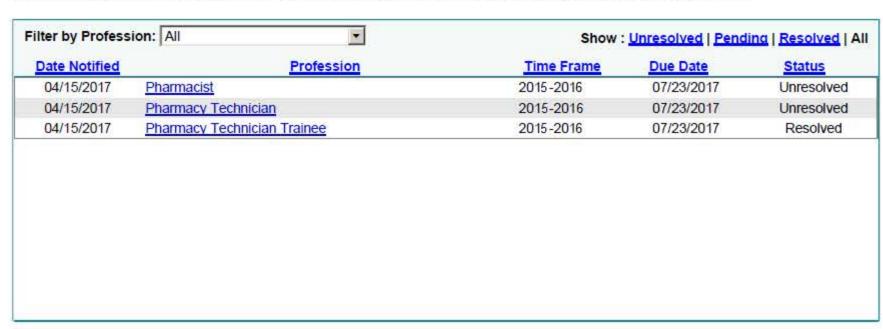
CORRECTIVE ACTION PLANS



A Corrective Action Plan (CAP) allows the NPDB to monitor, manage and collaboratively work with organizations on reporting compliance with the NPDB. By submitting the CAP form, organizations agree to work with the NPDB to achieve reporting compliance by providing the number of actions pending submission, providing a time line for submitting reports, and committing to report all future actions in a timely manner. For better understanding of how to use a CAP, please review the CAP Tutorial.

The following professions require a CAP to assist your organization to meet its reporting requirements.



Return to Compliance

Return to Options

NATIONAL PRACTITIONER DATA BANK

CORRECTIVE ACTION PLAN

Sign Out

Show public burden statement

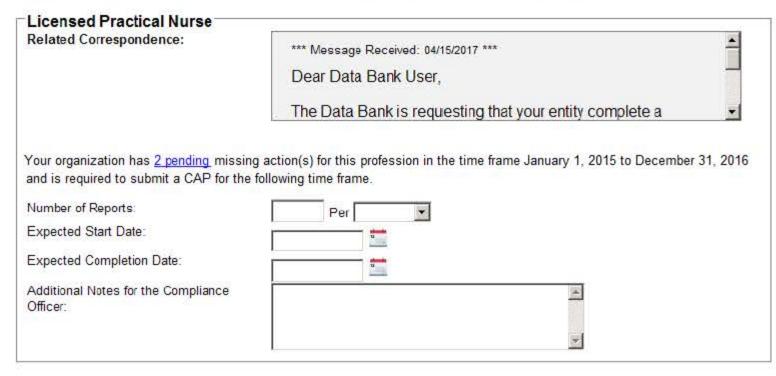
OMB # 0915-0126 expiration date xx/xx/xx

Entity: MEDICAL BOARD (CHANTILLY, VA) | User: certifyoff2

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 1 hour to complete the activities associated with 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, MD, 20857.

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The actions covered by each CAP have been reviewed as part of the Adverse Licensure Action Comparison Project.



Our organization certifies that the statements for this Corrective Action Plan are true and correct to the best of our knowledge. I further certify that I am authorized to submit these statements on behalf of our organization. JOHN SMITH Name of Board Representative: OFFICER Title of Board Representative: 7031234567 Phone Number of Board Representative: Test 7609@deve-npdb.sra.com Email Address of Board Representative: Date: 04/17/2017

Certify

Certification

Save and Certify Later



Return to Previous Page

Return to Compliance

Entity: MEDICAL BOARD (CHANTILLY, VA) | User: certifyoff2 CAP CONFIRMATION

Sign Out NATIONAL PRACTITIONER DATA BANK

The Corrective Action Plan listed below was approved by the NPDB on 04/22/2017.

reporting compliance with the NPDB. By submitting the CAP form, organizations agree to work with the NPDB to achieve reporting compliance by providing the number of actions pending submission, providing a time line for submitting reports, and committing to report all future actions in a timely manner. Corrective Action Plan

A Corrective Action Plan (CAP) allows the NPDB to monitor, manage and collaboratively work with organizations on

Pharmacist

Your organization currently has 2 missing action(s) for this profession.

Reporting Time Frame: January 1, 2015 to December 31, 2016

Number Of Reports:

45 action(s) per Month 05/29/2017

Expected Completion Date:

Expected Start Date:

07/23/2017

Certification

our knowledge. I further certify that I am authorized to submit these statements on behalf of our organization.

Name of Licensing Board/Agency: STATE BOARD

Our organization certifies that the statements on the professions specified are true and correct to the best of

Name of Board Representative:

Email Address of Board Representative:

JANE DOE

Title of Board Representative:

MANAGER

Phone Number of Board Representative:

7031234567 jane@abc.net

Date:

04/29/2017

Return to Compliance

Corrective Action Plans

