

## 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.



Return to Compliance

Sign Out

## CORRECTIVE ACTION PLAN

Entity: MEDICAL BOARD (CHANTILLY, VA) | User: certifyoff2

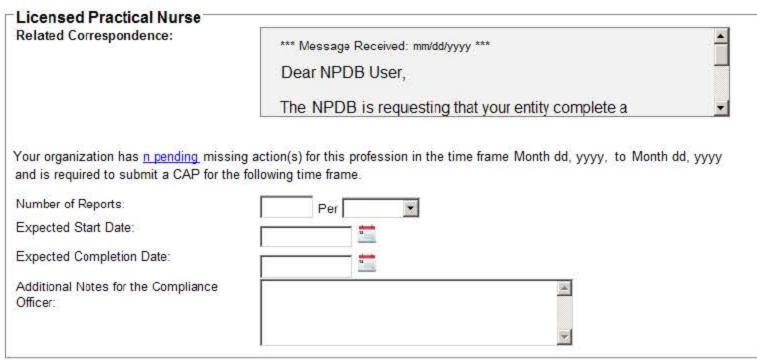
NATIONAL PRACTITIONER DATA BANK

Return to Options

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

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 actions covered by each CAP have been reviewed as part of the Adverse Licensure Action Comparison Project.



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. JOHN SMITH Name of Board Representative: OFFICER Title of Board Representative: 7031234567 Phone Number of Board Representative: Test 7609@deve-npdb.sra.com Email Address of Board Representative: Date: mm/dd/yyyy

Contact Us

Certify

Return to Previous Page

Return to Compliance

CAP CONFIRMATION

Entity: MEDICAL BOARD (CHANTILLY, VA) | User: certifyoff2

Save and Certify Later

Sign Out NATIONAL PRACTITIONER DATA BANK

Print

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

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. Corrective Action Plan

A Corrective Action Plan (CAP) allows the NPDB to monitor, manage and collaboratively work with organizations on

# Pharmacist

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

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

Number Of Reports:

Expected Start Date:

45 action(s) per Month mm/dd/yyyy

Expected Completion Date: mm/dd/yyyy Certification

## our knowledge. I further certify that I am authorized to submit these statements on behalf of our organization.

Date:

Name of Licensing Board/Agency: STATE BOARD

Our organization certifies that the statements on the professions specified are true and correct to the best of

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 mm/dd/yyyy

Contact Us