

## STATE LICENSURE: C

Current report number: 7950  
When you submit this correcti

## 1. Subject Information

The current  
be sure the

## Personal Informa

## Last Name

Practitioner

+ Additional name (e.g. maiden name)

Public Burden Statement ✕

OMB # 0915-0126 expiration date MM/DD/YY

Public Burden Statement: 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 project is 0915-0126. Public reporting burden for this collection of information is estimated to average 15 minutes to complete this form, 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 14N-39, Rockville, Maryland, 20857.

Close

**STATE LICENSURE: Correction Report**

Current report number: **7950000111111111**

When you submit this correction report, the correction will replace the current report.

1. Subject 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.

Personal Information

**Last Name**  **First Name**  **Middle Name**  **Suffix (Jr, III)**

+ Additional name (e.g. maiden name)

**Gender**

Male  Female  Unknown

**Birthdate**

**Is this person deceased?**

No  Yes  Unknown

**Date of Death**

Home Address/Address of Record

**Country**

**Address** Entering a military address?

**Address Line 2**

**City**

**State**

**ZIP**

+ Additional address

Work Information

Use our information as the practitioner's work information.

**Organization Name**

**Organization Type**

**Organization Description**

**Country**

**Address** Entering a military address?

**Address Line 2**

**City**

**State**

**ZIP**

Profession and Licensure

**License 1**

**Profession or Field of Licensure**

**Specialty**

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

Yes  No / Not sure

**License Number**

**State**

+ 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 Agency) Number**

+ Additional DEA

Does the subject have an FEIN or UPIN identification number?

**FEIN (Federal Employer Identification Number)**

+ Additional FEIN

**UPIN (Unique Physician Identification Numbers)**

+ Additional UPIN

Health Care Entity Affiliation

Is the practitioner affiliated with a health care entity?

**Type of Affiliation**

**Entity Name**

**Country**

**Address** Entering a military address?

**Address Line 2**

**City**

**State**

**ZIP**

+ Additional affiliate

Add this subject to my subject database

[What is a subject database?](#)

[Save and finish later](#) [Continue to next step](#)

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

### Physician

Physician (MD)

Physician Resident (MD)

Osteopathic Physician (DO)

Osteopathic Physician Resident (DO)

### Nurse - Advanced, Registered, Vocational or Practical

Registered Nurse

Nurse Anesthetist

Nurse Midwife

Nurse Practitioner

Licensed Practical or Vocational Nurse

Don't see what you're looking for?

## STATE LICENSURE: Correction Report

Public burden statement

Current report number: **7950000111111111**

When you submit this correction report, the correction will replace the current report.

## 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

Was the practitioner's license a multi-state license?

 Yes  No

## Select up to 5 actions

Find an Action 

- Suspension of license
- Voluntary limitation or restriction on license
- Voluntary surrender of license
- Publicly available fine / monetary penalty
- Publicly available negative action or finding, (Specify)
- Other licensure action - not classified, (Specify)

Selected Action(s): 2

- Publicly available negative action or finding, (Specify)
- Other licensure action - not classified, (Specify)

Clear All

## 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?

## 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 date the action was taken or it may be different.

## How long will it remain in effect?

 A specific period of time  Permanently  Unknown / Indefinite
 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?

 Yes  No  Unknown

## Date of Appeal

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

Do not include any personally identifying 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.

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, orci, sed rhoncus sapien nunc eget.

4000 characters remaining

## 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 quierers.

## 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

## STATE LICENSURE: Correction Report

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

Current report number: **7950000111111111**

When you submit this correction report, the correction will replace the current report.

1. Subject Information

 Edit

2. Action Information

 Edit

3. Certifier Information

**Review your entries to be sure they are correct before you Submit to the NPDB.**

## Subject Information

Name:	<b>Test Practioner</b>
Gender:	<b>Male</b>
DOB:	<b>01-01-1960</b>
Practitioner Deceased:	<b>No</b>
Home Address:	<b>555 Cabin Rd Chantilly, VA 20111</b>
Work Address:	<i>None/NA</i>
Profession/Field of Licensure:	<b>Physician (MD)</b>
Specialty:	<b>General Surgery</b>
License Info:	<b>111111 (VA)</b>
SSN/ITIN:	<b>555555555</b>
NPI:	<i>None/NA</i>
DEA:	<i>None/NA</i>
FEIN:	<i>None/NA</i>
UPIN:	<i>None/NA</i>
Health Care Entity Affiliation:	<i>None/NA</i>

## Action Information

Adverse Action(s) Taken:	<b>- Suspension of license - Restriction of license</b>
Basis of Action(s):	<b>Failure to maintain records or provide medical, financial, or other required information</b>
Agency or Program Taking the Action:	<b>Test Agency</b>
Date Action was Taken:	<b>05-20-2017</b>
Date Action Became Effective:	<b>05-20-2017</b>
Amount of Time the Action is Effective:	<b>Unspecified</b>
Automatic Reinstatement:	<b>No</b>
Total Monetary Penalty:	<i>None/NA</i>
Action is On Appeal?:	<b>No</b>
Description:	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, orci, sed rhoncus sapien nunc eget.

## 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.

## Your Name

TEST USER

## Title

ADMIN

## Phone

0005551111

## Extension (optional)

Ext.

**WARNING:**

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

Save and finish later

Submit to the NPDB

Return to Options

# STATE LICENSURE: R

## Public Burden Statement



OMB # 0915-0126 expiration date MM/DD/YY

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Close

Report number related to the

- Action(s) • Probation of lic
- Reprimand or c

### 1. Subject Information

The subject  
review all fie  
correct, com

### Personal Informa

Last Name

Practitioner

First Name

Test

Middle Name

Middle Name

Suffix (Jr, III)

Suffix

NER DATA BANK

# DB

rden statement

**STATE LICENSURE: Revision to Action**Report number related to the revision: **7950000111111111**Action(s) • **Probation of license**  
• **Reprimand or censure**

## 1. Subject Information

The subject information is pre-populated from the most recent report. Please carefully review all fields to be sure the information is accurate. If the subject information is not correct, complete a correction report, then report the revision to the action.

## Personal Information

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix (Jr, III)</b>
Practitioner	Test	Middle Name	Suffix

+ Additional name (e.g. maiden name)

## Gender

 Male
  Female
  Unknown

## Birthdate

01-01-1960

## Is this person deceased?

 No
  Yes
  Unknown

## Home Address/Address of Record

## Country

United States

Address Entering a military address?

111 Anystreet

## Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

## City

Anycity

## State

VA

## ZIP

22222

+ Additional address

## Work Information

 Use our information as the practitioner's work information.

## Organization Name

Organization Name

## Organization Type

Other Type - Not Classified, Specify

## Organization Description

Organization Description

## Country

United States

Address Entering a military address?

Address

## Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

## City

City

## State

## ZIP

ZIP

## Profession and Licensure

## License 1

## Profession or Field of Licensure

Physician (MD)

## Specialty

General Practice

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

 Yes
  No / Not sure

## License Number

11111

## State

VA - Virginia

+ Additional license

## Identification Numbers

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

55555555

+ Additional SSN or ITIN

## NPI (National Provider Identifier)

To help queriers find your report, add the practitioner's NPI number if you know it.

NPI

+ Additional NPI

## DEA (Drug Enforcement Agency) Number

DEA

+ Additional DEA

 Does the subject have an FEIN or UPIN identification number?

## FEIN (Federal Employer Identification Number)

FEIN

+ Additional FEIN

## UPIN (Unique Physician Identification Numbers)

UPIN

+ Additional UPIN

## Professional Schools Attended

Enter the schools or institutions the practitioner attended for their professional degree, training or certification (e.g. medical school, certification program). If the practitioner attended medical school, enter the medical school first, then add the school where they completed their residency and other degrees.

**i** What if the practitioner has not graduated?

## Name of School or Institution

School Name

## Completion Year

YYYY

+ Additional school or institution

## Health Care Entity Affiliation

 Is the practitioner affiliated with a health care entity?

## Type of Affiliation

Select One

## Entity Name

Entity Name

## Country

United States

Address Entering a military address?

Address

## Address Line 2

Apt, Floor, Room, Suite, etc. (Optional)

## City

City

## State

## ZIP

ZIP

+ Additional affiliate

 Add this subject to my subject database

What is a subject database?

Save and finish later

Continue to next step

## 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

### Physician

Physician (MD)

Physician Resident (MD)

Osteopathic Physician (DO)

Osteopathic Physician Resident (DO)

### Nurse - Advanced, Registered, Vocational or Practical

Registered Nurse

Nurse Anesthetist

Nurse Midwife

Nurse Practitioner

Licensed Practical or Vocational Nurse

Don't see what you're looking for?

## STATE LICENSURE: Revision to Action

Report Number: 7950000111111111

Adverse Action(s) Reported: **Reduction of clinical privileges**  
**Limitation or restriction on certain procedure(s) or practice area**

Public burden statement

## 1. Subject Information

Edit

## 2. Action Information

## Action(s) Taken

Select up to 5 actions

Find an Action 

- Suspension of license
- Voluntary limitation or restriction on license
- Voluntary surrender of license
- Publicly available fine / monetary penalty
- Publicly available negative action or finding, (Specify)

- Other licensure action - not classified, (Specify)

Selected Action(s): 2

Clear All

- Publicly available negative action or finding, (Specify)
- Other licensure action - not classified, (Specify)

## 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.

## Date the action went into effect

The starting date for the action. This may be the same as the date the action was taken or it may be different.

## 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?

- Yes  No  Unknown

## Date of Appeal

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

Do not include any personally identifying 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.

4000 characters remaining

## Optional Reference Numbers

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## 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

## STATE LICENSURE: Revision to Action

NATIONAL PRACTITIONER DATA BANK

NPDB

Public burden statement

Report Number: 7950000111111111

Adverse Action(s) Reported: **Reduction of clinical privileges  
Limitation or restriction on certain procedure(s) or practice area**

1. Subject Information

 Edit

2. Action Information

 Edit

3. Certifier Information

**Review your entries to be sure they are correct before you Submit to the NPDB.**

## Subject Information

Name:	<b>Test Practioner</b>
Gender:	<b>Male</b>
DOB:	<b>01-01-1960</b>
Practitioner Deceased:	<b>No</b>
Home Address:	<b>555 Cabin Rd Chantilly, VA 20111</b>
Work Address:	<i>None/NA</i>
Profession/Field of Licensure:	<b>Physician (MD)</b>
Specialty:	<b>General Surgery</b>
License Info:	<b>111111 (VA)</b>
SSN/ITIN:	<b>555555555</b>
NPI:	<i>None/NA</i>
DEA:	<i>None/NA</i>
FEIN:	<i>None/NA</i>
UPIN:	<i>None/NA</i>
Health Care Entity Affiliation:	<i>None/NA</i>

## Action Information

Adverse Action(s) Taken:	<b>- Suspension of license - Restriction of license</b>
Basis of Action(s):	<b>Failure to maintain records or provide medical, financial, or other required information</b>
Agency or Program Taking the Action:	<b>Test Agency</b>
Date Action was Taken:	<b>05-20-2017</b>
Date Action Became Effective:	<b>05-20-2017</b>
Amount of Time the Action is Effective:	<b>Unspecified</b>
Automatic Reinstatement:	<b>No</b>
Total Monetary Penalty:	<i>None/NA</i>
Action is On Appeal?:	<b>No</b>
Description:	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo sodales pulvinar tempor. Cum sociis natoque penatibus et magnis nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, orci, sed rhoncus sapien nunc eget.

## 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.

## Your Name

TEST USER

## Title

ADMIN

## Phone

0005551111

## Extension (optional)

Ext.

**WARNING:**

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute.

Submit to the NPDB

Return to Options

## STATE LICENSURE: V

Name: **Test Practitioner**

Report Number: **7950000**

State Licensure Actions:

### Why are you voiding thi

- The report should not h  
(e.g. the wrong practition
- The action or payment
- The action was overtur

### Public Burden Statement ✕

OMB # 0915-0126 expiration date MM/DD/YY

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Close

Customer Use is an optional field for you to create an identification for internal use

**STATE LICENSURE: Void Report**

NATIONAL PRACTITIONER DATA BANK

**NPDB**

Public burden statement

Name: **Test Practitioner**Report Number: **7950000111111111**State Licensure Actions: 

- **Probation of license**
- **Reprimand or censure**

**Why are you voiding this report?**

- The report should not have been submitted.  
(e.g. the wrong practitioner was identified, the report is a duplicate, the action was not finalized)
- The action or payment was not reportable to the NPDB. It did not meet the legal reporting criteria.
- The action was overturned or reversed. It should not 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.

**Your Name****Title****Phone****Extension (optional)****WARNING:**

Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) is subject to a fine and imprisonment under federal statute. Unauthorized or unjustified removal of a report from the NPDB is punishable under federal statute.

[Submit to the NPDB](#)[Return to Options](#)

**REPORT AN APPEAL**Name: **Test Practitioner**Report Number: **7950000**

Title IV Clinical Privileges Act

**Date of Appeal**

MM-DD-YYYY

Customer Use is an optional feature that is only available to your organization.

**Customer Use****Public Burden Statement**

OMB # 0915-0126 expiration date MM/DD/YY

Public Burden Statement: 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 project is 0915-0126. Public reporting burden for this collection of information is estimated to average 15 minutes to complete this form, 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 14N-39, Rockville, Maryland, 20857.

**Close**

**REPORT AN APPEAL**Name: **Test Practitioner**Report Number: **7950000111111111**Title IV Clinical Privileges Action(s):

- **Reduction of clinical privileges**
- **Limitation or restriction on certain procedure(s) or practice area**

**Date of Appeal**

MM-DD-YYYY

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

**Customer Use****Certification**

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

**Your Name**

TEST USER

**Title**

ADMIN

**Phone**

0005551111

**Extension (optional)**

Ext.

**WARNING:**

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[Submit to the NPDB](#)[Return to Options](#)

## Hidden Fields

For Correction, Revision to Action and Correction of Revision to Action, the hidden fields will be the same the hidden fields for the initial report.

## State Changes

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

Label	PDF Name	Item Type	Trigger
Public Burden Statement	Correction, Revision to Action, Correction of Revision to Action, Void, Action on Appeal	Modal	When the user selects the Public Burden Statement link the modal is displayed.