

DOE, JANE J

STATE BOARD

STATE LICENSURE ACTION

Date of Action: 06/01/2012

Initial Action

Basis for Initial Action

- REVOCATION OF LICENSE

- FAILURE TO COMPLY WITH CONTINUING EDUCATION OR
COMPETENCY REQUIREMENTS

**A. REPORTING
ENTITY**

Entity Name: STATE BOARD
Address: 555 TEST ST
City, State, Zip: WASHINGTON, DC 20000
Country:
Name of Office: JANE SMITH
Title or Department: CERTIFIER
Telephone: (222) 333-4444
Entity Internal Report Reference:
Type of Report: INITIAL

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: DOE, JANE J
Other Name(s) Used:
Gender: FEMALE
Date of Birth: 02/01/1970
Organization Name:
Work Address: SAMPLE STREET
City, State, ZIP: RESTON, VA 11111
Organization Type:
Home Address: SAMPLE STREET
City, State, ZIP: RESTON, VA 11111
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-6789
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: SAMPLE UNIVERSITY (1990)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 1234567890, CA
Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers: 1234567890
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.): SAMPLE HOSPITAL
Business Address of Affiliate: SAMPLE STREET
City, State, ZIP: RESTON, VA 11111
Nature of Relationship(s): SUBJECT IS EMPLOYEE OF AFFILIATE OR ASSOCIATE (200)

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
Basis for Action: FAILURE TO COMPLY WITH CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS (A2)

Name of Agency or Program That Took the Adverse Action Specified in This Report: LICENSING AGENCY

Adverse Action Classification Code(s): REVOCATION OF LICENSE (1110)
Date Action Was Taken: 05/05/2012
Date Action Became Effective: 06/01/2012
Length of Action: SPECIFIC PERIOD
Years: 0
Months: 6
Days: 0

Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 500.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION REPORT WHEN STATUS CHANGES)

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: DESCRIPTION.

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 the Patient?: NO

Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/03/2012
Date of Most Recent Change: 10/03/2012

This report is maintained under the provisions of: Section 1921 (NPDB), Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act as codified in 45 CFR Part 60; and the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act as codified in 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT
