

Entity: MARYLAND MEDICAID FRAUD CONTROL UNIT (BALTIMORE, MD) | User: 01161060 [Help Center](#) | [Sign Out](#)

DEFERRED CONVICTION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK
NPDB

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

1. Subject Information

Please fill in this information when the practitioner is not a patient.

Personal Information

Last Name

TEST

[+ Additional Information](#)

Sex

☐ Male

Birthdate

MM / DD / YYYY

Is this person a practitioner?

☐ No ☐ Yes

Practitioner Information

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

Other Occupation - Not Classified, Specify

Description

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

☒ Yes ☐ No/Not sure

State

CHOOSE ONE FROM LIST

License Number

Add any other health care licenses the individual holds

[+ Additional license](#)

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](#)

1. Subject Information

Edit

2. Action Information

Adverse Action Information

Jurisdiction

☐ Federal

☒ State/Local

Venue (Court Name)

City

State

CHOOSE ONE FROM LIST

Docket or Court File Number

Prosecuting Agency or Civil Plaintiff

Case Number

Name of Investigating Agency

Case Number

+ Additional investigating agency

Statute Title and Section

Statutory Offense

Counts

+ Additional statutory offense

Act or Omission Information

Act or Omission

Other Act/omission Not Classified, (specify)

Description

+ Additional act or omission

Describe the subject's acts or omissions and reason the action was taken.

Do not include any personally identifiable information, such as names, for anyone other than this practitioner.

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

Sentence/Judgment Information

Date of Sentence or Judgment

MM / DD / YYYY

Is the action on appeal?

☒ Yes

☐ No

☐ Unknown

Date of Appeal

MM / DD / YYYY

Amount of Restitution

\$ 00000.00

Other Amount Ordered

\$ 00000.00

Sentence or Judgment

Years

Months

Days

+

Other Court Orders

+ Additional sentence or judgment

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 an Act or Omission Code

Enter a keyword or phrase to find matching act or omission codes. (Example: "failure")

Search

Billing/Cost Reporting

Billing For Medically Unnecessary Services
Billing For Services Not Rendered/supplies Not Provided
Duplicate Billing
Failure To Pay Non-assigned Claim
Fraudulent Billing/cost Reporting
Fraudulent Cost Reporting
Medicare/medicaid Secondary Payer Fraud
Misrepresentation Of Services/supplies Provided
Overcharging
Submitting Claims After Sanctions
Unbundling Of Services
Upcoding Of Services

Patient Care/Property

Failure To Provide Medically Necessary Care

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



Entity: MARYLAND MEDICAID FRAUD CONTROL UNIT (BALTIMORE, MD) | User: 01161060

Help Center | Sign Out

NATIONAL PRACTITIONER DATA BANK

NPDB

DEFERRED CONVICTION: INITIAL REPORT

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

Occupation/Field of Licensure:OTHER OCCUPATION - NOT CLASSIFIED, SPECIFY

State License Number, State of Licensure:None/NA

Description:XXXX

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

Venue (Court):TEST

Jurisdiction:STATE/LOCAL COURT

City, State of Court:TEST, VA

Docket/Court File Number:7777

Prosecuting Agency or Civil Plaintiff:TEST

Case Number Used by Prosecuting Agency:None/NA

Type of Action:DEFERRED CONVICTION OR PRE-TRIAL DIVERSION (20)

Investigating Agency (Agencies):None/NA

Case Number(s) Used by Investigating Agency (Agencies):None/NA

Statutory Offense(s) and Count(s):None/NA

Act or Omission Code(s):OTHER ACT/OMISSION NOT CLASSIFIED, (SPECIFY) (999)

Other Description:XXXX

Narrative Description of Act(s) or Omission(s):xxxx

Date of Judgment/Sentence:11/11/2001

Judgment/Sentence

Amount of Restitution:\$ 7,777.00

Other Amount Ordered:\$ 7,777.00

Incarceration:Years:Months:Days:

Suspended Sentence:Years:Months:Days:

Home Detention:Years:Months:Days:

Probation:Years:Months:Days:

Community Service:Hours:

Other:None/NA

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

Ext.

7777777777

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

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NATIONAL PRACTITIONER DATA BANK

NPDB

[Privacy Policy](#)

|

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

Public Burden Statement



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Close

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

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](#)

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](#)

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1. Subject Information

 Edit

2. Action Information

Adverse Action Information

Jurisdiction

☐ Federal ☒ State/Local

Venue (Court Name)

City

State

CHOOSE ONE FROM LIST 

Docket or Court File Number

Prosecuting Agency or Civil Plaintiff

Case Number

Name of Investigating Agency

Case Number

[+ Additional investigating agency.](#)

Statute Title and Section

Statutory Offense

Counts

[+ Additional statutory offense](#)

Act or Omission Information

Act or Omission

Other Act/omission Not Classified, (specify)

Description

[+ Additional act or omission](#)

Describe the subject's acts or omissions and reason the action was 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

Sentence/Judgment Information

Date of Sentence or Judgment

MM / DD / YYYY

Is the action on appeal?

☒ Yes ☐ No ☐ Unknown

Date of Appeal

MM / DD / YYYY

Amount of Restitution

\$ 00000.00

Other Amount Ordered

\$ 00000.00

Sentence or Judgment



Years

Months

Days

+

Other Court Orders

[+ Additional sentence or judgment](#)

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 an Act or Omission Code

Enter a keyword or phrase to find matching act or omission codes. (Example: "failure")

Search

Billing/Cost Reporting

Billing For Medically Unnecessary Services
Billing For Services Not Rendered/supplies Not Provided
Duplicate Billing
Failure To Pay Non-assigned Claim
Fraudulent Billing/cost Reporting
Fraudulent Cost Reporting
Medicare/medicaid Secondary Payer Fraud
Misrepresentation Of Services/supplies Provided
Overcharging
Submitting Claims After Sanctions
Unbundling Of Services
Upcoding Of Services

Patient Care/Property

Failure To Provide Medically Necessary Care

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



DEFERRED CONVICTION: INITIAL REPORT



1. Subject Information

Edit

2. Action Information

Edit

3. Certifier Information

*Important subject information is currently unknown, making it more difficult for queriers to find your report.

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): Not Provided*

Social Security Numbers (SSN): None/NA

Individual Taxpayer Identification Numbers (ITIN): None/NA

State License Number, State of Licensure: None/NA

Drug Enforcement Administration (DEA) 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

Venue (Court): TEST

Jurisdiction: STATE/LOCAL COURT

City, State of Court: TEST, VA

Docket/Court File Number: 7777

Prosecuting Agency or Civil Plaintiff: TEST

Case Number Used by Prosecuting Agency: None/NA

Type of Action: DEFERRED CONVICTION OR PRE-TRIAL DIVERSION (20)

Investigating Agency (Agencies): None/NA

Case Number(s) Used by Investigating Agency (Agencies): None/NA

Statutory Offense(s) and Count(s): None/NA

Act or Omission Code(s): OTHER ACT/OMISSION NOT CLASSIFIED, (SPECIFY) (999)

Other Description: XXXX

Narrative Description of Act(s) or Omission(s): xxxx

Date of Judgment/Sentence: 11/11/2001

Judgment/Sentence

Amount of Restitution: \$ 7,777.00

Other Amount Ordered: \$ 7,777.00

Suspended Sentence: Years: Months: Days:

Probation: Years: Months: Days:

Community Service: Hours:

Other: None/NA

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.

I certify that I am unable to obtain the unknown subject information and have exhausted all methods to find it. I agree to submit a report correction if the data becomes available.

Authorized Submitter's Name

TEST

Authorized Submitter's Title

TEST

Authorized Submitter's Phone

Ext.

7777777777

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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
Description	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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)	Deferred Conviction or Pre-Trial Diversion (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)	Deferred Conviction or Pre-Trial Diversion (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)	Deferred Conviction or Pre-Trial Diversion (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)	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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.
Address	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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	Deferred Conviction or Pre-Trial Diversion (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.
Description	Deferred Conviction or Pre-Trial Diversion (2)	Below "Act or Omission"	Text Entry	The field is displayed if the user selects an act or omission that requires a description.	

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Date of Appeal	Deferred Conviction or Pre-Trial Diversion (2)	Below "Is the Action on Appeal"	Text Entry	The field is displayed if the user selects the "Yes?" radio button for "Is the Action on Appeal?"	
Years	Deferred Conviction or Pre-Trial Diversion (2)	Beside Sentence or Judgment drop list	Text Entry	This field is displayed if this time frame is applicable for the sentence or judgment the user selects.	If the user selects a sentence or judgment in which Years, Months, and Days timeframe applies, then these fields are shown
Months	Deferred Conviction or Pre-Trial Diversion (2)	Beside Years	Text Entry	This field is displayed if this time frame is applicable for the sentence or judgment the user selects.	If the user selects a sentence or judgment in which Years, Months, and Days timeframe applies, then these fields are shown
Days	Deferred Conviction or Pre-Trial Diversion (2)	Beside Months	Text Entry	This field is displayed if this time frame is applicable for the sentence or judgment the user selects.	If the user selects a sentence or judgment for which Years, Months, and Days timeframe applies, then these fields are shown
Hours	Deferred Conviction or Pre-Trial Diversion (2)	Beside Sentence or Judgment drop list	Text Entry	This field is displayed if this time frame is applicable for the sentence or judgment the user selects.	This field is displayed if the user selects a sentence or judgment for which an Hours timeframe applies.

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy	Deferred Conviction or Pre- Trial Diversion	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Profession or Field of Licensure	Deferred Conviction or Pre- Trial Diversion	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)	Deferred Conviction or Pre- Trial Diversion	Text Entry	Text entry is disabled until the user selects a profession or field of licensure that allows or requires a description.
License Number	Deferred Conviction or Pre- Trial Diversion	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?" For organization reports, the label is "Does the organization have a license?"
Select an Act or Omission	Deferred Conviction or Pre- Trial Diversion	Modal	When the user sets focus on the Act or Omission 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 act or select an act from the list without searching. The modal is hidden once the user selects an act from the list. The user's selection populates the Act or Omission text entry.