

STATE LICENSURE OR CERTIFICATION: CORRECTION REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

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

Public Burden Statement x

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at 45 CFR Part 60. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory (45 CFR Part 60). 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Close

STATE LICENSURE OR CERTIFICATION: CORRECTION REPORT

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

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 First Name Middle Name Suffix (Jr, III)

SMITH JOHN Andrew

[+ 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 to next step

2. Action Information

3. Certifier Information

[Return to Options](#)



What type of license are you reporting?

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](#)

STATE LICENSURE OR CERTIFICATION: CORRECTION REPORT

NPDB

Privacy Policy | OMB Number: 0915-0126 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 (1149)

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 to next step

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 |
| Failure to Maintain Adequate or Accurate Records |
| Failure to Maintain Equipment/Missing or Inadequate Equipment |
| Failure to Maintain Records or Provide Medical, Financial or Other Required Information |
| Failure to Maintain Supplies/Missing or Inadequate Supplies |
| Failure to Meet Licensing Board Reporting Requirements |
| Failure to Meet the Initial Requirements of a License |
| 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

Privacy Policy | OMB Number: 0915-0126 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
 Gender: 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 to the NPDB

Return to Options

STATE LICENSURE OR CERTIFICATION: REVISION TO ACTION

Public Burden Statement ✕

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: [Title IV of Public Law 99-660, Health Care Quality Improvement Act \(HCQIA\) of 1986](#), [Section 1921 of the Social Security Act](#), [Section 1128E of the Social Security Act](#), and [Section 6403 of the Patient Protection and Affordable Care Act of 2010](#). The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory ([45 CFR Part 60](#)). [45 CFR Section 60.20](#) provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in [Sections 60.17, 60.18, and 60.21](#). Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Close

STATE LICENSURE OR CERTIFICATION: REVISION-TO-ACTION

Privacy Policy | OMB Number: 0915-0126 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 Name First Name Middle Name Suffix (Jr, III)

SMITH JOHN ANDREW

[+ 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 to next step

2. Action Information

3. Certifier Information

[Return to Options](#)

STATE LICENSURE OR CERTIFICATION : REVISION-TO-ACTION

Privacy Policy | OMB Number: 0915-0126 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

\$ 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.

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

3. Certifier Information



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 |
| Failure to Maintain Adequate or Accurate Records |
| Failure to Maintain Equipment/Missing or Inadequate Equipment |
| Failure to Maintain Records or Provide Medical, Financial or Other Required Information |
| Failure to Maintain Supplies/Missing or Inadequate Supplies |
| Failure to Meet Licensing Board Reporting Requirements |
| Failure to Meet the Initial Requirements of a License |
| 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: REVISION-TO-ACTION

Privacy Policy | OMB Number: 0915-0126 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
 Gender: 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 to the NPDB

Return to Options

Public Burden Statement

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory ([45 CFR Part 60](#)). [45 CFR Section 60.20](#) provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Close

CLINICAL PRIVILEGES: VOID REPORT

[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyySubject Name: **SMITH, JOHN ANDREW**Report Number: **7950000155498256**Action(s):

- **Suspension of Clinical Privileges**

NPDB Reporting Requirements

Hospitals and other health care entities must report adverse clinical privileges actions to the NPDB that meet NPDB reporting criteria - that is, any professional review action that adversely affects the clinical privileges of a physician or dentist for a period of more than 30 days or the acceptance of the surrender of clinical privileges, or any restriction of such privileges by a physician or dentist, (1) while the physician or dentist is under investigation by a health care entity relating to possible incompetence or improper professional conduct, or (2) in return for not conducting such an investigation or proceeding. Clinical privileges include privileges, medical staff membership, and other circumstances (e.g., network participation and panel membership) in which a physician, dentist, or other health care practitioner is permitted to furnish medical care by a health care entity.

Reasons to Void a Report

The three reasons for voiding a report are:

- The report was submitted in error.
- The action was not reportable because it did not meet [NPDB reporting requirements](#).
- The action was overturned on appeal.

When you select Continue you must select one of these reasons and provide details regarding the circumstances that led to your decision to void this report.

Dispute Resolution Review

The Secretary of the U.S. Department of Health and Human Services conducted a review of this report at the request of the report subject to determine the following:

- If the report was submitted in accordance with reporting requirements
- If your organization was eligible to report the information
- If the report accurately depicted the action taken by your organization and the basis for the action in your organization's written record

After completing this review, the Secretary determined that this report should be maintained as it was submitted.

Are you sure you want to void this report?

Yes No

Exit

Continue

CLINICAL PRIVILEGES: VOID REPORT

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

Subject Name: **SMITH, JOHN ANDREW**

Report Number: **7950000155498256**

Action(s): **• Suspension of Clinical Privileges**

Why are you voiding this report?

- The report was submitted in error (e.g., wrong practitioner named, duplicate report, payment not delivered, action never finalized).

Please explain:

There are **4000** characters remaining for the explanation.

- The action was not reportable because it did not meet NPDB reporting requirements.
- The action was overturned on appeal. The action was reversed because the original action should never have been taken.

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:

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.

[Submit](#)

REPORT AN APPEAL

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

Subject N

Report N

Action(s):

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Public Burden Statement ×

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: [Title IV of Public Law 99-660, Health Care Quality Improvement Act \(HCQIA\) of 1986](#), [Section 1921 of the Social Security Act](#), [Section 1128E of the Social Security Act](#), and [Section 6403 of the Patient Protection and Affordable Care Act of 2010](#). The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory ([45 CFR Part 60](#)). [45 CFR Section 60.20](#) provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in [Sections 60.17, 60.18, and 60.21](#). Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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[Privacy Policy](#) | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyySubject Name: **SMITH, JOHN ANDREW**Report Number: **7950000155498256**Action(s):

- **Suspension of License**

Date of Appeal

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**Authorized Submitter's Title****Authorized Submitter's Phone****Ext.****WARNING:**

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[Save and finish later](#)[Submit to the NPDB](#)[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 |
|--|--|------------------------------|---|--|--|
| Are you sure you want to void this report? | Correction, Revision-to-Action, Void, Notice of Appeal (Void Report) | Lower part of the first page | Radio buttons "Yes" and "No" | If the report has completed a dispute resolution review with a decision that the report should remain unchanged then the input items are displayed | If the report does not qualify under the conditions, the fields are not displayed. |
| Are you sure you want to void this report? | Correction, Revision-to-Action, Void, Notice of Appeal (Void Report) | Lower part of the first page | Radio buttons "No, I want to correct it." and "Yes, I want to void it." | If the report has completed a dispute resolution review with a decision that the report should be corrected then the input items are displayed. | If the report does not qualify under the conditions, the fields are not displayed. |
| Please explain: | Correction, Revision-to-Action, Void, Notice of Appeal (Void Report– Why are you voiding this report?) | Below the first radio button | Text entry | If the user selects the radio button that the report was erroneously submitted then the text entry is displayed. | If displayed, then the field is required. |

| Label | PDF Name (step) | Location | Response Input Item | Visibility Trigger | Other |
|-----------------|---|-------------------------------|---------------------|--|--|
| Please explain: | Correction, Revision-to-Action, Void, Notice of Appeal (Void Report – Why are you voiding this report?) | Below the second radio button | Text entry | If the user selects the radio button that the action should not have been reported then the text entry is displayed. | If displayed, then the field is required. The label is changed to “The Secretary determined that this report meets the NPDB reporting requirements. Why do you disagree?” if the report has a dispute resolution decision that the report should remain unchanged. The label is changed to “The Secretary determined that this report should be corrected. Why are you voiding it?” if the report has a dispute resolution decision that the report should be corrected. |
| Please explain: | Correction, Revision-to-Action, Void, Notice of Appeal (Void Report – Why are you voiding this report?) | Below the third radio button | Text entry | If the user selects the radio button that the action was reversed then the text entry is displayed. | If displayed, then the field is required. |

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: 0915-0126 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. |