

## ADVERSE ACTION REPORT

### TITLE IV CLINICAL PRIVILEGES ACTION

Report Number 7920000036407869

This report is maintained in:  The National Practitioner Data Bank

The Healthcare Integrity and Protection Data Bank

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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: ADMINISTRATION  
Telephone: (111)222-3333  
Type of Report: INITIAL REPORT

\*The reporting entity is no longer an active registrant with the Data Banks. The following entity is registered as its successor:

Entity Name: REPORTING ENTITY SUCCESSOR  
Address: 222 MAPLE LANE  
City, State, ZIP: BETHESDA, MD 22222-3333  
Name or Office: JOE SMITH  
Title or Department: SUPERVISOR  
Telephone: (111)222-3333

#### 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:  
Home Address: 444 ELM STREET  
City, State, ZIP: CLEMSON, SC 12221  
Country:  
Deceased: NO  
Date of Death:

**National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank**

P.O. Box 10832  
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

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QUERYING ENTITY

Social Security Numbers (SSN): 123-45-6789

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

**C. INFORMATION  
REPORTED**

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

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: 05/08/2006

Date Action Became Effective: 06/09/2006

Length of Action: PERMANENT

Years:

Months:

Days:

Description of Act(s) or Omission(s) or Other

Reasons for Action Taken: NARRATIVE DESCRIPTION

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

Other, as Specified:

**D. SUBJECT  
STATEMENT**

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

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**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: 06/01/2005

Date of Most Recent Change: 06/01/2005

**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**