OMB Number 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 10.5 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 Information Collection Clearance Officer, 14N39, 5600 Fishers Lane, Rockville, MD 20857.

**Data Request Instructions:** Please complete the form for all professions listed and return it as an attachment to the National Practitioner Data Bank (NPDB). Include all disciplinary actions taken from mm/dd/yyyy through mm/dd/yyyy. Provide information for all actions taken during the time period which are reportable to the NPDB, including administrative suspensions or monetary penalties connected to the delivery of health care. Also include subsequent actions which revised or modified a prior action, such as a reinstatement.

[Entity Name] (ending in ....1234)

Suffix

License Number

ABC123

MI

Last Name

Example

Your Entity:

#

5

John

First Name

Professions for which data was found -

no action is required  The NPDB Requires Your Data for These Professions:									
		[List of professions]							
#	Professon Name	Do yo	Do you regulate this profession? (Yes or No)		Were any actions taken? (Yes or No)		All actions listed on the grid below? (Yes or No)		Comments
1	[Profession Name]								
7	[Profession Name]								
3	[Profession Name]								
1	[Profession Name]								
5	[Profession Name]								
f	[Profession Name]								
7	7 [Profession Name]								
٤	[Profession Name]								
	Complete the detailed	grid belo	w and a	dd any additional ac	ctions taken from	n mm/dd/yyy	yy through mm/dd/yyyy tha	at have not been rer	ported to the NPDB.
#	First Name Last Name	DAT	Cuffix	Liconco Number	State Issued	Profession	Type of Action	Action Date	Commonts/Dotails

Name

Healthcare

State Issued

AK

Type of Action

Revocation

Action Date

2/1/2013

Comments/Details

Failure to follow board order ABC123