

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

Help Center | Sign Out

NATIONAL PRACTITIONER DATA BANK

STATE LICENSURE OR CERTIFICATION: CORRECTION REPORT

NPDB

Privacy Policy | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Report Number: [REDACTED]
After you submit your report, you will receive a confirmation email.

1. Subject: [REDACTED]

OMB Number: 0906-0081 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 0906-0081 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 15 minutes 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 13N82, Rockville, Maryland, 20857.

Close

The following fields are required:

Person: [REDACTED]

Last Name: SMITH

+ Add

Gender: ☐ Male

Birthdate: 01 / 01 / 01

Is this report for a new practitioner? ☐ No

Date of report: MM / MM / MM

Report Number: 7950000155498255
After you submit this correction report, the report number will be updated.

1. Subject Information

The current report information is pre-populated for you. Please carefully review all fields to be sure the information is accurate and enter your corrections if needed.

Need Help ?

Personal Information

Last Name

SMITH

First Name

JOHN

Middle Name

Andrew

Suffix (Jr, III)

[+ Additional name \(e.g., maiden name\)](#)

Gender

☐ Male ☐ Female ☒ Unknown

Birthdate

01 / 01 / 1960

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?

55 37TH ST

Address Line 2

City

ORLANDO

State

KS Kansas

ZIP

44444

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?

☐ Add a related license, certification, registration, permit or other authorization (e.g., controlled substance, prescriptive authority, sedation permit). [See instructions](#)

Profession or Field of Licensure

Occupational Therapist

Description (Optional)

Does the subject have a license for the selected profession or field of licensure?

☒ Yes ☐ No/Not sure [How to report an unlicensed individual](#)

State

FL Florida

License Number

11111

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

UNIVERSITY OF FLORIDA

Completion Year

2000

[+ Additional school or institution](#)

Identification Numbers

SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

*****6778 [Edit](#)

[+ 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](#)

Save and finish later

Continue

2. Action Information

3. Certifier Information

Return to Options



Select an Occupation or Field of Licensure

Enter a keyword or phrase to find matching occupations. (Example: "counselor")

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](#)

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

Help Center | Sign Out

NATIONAL PRACTITIONER DATA BANK

NPDB

STATE LICENSURE OR CERTIFICATION: CORRECTION REPORT

Privacy Policy | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Report Number: 7950000155498256

After you submit this correction report, the report number will be updated.

1. Subject Information

Edit

2. Action Information

The current report information is pre-populated for you. Please carefully review all fields to be sure the information is accurate or enter your corrections if needed.

Adverse Action(s) Taken

Select up to 5 actions

Find an Action

☐ Revocation of License (1110)

☐ Probation of License (1125)

☒ Suspension of License (1135)

☐ Summary or Emergency Limitation or Restriction on License (1138)

☐ Summary or Emergency Suspension of License (1139)

☐ Reprimand or Censure (1140)

☐ Voluntary Surrender of License (1145)

☐ Voluntary Limitation or Restriction on License (1146)

☐ Limitation or Restriction on License (1147)

☐ Denial of License Renewal (1148)

Selected Action(s): 1

Clear All

Suspension of License (1135)

Basis for Action(s)

FAILURE TO COMPLY WITH HEALTH AND SAFETY REQUIREMENTS

+ Additional basis for action

Adverse Action Information

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

TEST ENTITY

Date the action was taken

The date the decision for the action was issued, filed or signed.

02 / 01 / 2020

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.

02 / 01 / 2020

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

\$ 00000.00

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?

☒ Yes

☐ No

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.

Test narrative

There are 3986 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 matching bases. (Example: "failure")

Search

Non-Compliance With Requirements

Exclusion or Suspension From a Federal or State Health Care Program
Failure to Comply With Health and Safety Requirements or State Health Codes
Failure to Maintain or Provide Adequate or Accurate Medical Records, Financial Records, or Other Required Information
Failure to Maintain Equipment/Missing or Inadequate Equipment
Failure to Maintain Supplies/Missing or Inadequate Supplies
Failure to Meet Licensure Requirements/Licensing Board Reporting Requirements
Failure to Take Corrective Action
Financial Insolvency
Lack of Appropriately Qualified Professionals
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Operating Beyond Scope of License
Operating Without a License or Permit or on a Lapsed License

[Don't see what you're looking for?](#)

STATE LICENSURE OR CERTIFICATION: CORRECTION REPORT

NATIONAL PRACTITIONER DATA BANK



[Privacy Policy](#) | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Report Number: **7950000155498255**
After you submit this correction report, the report number will be updated.

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

Subject Name:	SMITH, JOHN
Other Name(s) Used:	None/NA
Sex:	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:	UNIVERSITY OF TEST (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:	STATE LICENSURE
Basis for Action:	FAILURE TO COMPLY WITH HEALTH AND SAFETY REQUIREMENTS (31)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	TEST ENTITY
Adverse Action Classification Code(s):	SUSPENSION OF LICENSE (1135)
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 narrative
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](#)

STATE LICENSURE OR CERTIFICATION: REVISION TO ACTION

[Privacy Policy](#) | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyyReport Number
Action(s):Public Burden Statement ×

OMB Number: 0906-0081 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 0906-0081 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 15 minutes 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 13N82, Rockville, Maryland, 20857.

Close

1. Subject

Please
Option
once

Person

Last Name

SMITH

[+ Add](#)

Gender

☐ Male

Birthdate

01 / 0

Is this

☐ No

Date of

MM / DD / YYYY

[Need Help ?](#)

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

Help Center | Sign Out

STATE LICENSURE OR CERTIFICATION: REVISION-TO-ACTION

NATIONAL PRACTITIONER DATA BANK
NPDB

Privacy Policy | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Report Number: 7950000155498256

Action(s):

- Suspension of License

1. Subject Information

Please review all fields. If the subject information is incorrect, select Return to Options and complete a Correction Report. Start a new Revision to Action Report once you have corrected the subject information.

Need Help ?

Personal Information

Last NameFirst NameMiddle NameSuffix (Jr, III)

SMITHJOHNANDREW

+ Additional name (e.g., maiden name)

Sex

☐ Male

☐ Female

☒ Unknown

Birthdate

01 / 01 / 1960

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?

55 37TH ST

Address Line 2

CityState

ORLANDOKS Kansas

ZIP

44444

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

CityState

CHOOSE ONE FROM LIST

ZIP

Profession and Licensure

Against which license or certification was the action taken?

☐ Add a related license, certification, registration, permit or other authorization (e.g., controlled substance, prescriptive authority, sedation permit). See instructions

Profession or Field of LicensureDescription (Optional)

Occupational Therapist

Does the subject have a license for the selected profession or field of licensure?

☒ Yes

☐ No/Not sure

How to report an unlicensed individual

StateLicense Number

FL Florida

11111

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 InstitutionCompletion Year

UNIVERSITY OF FLORIDA

2000

+ Additional school or institution

Identification Numbers

SSN or ITIN (Social Security Number or Individual Taxpayer Identification Number)

*****6778

Edit

+ 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

CityState

CHOOSE ONE FROM LIST

ZIP

+ Additional Affiliate

Save and finish later

Continue

2. Action Information

3. Certifier Information

Return to Options

STATE LICENSURE OR CERTIFICATION : REVISION-TO-ACTION

NATIONAL PRACTITIONER DATA BANK



[Privacy Policy](#) | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Report Number: 7950000155498256

Action(s):

- Suspension of License

1. Subject Information

Edit

2. Action Information

Adverse Action(s) Taken

Select up to 5 actions

Find an Action

- ☐ License Restored or Reinstated, Complete (1280)
- ☐ License Restored or Reinstated, Conditional (1282)
- ☐ License Restored or Reinstated, Partial (1283)
- ☐ License Restoration or Reinstatement Denied (1285)
- ☐ Reduction of Previous Licensure Action (1295)
- ☐ Extension of Previous Licensure Action (1296)
- ☐ Modification of Previous Licensure Action (1297)
- ☐ Prescriptive/Dispensing Authority Action - Not Classified, Specify (1179)
- ☐ Publicly Available Negative Action or Finding, Specify (1189)
- ☐ Other Licensure Action - Not Classified, Specify (1199)

Selected Action(s): 0

Clear All

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.

Note: Date must be on or after Date of Action of related report (02/01/2020).

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

Total monetary penalty, assessment, restitution or fine

\$

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 matching bases. (Example: "failure")

Search

Non-Compliance With Requirements

Exclusion or Suspension From a Federal or State Health Care Program
Failure to Comply With Health and Safety Requirements or State Health Codes
Failure to Maintain or Provide Adequate or Accurate Medical Records, Financial Records, or Other Required Information
Failure to Maintain Equipment/Missing or Inadequate Equipment
Failure to Maintain Supplies/Missing or Inadequate Supplies
Failure to Meet Licensure Requirements/Licensing Board Reporting Requirements
Failure to Take Corrective Action
Financial Insolvency
Lack of Appropriately Qualified Professionals
License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
Operating Beyond Scope of License
Operating Without a License or Permit or on a Lapsed License

[Don't see what you're looking for?](#)

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

STATE LICENSURE OR CERTIFICATION : REVISION-TO-ACTION

NATIONAL PRACTITIONER DATA BANK

NPDB

Privacy Policy | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Report Number: 7950000155498256

Action(s):

- Suspension of License

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

Subject Name:SMITH, JOHN ANDREW

Other Name(s) Used:None/NA

Sex: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:UNIVERSITY (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:STATE LICENSURE

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

Adverse Action Classification Code(s):LICENSE RESTORED OR REINSTATED, COMPLETE (1280)

Date Action Was Taken:03/01/2020

Date Action Became Effective:03/01/2020

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

Is Subject Automatically Reinstated After 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

Subject Name

Report Number

Action(s)

Why are you reporting?

☐ The report is not accurate.

☐ The report is not relevant.

☒ The action is not appropriate.

Please provide a brief description of the action and the reason for reporting.

4000

Customer ID

is only a reference number.

Customer Name

Certification

I certify that the information provided is true and accurate to the best of my knowledge.

Authorized Submitter's Name

TEST

Authorized Submitter's Title

TEST

Authorized Submitter's Phone

7777777777

Ext.

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Public Burden Statement

OMB Number: 0906-0081 Expiration Date: XX/XX/20XX

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Close

Return to Options

STATE LICENSURE OR CERTIFICATION: VOID REPORT

[Privacy Policy](#) | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Subject Name: SMITH, JOHN ANDREW

Report Number: 7950000155498256

Action(s):

- Suspension of License

Why are you voiding this report?

- ☐ The report was erroneously submitted (e.g., wrong practitioner named, duplicate report, payment not delivered, action never finalized).
- ☐ The report was not required to be filed because the action does not meet the legal reporting criteria.
- ☒ The action was reversed because the original action should never have been taken (e.g., overturned on appeal).

Please explain:

4000 characters remaining for the description.

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

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:

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Submit

Return to Options

REPORT AN APPEAL

[Privacy Policy](#) | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Public Burden Statement



OMB Number: 0906-0081 Expiration Date: XX/XX/20XX

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Close

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.

REPORT AN APPEAL

NATIONAL PRACTITIONER DATA BANK



[Privacy Policy](#) | OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Subject Name: SMITH, JOHN ANDREW

Report Number: 7950000155498256

Action(s):

- Suspension of License

Date of Appeal

MM-DD-YYYY

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

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.

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Save and finish later

Submit

Return to Options

Non-visible Questions

For Correction and Revision-to-Action the Non-visible questions will be the same as the non-visible questions for the initial report.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Please explain:	Correction, Revision-to-Action, Void, Notice of Appeal (Void Report)	Below the selected radio button	Text entry	The text entry is displayed below the selected radio button: - The report was erroneously submitted (e.g., wrong practitioner named, duplicate report, payment not delivered, action never finalized) - The report was not required to be filed because the action does not meet the legal reporting criteria - The action was reversed because the original action should never have been taken (e.g., overturned on appeal)	This is displayed on the Void report. Only one text entry is displayed. It is cleared if a different radio button is selected.

State Changes

For Correction and Revision-to-Action the state changes will be the same as the state changes for the initial report.

Label	PDF Name	Item Type	Trigger
OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy	Correction, Revision-to- Action, Void, Notice of Appeal	Modal	When the user selects the link the modal is displayed with the public burden statement content.