

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

Sign Out

GOVERNMENT ADMINISTRATIVE: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

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

1. Subject

Public 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

Please when

Person

Last Na

+ Add

Gender

☐ Male

Birthda

MM / D

Is this p

☐ No

Date of

MM /

Practitioner's Address

Type of Address

If the home address is not known, enter a work 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)

+ 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

Organization Type

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

License Number

CHOOSE ONE FROM LIST

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 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

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. 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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NPDB

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1. Subject Information

Edit

2. Action Information

Adverse Action(s) Taken

Select a type of action

☒ This action is related to certification agreements or contracts for participation in a federal or state health care program, including state nurse aide registry findings.

This includes, but is not limited to:

Termination or suspension of certification agreement or contract for participation in a federal or state health care program

Loss of right to apply for or renew certification agreement or contract

Any negative action or finding that is publicly available related to certification agreement or contract, etc

☐ This is an "other adjudicated action or decision."

It is a formal or official final action which includes due process and is related to health care delivery or payment. This includes personnel-related actions such as suspension without pay, termination, or other comparable actions.

Clinical privileges and panel membership actions are reported separately. They are not reported as government administrative actions.

Select up to 5 actions

Find an Action

☐ Termination of Medicare or Other Federal Health Care Program Participation (1510)

☐ Voluntary Termination of Medicare or Other Federal Health Care Program Participation After Notification of Investigation or Disciplinary Action (1512)

☐ Nonrenewal of Medicare or Other Federal Health Care Program Participation Agreement for Cause (1513)

☐ Voluntary Termination of Medicaid or Other State Health Care Program Participation After Notification of Investigation or Disciplinary Action (1517)

☐ Nonrenewal of Medicaid or Other State Health Care Program Participation Agreement for Cause (1518)

☐ Denial of Initial Application (1525)

☒ Other Action Imposed by Medicare or Other Federal Health Care Program - Not Classified, Specify (1598)

Selected Action(s): 0

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 or program that took the action?

☐ Our agency took the action

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

Total monetary penalty, assessment, restitution or fine

\$ 00000.00

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, 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. 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?

1. Subject Information

2. Action Information

3. Certifier Information

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

Type of Adverse Action:	GOVERNMENT ADMINISTRATIVE
Basis for Action:	OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified:	OTHER DESCRIPTION
Name of Agency or Program That Took the Adverse Action Specified in This Report:	TEST AGENCY
Adverse Action Classification Code(s):	TERMINATION OF MEDICARE OR OTHER FEDERAL HEALTH CARE PROGRAM PARTICIPATION (1510) OTHER ACTION IMPOSED BY MEDICARE OR OTHER FEDERAL HEALTH CARE PROGRAM - NOT CLASSIFIED, SPECIFY (1598)
Other, as Specified:	OTHER DESCRIPTION
Date Action Was Taken:	02/01/2020
Date Action Became Effective:	02/01/2020
Length of Action:	INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:	None/NA
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

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.

GOVERNMENT ADMINISTRATIVE: INITIAL REPORT

NPDB

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

Public 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

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

GOVERNMENT ADMINISTRATIVE: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

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

1. Subject Information

Please fill out as much information as possible to help entities find your report when they query.

Need Help ?

Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g., XYZ Pharmacy #123).

- Add any previous names or other names used by the organization, such as a Doing Business As name (DBA).

TEST ORG

+ Additional name

Organization Type

999 Other Type - Not Classified, Specify

Organization Description

Location Address

Enter the physical address for this location.

Country

United States

Address

Entering a military address?

Address Line 2

City

State

CHOOSE ONE FROM LIST

ZIP

Principal Officers and Owners

Title

Last Name

First Name

Middle Name

Suffix (Jr, III)

+ Additional principal officer or owner

Identification Numbers

NPI (National Provider Identifier)

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

Organization State Licensure Information

License 1

Does the organization have a license?

Yes

No/Not sure

License Number

State

CHOOSE ONE FROM LIST

+ Additional license

Health Care Entity Affiliation

Is the organization 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. Certifier Information

Return to Options

GOVERNMENT ADMINISTRATIVE: INITIAL REPORT

1. Subject Information

[Edit](#)

2. Action Information

Adverse Action(s) Taken

Select a type of action

- ☒ This action is related to certification agreements or contracts for participation in a federal or state health care program, including state nurse aide registry findings.

This includes, but is not limited to:

- Termination or suspension of certification agreement or contract for participation in a federal or state health care program
- Loss of right to apply for or renew certification agreement or contract
- Any negative action or finding that is publicly available related to certification agreement or contract, etc

- ☐ This is an "other adjudicated action or decision."

It is a formal or official final action which includes due process and is related to health care delivery or payment. This includes personnel-related actions such as suspension without pay, termination, or other comparable actions.

Clinical privileges and panel membership actions are reported separately. They are not reported as government administrative actions.

Select up to 5 actions

Find an Action

(3518)

☐ Denial of Initial Application (3525)

☐ Marketing Activities Suspended or Restricted (3540)

☐ Beneficiary Enrollment Suspended (3542)

☐ Termination of Medicaid or Other State Health Care Program Participation (3551)

☐ Other Action Imposed by Medicaid or Other State Health Care Program - Not Classified, Specify (3579)

☐ Other Action Imposed by Medicare or Other Federal Health Care Program - Not Classified, Specify (3598)

☒ Other Certification Action - Not Classified, Specify (3599)

Selected Action(s): 1

[Clear All](#)

- Other Certification Action - Not Classified, Specify (3599)

Basis for Action(s)

Description

[+ Additional basis for action](#)

Adverse Action Information

What is the name of the agency or program that took the action?

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

Is reinstatement automatic after this period of time?

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

Total monetary penalty, assessment, restitution or fine

\$

Is the action on appeal?

- ☐ No ☒ Yes ☐ Unknown

Date of Appeal

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 [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. 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?

1. Subject Information

Edit

2. Action Information

Edit

3. Certifier Information

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):***-**-6666

Individual Taxpayer Identification Numbers (ITIN):None/NA

State License Number, State of Licensure:11111, ST

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:GOVERNMENT ADMINISTRATIVE

Basis for Action:OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified:TEST

Name of Agency or Program That Took the Adverse Action Specified in This Report:TEST AGENCY

Adverse Action Classification Code(s):NONRENEWAL OF MEDICAID OR OTHER STATE HEALTH CARE PROGRAM PARTICIPATION AGREEMENT FOR CAUSE (3518)

Date Action Was Taken:02/01/2020

Date Action Became Effective:02/01/2020

Length of Action:INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution:None/NA

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

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	Government Administrative (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	Government Administrative (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Specialty	Government Administrative (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	Government Administrative (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)	Government Administrative (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
UPIN (Unique Physician Identification Numbers)	Government Administrative (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)	Government Administrative (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.
CLIA (Clinical Laboratory Improvement Act)	Government Administrative (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	Government Administrative (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.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Entity Name	Government Administrative (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	Government Administrative (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	Government Administrative (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	Government Administrative (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	Government Administrative (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	Government Administrative (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	Government Administrative (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.
Select up to 5 actions	Government Administrative (2)	Below selections for a type of action	Check Boxes	The appropriate fields are displayed for the user when either radio button is selected for the type of action.	Available selections are "This action is related to a certification agreements or contracts for participation in a federal or state health care program, including state nurse aide registry findings" and "This is an "other adjudicated action or decision.""

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