

**Entities Survey: Module 6**  
**Number of questions: 16**

This module is relevant for the following entity identified in Module 2:  
*State Licensing Board, State Certification Authority and Federal Licensing Agency*

**Demographics Related Questions**

**Q 6.1.** For the typical year, how many applications (new and renewals) for licensure or certification does your organization receive?

Select a number: \_\_\_\_\_  
Do not know (Please Explain) \_\_\_\_\_

**Q 6.2.** For the typical year, how many applications (new and renewals) does your organization approve for licensure or certification?

Select a number: \_\_\_\_\_  
Do not know (Please Explain) \_\_\_\_\_

**Q 6.3.** How many total staff members within your organization are responsible for licensing or certifying practitioners?

Select a number: \_\_\_\_\_  
Do not know (Please Explain) \_\_\_\_\_

**Q 6.4.** How often does your organization review the records of practitioners for which your organization has granted licensure or certification?

Once every 6 months  
Once per year  
Once every 2 years  
Once every 3 years  
Once every 4 or more years  
Ongoing  
Other (Please Explain) \_\_\_\_\_

**Q 6.5.** Which of the following sources does your organization utilize for granting licensure or certification to a practitioner? (Please select all that apply.)

National Practitioner Data Bank (NPDB)  
Practitioner's Self-Queries of the NPDB

Board Action Data Bank of the Federation of State Medical Boards (FSMB) or other national organization(s) of state licensing boards for non-physician practitioners

Licensing board(s) in your state

Licensing board(s) in another state

Practitioner's current medical malpractice/liability insurance carrier(s)

Practitioner's previous medical malpractice/liability insurance carrier(s)

Practitioner's current affiliated health plan(s)

Practitioner's previous affiliated health plan(s)

Other health care entities (other hospitals, HMOs, group practice, etc.)

Professional society(ies) (e.g., AMA, AOA, ANA, etc.).

Medical school(s) or other professional school(s)

Residency program(s)

Speciality certification organizations (e.g., ABMS)

OIG exclusion list

Drug Enforcement Agency exclusion list

Peer or professional references

Other (Please Explain) \_\_\_\_\_

### Survey Page Break

**Q 6.6.** What types of adverse licensure or certification actions does your organization take regarding practitioners? (Select all that apply.)

Revocation of License or Certification

Probation of License or Certification

Suspension of License or Certification

Summary or Emergency Limitation or Restriction on License or Certification

Summary or Emergency Suspension of License or Certification

Reprimand or Censure

Voluntary Surrender of License

Voluntary Limitation or Restriction on License

Limitation or Restriction on License or Certification

Denial of License or Certification Renewal

Denial of Initial License or Certification

Interim Action – Voluntary Agreement to Refrain from Practice or to Suspend

License or Certification Pending Completion of an Investigation

Cease and Desist

Withdrawal of Renewal Application While Under Investigation

Publicly Available Fine/Monetary Penalty

Prescriptive/Dispensing Authority Action – Not Classified (Please Specify) \_\_\_\_\_

Publicly Available Negative Action or Finding (Please Specify) \_\_\_\_\_

Other Licensure or Certification Action – Not Classified (Please Specify)

\_\_\_\_\_

**Q 6.7.** For the typical year, how many times does your organization take disciplinary actions regarding practitioners?

- None
- 1 to 5 times
- 5 to 24 times
- 25 to 49 times
- 50 to 99 times
- 100 or more times
- Do not know (Please Explain)

**Q 6.8.** Has your organization ever been found to be non-compliant with the NPDB reporting requirements?

- Yes
- No → skip the next question
- Do not know → skip the next question

**Q 6.9.** Please rate your organization's level of satisfaction with the NPDB's efforts to promote your organizations' compliance?

- Very Satisfied
- Satisfied
- Neither Satisfied Nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

**Survey Page Break**

**Q 6.10.** Is your organization a state medical board?

- Yes
- No

**Q 6.11.** Does your organization receive clinical privileges action reports from the NPDB's report forwarding service?

- Yes
- No
- Not Applicable
- Other (Please Explain) \_\_\_\_\_

If "yes," go to the next question. Otherwise, skip to Q 6.13.

**Q 6.12.** How would you rate your level of satisfaction with the NPDB's report forwarding service for clinical privileges actions?

Very Satisfied  
Satisfied  
Neither Satisfied Nor Dissatisfied  
Dissatisfied  
Very Dissatisfied

**Q 6.13.** Does your state medical board receive medical malpractice payment reports from the NPDB's reporting forwarding service?

Yes  
No  
Not Applicable  
Other (Please Explain) \_\_\_\_\_

If "yes," go to the next question. Otherwise, end this module.

**Q 6.14.** How would you rate your level of satisfaction with the NPDB's report forwarding service for medical malpractice payment reports?

Very Satisfied  
Satisfied  
Neither Satisfied Nor Dissatisfied  
Dissatisfied  
Very Dissatisfied

Survey Page Break

**Q 6.15.** Does your state medical board have a monetary penalty for hospitals for not reporting clinical privileges actions to the state medical board?

Yes  
No → Skip to the end of the module.  
Not Applicable (Please Explain) \_\_\_\_\_ → Skip to the end of the module.

**Q 6.16.** Please provide the details of the monetary penalty.

Textbox

Piping Logic:

Survey will be directed to Module 8 next.