

## STATE LICENSURE OR CERTIFICATION: CORRECTION REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Public Burden Statement x

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

**Public Burden Statement:** The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at 45 CFR Part 60. 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 information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory (45 CFR Part 60). 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .25 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

Close



## STATE LICENSURE OR CERTIFICATION: CORRECTION REPORT

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Report Number: 7950000155498255

After you submit this correction report, the report number will be updated.

## 1. Subject Information

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

Need Help ?

## Personal Information

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

SMITH JOHN Andrew

[+ Additional name \(e.g., maiden name\)](#)

## Gender

 Male  Female  Unknown

## Birthdate

01 / 01 / 1960

## Is this person deceased?

 No  Yes  Unknown

## Date of Death

MM / DD / YYYY

## Practitioner's Address

## Type of Address

If the home address is not known, enter a work address.

## Home Address/Address of Record

## Country

United States

Address Entering a military address?

55 37TH ST

## Address Line 2

## City

ORLANDO

## State

KS Kansas

## ZIP

44444

## Work Information

 Use our information as the practitioner's work information.

## Organization Name

## Organization Type

## Work Address

## Country

United States

Address Entering a military address?

## Address Line 2

## City

## State

CHOOSE ONE FROM LIST

## ZIP

## Profession and Licensure

## Against which license or certification was the action taken?

 Add a related license, certification, registration, permit or other authorization (e.g., controlled substance, prescriptive authority, sedation permit). [See instructions](#)

## Profession or Field of Licensure

Occupational Therapist

## Description (Optional)

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

 Yes  No/Not sure [How to report an unlicensed individual](#)

## State

FL Florida

## License Number

11111

## Add any other health care licenses the individual holds

[+ 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).

What if the practitioner has not graduated?

## Name of School or Institution

UNIVERSITY OF FLORIDA

## Completion Year

2000

[+ Additional school or institution](#)

## Identification Numbers

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

\*\*\*\*\*6778

[Edit](#)[+ 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 Administration) Number

[+ Additional DEA](#) Does the subject have a FEIN or UPIN identification number?

## FEIN (Federal Employer Identification Number)

[+ Additional FEIN](#)

## UPIN (Unique Physician Identification Number)

[+ Additional UPIN](#)

## Health Care Entity Affiliation

 Is the practitioner affiliated with a health care entity?

## Type of Affiliation

CHOOSE ONE FROM LIST

## Entity Name

[+ Additional Affiliate](#)

## Country

United States

Address Entering a military address?

## Address Line 2

## City

## State

CHOOSE ONE FROM LIST

## ZIP

Save and finish later

Continue to next step

## 2. Action Information

## 3. Certifier Information

[Return to Options](#)



## What type of license are you reporting?

Search

### Recently Used

Occupational Therapist ✖

### Behavioral Health Occupations

Other Behavioral Health Occupation - Not Classified, Specify - BEHAVIOR ANALYST

### Psychologist/Psychological Assistant

Psychologist

Psychologist - CERTIFIED

### Rehabilitative, Respiratory and Restorative Service Practitioner

Occupational Therapist

Occupational Therapy Assistant

Physical Therapist

Physical Therapy Assistant

### Health Care Facility Administrator

Health Care Facility Administrator

---

[Report a different license](#)



Report Number: 7950000155498256

After you submit this correction report, the report number will be updated.

## 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

Select up to 5 actions

Find an Action

- 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 (1149)

Selected Action(s): 1

Clear All

- Suspension of License (1135)

## Basis for Action(s)

FAILURE TO COMPLY WITH HEALTH AND SAFETY REQUIREMENTS

[+ Additional basis for action](#)

## Adverse Action Information

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

TEST ENTITY

## Date the action was taken

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

02 / 01 / 2020

## Date the action went into effect

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

02 / 01 / 2020

## How long will it remain in effect?

 A specific period of time
  Permanently
  Unknown/Indefinite

Years Months 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

\$ 00000.00

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?

 Yes
  No

## Is the action on appeal?

 No
  Yes
  Unknown

## Date of Appeal

MM / DD / YYYY

Describe the subject's acts or omissions that caused the action to be taken.

Do not include any personally identifiable information, such as names, for anyone except the subject of this report.

Your [narrative description](#) helps querying organizations understand more about the action and why it was taken.

Test narrative

There are 3986 characters remaining for the description.

Spell Check

## 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





## Select a Basis for Action

Enter a keyword or phrase to find matching bases. (Example: "failure")

**Search**

### Non-Compliance With Requirements

Exclusion or Suspension From a Federal or State Health Care Program
Failure to Comply With Health and Safety Requirements
Failure to Maintain Adequate or Accurate Records
Failure to Maintain Equipment/Missing or Inadequate Equipment
Failure to Maintain Records or Provide Medical, Financial or Other Required Information
Failure to Maintain Supplies/Missing or Inadequate Supplies
Failure to Meet Licensing Board Reporting Requirements
Failure to Meet the Initial Requirements of a License
Failure to Take Corrective Action
Financial Insolvency
Lack of Appropriately Qualified Professionals
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Operating Beyond Scope of License
Operating Without a License or Permit or on a Lapsed License

[Don't see what you're looking for?](#)



## STATE LICENSURE OR CERTIFICATION: CORRECTION REPORT

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Report Number: 7950000155498255

After you submit this correction report, the report number will be updated.

1. Subject Information

Edit

2. Action Information

Edit

3. Certifier Information

Review your entries to be sure they are correct before you Continue.

**Subject Information** [Edit](#)

Subject Name: SMITH, JOHN  
 Other Name(s) Used: None/NA  
 Gender: UNKNOWN  
 Date of Birth: 01/01/1960  
 Organization Name: None/NA  
 Work Address: None/NA  
 City, State, ZIP: None/NA  
 Organization Type: None/NA  
 Home Address: 55 TEST ST  
 City, State, ZIP: TEST CITY, ST 11111  
 Deceased: UNKNOWN  
 Federal Employer Identification Numbers (FEIN): None/NA  
 Social Security Numbers (SSN): \*\*\*-\*\*-6778  
 Individual Taxpayer Identification Numbers (ITIN): None/NA  
 National Provider Identifiers (NPI): None/NA  
 Professional School(s) & Year(s) of Graduation: UNIVERSITY OF TEST (2000)  
 Occupation/Field of Licensure: OCCUPATIONAL THERAPIST  
 State License Number, State of Licensure: 11111, ST  
 Drug Enforcement Administration (DEA) Numbers: None/NA  
 Unique Physician Identification Numbers (UPIN): None/NA  
 Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action): None/NA  
 Business Address of Affiliate: None/NA  
 City, State, ZIP: None/NA  
 Nature of Relationship(s): None/NA

**Action Information** [Edit](#)

Type of Adverse Action: STATE LICENSURE  
 Basis for Action: FAILURE TO COMPLY WITH HEALTH AND SAFETY REQUIREMENTS (31)  
 Name of Agency or Program That Took the Adverse Action Specified in This Report: TEST ENTITY  
 Adverse Action Classification Code(s): SUSPENSION OF LICENSE (1135)  
 Date Action Was Taken: 02/01/2020  
 Date Action Became Effective: 02/01/2020  
 Length of Action: INDEFINITE  
 Total Amount of Monetary Penalty, Assessment and/or Restitution: None/NA  
 Is the subject automatically reinstated after the adverse action period is completed?: None/NA  
 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: Test narrative  
 Is the action on appeal?: UNKNOWN

## 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

TEST

## Authorized Submitter's Title

TEST

## Authorized Submitter's Phone

7777777777

## Ext.

**WARNING:**

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

Save and finish later

Submit to the NPDB

Return to Options



## STATE LICENSURE OR CERTIFICATION: REVISION TO ACTION

Report Number  
Action(s):

### Public Burden Statement ✕

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

**Public Burden Statement:** The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: [Title IV of Public Law 99-660, Health Care Quality Improvement Act \(HCQIA\) of 1986](#), [Section 1921 of the Social Security Act](#), [Section 1128E of the Social Security Act](#), and [Section 6403 of the Patient Protection and Affordable Care Act of 2010](#). The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). 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 information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory ([45 CFR Part 60](#)). [45 CFR Section 60.20](#) provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in [Sections 60.17, 60.18, and 60.21](#). Public reporting burden for this collection of information is estimated to average .25 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

Close

1. Subject

Please  
Option  
once

Person

Last Name

SMITH

+ Add

Gender

Male

Birthdate

01 / 0

Is this

No

Date of

MM / DD / YYYY

ed Help ?



## STATE LICENSURE OR CERTIFICATION: REVISION-TO-ACTION

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Report Number: 7950000155498256

Action(s): • Suspension of License

## 1. Subject Information

Please review all fields. If the subject information is incorrect, select Return to Options and complete a Correction Report. Start a new Revision to Action Report once you have corrected the subject information.

Need Help ?

## Personal Information

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

SMITH JOHN ANDREW

[+ Additional name \(e.g., maiden name\)](#)

## Gender

 Male  Female  Unknown

## Birthdate

01 / 01 / 1960

## Is this person deceased?

 No  Yes  Unknown

## Date of Death

MM / DD / YYYY

## Practitioner's Address

## Type of Address

If the home address is not known, enter a work address.

## Home Address/Address of Record

## Country

United States

Address Entering a military address?

55 37TH ST

## Address Line 2

## City

ORLANDO

## State

KS Kansas

## ZIP

44444 ✓

## Work Information

 Use our information as the practitioner's work information.

## Organization Name

## Organization Type

## Work Address

## Country

United States

Address Entering a military address?

## Address Line 2

## City

## State

CHOOSE ONE FROM LIST

## ZIP

## Profession and Licensure

## Against which license or certification was the action taken?

 Add a related license, certification, registration, permit or other authorization (e.g., controlled substance, prescriptive authority, sedation permit). [See instructions](#)

## Profession or Field of Licensure

Occupational Therapist

## Description (Optional)

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

 Yes  No/Not sure [How to report an unlicensed individual](#)

## State

FL Florida

## License Number

11111

## Add any other health care licenses the individual holds

[+ 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).

What if the practitioner has not graduated?

## Name of School or Institution

UNIVERSITY OF FLORIDA

## Completion Year

2000

[+ Additional school or institution](#)

## Identification Numbers

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

\*\*\*\*\*6778 [Edit](#)[+ 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 Administration) Number

[+ Additional DEA](#) Does the subject have a FEIN or UPIN identification number?

## FEIN (Federal Employer Identification Number)

[+ Additional FEIN](#)

## UPIN (Unique Physician Identification Number)

[+ Additional UPIN](#)

## Health Care Entity Affiliation

 Is the practitioner affiliated with a health care entity?

## Type of Affiliation

CHOOSE ONE FROM LIST

## Entity Name

## Country

United States

Address Entering a military address?

## Address Line 2

## City

## State

CHOOSE ONE FROM LIST

## ZIP

[+ Additional Affiliate](#)

Save and finish later

Continue to next step

## 2. Action Information

## 3. Certifier Information

[Return to Options](#)



## STATE LICENSURE OR CERTIFICATION : REVISION-TO-ACTION

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Report Number: 7950000155498256

Action(s): • Suspension of License

## 1. Subject Information

Edit

## 2. Action Information

## Adverse Action(s) Taken

Select up to 5 actions

Find an Action

- 
- License Restored or Reinstated, Complete (1280)
- 
- 
- License Restored or Reinstated, Conditional (1282)
- 
- 
- License Restored or Reinstated, Partial (1283)
- 
- 
- License Restoration or Reinstatement Denied (1285)
- 
- 
- Reduction of Previous Licensure Action (1295)
- 
- 
- Extension of Previous Licensure Action (1296)
- 
- 
- Modification of Previous Licensure Action (1297)
- 
- 
- Prescriptive/Dispensing Authority Action - Not Classified, Specify (1179)
- 
- 
- Publicly Available Negative Action or Finding, Specify (1189)
- 
- 
- Other Licensure Action - Not Classified, Specify (1199)

Selected Action(s): 0

Clear All

## 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.

**Note:** Date must be on or after Date of Action of related report (02/01/2020).
 MM / DD / YYYY

## Date the action went into effect

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

 MM / DD / YYYY

## Total monetary penalty, assessment, restitution or fine

\$  00000.00

## Is the action on appeal?

 No  Yes  Unknown

## Date of Appeal

 MM / DD / YYYY

## Describe the subject's acts or omissions that caused the action to be taken.

Do not include any personally identifiable information, such as names, for anyone except the subject of this report.

Your [narrative description](#) helps querying organizations understand more about the action and why it was taken.

There are **4000** characters remaining for the description.

## 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




## 3. Certifier Information





## Select a Basis for Action

Enter a keyword or phrase to find matching bases. (Example: "failure")

**Search**

### Non-Compliance With Requirements

Exclusion or Suspension From a Federal or State Health Care Program
Failure to Comply With Health and Safety Requirements
Failure to Maintain Adequate or Accurate Records
Failure to Maintain Equipment/Missing or Inadequate Equipment
Failure to Maintain Records or Provide Medical, Financial or Other Required Information
Failure to Maintain Supplies/Missing or Inadequate Supplies
Failure to Meet Licensing Board Reporting Requirements
Failure to Meet the Initial Requirements of a License
Failure to Take Corrective Action
Financial Insolvency
Lack of Appropriately Qualified Professionals
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Operating Beyond Scope of License
Operating Without a License or Permit or on a Lapsed License

[Don't see what you're looking for?](#)





## STATE LICENSURE OR CERTIFICATION: REVISION-TO-ACTION

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Report Number: 7950000155498256

Action(s): • Suspension of License

1. Subject Information

Edit

2. Action Information

Edit

3. Certifier Information

Review your entries to be sure they are correct before you Continue.

Subject Information [Edit](#)

Subject Name: SMITH, JOHN ANDREW  
 Other Name(s) Used: None/NA  
 Gender: UNKNOWN  
 Date of Birth: 01/01/1960  
 Organization Name: None/NA  
 Work Address: None/NA  
 City, State, ZIP: None/NA  
 Organization Type: None/NA  
 Home Address: 55 TEST ST  
 City, State, ZIP: TEST CITY, ST 11111  
 Deceased: UNKNOWN  
 Federal Employer Identification Numbers (FEIN): None/NA  
 Social Security Numbers (SSN): \*\*\*-\*\*-6778  
 Individual Taxpayer Identification Numbers (ITIN): None/NA  
 National Provider Identifiers (NPI): None/NA  
 Professional School(s) & Year(s) of Graduation: UNIVERSITY (2000)  
 Occupation/Field of Licensure: OCCUPATIONAL THERAPIST  
 State License Number, State of Licensure: 11111, ST  
 Drug Enforcement Administration (DEA) Numbers: None/NA  
 Unique Physician Identification Numbers (UPIN): None/NA  
 Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action): None/NA  
 Business Address of Affiliate: None/NA  
 City, State, ZIP: None/NA  
 Nature of Relationship(s): None/NA

Action Information [Edit](#)

Type of Adverse Action: STATE LICENSURE  
 Name of Agency or Program That Took the Adverse Action Specified in This Report: TEST AGENCY  
 Adverse Action Classification Code(s): LICENSE RESTORED OR REINSTATED, COMPLETE (1280)  
 Date Action Was Taken: 03/01/2020  
 Date Action Became Effective: 03/01/2020  
 Total Amount of Monetary Penalty, Assessment and/or Restitution: None/NA  
 Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: None/NA  
 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: Test description  
 Is the action on appeal?: UNKNOWN

## 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

TEST

## Authorized Submitter's Title

TEST

## Authorized Submitter's Phone

7777777777

## Ext.

## WARNING:

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

Save and finish later

Submit to the NPDB

Return to Options



## Public Burden Statement

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

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Close



## CLINICAL PRIVILEGES: VOID REPORT

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyySubject Name: **SMITH, JOHN ANDREW**Report Number: **7950000155498256**Action(s): 

- **Suspension of Clinical Privileges**

**NPDB Reporting Requirements**

Hospitals and other health care entities must report adverse clinical privileges actions to the NPDB that meet NPDB reporting criteria-that is, any professional review action that adversely affects the clinical privileges of a physician or dentist for a period of more than 30 days or the acceptance of the surrender of clinical privileges, or any restriction of such privileges by a physician or dentist, (1) while the physician or dentist is under investigation by a health care entity relating to possible incompetence or improper professional conduct, or (2) in return for not conducting such an investigation or proceeding. Clinical privileges include privileges, medical staff membership, and other circumstances (e.g., network participation and panel membership) in which a physician, dentist, or other health care practitioner is permitted to furnish medical care by a health care entity.

**Reasons to Void a Report**

The three reasons for voiding a report are:

- The report was submitted in error.
- The action was not reportable because it did not meet [NPDB reporting requirements](#).
- The action was overturned on appeal.

When you select Continue you must select one of these reasons and provide details regarding the circumstances that led to your decision to void this report.

**Dispute Resolution Review**

The Secretary of the U.S. Department of Health and Human Services conducted a review of this report at the request of the report subject to determine the following:

- If the report was submitted in accordance with reporting requirements
- If your organization was eligible to report the information
- If the report accurately depicted the action taken by your organization and the basis for the action in your organization's written record

After completing this review, the Secretary determined that this report should be maintained as it was submitted.

**Are you sure you want to void this report?**

Yes  No

Exit

Continue



## CLINICAL PRIVILEGES: VOID REPORT

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Subject Name: **SMITH, JOHN ANDREW**

Report Number: **7950000155498256**

Action(s): **• Suspension of Clinical Privileges**

### Why are you voiding this report?

- The report was submitted in error (e.g., wrong practitioner named, duplicate report, payment not delivered, action never finalized).

**Please explain:**

There are **4000** characters remaining for the explanation.

- The action was not reportable because it did not meet NPDB reporting requirements.
- The action was overturned on appeal. The action was reversed because the original action should never 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.

### Authorized Submitter's Name

TEST

### Authorized Submitter's Title

TEST

### Authorized Submitter's Phone

7777777777

### Ext.

### WARNING:

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

Submit



## REPORT AN APPEAL

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

Subject N

Report N

Action(s):

Date of A

MM-DD-

Customer

is only av

Custome

Certifi

I certifi

my kn

Autho

TES

Autho

TES

Autho

777

**Public Burden Statement** ×

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

**Public Burden Statement:** The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: [Title IV of Public Law 99-660, Health Care Quality Improvement Act \(HCQIA\) of 1986](#), [Section 1921 of the Social Security Act](#), [Section 1128E of the Social Security Act](#), and [Section 6403 of the Patient Protection and Affordable Care Act of 2010](#). The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). 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 information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory ([45 CFR Part 60](#)). [45 CFR Section 60.20](#) provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in [Sections 60.17, 60.18, and 60.21](#). Public reporting burden for this collection of information is estimated to average .25 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

Close

**WARNING:**

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



## REPORT AN APPEAL

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyySubject Name: **SMITH, JOHN ANDREW**Report Number: **7950000155498256**Action(s): 

- **Suspension of License**

**Date of Appeal**

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.

**Authorized Submitter's Name****Authorized Submitter's Title****Authorized Submitter's Phone****Ext.****WARNING:**

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



## Non-visible Questions

For Correction and Revision-to-Action the Non-visible questions will be the same as the non-visible questions for the initial report.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Are you sure you want to void this report?	Correction, Revision-to-Action, Void, Notice of Appeal (Void Report)	Lower part of the first page	Radio buttons "Yes" and "No"	If the report has completed a dispute resolution review with a decision that the report should remain unchanged then the input items are displayed	If the report does not qualify under the conditions, the fields are not displayed.
Are you sure you want to void this report?	Correction, Revision-to-Action, Void, Notice of Appeal (Void Report)	Lower part of the first page	Radio buttons "No, I want to correct it." and "Yes, I want to void it."	If the report has completed a dispute resolution review with a decision that the report should be corrected then the input items are displayed.	If the report does not qualify under the conditions, the fields are not displayed.
Please explain:	Correction, Revision-to-Action, Void, Notice of Appeal (Void Report– Why are you voiding this report?)	Below the first radio button	Text entry	If the user selects the radio button that the report was erroneously submitted then the text entry is displayed.	If displayed, then the field is required.



Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Please explain:	Correction, Revision-to-Action, Void, Notice of Appeal (Void Report – Why are you voiding this report?)	Below the second radio button	Text entry	If the user selects the radio button that the action should not have been reported then the text entry is displayed.	If displayed, then the field is required. The label is changed to “The Secretary determined that this report meets the NPDB reporting requirements. Why do you disagree?” if the report has a dispute resolution decision that the report should remain unchanged. The label is changed to “The Secretary determined that this report should be corrected. Why are you voiding it?” if the report has a dispute resolution decision that the report should be corrected.
Please explain:	Correction, Revision-to-Action, Void, Notice of Appeal (Void Report – Why are you voiding this report?)	Below the third radio button	Text entry	If the user selects the radio button that the action was reversed then the text entry is displayed.	If displayed, then the field is required.



## State Changes

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

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Correction, Revision-to- Action, Void, Notice of Appeal	Modal	When the user selects the link the modal is displayed with the public burden statement content.