consider disciplinary but are reportable to the Data Bank (e.g., administrative suspensions, monetary penalties connected to the delivery of health care). **Entity Name:** Professions for Which Data Found (No Action Required): Professions for Which Data Requested: **Profession Name** We regulate this Were any Actions All Actions are listed in the Comments profession. (Yes or No) taken? (Yes or No) Grid below. (Yes or No) Professon 1 (Yes or No) (Yes or No) (Yes or No) Professon 2 (Yes or No) (Yes or No) (Yes or No) Professon 3 (Yes or No) (Yes or No) (Yes or No) Professon 4 (Yes or No) (Yes or No) (Yes or No) Professon 5 (Yes or No) (Yes or No) (Yes or No) Professon 6 (Yes or No) (Yes or No) (Yes or No) Last Name Middle Suffix Action Type Action Date Comments/Detail First Name License Licensure **Practitioner Title** Number State License revoked for failure to comply with terms of John Doe HA-123A AK Nurse Aide Revocation 1/2/2010 board order XY-1234.

Please provide information as indicated in the fields below & return by secure message to the Data Bank. Include disciplinary action data for the years xx/xx/xxxx through xx/xx/xxxx, including actions taken in that timeframe to revise, modify, or reinstate any prior action. In addition, we are requesting those actions that a board may not