

## MEDICAL ASSOCIATES

### STATE BOARD

#### STATE LICENSURE ACTION

**Date of Action:** 10/01/2012

#### Initial Action

#### Basis for Initial Action

- DIRECTED PLAN OF CORRECTION

- LACK OF APPROPRIATELY QUALIFIED PROFESSIONALS

#### A. REPORTING ENTITY

**Entity Name:** STATE BOARD  
**Address:** 555 TEST ST  
 SUITE 810  
**City, State, Zip:** WASHINGTON, DC 20000  
**Country:**  
**Name or Office:** JANE SMITH  
**Title or Department:** CERTIFIER  
**Telephone:** (222) 333-4444  
**Entity Internal Report Reference:** REF#12  
**Customer Use:** ABC123  
**Type of Report:** INITIAL

#### B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

**Organization Name:** MEDICAL ASSOCIATES  
**Other Organization Name(s) Used:**  
**Business Address:** SAMPLE AVENUE  
**City, State, ZIP:** BRIDGEPORT, CT 22222  
**Organization Type:** PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)

**Names and Titles of Principal Officers and Owners (POO):** DOE, JOHN M  
**Federal Employer Identification Numbers (FEIN):** 111223333  
 222334444

**Social Security Numbers (SSN):**  
**Individual Taxpayer Identification Numbers (ITIN):**  
**State License Number, State of Licensure:** 123456789, CT  
 123456789, VA

**Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:** YES

**Drug Enforcement Administration (DEA) Numbers:**  
**Clinical Laboratory Act (CLIA) Numbers:**  
**Food and Drug Administration (FDA) Numbers:**  
**National Provider Identifiers (NPI):** 1245319599  
**Medicare Provider/Supplier Numbers:** 1000001000001

**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 CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

**DCN:** 7950000146051799  
**Process Date:** 05/15/2019  
**Page:** 2 of 3  
**MEDICAL ASSOCIATES**  
**For authorized use by:**  
**STATE BOARD**

**C. INFORMATION REPORTED**

Type of Adverse Action: STATE LICENSURE  
 Basis for Action: LACK OF APPROPRIATELY QUALIFIED PROFESSIONALS (32)  
 Name of Agency or Program That Took the Adverse Action Specified in This Report: LICENSING AGENCY  
 Adverse Action Classification Code(s): DIRECTED PLAN OF CORRECTION (3202)  
 Date Action Was Taken: 09/22/2012  
 Date Action Became Effective: 10/01/2012  
 Length of Action: INDEFINITE  
 Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 1,000.00  
 Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:  
 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

- Subject identified in Section B has appealed the reported adverse action.  
 Date of Appeal: 10/01/2012

**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.

NATIONAL PRACTITIONER DATA BANK

**NPDB**

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

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

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**END OF REPORT**

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