

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 or 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:
Sex: 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: 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:

Months: 6

Days:

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 Patient(s)? NO

Subject identified in Section B has appealed the reported adverse action. Date of
Appeal: 06/01/2012

**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.

This report has been disputed by the subject identified in Section B.

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.

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 and a decision was reached. The subject has requested that the Secretary
reconsider the original decision.

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: 05/15/2019

Date of Most Recent Change: 05/15/2019

This report is maintained under the provisions of: Section 1921

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, and 45 CFR Part 60. 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
