

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:
 Gender: 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:

NPDB

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

<https://www.npdb.hrsa.gov>

DCN: 7950000146051771

Process Date: 05/15/2019

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DOE, JANE J

For authorized use by:

STATE BOARD

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

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END OF REPORT
