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DCN: 7950000146051771

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1 of 3 DOE, JANE J

For authorized use by: STATE BOARD

DOE, JANE J

STATE BOARD

STATE LICENSURE ACTION

Initial Action

Basis for Initial Action

Date of Action: 06/01/2012

- 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

IDENTIFICATIO

N

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

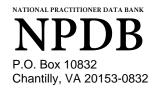
Affiliated or Associated (Inclusion Does Not Imply Complicity in

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)



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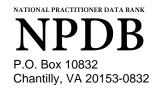
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C.	Type of Adverse Action. STATE LICENSORE
INFORMATION REPORTED	Basis for Action: FAILURE TO COMPLY WITH CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS (A2)
KEI OKTED	Name of Agency or Program That Took the Adverse Action
	Specified in This Report: 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,
Su	Assessment and/or Restitution: \$ 500.00 Is bject Automatically Reinstated After
	Adverse Action Period Is Completed?: YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION REPORT WHEN STATUS CHANGES)
	Act(s) or Omission(s) or Other Reasons for
Action(s)	Taken and Description of Action(s) Taken
Is the Adverse Action Spec	by Reporting Entity: DESCRIPTION cified in This Report Based on the Subject's
	or Conduct, Which Adversely Affected, or
Troressionar competence	Could Have Adversely Affected, the
	Health or Welfare of Patient(s)?: NO
	X 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.
SIMILMENT	
C. REPORT STATUS	Unless a box below is checked, the subject of this report identified in Section B has not contested this report.
. REFORT STATUS	Offices a box below is effected, 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:



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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