

CORRECTIVE ACTION PLAN

NATIONAL PRACTITIONER DATA BANK



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 .08 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.

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CORRECTIVE ACTION PLANS

A Corrective Action Plan (CAP) allows the NPDB to monitor, manage and collaboratively work with organizations on reporting compliance with the NPDB. By submitting the CAP form, organizations agree to work with the NPDB to achieve reporting compliance by providing the number of actions pending submission, providing a time line for submitting reports, and committing to report all future actions in a timely manner. For better understanding of how to use a CAP, please review the [CAP Tutorial](#).

The following professions require a CAP to assist your organization to meet its reporting requirements.

Filter by Profession: <input type="text" value="All"/>		Show : Unresolved Pending Resolved All		
Date Notified	Profession	Time Frame	Due Date	Status
mm/dd/yyyy	Pharmacist	yyyy - yyyy	mm/dd/yyyy	Unresolved
mm/dd/yyyy	Pharmacy Technician	yyyy - yyyy	mm/dd/yyyy	Unresolved
mm/dd/yyyy	Pharmacy Technician Trainee	yyyy - yyyy	mm/dd/yyyy	Resolved

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CORRECTIVE ACTION PLAN

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

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The actions covered by each CAP have been reviewed as part of the [Adverse Licensure Action Comparison Project](#).

Licensed Practical Nurse

Related Correspondence:

*** Message Received: mm/dd/yyyy ***

Dear NPDB User,

The NPDB is requesting that your entity complete a

Your organization has [n pending](#) missing action(s) for this profession in the time frame Month dd, yyyy, to Month dd, yyyy and is required to submit a CAP for the following time frame.

Number of Reports: Per

Expected Start Date:

Expected Completion Date:

Additional Notes for the Compliance Officer:

Certification

Our organization certifies that the statements for this Corrective Action Plan are true and correct to the best of our knowledge. I further certify that I am authorized to submit these statements on behalf of our organization.

Name of Board Representative:

Title of Board Representative:

Phone Number of Board Representative:

Email Address of Board Representative:

Date:

[Certify](#)

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CAP CONFIRMATION

The Corrective Action Plan listed below was **approved** by the NPDB on mm/dd/yyyy

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Corrective Action Plan

Pharmacist

Your organization currently has n missing action(s) for this profession.

Reporting Time Frame: Month dd, yyyy, to Month dd, yyyy

Number Of Reports: **45 action(s) per Month**

Expected Start Date: mm/dd/yyyy

Expected Completion Date: mm/dd/yyyy

Certification

Our organization certifies that the statements on the professions specified are true and correct to the best of our knowledge. I further certify that I am authorized to submit these statements on behalf of our organization.

Name of Licensing Board/Agency: STATE BOARD

Name of Board Representative: JANE DOE

Title of Board Representative: MANAGER

Phone Number of Board Representative: 7031234567

Email Address of Board Representative: jane@abc.net

Date: mm/dd/yyyy

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