OMB Number 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 10.5 hours per response, 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 Information Collection Clearance Officer, 14N39, 5600 Fishers Lane, Rockville, MD 20857.

Data Request Instructions: Please complete the form for all professions listed and return it as an attachment to the National Practitioner Data Bank (NPDB). Include all disciplinary actions taken from mm/dd/yyyy through mm/dd/yyyy. Provide information for all actions taken during the time period which are reportable to the NPDB, including administrative suspensions or monetary penalties connected to the delivery of health care. Also include subsequent actions which revised or modified a prior action, such as a reinstatement.

Your Entity:	[Entity Name] (ending in ….1234)
Professions for which data was found - no action is required	n/a
The NPDB Requires Your Data for These Professions:	[List of professions]

#	Professon Name	Do you regulate this profession? (Yes or No)	Were any actions taken? (Yes or No)	All actions listed on the grid below? (Yes or No)	Comments
1	[Profession Name]				
2	[Profession Name]				
3	[Profession Name]				
4	[Profession Name]				
5	[Profession Name]				
6	[Profession Name]				
7	[Profession Name]				
8	[Profession Name]				

Complete the detailed grid below and add any additional actions taken from mm/dd/yyyy through mm/dd/yyyy that have not been reported to the NPDB.

#	First Name	Last Name	MI	Suffix	License Number	State Issued	Profession Name	Type of Action	Action Date	Comments/Details
	John	*Example*		*Jr*	*ABC123*	*AK*	*Healthcare*	*Revocation*	*2/1/2013*	*Failure to follow board order ABC123*
1										
2										
3										
4										
5										