

## ADVERSE ACTION REPORT

### STATE LICENSURE ACTION

Report Number 7930000052535570

This report is maintained under the provisions of:

Title IV (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 Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. This report also is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act and 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.

#### A. REPORTING ENTITY

Entity Name: REPORTING ENTITY  
Address: 111 PARK STREET  
City, State, ZIP: ALEXANDRIA, VA 11111  
Entity Internal Report Reference (e.g., claim number): REF12345  
Name or Office: JANE DOE  
Title or Department: ADMINISTRATOR  
Telephone: (111)222-3333  
Type of Report: CORRECTION OF REVISION TO ACTION  
Related Report Number: 7930000052535568

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

Subject Name: DOE, JOHN R  
Other Name(s) Used: DOE, JOHN RICHARD JR  
Gender: MALE  
Date of Birth: 05/05/1975  
Organization Name: DENTAL ORGANIZATION  
Work Address: 555 MAIN STREET  
City, State, ZIP: CLEMSON, SC 12121  
Country:  
Organization Type: DENTAL GROUP/PRACTICE (362)  
Other, as Specified:  
Home Address: 444 ELM STREET  
City, State, ZIP: CLEMSON, SC 12221  
Country:  
Deceased: NO  
Date of Death:  
Federal Employer Identification Numbers (FEIN): 123456789  
Social Security Numbers (SSN): 123-45-6789  
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321

National Provider Identifiers (NPI): 1234567890

Professional School(s) & Year(s) of Graduation: ACME SCHOOL 2000

Occupation/Field of Licensure (Code): DENTIST (030)

State License Number, State of Licensure: 123456789, SC

Other, as Specified:

Specialty: DENTAL: PUBLIC HEALTH (D2)

Drug Enforcement Administration (DEA) Numbers:

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.):

Business Address of Affiliate:

City, State, ZIP:

Country:

Nature of Relationship(s):

Other, as Specified:

**C. INFORMATION  
REPORTED**

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program  
that Took the Adverse Action

Specified in This Report: TEST AGENCY

Adverse Action Classification Code(s): REDUCTION OF PREVIOUS LICENSURE ACTION (1295)

Other, as Specified:

Date Action Was Taken: 01/05/2007

Date Action Became Effective: 01/05/2007

Length of Action: SPECIFIC PERIOD

Years: 1

Months: 5

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 OF ACT(S) OR OMISSION(S) OR OTHER REASONS  
FOR ACTION TAKEN

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?: YES

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

Date of Appeal: 01/30/2007

**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 one or more boxes below are 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: 01/07/2009

Date of Most Recent Change: 01/07/2009

**F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): DOE, JONATHON R JR

END OF REPORT