

CLINICAL PRIVILEGES: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

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

Practitioner's Address

Type of Address

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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 ?

Personal Information

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

SMITH

[+ 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

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?

Address Line 2

City

State

CHOOSE ONE FROM LIST

ZIP

Work Information

 Use our information as the practitioner's work information.

Organization Name

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?

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

State

CHOOSE ONE FROM LIST

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

YYYY

[+ Additional school or institution](#)

Identification Numbers

SSN (Social Security Number)

[+ Additional SSN](#)

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](#)

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](#) 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



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](#)

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1. Subject Information

Edit

2. Action Information

Adverse Action(s) Taken

Select up to 5 actions

Find an Action

-
- Summary or Emergency Limitation, Restriction, or Reduction of Clinical Privileges (1639)
-
- Reduction of Clinical Privileges (1640)
-
- Limitation or Restriction on Certain Procedure(s) or Practice Area(s) (1642)
-
- Limitation or Restriction: Mandatory Concurring Consultation Prior to Procedures (1643)
-
- Limitation or Restriction: Mandatory Proctoring or Monitoring During Procedures (1644)
-
- Denial of Clinical Privileges (1650)
-
- Withdrawal of Renewal Application While Under Investigation (1655)
-
- Practitioner Allowed Privileges to Expire While Under Investigation (1656)
-
- Other Restriction/Limitation of Clinical Privileges, Specify (1645)

Selected Action(s): 1

Clear All

- Other Restriction/Limitation of Clinical Privileges, Specify (1645)

Basis for Action(s)

Other - Not Classified, Specify

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.

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

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. Review

4. 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?](#)



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1. Subject Information

 Edit

2. Action Information

 Edit

3. Review

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*
 Home Address: 5 TEST ST
 City, State, ZIP: TEST CITY, ST 11111
 Deceased: UNKNOWN
 Social Security Numbers (SSN): ***-**-6666
 National Provider Identifiers (NPI): *None/NA*
 Professional School(s) & Year(s) of Graduation: UNIVERSITY (2000)
 Occupation/Field of Licensure: REGISTERED NURSE
 State License Number, State of Licensure: 11111, ST
 Drug Enforcement Administration (DEA) 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: TITLE IV CLINICAL PRIVILEGES
 Basis for Action: FAILURE TO COMPLY WITH CORRECTIVE ACTION
 PLAN (AA)
 Adverse Action Classification Code(s): SUSPENSION OF CLINICAL PRIVILEGES (1630)
 Date Action Was Taken: 02/01/2020
 Date Action Became Effective: 02/01/2020
 Length of Action: INDEFINITE
 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

Save and finish later

Continue to next step

4. Certifier Information

[Return to Options](#)

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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)(2)) 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 **Registered Nurse** in the state of STATE NAME are administered by:

STATE BOARD OF NURSING (CITY, ST)

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 BOARD OF NURSING. 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 a Data Bank 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 to the appropriate state licensing board(s) to fulfill this requirement. If the practitioner was not licensed in the state in which the practitioner was practicing (which may be the case with federally-employed practitioners) or if the practitioner was practicing 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.

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](#)

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Title IV Clinical Privileges Actions (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 Actions (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Description	Title IV Clinical Privileges Actions (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that may use a description.	"Specialty" is displayed in place of "Description" if the selected profession or field of licensure requires specialty information.
Specialty	Title IV Clinical Privileges Actions (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 selected profession or field of licensure does not require information for a specialty.
FEIN (Federal Employer Identification Number)	Title IV Clinical Privileges Actions (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 Actions (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	Selecting the checkbox displays FEIN and UPIN text entry fields.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
				UPIN identification number?"	
Type of Affiliation	Title IV Clinical Privileges Actions (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 Actions (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 Actions (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 Actions (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 Actions (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
					State and ZIP entries.
City	Title IV Clinical Privileges Actions (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 Actions (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 Actions (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 Privileges Actions (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 Privileges Actions (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 Privileges Actions (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	Below "How long will it	Drop List	The field is displayed if the user selects "A	Selecting the radio button displays the

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
	Privileges Actions (2)	remain in effect?"		specific period of time" option for "How long will it remain in effect?"	number text entry and type of time period drop list.

State Changes

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