

Entity: TEST AGENCY (TEST, ST) | User: Testuser [Sign Out](#)

NATIONAL PRACTITIONER DATA BANK
NPDB

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

1. Subject **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 .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

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

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

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

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](#)

PROFESSIONAL SOCIETY: INITIAL REPORT

1. Subject Information

[Edit](#)

2. Action Information

Adverse Action(s) Taken

Select up to 5 actions

Find an Action

- Revocation of Professional Society Membership (1710)
- Suspension of Professional Society Membership (1730)
- Disciplinary Probation Affecting Membership Rights or Privileges (1735)
- Denial of Professional Society Membership (Subsequent) (1750)
- Other Restriction/Limitation on Professional Society Membership, Specify (1745)

Selected Action(s): 1

[Clear All](#)

- Other Restriction/Limitation on Professional Society Membership, Specify (1745)

Basis for Action(s)

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.

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

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](#)

3. Review

4. 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

Clinical privileges restricted, suspended or revoked by another hospital or health care facility

Debarment from federal or state program

Default on Health Education Loan or Scholarship Obligations

Exclusion or Suspension from a federal or state health care program

Failure to maintain or provide adequate or accurate medical records, financial records, or other required information

Failure to perform contractual obligations

Failure to repay overpayment

Practicing without a valid license

Don't see what you're looking for?



PROFESSIONAL SOCIETY: INITIAL REPORT

NPDB

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

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: 55 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 (2001)
 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: PROFESSIONAL SOCIETY
 Basis for Action: FAILURE TO COMPLY WITH CORRECTIVE ACTION
 PLAN (AA)
 Adverse Action Classification Code(s): REVOCATION OF PROFESSIONAL SOCIETY
 MEMBERSHIP (1710)
 Date Action Was Taken: 02/01/2020
 Date Action Became Effective: 02/01/2020
 Length of Action: INDEFINITE
 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

Save and finish later

Continue

4. Certifier Information

Return to Options


PROFESSIONAL SOCIETY: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

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


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)(1)) requires that you send a copy of your report to the appropriate state licensing board in the state in which the medical malpractice claim arose.

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 medical malpractice claim 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 medical malpractice claim arose (which may be the case with payments for federally-employed practitioners) or if the claim arose for care provided 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](#)[Return to Options](#)

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Professional Society (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	Professional Society (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Specialty	Professional Society (1)	Beside Profession or Field of Licensure	Text entry	The field is displayed if the user selects a profession or field of licensure that does not require information for a specialty.	"Specialty" is displayed in place of "Description" if the selected profession or field of licensure requires specialty information.
Description	Professional Society (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)	Professional Society (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
UPIN (Unique Physician Identification Numbers)	Professional Society (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.
Type of Affiliation	Professional Society (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	Professional Society (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	Professional Society (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Address	Professional Society (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	Professional Society (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	Professional Society (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	Professional Society (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	Professional Society (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Description	Professional Society (2)	Below an action requiring a description	Text Entry	The field is displayed if the user selects an action that requires a description.	
Description	Professional Society (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	Professional Society (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	Professional Society (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.
Is reinstatement automatic after this period of time?	Professional Society (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)
Date of Appeal	Professional Society (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	Professional Society	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Select a Profession or Field of Licensure	Professional Society	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	Professional Society	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Professional Society	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	Professional Society	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.