

STATE LICENSURE: C

Current report number: 7950
When you submit this correcti

1. Subject Information

The current
be sure the

Personal Informa

Last Name

Practitioner

+ Additional name (e.g. maiden name)

Public Burden Statement ✕

OMB # 0915-0126 expiration date MM/DD/YY

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 this form, 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 14N-39, Rockville, Maryland, 20857.

Close

STATE LICENSURE: Correction Report

Public burden statement

Current report number: **7950000111111111**

When you submit this correction report, the correction will replace the current report.

1. Subject Information

The current report information is pre-populated for you. Please carefully review all fields to be sure the information is accurate or enter your corrections if needed.

Personal Information

Last Name **First Name** **Middle Name** **Suffix (Jr, III)**

+ Additional name (e.g. maiden name)

Gender

Male Female Unknown

Birthdate

Is this person deceased?

No Yes Unknown

Date of Death

Home Address/Address of Record

Country

Address Entering a military address?

Address Line 2

City

State

ZIP

+ Additional address

Work Information

Use our information as the practitioner's work information.

Organization Name

Organization Type

Organization Description

Country

Address Entering a military address?

Address Line 2

City

State

ZIP

Profession and Licensure

License 1

Profession or Field of Licensure

Specialty

Does the subject have a license for the selected profession or field of licensure?

Yes No / Not sure

License Number

State

+ Additional license

Identification Numbers

SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

+ Additional SSN or ITIN

NPI (National Provider Identifier)

To help queriers find your report, add the practitioner's NPI number if you know it.

+ Additional NPI

DEA (Drug Enforcement Agency) Number

+ Additional DEA

Does the subject have an FEIN or UPIN identification number?

FEIN (Federal Employer Identification Number)

+ Additional FEIN

UPIN (Unique Physician Identification Numbers)

+ Additional UPIN

Health Care Entity Affiliation

Is the practitioner affiliated with a health care entity?

Type of Affiliation

Entity Name

Country

Address Entering a military address?

Address Line 2

City

State

ZIP

+ Additional affiliate

Add this subject to my subject database

[What is a subject database?](#)

[Save and finish later](#) [Continue to next step](#)

2. Action Information

3. Certifier Information

[Return to Options](#)

Select an Occupation or Field of Licensure



Enter a keyword or phrase to find matching occupations. (Example: "counselor")

Search

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

Don't see what you're looking for?

STATE LICENSURE: Correction Report

Public burden statement

Current report number: **7950000111111111**

When you submit this correction report, the correction will replace the current report.

1. Subject Information

Edit

2. Action Information

The current report information is pre-populated for you. Please carefully review all fields to be sure the information is accurate or enter your corrections if needed.

Adverse Action(s) Taken

Was the practitioner's license a multi-state license?

 Yes No

Select up to 5 actions

Find an Action

- Suspension of license
- Voluntary limitation or restriction on license
- Voluntary surrender of license
- Publicly available fine / monetary penalty
- Publicly available negative action or finding, (Specify)
- Other licensure action - not classified, (Specify)

Selected Action(s): 2

- Publicly available negative action or finding, (Specify)
- Other licensure action - not classified, (Specify)

Clear All

Basis for Action(s)

Description

+ Additional basis for action

Adverse Action Information

What is the name of the agency or program that took the action?

Date the action was taken

The date the decision for the action was issued, filed or signed.

Date the action went into effect

The starting date for the action. This may be the same as the date the action was taken or it may be different.

How long will it remain in effect?

 A specific period of time Permanently Unknown / Indefinite
 Days

Is reinstatement automatic after this period of time?

 No Yes Yes, with conditions (requires a Revision to Action report when status changes)

Total monetary penalty, assessment, restitution or fine

Is the action on appeal?

 Yes No Unknown

Date of Appeal

Describe the subject's acts or omissions and reason the action was taken

Do not include any personally identifying information, such as names, for anyone other than this practitioner.

Your narrative description helps querying organizations understand more about the action and why it was taken.

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, orci, sed rhoncus sapien nunc eget.

4000 characters remaining

Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all quierers.

Entity Report Reference

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

Customer Use

Save and finish later

Continue to next step

3. Certifier Information

Return to Options

STATE LICENSURE: Correction Report

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

Current report number: **7950000111111111**

When you submit this correction report, the correction will replace the current report.

1. Subject Information

 Edit

2. Action Information

 Edit

3. Certifier Information

Review your entries to be sure they are correct before you Submit to the NPDB.

Subject Information

Name:	Test Practioner
Gender:	Male
DOB:	01-01-1960
Practitioner Deceased:	No
Home Address:	555 Cabin Rd Chantilly, VA 20111
Work Address:	<i>None/NA</i>
Profession/Field of Licensure:	Physician (MD)
Specialty:	General Surgery
License Info:	111111 (VA)
SSN/ITIN:	555555555
NPI:	<i>None/NA</i>
DEA:	<i>None/NA</i>
FEIN:	<i>None/NA</i>
UPIN:	<i>None/NA</i>
Health Care Entity Affiliation:	<i>None/NA</i>

Action Information

Adverse Action(s) Taken:	- Suspension of license - Restriction of license
Basis of Action(s):	Failure to maintain records or provide medical, financial, or other required information
Agency or Program Taking the Action:	Test Agency
Date Action was Taken:	05-20-2017
Date Action Became Effective:	05-20-2017
Amount of Time the Action is Effective:	Unspecified
Automatic Reinstatement:	No
Total Monetary Penalty:	<i>None/NA</i>
Action is On Appeal?:	No
Description:	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, orci, sed rhoncus sapien nunc eget.

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.

Your Name

TEST USER

Title

ADMIN

Phone

0005551111

Extension (optional)

Ext.

WARNING:

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

Save and finish later

Submit to the NPDB

Return to Options

STATE LICENSURE: R

Public Burden Statement



OMB # 0915-0126 expiration date MM/DD/YY

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Close

Report number related to the

- Action(s) • Probation of lic
- Reprimand or c

1. Subject Information

The subject
review all fie
correct, com

Personal Informa

Last Name

Practitioner

First Name

Test

Middle Name

Middle Name

Suffix (Jr, III)

Suffix

NER DATA BANK
DB

rden statement

Report number related to the revision: **7950000111111111**Action(s) • **Probation of license**
• **Reprimand or censure**

1. Subject Information

The subject information is pre-populated from the most recent report. Please carefully review all fields to be sure the information is accurate. If the subject information is not correct, complete a correction report, then report the revision to the action.

Personal Information

Last Name	First Name	Middle Name	Suffix (Jr, III)
Practitioner	Test	Middle Name	Suffix

+ Additional name (e.g. maiden name)

Gender

 Male
 Female
 Unknown

Birthdate

01-01-1960

Is this person deceased?

 No
 Yes
 Unknown

Home Address/Address of Record

Country

United States

Address Entering a military address?

111 Anystreet

Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

City

Anycity

State

VA

ZIP

22222

+ Additional address

Work Information

 Use our information as the practitioner's work information.

Organization Name

Organization Name

Organization Type

Other Type - Not Classified, Specify

Organization Description

Organization Description

Country

United States

Address Entering a military address?

Address

Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

City

City

State

ZIP

ZIP

Profession and Licensure

License 1

Profession or Field of Licensure

Physician (MD)

Specialty

General Practice

Does the subject have a license for the selected profession or field of licensure?

 Yes
 No / Not sure

License Number

11111

State

VA - Virginia

+ Additional license

Identification Numbers

SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

55555555

+ Additional SSN or ITIN

NPI (National Provider Identifier)

To help queriers find your report, add the practitioner's NPI number if you know it.

NPI

+ Additional NPI

DEA (Drug Enforcement Agency) Number

DEA

+ Additional DEA

 Does the subject have an FEIN or UPIN identification number?

FEIN (Federal Employer Identification Number)

FEIN

+ Additional FEIN

UPIN (Unique Physician Identification Numbers)

UPIN

+ Additional UPIN

Professional Schools Attended

Enter the schools or institutions the practitioner attended for their professional degree, training or certification (e.g. medical school, certification program). If the practitioner attended medical school, enter the medical school first, then add the school where they completed their residency and other degrees.

i What if the practitioner has not graduated?

Name of School or Institution

School Name

Completion Year

YYYY

+ Additional school or institution

Health Care Entity Affiliation

 Is the practitioner affiliated with a health care entity?

Type of Affiliation

Select One

Entity Name

Entity Name

Country

United States

Address Entering a military address?

Address

Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

City

City

State

ZIP

ZIP

+ Additional affiliate

 Add this subject to my subject database

What is a subject database?

Save and finish later

Continue to next step

2. Action Information

3. Certifier Information

Return to Options

Select an Occupation or Field of Licensure



Enter a keyword or phrase to find matching occupations. (Example: "counselor")

Search

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

Don't see what you're looking for?

STATE LICENSURE: Revision to Action

Report Number: 7950000111111111

Adverse Action(s) Reported: **Reduction of clinical privileges**
Limitation or restriction on certain procedure(s) or practice area

Public burden statement

1. Subject Information

Edit

2. Action Information

Action(s) Taken

Select up to 5 actions

Find an Action

- Suspension of license
- Voluntary limitation or restriction on license
- Voluntary surrender of license
- Publicly available fine / monetary penalty
- Publicly available negative action or finding, (Specify)

- Other licensure action - not classified, (Specify)

Selected Action(s): 2

Clear All

- Publicly available negative action or finding, (Specify)
- Other licensure action - not classified, (Specify)

Adverse Action Information

What is the name of the agency or program that took the action?

Date the action was taken

The date the decision for the action was issued, filed or signed.

Date the action went into effect

The starting date for the action. This may be the same as the date the action was taken or it may be different.

Is reinstatement automatic after this period of time?

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

Total monetary penalty, assessment, restitution or fine

Is the action on appeal?

- Yes No Unknown

Date of Appeal

Describe the subject's acts or omissions and reason the action was taken

Do not include any personally identifying information, such as names, for anyone other than this practitioner.

Your narrative description helps querying organizations understand more about the action and why it was taken.

4000 characters remaining

Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers.

Entity Report Reference

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

Customer Use

Save and finish later

Continue to next step

3. Certifier Information

Return to Options

STATE LICENSURE: Revision to Action

Public burden statement

Report Number: 7950000111111111

Adverse Action(s) Reported: **Reduction of clinical privileges
Limitation or restriction on certain procedure(s) or practice area**

1. Subject Information

 Edit

2. Action Information

 Edit

3. Certifier Information

Review your entries to be sure they are correct before you Submit to the NPDB.

Subject Information

Name:	Test Practioner
Gender:	Male
DOB:	01-01-1960
Practitioner Deceased:	No
Home Address:	555 Cabin Rd Chantilly, VA 20111
Work Address:	<i>None/NA</i>
Profession/Field of Licensure:	Physician (MD)
Specialty:	General Surgery
License Info:	111111 (VA)
SSN/ITIN:	555555555
NPI:	<i>None/NA</i>
DEA:	<i>None/NA</i>
FEIN:	<i>None/NA</i>
UPIN:	<i>None/NA</i>
Health Care Entity Affiliation:	<i>None/NA</i>

Action Information

Adverse Action(s) Taken:	- Suspension of license - Restriction of license
Basis of Action(s):	Failure to maintain records or provide medical, financial, or other required information
Agency or Program Taking the Action:	Test Agency
Date Action was Taken:	05-20-2017
Date Action Became Effective:	05-20-2017
Amount of Time the Action is Effective:	Unspecified
Automatic Reinstatement:	No
Total Monetary Penalty:	<i>None/NA</i>
Action is On Appeal?:	No
Description:	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, orci, sed rhoncus sapien nunc eget.

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.

Your Name

TEST USER

Title

ADMIN

Phone

0005551111

Extension (optional)

Ext.

WARNING:

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Submit to the NPDB

Return to Options

STATE LICENSURE: V

Name: **Test Practitioner**

Report Number: **7950000**

State Licensure Actions:

Why are you voiding thi

- The report should not h
(e.g. the wrong practition
- The action or payment
- The action was overtur

Public Burden Statement ✕

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Close

Customer Use is an optional field for you to create an identification for internal use

STATE LICENSURE: Void Report

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

Name: **Test Practitioner**Report Number: **7950000111111111**State Licensure Actions:

- **Probation of license**
- **Reprimand or censure**

Why are you voiding this report?

- The report should not have been submitted.
(e.g. the wrong practitioner was identified, the report is a duplicate, the action was not finalized)
- The action or payment was not reportable to the NPDB. It did not meet the legal reporting criteria.
- The action was overturned or reversed. It should not have been taken.

Customer Use is an optional field for you to create an identification for internal use.
Your customer use number is only available 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.

Your Name**Title****Phone****Extension (optional)****WARNING:**

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute. Unauthorized or unjustified removal of a report from the NPDB is punishable under federal statute.

[Submit to the NPDB](#)[Return to Options](#)

REPORT AN APPEALName: **Test Practitioner**Report Number: **7950000**

Title IV Clinical Privileges Act

Date of Appeal

MM-DD-YYYY

Customer Use is an optional feature that is only available to your organization.

Customer Use**Public Burden Statement**

OMB # 0915-0126 expiration date MM/DD/YY

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 this form, 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 14N-39, Rockville, Maryland, 20857.

Close

REPORT AN APPEALName: **Test Practitioner**Report Number: **7950000111111111**Title IV Clinical Privileges Action(s):

- **Reduction of clinical privileges**
- **Limitation or restriction on certain procedure(s) or practice area**

Date of Appeal

MM-DD-YYYY

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available 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.

Your Name

TEST USER

Title

ADMIN

Phone

0005551111

Extension (optional)

Ext.

WARNING:

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[Submit to the NPDB](#)[Return to Options](#)

Hidden Fields

For Correction, Revision to Action and Correction of Revision to Action, the hidden fields will be the same the hidden fields for the initial report.

State Changes

For Correction, Revision to Action and Correction of Revision to Action, the state changes will be the same the state changes for the initial report.

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Correction, Revision to Action, Correction of Revision to Action, Void, Action on Appeal	Modal	When the user selects the Public Burden Statement link the modal is displayed.