

STATE LICENSURE OR CERTIFICATION: INITIAL REPORT

NPDB

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

Public Burden Statement



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

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](#), [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 mm/dd/yyyy. 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 45 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857.

Close

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

TEST

First Name

TEST

Middle Name

Suffix (Jr, III)

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

Sex

☐ 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 organization's 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 type of professional license was the action primarily taken?

Profession or Field of Licensure

Description

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

VA Virginia

License Number

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](#)



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: ARKANSAS STATE MEDICAL BOARD (LITTLE ROCK, AR) | User: adminjuli

Help Center | Sign Out

NATIONAL PRACTITIONER DATA BANK

NPDB

STATE LICENSURE OR CERTIFICATION: INITIAL REPORT

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

1. Subject Information

2. Action Information

Adverse Action(s) Taken ⓘ

Select up to 5 actions

Find an Action

☐ Denial of Initial License (1149)

☐ Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation (1150)

☐ Cease and Desist (1151)

☐ Failure to Apply for Renewal or Withdrawal of Renewal Application While Under Investigation (1155)

☐ Publicly Available Fine/Monetary Penalty (1173)

☐ Limitation or Restriction on Ability to Prescribe, Dispense, or Administer Medication or Sedation, Specify (1179)

☐ Publicly Available Negative Action or Finding, Specify (1189)

☒ Other Licensure Action - Not Classified, Specify (1199)

Selected Action(s): 1

Clear All

• Other Licensure Action - Not Classified, Specify (1199)

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?

☐ Our agency 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, 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

Default on Health Education Loan or Scholarship Obligations
Disciplinary Action Taken by Another Federal, State or Local Licensing Authority
Drug Screening Violation
Failure to Comply With Continuing Education or Competency Requirements
Failure to Comply With Health and Safety Requirements or State Health Code
Failure to Cooperate With Board Investigation
Failure to Maintain or Provide Adequate or Accurate Medical Records, Financial Records or Other Required Information
Failure to Meet Licensure Requirements/Licensing Board Reporting Requirements
Failure to Pay or Delinquent with Child Support
Practicing Beyond the Scope of Practice
Practicing With an Expired License
Practicing Without a Valid License
Violation of Federal or State Statutes, Regulations or Rules

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

Entity: ARKANSAS STATE MEDICAL BOARD (LITTLE ROCK, AR) | User: adminjuli

STATE LICENSURE OR CERTIFICATION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

Privacy Policy

 |

OMB Number: 0906-0081

Expiration Date: mm/dd/yyyy

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:TEST, TEST

Other Name(s) Used:None/NA

Sex:FEMALE

Date of Birth:11/11/2001

Organization Name:None/NA

Work Address:None/NA

City, State, ZIP:None/NA

Organization Type:None/NA

Home Address:1111 JACKSON CT

City, State, ZIP:FALLS CHURCH, VA 22046-3834

Deceased:YES

Federal Employer Identification Numbers (FEIN):None/NA

Social Security Numbers (SSN):None/NA

Individual Taxpayer Identification Numbers (ITIN):None/NA

National Provider Identifiers (NPI):None/NA

Professional School(s) & Year(s) of Graduation:TEST (2026)

Occupation/Field of Licensure:OTHER HEALTH CARE PRACTITIONER - NOT CLASSIFIED, SPECIFY

State License Number, State of Licensure:7777, VA

Description:GENETIC COUNSELOR

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 OR CERTIFICATION

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

Other, as Specified:XXXX

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

Adverse Action Classification Code(s):OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)

Other, as Specified:XXXX

Date Action Was Taken:11/11/2001

Date Action Became Effective:11/11/2001

Length of Action:SPECIFIC PERIOD

Years:7

Months:7

Days:7

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:xxxx

Is the action on appeal?YES

Date of Appeal:None/NA

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: INITIAL REPORT

Public Burden Statement

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Close

Entity: ARKANSAS STATE MEDICAL BOARD (LITTLE ROCK, AR) | User: adminjuli

Help Center | Sign Out

STATE LICENSURE OR CERTIFICATION: INITIAL REPORT

NPDB

NATIONAL PRACTITIONER DATA BANK

Privacy Policy | OMB Number: 0906-0081 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

+ 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

Health Care Entity

Is the subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?

☒ Yes

☐ No

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

Entity: ARKANSAS STATE MEDICAL BOARD (LITTLE ROCK, AR) | User: adminjuli

Help Center | Sign Out

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1. Subject Information

Edit

2. Action Information

Adverse Action(s) Taken ⓘ

Select up to 5 actionsFind an Action

☐ Restrictions on Admissions or Services (3207)

☐ Closure of Facility (3210)

☐ Transfer of Residents to Other Facilities Without Closure of the Facility (3212)

☐ Receivership (3220)

☐ Liquidation (3225)

☐ Civil Money Penalty (3230)

☐ Publicly Available Fine/Monetary Penalty (3233)

☐ Summary or Emergency Action, Specify (3238)

☒ Other Licensure Action - Not Classified, Specify (3239)

Selected Action(s): 1Clear All

• Other Licensure Action - Not Classified, Specify (3239)

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

YearsMonthsDays

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 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 laterContinue

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

Default on Health Education Loan or Scholarship Obligations
Disciplinary Action Taken by Another Federal, State or Local Licensing Authority
Drug Screening Violation
Failure to Comply With Continuing Education or Competency Requirements
Failure to Comply With Health and Safety Requirements or State Health Code
Failure to Cooperate With Board Investigation
Failure to Maintain or Provide Adequate or Accurate Medical Records, Financial Records or Other Required Information
Failure to Meet Licensure Requirements/Licensing Board Reporting Requirements
Failure to Pay or Delinquent with Child Support
Practicing Beyond the Scope of Practice
Practicing With an Expired License
Practicing Without a Valid License
Violation of Federal or State Statutes, Regulations or Rules

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

Entity: ARKANSAS STATE MEDICAL BOARD (LITTLE ROCK, AR) | User: adminjuli

STATE LICENSURE OR CERTIFICATION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

Privacy Policy

 |

OMB Number: 0906-0081

Expiration Date: mm/dd/yyyy

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

Other Organization Name(s) Used:

None/NA

Business Address:

1111 JACKSON CT

City, State, ZIP:

FALLS CHURCH, VA 22046-3834

Organization Type:

OTHER TYPE NOT CLASSIFIED - SPECIFY (999)

Other, as Specified:

XXXX

Names and Titles of Principal Officers and Owners (POO):

None/NA

Federal Employer Identification Numbers (FEIN):

541234567

Social Security Numbers (SSN):

None/NA

Individual Taxpayer Identification Numbers (ITIN):

None/NA

State License Number, State of Licensure:

7777, VA

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:

YES

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:

STATE LICENSURE OR CERTIFICATION

Basis for Action:

OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified:

XXXX

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

TEST

Adverse Action Classification Code(s):

OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (3239)

Other, as Specified:

XXXX

Date Action Was Taken:

11/11/2001

Date Action Became Effective:

11/11/2001

Length of Action:

SPECIFIC PERIOD

Years:

7

Months:

7

Days:

7

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:

xxxx

Is the action on appeal?

YES

Date of Appeal:

None/NA

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	State Licensure (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	State Licensure (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Description	State Licensure (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 have a specialty.	"Description is displayed in place of "Specialty" if the profession or field of licensure does not have a specialty. The label is "Description" if the selected profession or field of licensure requires a description. Otherwise, the label is "Description (Optional)"
Specialty	State Licensure (1)	Beside Profession or Field of Licensure	Drop List	The field is displayed if the user selects a profession or field of licensure that has a specialty.	"Specialty" is displayed in place of "Description" if the selected profession or field of licensure has a specialty.

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

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Type of Affiliation	State Licensure (1)	Below the checkbox "Is the practitioner affiliated with a health care entity?" or "Is the organization affiliated with a health care entity?"	Drop List	For an individual report, the field is displayed if the user selects the checkbox "Is the practitioner affiliated with a health care entity?" For an organizational report, the field is displayed if the user selects the checkbox "Is the organization affiliated with a health care entity?"	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Entity Name	State Licensure (1)	Below Type of Affiliation	Text Entry	For an individual report, the field is displayed if the user selects the checkbox "Is the practitioner affiliated with a health care entity?" For an organizational report, the field is displayed if the user selects the checkbox "Is the organization affiliated with a health care entity?"	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
Country	State Licensure (1)	Below Entity Name	Drop List	For an individual report, the field is displayed if the user selects the checkbox "Is the practitioner affiliated with a health care entity?" For an organizational report, the field is displayed if the user selects the checkbox "Is the organization affiliated with a health care entity?"	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	State Licensure (1)	Below Country	Text Entry	For an individual report, the field is displayed if the user selects the checkbox "Is the practitioner affiliated with a health care entity?" For an organizational report, the field is displayed if the user selects the checkbox "Is the organization affiliated with a health care entity?"	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
Address Line 2	State Licensure (1)	Below Address	Text Entry	For an individual report, the field is displayed if the user selects the checkbox "Is the practitioner affiliated with a health care entity?" For an organizational report, the field is displayed if the user selects the checkbox "Is the organization affiliated with a health care entity?"	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
City	State Licensure (1)	Below Address Line 2	Text Entry	For an individual report, the field is displayed if the user selects the checkbox "Is the practitioner affiliated with a health care entity?" For an organizational report, the field is displayed if the user selects the checkbox "Is the organization affiliated with a health care entity?"	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
State	State Licensure (1)	Beside City	Drop List	For an individual report, the field is displayed if the user selects the checkbox "Is the practitioner affiliated with a health care entity?" For an organizational report, the field is displayed if the user selects the checkbox "Is the organization affiliated with a health care entity?"	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
ZIP	State Licensure (1)	Below City	Text Entry	For an individual report, the field is displayed if the user selects the checkbox "Is the practitioner affiliated with a health care entity?" For an organizational report, the field is displayed if the user selects the checkbox "Is the organization affiliated with a health care entity?"	Selecting the checkbox displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Was the action taken against a multi-state license?	State Licensure (2)	Below Adverse Action(s) Taken	Radio buttons	For an individual report, the fields are displayed if the user selects a type of professional license that has a multi-state license. Options are "Yes" and "No"	If the selected profession does not have a multi-state license then this option is not displayed.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Description	State Licensure (2)	Below an action requiring a description	Text Entry	The field is displayed if the user selects an action that requires a description.	
Description	State Licensure (2)	Below Basis for Action(s)	Text Entry	The field is displayed if the user selects a basis for action that requires a description.	
Years	State Licensure (2)	Below the radio button “A specific period of time”	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 text entries for Years, Months and Days.
Months	State Licensure (2)	Beside Years	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 text entries for Years, Months and Days.
Days	State Licensure (2)	Beside Months	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 text entries for Years, Months and Days.
Is reinstatement automatic after this period of time?	State Licensure (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 “How long will it remain in effect?”	Available options are “No,” “Yes” and “Yes with conditions (Requires a Revision to Action report when status changes)

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
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)?	State Licensure (2)	Below "Is reinstatement automatic after this period of time?"	Radio Buttons	The fields are displayed if the user selects a license profession of Physician (MD), Physician (DO) or Dentist for the practitioner in Subject Information	Available options are "Yes" and "No"
Date of Appeal	State Licensure (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: 0906-0081 Expiration Date: mm/dd/yyyy	State Licensure	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Select up to 5 actions	State Licensure	Multi-select Drop List	If the user selects a profession and state which has a multi-state license, the question "Was the action taken against a multi-state license?" is displayed with "Yes" and "No" radio buttons. The list of actions displayed for selection is dynamic, depending on the user's selection.
Select a Profession or Field of Licensure	State Licensure	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.
Description (Optional)	State Licensure	Text Entry	Text entry is disabled until the user selects a profession or field of licensure that allows or requires a description.
License Number	State Licensure	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?"
Name of School or Institution	State Licensure	Text Entry	Names of School or Institution and Completion Year text entries are disabled by default. When the user selects a health care-related Profession or Field of Licensure, the Name of School or Institution and Completion Year are enabled. If the user selects a profession that is not related to health care, entries for the Name of School or Institution and Completion Year are not allowed, so Name of School or Institution and Completion Year are cleared and hidden. Subsequent selection of a health care-related profession redispays both fields

Label	PDF Name	Item Type	Trigger
Completion Year	State Licensure	Text Entry	Names of School or Institution and Completion Year text entries are disabled by default. When the user selects a health care-related Profession or Field of Licensure, the Name of School or Institution and Completion Year are enabled. If the user selects a profession that is not related to health care, entries for the Name of School or Institution and Completion Year are not allowed, so Name of School or Institution and Completion Year are cleared and hidden. Subsequent selection of a health care-related profession redisplay both fields
Select a Basis for Action	State Licensure	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.