

## ADVERSE ACTION REPORT

### STATE LICENSURE ACTION

Report Number 7910000044248326

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: CORRECTION OF REVISION TO ACTION  
Related Report Number: 7910000044248325

\*The reporting entity has changed its name or address on file with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 02/07/2007:

Entity Name: DATA BANK ENTITY  
Address: 555 MAPLE LANE  
City, State, ZIP: SAN JUAN  
Country: PUERTO RICO

#### 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

**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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For authorized use by:  
QUERYING ENTITY

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

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Is Subject Automatically Reinstated After Adverse

Action Period Is Completed?: YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION  
REPORT WHEN STATUS CHANGES)

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

Reasons for Action Taken: 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.

**Queriers, please note:**

The practitioner/subject entered the statement shown below in response to an earlier version of this report. The reporting entity changed the report after the practitioner/subject prepared the statement. As of the date this query response was processed, the practitioner/subject has not changed the statement in response to the changes in the report.

Date Submitted: 02/10/2007

I am the subject. This is my statement.

**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:

**Queriers, please note:**

The Secretary of the Department of Health and Human Services reviewed an earlier version of this report and entered the statement shown below. After the Secretarial Review decision and statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.

The Secretary has reviewed the report and made a decision.

Date of Original Submission: 01/05/2007

Date of Most Recent Change: 02/07/2007

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QUERYING ENTITY

**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 RICHARD JR

The Data Banks attempted to notify the Subject identified in Section B on 02/07/2007 at the address below, but the attempt was unsuccessful.

123 MAIN STREET  
NEW ORLEANS, LA 45454

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**END OF REPORT**

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