

STATE LICENSURE OR CERTIFICATION: INITIAL REPORT

NPDB

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

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 .75 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.

Close

STATE LICENSURE OR CERTIFICATION: INITIAL REPORT

1. Subject Information

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

[Need Help ?](#)

Personal Information

| Last Name | First Name | Middle Name | Suffix (Jr, III) |
|------------------------------------|-----------------------------------|----------------------|----------------------|
| <input type="text" value="SMITH"/> | <input type="text" value="JOHN"/> | <input type="text"/> | <input type="text"/> |

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

Gender

Male Female Unknown

Birthdate

Is this person deceased?

No Yes Unknown

Date of Death

Practitioner's Address

Type of Address

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

Home Address/Address of Record

Country

Address Entering a military address?

Address Line 2

City

State

ZIP

Work Information

Use our information as the practitioner's work information.

Organization Name

Organization Type

Work Address

Country

Address Entering a military address?

Address Line 2

City

State

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

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

License Number

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

Completion Year

[+ Additional school or institution](#)

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 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

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?](#)

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](#)

Do you need to add a regulated profession?

Your board may only report on a license it regulates. To report on a license that is not on the list, you must add it to your regulated professions.

Select Yes to save a draft of this report and go to the Regulated Profession page and add a new profession. You can then return to the draft report to complete it.

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1. Subject Information

Edit

2. Action Information

Adverse Action(s) Taken

Was the action taken against a multi-state license?

 No Yes

Select up to 5 actions

Find an Action

-
- Limitation or Restriction on License (1147)
-
- Denial of License Renewal (1148)
-
- Denial of Initial License (1149)
-
- Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation (1150)
-
- Cease and Desist (1151)
-
- Withdrawal of Renewal Application While Under Investigation (1155)
-
- Publicly Available Negative Action or Finding, Specify (1189)
-
- Other Licensure Action - Not Classified, Specify (1199)

Selected Action(s): 1

Clear All

- Publicly Available Negative Action or Finding, Specify (1189)

Basis for Action(s)

Other - Not Classified, Specify

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.

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

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.

There are 4000 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 a basis. (Example: "failure")

Search

Non-Compliance With Requirements

Default on Health Education Loan or Scholarship Obligations

Drug Screening Violation

Failure to Comply With Continuing Education or Competency Requirements

Failure to Comply With Health and Safety Requirements

Failure to Cooperate With Board Investigation

Failure to Maintain Adequate or Accurate Records

Failure to Maintain Records or Provide Medical, Financial or Other Required Information

Failure to Meet Licensing Board Reporting Requirements

Failure to Meet the Initial Requirements of a License

Failure to Pay Child Support/Delinquent Child Support

Don't see what you're looking for?

STATE LICENSURE OR CERTIFICATION: INITIAL REPORT

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

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 (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: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

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

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Close

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1. Subject Information

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

Need Help ?

Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g., XYZ Pharmacy #123).
- Add any previous names or other names used by the organization, such as a Doing Business As name (DBA).

[+ Additional name](#)

Organization Type

Organization Description

Location Address

Enter the physical address for this location.

Country

Address Entering a military address?

Address Line 2

City

State

ZIP

Health Care Entity

Is the subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?

 Yes No

Principal Officers and Owners

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Title | | | |
| <input type="text"/> | | | |
| Last Name | First Name | Middle Name | Suffix (Jr, III) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

[+ Additional principal officer or owner](#)

Identification Numbers

NPI (National Provider Identifier)

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

[+ Additional NPI](#)

FEIN (Federal Employer Identification Number)

[+ Additional FEIN](#)

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

[+ Additional SSN or ITIN](#)

DEA (Drug Enforcement Administration) Number

[+ Additional DEA](#)

MPN/MSN (Medicare Provider/Supplier Number)

[+ Additional MPN/MSN](#)
 Does the subject have a FDA or CLIA identification number?

FDA (Federal Food and Drug Administration)

[+ Additional FDA](#)

CLIA (Clinical Laboratory Improvement Act)

[+ Additional CLIA](#)

Organization State Licensure Information

| | |
|------------------------------------------------------------------------|---------------------------------------------------|
| License 1 | |
| Does the organization have a license? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No/Not sure | |
| License Number | State |
| <input type="text"/> | <input type="text" value="CHOOSE ONE FROM LIST"/> |

[+ Additional license](#)

Health Care Entity Affiliation

 Is the organization 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

STATE LICENSURE OR CERTIFICATION: INITIAL REPORT

1. Subject Information

[Edit](#)

2. Action Information

Adverse Action(s) Taken

Select up to 5 actions

Find an Action

- Appointment or temporary management (3200)
- Restrictions on Admissions or Services (3207)
- Closure of Facility (3210)
- Transfer of Residents to Other Facilities Without Closure of the Facility (3212)
- Receivership (3220)
- Liquidation (3225)
- Civil Money Penalty (3230)
- Publicly Available Fine/Monetary Penalty (3233)
- Summary or Emergency Action, Specify (3238)
- Other Licensure Action - Not Classified, Specify (3239)

Selected Action(s): 1

[Clear All](#)

- Other Licensure Action - Not Classified, Specify (3239)

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 action was taken or it may be different.

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

\$

Is the action on appeal?

No Yes Unknown

Date of Appeal

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

Do not include any personally identifiable information, such as names.

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

There are **4000** 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 a basis. (Example: "failure")

Search

Non-Compliance With Requirements

Default on Health Education Loan or Scholarship Obligations

Drug Screening Violation

Failure to Comply With Continuing Education or Competency Requirements

Failure to Comply With Health and Safety Requirements

Failure to Cooperate With Board Investigation

Failure to Maintain Adequate or Accurate Records

Failure to Maintain Records or Provide Medical, Financial or Other Required Information

Failure to Meet Licensing Board Reporting Requirements

Failure to Meet the Initial Requirements of a License

Failure to Pay Child Support/Delinquent Child Support

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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](#)

Organization Name: TEST ORG
 Other Organization Name(s) Used: None/NA
 Business Address: 55 TEST ST
 City, State, ZIP: TEST CITY, ST 11111
 Organization Type: HOME HEALTH AGENCY/ORGANIZATION (393)

Names and Titles of Principal Officers and Owners
 (POO): TEST, TEST (TEST)

Federal Employer Identification Numbers (FEIN): 444556677
 Social Security Numbers (SSN): None/NA
 Individual Taxpayer Identification Numbers (ITIN): None/NA
 State License Number, State of Licensure: 11111, TX

Is the subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: YES

Drug Enforcement Administration (DEA) Numbers: None/NA
 Clinical Laboratory Act (CLIA) Numbers: None/NA
 Food and Drug Administration (FDA) Numbers: None/NA
 National Provider Identifiers (NPI): None/NA
 Medicare Provider/Supplier Numbers: 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 AGENCY
 Adverse Action Classification Code(s): SUSPENSION OF LICENSE OR CERTIFICATE (3136)
 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 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:**

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Save and finish later

Submit to the NPDB

Return to Options

Non-visible Questions

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|--------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Date of Death | State Licensure (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 | State Licensure (1) | Below Organization Type | Text Entry | The field is displayed if the user selects an organization type that requires a description. | |
| Description of Other Type of License, Registration, Certification, Permit or Other Authorization | State Licensure (1) | Below the "Add a related license..." checkbox | Text Entry | If the checkbox is selected the Description of Other Type of License is displayed | This information is only collected if the action involved a license or certification that is not the professional license to practice. |
| State | State Licensure (1) | Below Description of Other Type of License text entry | Drop List | If the checkbox is selected the State is displayed | This information is only collected if the action involved a license or certification that is not the professional license to practice. |
| ID Number | State Licensure (1) | Below Description of Other Type of License text entry | Text Entry | If the checkbox is selected the ID Number is displayed | This information is only collected if the action involved a license or certification that is not the professional license to practice. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|------------------------------------------------|---------------------|--------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Specialty | State Licensure (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 "Description" if the profession or field of licensure requires specialty information. |
| Description | State Licensure (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. | "Description" is displayed in place of "Specialty" if the profession or field of licensure does not require information for specialty. |
| FEIN (Federal Employer Identification Number) | State Licensure (1) | Below checkbox "Does the subject have an FEIN, or UPIN identification number?" | Text Entry | The field is displayed in the individual report form 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) | State Licensure (1) | Below FEIN text entry | Text Entry | The field is displayed in the individual report form 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. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|--------------------------------------------|------------------------|-----------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| FDA (Federal Food and Drug Administration) | State Licensure (1) | Below checkbox "Does the subject have a FDA or CLIA identification number?" | Text Entry | The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?" | Selecting the checkbox displays FDA and CLIA, and text entry fields. |
| CLIA (Clinical Laboratory Improvement Act) | State Licensure (1) | Below text entry FDA (Federal Food and Drug Administration) | Text Entry | The field is displayed in the organization report form if the user selects the checkbox for "Does the subject have a FDA or CLIA identification number?" | Selecting the checkbox displays FDA and CLIA, and text entry fields. |
| Type of Affiliation | State Licensure (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 | State Licensure (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. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|----------------|------------------------|----------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Country | State Licensure (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 | State Licensure (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 | State Licensure (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 | State Licensure (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. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|---------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| State | State Licensure (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 | State Licensure (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. |
| Describe the type of registration, certification, permit or other authorization affected by the action. | State Licensure(1) | Below Other license or certification action | Text Entry | The field is displayed if the user selects the " Other license or certification action " option | Selecting the option displays Describe the type of registration, State and ID Number fields. |
| State | State Licensure(1) | Below Other license or certification action | Drop List | The field is displayed if the user selects the " Other license or certification action " option | Selecting the option displays Describe the type of registration, State and ID Number fields. |
| ID Number | State Licensure(1) | Below Other license or certification action | Text Entry | The field is displayed if the user selects the " Other license or certification action " option | Selecting the option displays Describe the type of registration, State and ID Number fields. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|-----------------------------------------------------|---------------------|-------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Was the action taken against a multi-state license? | State Licensure (2) | Below Adverse Action(s) Taken | Radio buttons | The fields are displayed if the user selects a type of professional license that has a multi-state license. Options are "Yes" and "No" | If the selected profession does not have a multi-state license then this option is not displayed. |
| Select up to 5 actions | State Licensure (2) | Below "Was the action taken against a multi-state license?" | Check Boxes | The appropriate fields are displayed when the user selects a radio button for "Was the action taken against a multi-state license?" | If the selected profession does not have a multi-state license then the fields are not hidden. |
| Description | State Licensure (2) | Below an action requiring a description | Text Entry | The field is displayed if the user selects an action that requires a description. | |
| Description | State Licensure (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 | State Licensure (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 | State Licensure (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. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Is reinstatement automatic after this period of time? | State Licensure (2) | Below "How long will it remain in effect?" | Radio Buttons | The fields are displayed if the user selects "A specific period of time" for "Is reinstatement automatic after this period of time?" | Available options are "No," "Yes" and "Yes with conditions (Requires a Revision to Action report when status changes) |
| 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)? | State Licensure (2) | Below "Is reinstatement automatic after this period of time?" | Radio Buttons | The fields are displayed if the user selects a license profession of Physician (MD), Physician (DO) or Dentist for the practitioner in Subject Information | Available options are "Yes" and "No" |
| Date of Appeal | State Licensure (2) | Below Is the action on appeal? | Text Entry | The field is displayed if the user selects Yes option for "Is the action on appeal?" | |

State Changes

| Label | PDF Name | Item Type | Trigger |
|---------------------------------------------------------------|-----------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy | State Licensure | Modal | When the user selects the link the modal is displayed with the public burden statement content. |
| Select a Profession or Field of Licensure | State Licensure | 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. |
| License Number | State Licensure | 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 | State Licensure | 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. |