

ity: TEST AGENCY (TE	EST, ST)   User: Testuser			Sign ATIONAL PRACTITIONER DATA BANK
XCLUSION OR D	EBARMENT: INITIAL	REPORT		<b>NPDB</b>
		Privacy Policy   OME	B Number: 0915-0126	Expiration Date: mm/dd/y
Subject Informatio	n			
Please fill out as when they query		ossible to help entities fin	nd your report	Need Help ?
Personal Inform				
Last Name	First Name	Middle Name	Suffix (Jr, III)	
SMITH				
+ Additional nam	ne (e.g., maiden name)			
OMale OFem	ale OUnknown			
MM / DD / YYYY				
Is this person de ●No ○Yes ○				
Practitioner's Ad	ldress			
Type of Address If the home addre	ss is not known, enter a	a work address.		
Home Address/A	ddress of Record			
Country				
£				
United States				
	g a military address?		9 -	

## Address Line 2

City

State

CHOOSE ONE FROM LIST

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		_
	٠	-

## Work Information

 $\checkmark$ 

□ Check here if the practitioner's work information is the same as your organization.

Organization Name		
Organization Type		~
Work Address		
Country		
United States		
Address Entering a militar	y address?	
Address Line 2		
City	State	
	CHOOSE ON	E FROM LIST
ZIP		
Profession and Licensur	e	
Against which type of p	professional license	was the action primarily taken?
Profession or Field of L	icensure	Description (Optional)
		ected profession or field of licensure? t an unlicensed individual

State	License Number	
CHOOSE ONE FROM LIST	×	

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

CHOOSE ONE FROM LIST

## **Entity Name**

# Country

United States

Address Line 2		
City	State	
ZIP	CHOOSE ONE FROM LIST	
	ny subject database	

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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



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Subject Information	✓ E
Action Information	
Adverse Action(s) Taken	
Select up to 3 actions	Find an Action
Debarment From Federal Prog	rams (1500)
Exclusion From a Federal Heal	th Care Program (1505)
Exclusion From a State Health	Care Program (1507)
Selected Action(s): 0	Clear All
Selected Action(s): 0 Basis for Action(s)	Clear All
	Clear All
Basis for Action(s)	Clear All
Basis for Action(s) Other - Not Classified, Specify	Clear All
Basis for Action(s) Other - Not Classified, Specify Description	Clear All
Basis for Action(s) Other - Not Classified, Specify Description + Additional basis for action Adverse Action Information	
Basis for Action(s) Other - Not Classified, Specify Description + Additional basis for action Adverse Action Information	Clear All
Basis for Action(s) Other - Not Classified, Specify Description + Additional basis for action Adverse Action Information What is the name of the agency of	Clear All or program that took the action?

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 O Permanently O Unknown/Indefinite

Years	Months	Days
J		

#### Is the action on appeal?

#### 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 <u>narrative description</u> 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

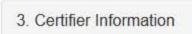
Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers.

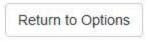
#### Entity Report Reference

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**







#### Select a Basis for Action

Enter a keyword or phrase to find a matching basis for the action(s). (Example: "failure")

Search

Criminal Conviction

Conviction Relating to Controlled Substances

Conviction Relating to Fraud

Conviction Relating to Obstruction of an Investigation

Conviction Relating to Patient Abuse or Neglect

Criminal Conviction - Not Classified

Felony Conviction Relating to Controlled Substance Violations

Felony Conviction Relating to Health Care Fraud

Program-Related Conviction

Other

Conflict of Interest

Don't see what you're looking for?

NPDB

NATIONAL PRACTITIONER DATA BANK

Sign Out

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

# 1. Subject Information Image: Edit 2. Action Information Image: Edit 3. Certifier Information Image: Edit

## 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:	STATE UNIVERSITY COLLEGE OF MEDICINE (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

Basis for Action:	CONVICTION RELATING TO CONTROLLED SUBSTANCES (66)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	TEST AGENCY
Adverse Action Classification Code(s):	DEBARMENT FROM FEDERAL PROGRAMS (1500)
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 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

Ext.

7777777777777

## 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

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

		~		
1. Subject	Public Burden Statement	×		
Pleas	OMB Number: 0915-0126 Expiration Date: XX/XX/20XX	be	Help ?	
when	Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse			
(12)	actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents			
Organi:	practitioners from moving state-to-state without disclosure or discovery of			
Organiz	previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care			
- Include - Add an	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	No.	#123). e (DBA).	
TEST	Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at 45 CFR Part 60. An agency may not			
+ Addi	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	. 1		
	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			
Organi:	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			
Organia	average .75 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection o	f		
	information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this			
Locatic	burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.	- 1		
Locatio	1410130D, Rockville, Maryland, 20037 of paperwork@firsd.gov.			
Enter th	Close			
Country		1		
United s	States			



NATIONAL PRACTITIONER DATA BANK

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

Subject Information		
Please fill out as much when they query.	nformation as possible to help entities find your report	Need Help ?
Organization Informatio	n	
	other identifier for a location in the organization name (e.g., 2 r other names used by the organization, such as a Doing Bu	
TEST ORG		
+ Additional name		
Organization Type		
999 Other Type - Not Class	ified, Specify	
Organization Descriptio	n	
Location Address Enter the physical addres	s for this location.	
Country		
United States	•	
Address Entering a milita	ry address?	
Address Line 2		
City	State	
	CHOOSE ONE FROM LIST	
ZIP		

Title			
_ast Name	First Name	Middle Name	Suffix (Jr, III)
Additional princi	pal officer or owner		

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

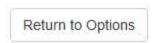
## CLIA (Clinical Laboratory Improvement Act)

+ Additional CLIA

1 2 2 V			
License 1			
Does the organization ● Yes O No/N			
License Number		State	
-		CHOOSE ONE FROM LIST	~
+ Additional license			
Health Care Entity Affil	iation		
☑ Is the organization affili	iated with a health care entity?		
Type of Affiliation			
CHOOSE ONE FROM LIST	<b>•</b>		
Entity Name			
Country			
United States		*	
Address Entering a milita	iry address?		
Address Line 2			
2ih.	State		
City	CHOOSE ONE FROM LIST	~	
ZIP			
(I)			
✓ Additional Affiliate			

## 2. Action Information

3. Certifier Information



NATIONAL	PRACTI	TONER DAT	A BANK
NT	D	D	D
			D
-	-	-	

Find an Action
Find an Action
Find an Action
Find an Action
Clear All

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.

MM / DD / YYYY

#### How long will it remain in effect?

A specific period of time O Permanently O Unknown/Indefinite

Years	Months	Days

## Is reinstatement automatic after this period of time?

O No O Yes O Yes, with conditions (requires a Revision to Action report when status changes)

#### 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.

Your <u>narrative description</u> helps querying organizations understand more about the action and why it was taken.

There are **4000** characters remaining for the description.

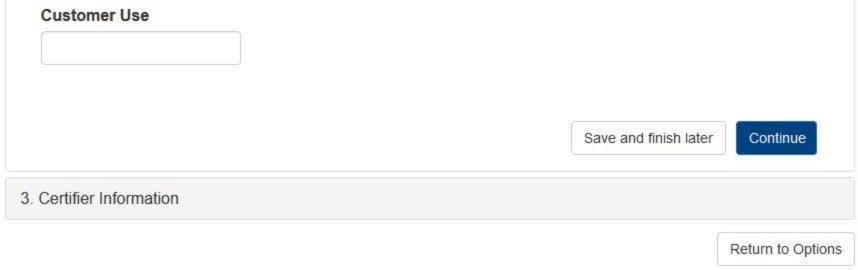
Spell Check

## 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.



#### Select a Basis for Action

Enter a keyword or phrase to find a matching basis for the action(s). (Example: "failure")

Search

Criminal Conviction

Conviction Relating to Controlled Substances

Conviction Relating to Fraud

Conviction Relating to Obstruction of an Investigation

Conviction Relating to Patient Abuse or Neglect

Criminal Conviction - Not Classified

Felony Conviction Relating to Controlled Substance Violations

Felony Conviction Relating to Health Care Fraud

Program-Related Conviction

Other

Conflict of Interest

Don't see what you're looking for?



Sign Out

NPDB

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# 1. Subject Information Image: Edit 2. Action Information Image: Edit 3. Certifier Information Image: Edit

## 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):	None/NA
Social Security Numbers (SSN):	***-**-66666
Individual Taxpayer Identification Numbers (ITIN):	None/NA
State License Number, State of Licensure:	11111, IL
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:	EXCLUSION/DEBARMENT
Basis for Action:	CONVICTION RELATING TO CONTROLLED SUBSTANCES (66)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	TEST AGENCY
Adverse Action Classification Code(s):	DEBARMENT FROM FEDERAL PROGRAMS (3500)
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	Test 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:

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	Subm
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## **Non-visible Questions**

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Death	Exclusion or Debarment(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	Exclusion or Debarment(1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Specialty	Exclusion or Debarment(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 selected profession or field of licensure requires specialty information.
Description	Exclusion or Debarment(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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
FEIN (Federal Employer Identification Number)	Exclusion or Debarment(1)	Below checkbox "Does the subject have an FEIN, or UPIN identification number?"	Text Entry	The field is displayed in the individual 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)	Exclusion or Debarment(1)	Below FEIN text entry	Text Entry	The field is displayed in the individual 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.
FDA (Federal Food and Drug Administration)	Exclusion or Debarment(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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
CLIA (Clinical Laboratory Improvement Act)	Exclusion or Debarment(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	Exclusion or Debarment(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	Exclusion or Debarment(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	Exclusion or Debarment(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	Exclusion or Debarment(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	Exclusion or Debarment(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	Exclusion or Debarment(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	Exclusion or Debarment(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

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
ZIP	Exclusion or Debarment(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	Exclusion or Debarment (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	Exclusion or Debarment (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	Exclusion or Debarment (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	Exclusion or Debarment (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
Date of Appeal	Exclusion or Debarment (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	Exclusion or Debarment	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Select a Profession or Field of Licensure	Exclusion or Debarment	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	Exclusion or Debarment	Text Entry	Text entry is disabled if the user does not select a profession or field of licensure requiring a description.
License Number	Exclusion or Debarment	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	Exclusion or Debarment	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.