

ADVERSE ACTION REPORT

TITLE IV CLINICAL PRIVILEGES ACTION

Report Number 79300005253557

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1128E (HIPDB)

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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): REF123
Name or Office: JANE DOE
Title or Department: ADMINISTRATOR
Telephone: (111)222-3333
Type of Report: INITIAL REPORT

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 12221
Country:
Home Address: 444 ELM STREET
City, State, ZIP: CLEMSON, SC 12221
Country:
Deceased: NO
Date of Death:
Social Security Numbers (SSN): 123-45-7890
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:
Drug Enforcement Administration (DEA) Numbers: 978678968976

Name(s) of Health Care Entity (Entities) With Which Subject
Is Affiliated or Associated (Inclusion Does Not Imply
Complicity in the Reported Action.): AFFILIATED ENTITY

Business Address of Affiliate: 333 MAPLE STREET

City, State, ZIP: CLEMSON, SC 12221

Country:

Nature of Relationship(s): SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

Other, as Specified:

**C. INFORMATION
REPORTED**

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

Basis for Action: PRACTICING BEYOND THE SCOPE OF PRACTICE (29)

Other, as Specified:

Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)

Other, as Specified:

SUSPENSION OF CLINICAL PRIVILEGES (1630)

SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES
(1632)

Date Action Was Taken: 05/08/2008

Date Action Became Effective: 06/09/2008

Length of Action: PERMANENT

Years:

Months:

Days:

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: NARRATIVE DESCRIPTION

**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: 01/06/2009

Date of Most Recent Change: 01/06/2009

**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