

TITLE IV CLINICAL PRI

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 45 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](#)

1. Subject Information

Please fill out

Personal Information

Last Name

[+ Additional name \(f](#)

Gender

ITIONER DATA BANK

DB

burden statement

TITLE IV CLINICAL PRIVILEGES: Initial Report

Public burden statement

1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

Personal Information

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Suffix (Jr, III)

Suffix

+ Additional name (e.g. maiden name)

Gender

 Male Female Unknown

Birthdate

MM-DD-YYYY

Is this person deceased?

 No Yes Unknown

Date of Death

MM-DD-YYYY

Home Address/Address of Record

Country

United States

Address Entering a military address?

Address

Address Line 2

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

City

City

State



ZIP

ZIP



+ 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

Specialty

Select One



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

 Yes No / Not sure

License Number

State

CHOOSE ONE FROM LIST



+ Additional license

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.

What if the practitioner has not graduated?

Name of School or Institution

School Name

Completion Year

YYYY

+ Additional school or institution

Identification Numbers

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

SSN or ITIN

+ 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

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. Review

4. 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?

TITLE IV CLINICAL PRIVILEGES: Initial Report

Public burden statement

1. Subject Information

Edit

2. Action Information

Adverse Action(s) Taken

Select up to 5 actions

Find an Action

- Denial of clinical privileges
- Involuntary resignation
- Limitation or restriction on certain procedure(s) or practice area
- Limitation or restriction: mandatory concurring consultation prior to procedures
- Limitation or restriction: mandatory proctoring or monitoring during procedures
- Practitioner allowed privileges to expire while under investigation
- Other clinical privileges action, (Specify)

Selected Action(s): 1

• Other clinical privileges action, (Specify)

Clear All

Basis for Action(s)

Description

+ Additional basis for action

Adverse Action Information

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

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 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. Review

4. Certifier Information

Return to Options

Select a Basis for Action



Enter a keyword or phrase to find a matching basis for the action(s). (Example: "failure")

Search

Non-Compliance With Requirements

Failure to Comply with Corrective Action Plan

Failure to Comply with Terms of Probation or Other Previously Imposed Action

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

Don't see what you're looking for?

TITLE IV CLINICAL PRIVILEGES: Initial Report

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

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 :	- Denial of clinical privileges - Involuntary resignation
Basis of Action(s):	Failure to maintain adequate or accurate records
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
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.

Save and finish later

Continue to next step

4. Certifier Information

Return to Options

TITLE IV CLINICAL PRIVILEGES: Initial Report

Public burden statement

1. Subject Information

 Edit

2. Action Information

 Edit

3. Review

 Edit

4. Certifier Information

Send this report to a state board

Federal law (42 USC 11134(c)(1)) 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 the NPDB records, licenses or certifications for **physicians** in the state of Maryland are administered by: STATE MEDICAL EXAMINERS (Baltimore, MD)

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

- I agree to allow the NPDB to send an electronic report notice to STATE 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 an NPDB 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 medical malpractice claim arose (which may be the case with payments for federally-employed practitioner(s) or if the claim arose for care provided 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.

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.

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

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Title IV Clinical Privileges (1)	Below "Is this person deceased?"	Text Entry	The field is displayed if the user selects the "Yes" radio button for "Is this person deceased?"	
Organization Description	Title IV Clinical Privileges (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Name of Occupation	Title IV Clinical Privileges (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that requires a description.	"Specialty" is displayed in place of "Name of Occupation" if the selected profession or field of licensure requires specialty information.
Specialty	Title IV Clinical Privileges (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that requires information for specialty.	"Name of Occupation" is displayed in place of "Specialty" if the selected profession or field of licensure does not require information for a specialty.
FEIN (Federal Employer Identification Number)	Title IV Clinical Privileges (1)	Below checkbox "Does the subject have an FEIN, or UPIN identification number?"	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.

UPIN (Unique Physician Identification Numbers)	Title IV Clinical Privileges (1)	Below FEIN text entry	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have an FEIN, or UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.
Type of Affiliation	Title IV Clinical Privileges (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Entity Name	Title IV Clinical Privileges (1)	Below Type of Affiliation	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Country	Title IV Clinical Privileges (1)	Below "Is the practitioner affiliated with a health care entity?" checkbox	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. United States is the default selection.
Address	Title IV Clinical Privileges (1)	Below Country	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.

Address Line 2	Title IV Clinical Privileges (1)	Below Address	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
City	Title IV Clinical Privileges (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
State	Title IV Clinical Privileges (1)	Below City	Drop List	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
ZIP	Title IV Clinical Privileges (1)	Below State	Text Entry	The field is displayed if the user selects the "Is the practitioner affiliated with a health care entity?" checkbox.	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Description	Title IV Clinical Privilege (2)	Below an action that requires a description	Text Entry	The field is displayed if the user selects an action that requires a description.	
Description	Title IV Clinical Privilege (2)	Below Basis of Action(s)	Text Entry	The field is displayed if the user selects a basis of action that requires a description.	

Period of time number	Title IV Clinical Privilege (2)	Below "How long will it remain in effect?"	Text Entry	The field is displayed if the user selects "A specific period of time" option for "How long will it remain in effect?"	Selecting the radio button displays the number text entry and type of time period drop list.
Period of time type	Title IV Clinical Privilege (2)	Below "How long will it remain in effect?"	Drop List	The field is displayed if the user selects "A specific period of time" option for "How long will it remain in effect?"	Selecting the radio button displays the number text entry and type of time period drop list.

State Changes

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Title IV Clinical Privileges	Modal	When the user selects the Public Burden Statement link the modal is displayed.
Select a Profession or Field of Licensure	Title IV Clinical Privileges	Modal	When the user sets focus on the Profession or Field of Licensure text entry, the modal to select a profession is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific profession or select a profession from the list without searching. The modal is hidden once the user selects a profession from the list. The user's selection populates the Profession or Field of Licensure text entry.
Name of Occupation	Title IV Clinical Privileges	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Title IV Clinical Privileges	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the subject have a license for the selected profession or field of licensure?"
Select a Basis for Action	Title IV Clinical Privileges	Modal	When the user sets focus on the Basis for Action(s) text entry, the modal to select an act is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific basis or select a basis from the list without searching. The modal is hidden once the user selects a basis from the list. The user's selection populates the Basis for Action(s) text entry.

