPIN

Occupation And State Licensure Information

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

Nurse Aide, Home Health Aide And Other Aide

Don't see what you're looking for?

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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)
KENT STATE UNIVERSITY COLLEGE OF PODIATRIC MEDICI	2000

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: Test

Address

Street Address:	4350 Fair Lakes Ct Ste 100
Address Line 2:	
City:	Fairfax
State:	VA Virginia
ZIP Code:	22033 -4233
Country: (if U.S., leave blank)	

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

The subject is a Employee

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 →

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

STATE LICENSURE: Initial Report

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 License (1110)
- [ ] Probation of License (1125)
- [ ] Suspension of License (1135)
- [ ] Summary or Emergency Limitation or Restriction on License (1138)
- [ ] Summary or Emergency Suspension of License (1139)
- [ ] Reprimand or Censure (1140)
- [ ] Voluntary Surrender of License (1145)
- [ ] Voluntary Limitation or Restriction on License (1146)
- [ ] Limitation or Restriction on License (1147)
- [ ] Denial of License Renewal (1148)
- [ ] Denial of Initial License (1149)
- [ ] Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation (1150)
- [ ] Cease and Desist (1151)
- [ ] Publicly Available Fine/Monetary Penalty (1173)
- [x] Prescriptive Authority Action, Specify (1179)
  test
- [x] Publicly Available Negative Action or Finding, Specify (1189)
  test
- [x] Other Licensure Action - Not Classified, Specify (1199)
  test

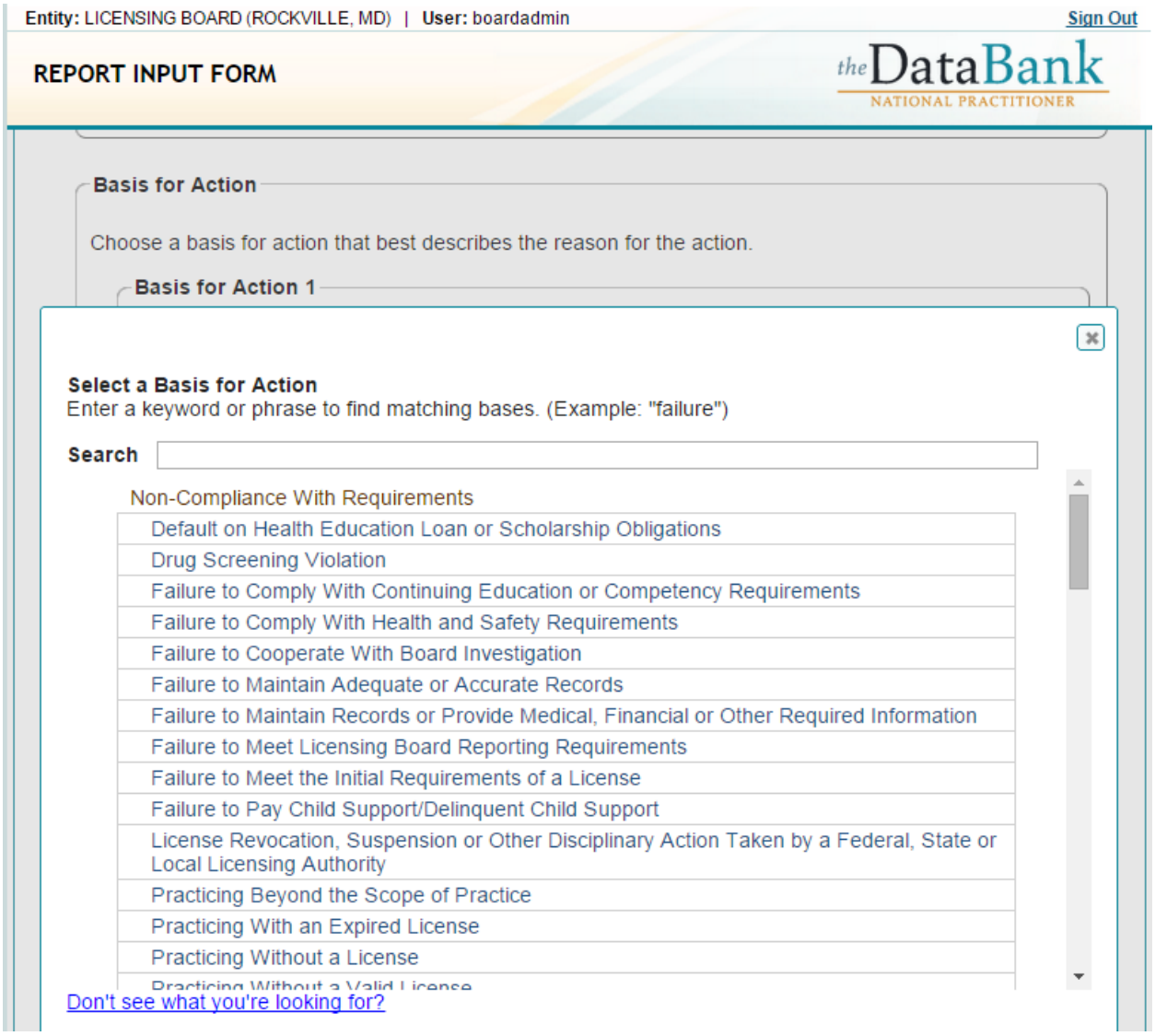
Basis for Action

Choose a basis for action that best describes the reason for the action.

Basis for Action 1

Basis for Action
Default on Health Education Loan or Scholarship Obligations

Add basis for action


Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin
Sign Out
REPORT INPUT FORM
the DataBank
NATIONAL PRACTITIONER
Basis for Action
Choose a basis for action that best describes the reason for the action.
Basis for Action 1
Select a Basis for Action
Enter a keyword or phrase to find matching bases. (Example: "failure")
Search
Non-Compliance With Requirements
Default on Health Education Loan or Scholarship Obligations
Drug Screening Violation
Failure to Comply With Continuing Education or Competency Requirements
Failure to Comply With Health and Safety Requirements
Failure to Cooperate With Board Investigation
Failure to Maintain Adequate or Accurate Records
Failure to Maintain Records or Provide Medical, Financial or Other Required Information
Failure to Meet Licensing Board Reporting Requirements
Failure to Meet the Initial Requirements of a License
Failure to Pay Child Support/Delinquent Child Support
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Practicing Beyond the Scope of Practice
Practicing With an Expired License
Practicing Without a License
Practicing Without a Valid License
Don't see what you're looking for?

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Adverse Action Information

Name of Agency or Program that Took the Adverse Action Specified in This Report: Integrity Program

Date action was taken (When was the order issued, filed, or signed by the board?)

11 / 11 / 2014

Date action became effective (When did the action start?)

11 / 11 / 2014

Length of Action:

- ○ Permanent
- ○ Indefinite/Unspecified
- ◉ Specific Period

Years: 2
Months: 6
Days:

Is Reinstatement Automatic at Completion of Adverse Action Period?

- ○ Yes
- ◉ Yes, with conditions (requires a Revision to Action Report when status changes)
- ○ No

Total Amount of Monetary Penalty, Assessment and/or Restitution or fine: $2,000.00
(Format NNNNN.NN)
Note: If no amount, leave this field blank.

Is the Action on Appeal?

- ◉ Yes
- ○ No
- ○ Unknown

Date of Appeal: 02 / 12 / 2015

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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.

Test

There are **3996** characters remaining for the description.

Spell Check

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 →

Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

STATE LICENSURE: Initial Report

Show Public Burden Statement

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

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:	SUBMITTER
Authorized Submitter's Phone:	3013013011 Ext.
Date:	12/11/2014

Submit to Data Bank → Store as a Draft →

STATE LICENSURE: Correction of Revision to Action

To submit a **correction** to previously submitted report DCN 7930000076906086, complete all necessary modifications in the form below, and press **Submit to Data Bank**. The report entered here will replace the original report, so please ensure that all known data is entered in its entirety. Failure to provide sufficient information to permit identification of a single subject may result in the report being rejected, necessitating resubmission.

Do not print this page. A printable copy of your report submission will be provided after submission.

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 15 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

Gender

○ Male ◉ Female ○ Unknown

Birth Date

01 / 01 / 1982

Is Subject Deceased?

◉ No ○ Unknown ○ Yes

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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:	GENERAL HOSPITAL
Type:	301 General/Acute Care Hospital

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

Individual Taxpayer Identification Numbers (ITIN)

Add another ITIN

Federal Employer Identification Numbers (FEIN)

Add another FEIN

National Provider Identifiers (NPI)

Add another NPI

Drug Enforcement Administration (DEA) Numbers

AM111111111

Add another DEA Number

Unique Physician Identification Numbers (UPIN)

Add another UPIN

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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

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)

Add another Professional School

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Add another UPIN

Occupation And State Licensure Information

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

Nurse Aide, Home Health Aide And Other Aide

Don't see what you're looking for?

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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)
KENT STATE UNIVERSITY COLLEGE OF PODIATRIC MEDICI	2000

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: Test

Address

Street Address:	4350 Fair Lakes Ct Ste 100
Address Line 2:	
City:	Fairfax
State:	VA Virginia
ZIP Code:	22033 -4233
Country: (if U.S., leave blank)	

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

The subject is a Employee

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 →

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

STATE LICENSURE: Initial Report

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 License (1110)
- [ ] Probation of License (1125)
- [ ] Suspension of License (1135)
- [ ] Summary or Emergency Limitation or Restriction on License (1138)
- [ ] Summary or Emergency Suspension of License (1139)
- [ ] Reprimand or Censure (1140)
- [ ] Voluntary Surrender of License (1145)
- [ ] Voluntary Limitation or Restriction on License (1146)
- [ ] Limitation or Restriction on License (1147)
- [ ] Denial of License Renewal (1148)
- [ ] Denial of Initial License (1149)
- [ ] Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation (1150)
- [ ] Cease and Desist (1151)
- [ ] Publicly Available Fine/Monetary Penalty (1173)
- [x] Prescriptive Authority Action, Specify (1179)
  test
- [x] Publicly Available Negative Action or Finding, Specify (1189)
  test
- [x] Other Licensure Action - Not Classified, Specify (1199)
  test

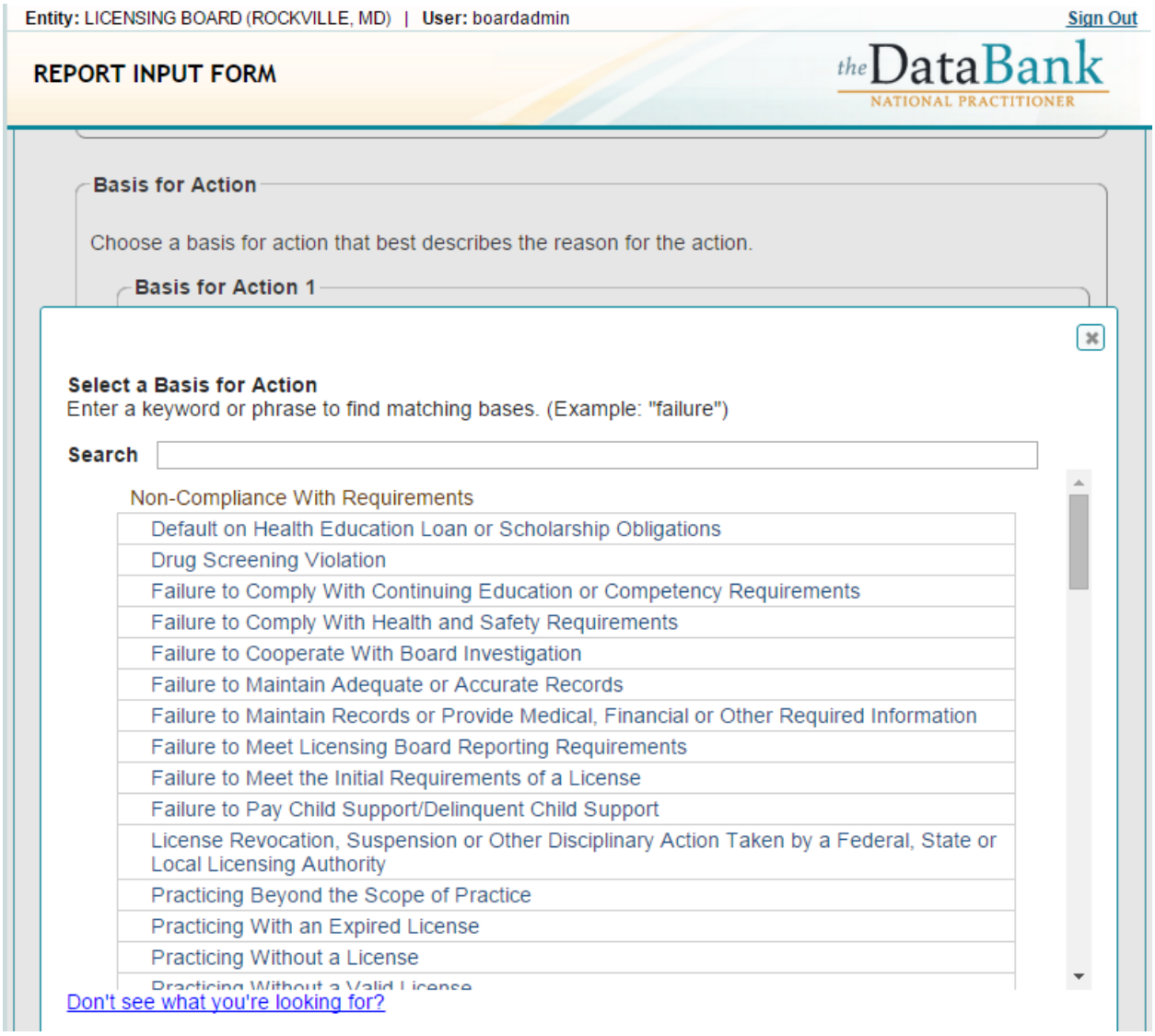
Basis for Action

Choose a basis for action that best describes the reason for the action.

Basis for Action 1

Basis for Action
Default on Health Education Loan or Scholarship Obligations

Add basis for action


Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin
Sign Out
REPORT INPUT FORM
the DataBank
NATIONAL PRACTITIONER
Basis for Action
Choose a basis for action that best describes the reason for the action.
Basis for Action 1
Select a Basis for Action
Enter a keyword or phrase to find matching bases. (Example: "failure")
Search
Non-Compliance With Requirements
Default on Health Education Loan or Scholarship Obligations
Drug Screening Violation
Failure to Comply With Continuing Education or Competency Requirements
Failure to Comply With Health and Safety Requirements
Failure to Cooperate With Board Investigation
Failure to Maintain Adequate or Accurate Records
Failure to Maintain Records or Provide Medical, Financial or Other Required Information
Failure to Meet Licensing Board Reporting Requirements
Failure to Meet the Initial Requirements of a License
Failure to Pay Child Support/Delinquent Child Support
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Practicing Beyond the Scope of Practice
Practicing With an Expired License
Practicing Without a License
Practicing Without a Valid License
Don't see what you're looking for?

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Adverse Action Information

Name of Agency or Program that Took the Adverse Action Specified in This Report: Integrity Program

Date action was taken (When was the order issued, filed, or signed by the board?)

11 / 11 / 2014

Date action became effective (When did the action start?)

11 / 11 / 2014

Length of Action:

- ○ Permanent
- ○ Indefinite/Unspecified
- ◉ Specific Period

Years: 2
Months: 6
Days:

Is Reinstatement Automatic at Completion of Adverse Action Period?

- ○ Yes
- ◉ Yes, with conditions (requires a Revision to Action Report when status changes)
- ○ No

Total Amount of Monetary Penalty, Assessment and/or Restitution or fine: $2,000.00
(Format NNNNN.NN)
Note: If no amount, leave this field blank.

Is the Action on Appeal?

- ◉ Yes
- ○ No
- ○ Unknown

Date of Appeal: 02 / 12 / 2015

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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.

Test

There are **3996** characters remaining for the description.

Spell Check

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 →

Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

STATE LICENSURE: Initial Report

Show Public Burden Statement

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

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:	SUBMITTER
Authorized Submitter's Phone:	3013013011 Ext.
Date:	12/11/2014

Submit to Data Bank → Store as a Draft →

STATE LICENSURE: Revision to Action

To submit a **revision to action** on previously submitted report DCN 7930000076906084, enter all report data for the action, and press **Submit to Data Bank**. Enter all known data in its entirety. Failure to provide sufficient information to permit identification of a single subject may result in the report being rejected, necessitating resubmission.

Do not print this page. A printable copy of your report submission will be provided after submission.

OMB # 0915-0126 expiration date 05/31/16

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

PRACTITIONER INFORMATION Help ?

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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

Gender

○ Male ◉ Female ○ Unknown

Birth Date

01 / 01 / 1982

Is Subject Deceased?

◉ No ○ Unknown ○ Yes

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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:	GENERAL HOSPITAL
Type:	301 General/Acute Care Hospital

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

Individual Taxpayer Identification Numbers (ITIN)

Add another ITIN

Federal Employer Identification Numbers (FEIN)

Add another FEIN

National Provider Identifiers (NPI)

Add another NPI

Drug Enforcement Administration (DEA) Numbers

AM111111111

Add another DEA Number

Unique Physician Identification Numbers (UPIN)

Add another UPIN

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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

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)

Add another Professional School

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

Add another UPIN

Occupation And State Licensure Information

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

Nurse Aide, Home Health Aide And Other Aide

Don't see what you're looking for?

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

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)
KENT STATE UNIVERSITY COLLEGE OF PODIATRIC MEDICI	2000

Add another Professional School

Health Care Entities With Which the Subject is Affiliated or Associated

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Name of Affiliated/Associated Health Care Entity: Test

Address

Street Address:	4350 Fair Lakes Ct Ste 100
Address Line 2:	
City:	Fairfax
State:	VA Virginia
ZIP Code:	22033 -4233
Country: (if U.S., leave blank)	

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

The subject is a Employee

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 →

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

STATE LICENSURE: Initial Report

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**.
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- [ ] Probation of License (1125)
- [ ] Suspension of License (1135)
- [ ] Summary or Emergency Limitation or Restriction on License (1138)
- [ ] Summary or Emergency Suspension of License (1139)
- [ ] Reprimand or Censure (1140)
- [ ] Voluntary Surrender of License (1145)
- [ ] Voluntary Limitation or Restriction on License (1146)
- [ ] Limitation or Restriction on License (1147)
- [ ] Denial of License Renewal (1148)
- [ ] Denial of Initial License (1149)
- [ ] Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation (1150)
- [ ] Cease and Desist (1151)
- [ ] Publicly Available Fine/Monetary Penalty (1173)
- [x] Prescriptive Authority Action, Specify (1179)
  test
- [x] Publicly Available Negative Action or Finding, Specify (1189)
  test
- [x] Other Licensure Action - Not Classified, Specify (1199)
  test

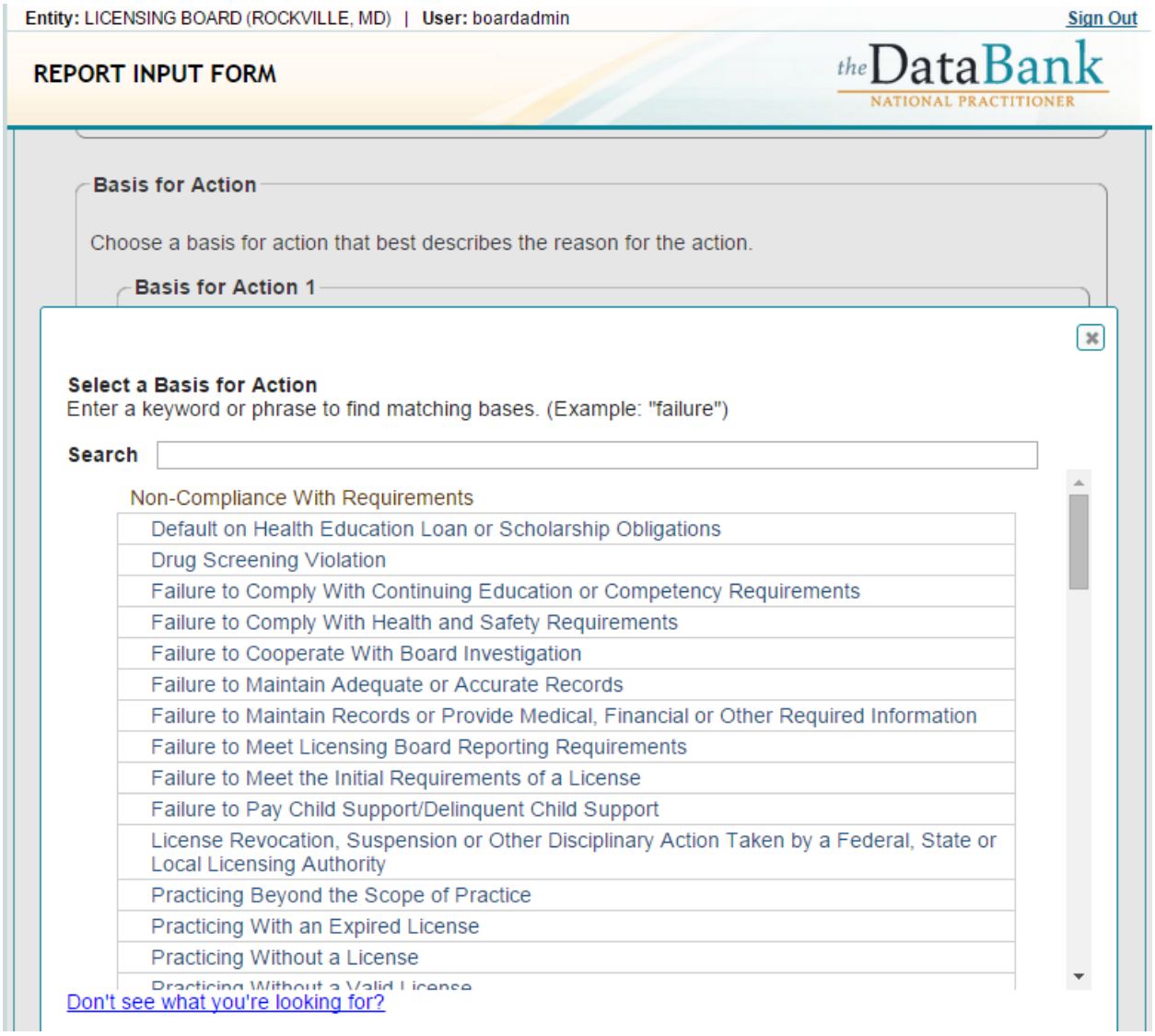
Basis for Action

Choose a basis for action that best describes the reason for the action.

Basis for Action 1

Basis for Action
Default on Health Education Loan or Scholarship Obligations

Add basis for action


Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin
Sign Out
REPORT INPUT FORM
the DataBank
NATIONAL PRACTITIONER
Basis for Action
Choose a basis for action that best describes the reason for the action.
Basis for Action 1
Select a Basis for Action
Enter a keyword or phrase to find matching bases. (Example: "failure")
Search
Non-Compliance With Requirements
Default on Health Education Loan or Scholarship Obligations
Drug Screening Violation
Failure to Comply With Continuing Education or Competency Requirements
Failure to Comply With Health and Safety Requirements
Failure to Cooperate With Board Investigation
Failure to Maintain Adequate or Accurate Records
Failure to Maintain Records or Provide Medical, Financial or Other Required Information
Failure to Meet Licensing Board Reporting Requirements
Failure to Meet the Initial Requirements of a License
Failure to Pay Child Support/Delinquent Child Support
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Practicing Beyond the Scope of Practice
Practicing With an Expired License
Practicing Without a License
Practicing Without a Valid License
Don't see what you're looking for?

REPORT INPUT FORM

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Adverse Action Information

Name of Agency or Program that Took the Adverse Action Specified in This Report: Integrity Program

Date action was taken (When was the order issued, filed, or signed by the board?)

11 / 11 / 2014

Date action became effective (When did the action start?)

11 / 11 / 2014

Length of Action:

- ○ Permanent
- ○ Indefinite/Unspecified
- ◉ Specific Period

Years: 2
Months: 6
Days:

Is Reinstatement Automatic at Completion of Adverse Action Period?

- ○ Yes
- ◉ Yes, with conditions (requires a Revision to Action Report when status changes)
- ○ No

Total Amount of Monetary Penalty, Assessment and/or Restitution or fine: $2,000.00
(Format NNNNN.NN)
Note: If no amount, leave this field blank.

Is the Action on Appeal?

- ◉ Yes
- ○ No
- ○ Unknown

Date of Appeal: 02 / 12 / 2015

REPORT INPUT FORM

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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.

Test

There are **3996** characters remaining for the description.

Spell Check

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 →

Entity: LICENSING BOARD (ROCKVILLE, MD) | User: boardadmin Sign Out

REPORT INPUT FORM

the DataBank NATIONAL PRACTITIONER

STATE LICENSURE: Initial Report

Show Public Burden Statement

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

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:	SUBMITTER
Authorized Submitter's Phone:	3013013011 Ext.
Date:	12/11/2014

Submit to Data Bank → Store as a Draft →

REPORT CERTIFICATION

Please provide the following information to void the action reported in DCN 7930000076907009 about subject DOE, JOHN. A printable copy of your report submission will be provided after submission.

Notice: The unauthorized or unjustified removal of a report from the Data Bank is punishable under Federal Statute.

Void Reason

- ○ The report was erroneously submitted (e.g., wrong practitioner named; duplicate report, payment not delivered; action never finalized).
- ○ The report was not required to be filed; the action does not meet the legal reporting criteria.
- ○ The action was reversed because the original action should never have been taken (e.g., overturned on appeal).

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:

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:

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Date: 12/11/2014

This form will be submitted to the appropriate Data Bank. Note: You have not met your obligation under the law until the submitted report is accepted by the Data Bank and a Report Verification is returned.

Submit to Data Bank

Return to Options

REPORT CERTIFICATION

the DataBank NATIONAL PRACTITIONER

Please provide the following information to submit a notice that the action reported in DCN 7930000076907009 about subject DOE, JOHN has been appealed. A printable copy of your report submission will be provided after submission.

Appeal Date

Date of Appeal:
(MM/DD/YYYY)

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:

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:

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Date: 12/11/2014

This form will be submitted to the appropriate Data Bank. Note: You have not met your obligation under the law until the submitted report is accepted by the Data Bank and a Report Verification is returned.

Submit to Data Bank

Return to Options