**Entity:** MEDICAL BOARD (CHANTILLY, VA) | **User:** certifyoff2 Sign Out

# CORRECTIVE ACTION PLANS

NATIONAL PRACTITIONER DATA BANK NPDB

A Corrective Action Plan (CAP) allows the NPDB to monitor, manage and collaboratively work with organizations on reporting compliance with the NPDB. By submitting the CAP form, organizations agree to work with the NPDB 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 review the CAP Tutorial.

The following professions require a CAP to assist your organization to meet its reporting requirements.

**Filter by Profession:** All

**Show :** Unresolved | Pending | Resolved | All

| Date Notified | Profession | Time Frame | Due Date | Status |
|---|---|---|---|---|
| 04/15/2017 | Pharmacist | 2015-2016 | 07/23/2017 | Unresolved |
| 04/15/2017 | Pharmacy Technician | 2015-2016 | 07/23/2017 | Unresolved |
| 04/15/2017 | Pharmacy Technician Trainee | 2015-2016 | 07/23/2017 | Resolved |

Return to Compliance | Return to Options

**Entity:** MEDICAL BOARD (CHANTILLY, VA) | **User:** certifyoff2 Sign Out

# CORRECTIVE ACTION PLAN

NATIONAL PRACTITIONER DATA BANK NPDB

Show public burden statement

OMB # 0915-0126 expiration date xx/xx/xx

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 1 hour to complete the activities associated with 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, MD, 20857.

A Corrective Action Plan (CAP) allows the NPDB to monitor, manage and collaboratively work with organizations on reporting compliance with the NPDB. By submitting the CAP form, organizations agree to work with the NPDB 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 review 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: 04/15/2017 ***

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, 2015 to December 31, 2016 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: JOHN SMITH

Title of Board Representative: OFFICER

Phone Number of Board Representative: 7031234567

Email Address of Board Representative: Test_7609@deve-npdb.sra.com

Date: 04/17/2017

Certify | Save and Certify Later

Contact Us | Return to Previous Page | Return to Compliance

**Entity:** MEDICAL BOARD (CHANTILLY, VA) | **User:** certifyoff2 Sign Out

# CAP CONFIRMATION

NATIONAL PRACTITIONER DATA BANK NPDB

The Corrective Action Plan listed below was **approved** by the NPDB on 04/22/2017.

Print

A Corrective Action Plan (CAP) allows the NPDB to monitor, manage and collaboratively work with organizations on reporting compliance with the NPDB. By submitting the CAP form, organizations agree to work with the NPDB 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 2 missing action(s) for this profession.

| | |
|---|---|
| Reporting Time Frame: | January 1, 2015 to December 31, 2016 |
| Number Of Reports: | **45 action(s)** per **Month** |
| Expected Start Date: | 05/29/2017 |
| Expected Completion Date: | 07/23/2017 |

**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: | 04/29/2017 |

Contact Us | Return to Compliance | Corrective Action Plans