

Entity: TEST AGENCY (TEST, ST)   Use	r: Testuser
--------------------------------------	-------------

CLINICAL PRIVILEGES: INITIAL REPORT



NATIONAL PRACTITIONER DATA BANK

NT	D	D	D
IN	r	$\mathbf{D}$	D

Privacy Policy I OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy 1. Subject Information Need Help ? Please fill out as much information as possible to help entities find your report when they query. Personal Information Suffix (Jr, III) Last Name Middle Name First Name SMITH JOHN + Additional name (e.g., maiden name) Gender OMale OFemale OUnknown Birthdate MM / DD / YYYY Is this person deceased? 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 Ψ Address Entering a military address? Address Line 2

City	State
	CHOOSE ONE FROM LIST
ZIP	
Work Information  Check here if the practition	er's work information is the same as your organization.
Organization Name	
Organization Type	
Work Address	
Country	
United States	Ψ.
Address Entering a military addre	ss?
Address Line 2	
City	State
	CHOOSE ONE FROM LIST
ZIP	
$\checkmark$	
21 23 15 150535	
Profession and Licensure	sional license was the action primarily taken?
Profession or Field of Licens	ure Description (Optional)
CHOOSE ONE FROM LIST	
Add any other health care lice + Additional license	nses the individual holds
Professional Schools Attende	d
Enter the schools or institutions the e.g., medical school, certification What if the practitioner has not gradu	
Name of School or Institution	Completion Year
	YYYY
- Additional school or institution	
dentification Numbers	
SSN or ITIN (Social Security Nu	Imber or Individual Taxpayer Identification Number)
- Additional SSN or ITIN	
Additional SSIN of THIN	
<b>IPI (National Provider Identifie</b> o help queriers find your report, add the	<b>r)</b> practitioner's NPI number if you know it.
Additional NPI	
DEA (Drug Enforcement Admin	istration) Number
Additional DEA	
☑Does the subject have a FEIN	or UPIN identification number?
EIN (Federal Employer Identifi	cation Number)
- Additional FEIN	
JPIN (Unique Physician Identif	ication Number)
- Additional UPIN	
Health Care Entity Affiliation	

☑ Is the practitioner affiliated with a health care entity?

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 s		
Add this subject to my s What is a subject database?		
		Save and finish later Continue
		Save and finish later Continue

Return to Options

# What type of license are you reporting?

Recently Used		
Occupational T	Therapist	
Behavioral Health	h Occupations	
Other Behavior	ral Health Occupation - Not Classified, Specify - BEHAVIOR AN	ALYST
Psychologist/Psy	chological Assistant	
Psychologist		
Psychologist -	CERTIFIED	
Rehabilitative, Re	espiratory and Restorative Service Practitioner	
Occupational T	Therapist	
Occupational T	Therapy Assistant	
Physical Thera	apist	
Physical Thera	apy Assistant	
Health Care Faci	ility Administrator	
Health Care Fa	acility Administrator	

×

Report a different license

Entity: TEST AGENCY (TEST, ST) | User: Testuser

# CLINICAL PRIVILEGES: INITIAL REPORT



Sign Out

Subject Information		S Edi
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	g Consultation Prior to Procedures (1643)	
Limitation or Restriction: Mandatory Proctoring	or Monitoring During Procedures (1644)	
Denial of Clinical Privileges (1650)		
U Withdrawal of Renewal Application While Under	er Investigation (1655)	
Practitioner Allowed Privileges to Expire While	Under Investigation (1656)	
Other Restriction/Limitation of Clinical Privilege	es, Specify (1645)	Ļ
Selected Action(s): 1 <ul> <li>Other Restriction/Limitation of Clinical Privileges, S</li> </ul>		Clear All

### 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 acti	ion. 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	O Permanently O Unknown/Indefinite
Years Months Days	
Describe the subject's act	ts or omissions that caused the action to be taken.
Do not include any person this report.	ally identifiable information, such as names, for anyone except the subject of
Your <u>narrative description</u> he taken.	elps querying organizations understand more about the action and why it was
There are 4000 characters	remaining for the description.
Spell Check	
Optional Reference Num	bers

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.

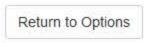
### **Entity Report Reference**

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. Review

### 4. Certifier Information



Continue

Save and finish later

### 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 or State Health Codes

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

Failure to Maintain Equipment/Missing or Inadequate Equipment

Failure to Maintain Supplies/Missing or Inadequate Supplies

Failure to Meet Licensure Requirements/Licensing Board Reporting Requirements

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

Oporating Without a Liconen or Dormite or on a Lancod Liconen

Don't see what you're looking for?

×

# CLINICAL PRIVILEGES: INITIAL REPORT



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

1. Subject Information 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 5 TEST ST Home Address: City, State, ZIP: TEST CITY, ST 11111 Deceased: UNKNOWN Social Security Numbers (SSN): \*\*\*-\*\*-66666 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?:

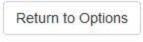
None/NA Description of Subject's Act(s) or Omission(s) or

Other Reasons for Action(s) Taken and Description

of Action(s) Taken by Reporting Entity: Test narrative



4. Certifier Information



# CLINICAL PRIVILEGES: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK



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

1. Subject Information	/ Edit
2. Action Information	Jedit 🖉
3. Review	Se 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:

- O 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.
- O 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

### Authorized Submitter's Phone

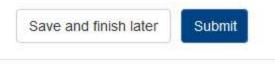
77777777777

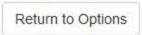
		-

### 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.

Fxt





### **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 UPIN identification number?"	Selecting the checkbox displays FEIN and UPIN text entry fields.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
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
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 Privileges Actions (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.

## 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.