

CUI (when filled in)

HEALTH CARE PRACTITIONER ACTION REPORT			1. DATE OF REPORT (YYYYMMDD)
2. TYPE OF REPORT (X one) <input type="checkbox"/> a. INITIAL <input type="checkbox"/> c. REVISION TO ACTION <input type="checkbox"/> b. CORRECTION OR ADDITION <input type="checkbox"/> d. VOID PREVIOUS REPORT		3. DATE OF ACTION (YYYYMMDD)	4. EFFECTIVE DATE OF ACTION (YYYYMMDD)
5. MEDICAL TREATMENT FACILITY (MTF)			
a. NAME	b. ADDRESS (Street, City, State, ZIP Code)		c. DMIS CODE
6. PRACTITIONER INFORMATION			
a. NAME (Last, First, Middle)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	
d. NAME OF PROFESSIONAL SCHOOL ATTENDED	<input type="checkbox"/> (1) United States <input type="checkbox"/> (2) Foreign	e. DATE GRADUATED (YYYYMMDD)	
f. STATUS (X one)			
<input type="checkbox"/> (1) Army <input type="checkbox"/> (3) Air Force <input type="checkbox"/> (5) Civilian GS <input type="checkbox"/> (2) Navy <input type="checkbox"/> (4) PHS <input type="checkbox"/> (6) Partnership Internal	<input type="checkbox"/> (7) Partnership External <input type="checkbox"/> (8) Personal Services Contract	<input type="checkbox"/> (9) Non-Personal Services Contract	
g. SOURCE OF ACCESSION (X all that apply)			h. PAY GRADE
(1) Military	(2) Civilian		i. FEDERAL DEA NUMBER (If known)
<input type="checkbox"/> (a) Volunteer <input type="checkbox"/> (d) National Guard <input type="checkbox"/> (b) Armed Forces Health Professional Scholarship Program <input type="checkbox"/> (e) Reserve <input type="checkbox"/> (c) Uniformed Services University of Health Sciences	<input type="checkbox"/> (a) Civil Service <input type="checkbox"/> (b) Contracted <input type="checkbox"/> (c) Consultant <input type="checkbox"/> (d) Foreign National (Local Hire) <input type="checkbox"/> (e) Other (Specify)		
j. LICENSING INFORMATION			
(1) State of License	(2) License Number	(1) State of License	
7. TYPE OF PRACTITIONER AND SPECIALTY (FIELD OF LICENSURE) (X all that apply)			
a. PHYSICIAN DEGREE	<input type="checkbox"/> M.D. (010) <input type="checkbox"/> D.O. (020)		
(1) Highest Level of Specialization			
<input type="checkbox"/> (a) Board Certified <input type="checkbox"/> (b) Residency Completed <input type="checkbox"/> (c) In Residency (015/025) <input type="checkbox"/> (d) No Residency			
(2) Primary Specialty	<input type="checkbox"/> (h) Internal Medicine (Continued) <input type="checkbox"/> (h.c) Infectious Disease <input type="checkbox"/> (h.d) Nephrology <input type="checkbox"/> (h.e) Pulmonary <input type="checkbox"/> (h.f) Rheumatology <input type="checkbox"/> (h.g) Tropical Medicine <input type="checkbox"/> (h.h) Allergy/Immunology <input type="checkbox"/> (h.i) Cardiology <input type="checkbox"/> (h.j) Endocrinology <input type="checkbox"/> (h.a) Gastroenterology <input type="checkbox"/> (h.b) Hematology-Oncology <input type="checkbox"/> (k) Ophthalmology	<input type="checkbox"/> (l) Otorhinolaryngology <input type="checkbox"/> (m) Orthopedics <input type="checkbox"/> (n) Pathology <input type="checkbox"/> (o) Pediatrics <input type="checkbox"/> (p) Physical Medicine <input type="checkbox"/> (q) Preventive Medicine <input type="checkbox"/> (r) Psychiatry <input type="checkbox"/> (s) Radiology <input type="checkbox"/> (t) Surgery, General <input type="checkbox"/> (t.a) Cardio-Thoracic <input type="checkbox"/> (t.b) Colon-Rectal <input type="checkbox"/> (t.c) Neurosurgery	<input type="checkbox"/> (t) Surgery, General (Continued) <input type="checkbox"/> (t.d) Oncology <input type="checkbox"/> (t.e) Pediatric <input type="checkbox"/> (t.f) Peripheral Vascular <input type="checkbox"/> (t.g) Plastic <input type="checkbox"/> (u) Underseas Medicine <input type="checkbox"/> (v) Urology <input type="checkbox"/> (w) Intensivist <input type="checkbox"/> (x) Neonatologist <input type="checkbox"/> (y) Other (Specify)
(3) Board Certification(s)			
b. DENTIST	<input type="checkbox"/> DENTIST (030)		
(1) Highest Level of Specialization		(2) Primary Specialty	
<input type="checkbox"/> (a) Board Certified <input type="checkbox"/> (c) In Residency (035) <input type="checkbox"/> (b) Residency Completed <input type="checkbox"/> (d) No Residency	<input type="checkbox"/> (a) General Dental Officer <input type="checkbox"/> (b) Oral Surgeon	<input type="checkbox"/> (c) Other (Specify)	
(3) Board Certification(s)			
c. OTHER PRACTITIONERS	<input type="checkbox"/> OTHER PRACTITIONERS		
<input type="checkbox"/> Audiologist (400) <input type="checkbox"/> Clinical Dietician (200) <input type="checkbox"/> Clinical Pharmacist (050) <input type="checkbox"/> Clinical Psychologist (370) <input type="checkbox"/> Clinical Social Worker (300)	<input type="checkbox"/> Nurse Anesthetist (110) <input type="checkbox"/> Nurse Midwife (120) <input type="checkbox"/> Nurse Practitioner (130) <input type="checkbox"/> Occupational Therapist (410)	<input type="checkbox"/> Optometrist (636) <input type="checkbox"/> Physical Therapist (430) <input type="checkbox"/> Physician Assistant (642) <input type="checkbox"/> Podiatrist (350) <input type="checkbox"/> Speech Pathologist (450)	<input type="checkbox"/> Registered Nurse (100) <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Other (Specify)

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8. ACTION TAKEN		
a. PRIVILEGING ACTIONS TAKEN/REASON CODE <i>(See Page 3, Item 14a)</i>	b. ACTIONS OTHER THAN PRIVILEGING (ADMINISTRATIVE)/ REASON CODES <i>(See Page 3, Item 14b)</i>	c. LENGTH OF ACTION <i>(In months)</i>
<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	
d. LIST HOW AND WHY WHAT PRIVILEGES ARE AFFECTED BY THE ACTION:		
e. OTHER ACTIONS TAKEN <i>(X all that apply)</i>		
<input type="checkbox"/> (1) Review <input type="checkbox"/> (3) Retraining <input type="checkbox"/> (5) Separated for Cause <input type="checkbox"/> (7) Separated <input type="checkbox"/> (9) Retired <input type="checkbox"/> (2) Rehabilitation <input type="checkbox"/> (4) On-the-Job Training <input type="checkbox"/> (6) Fired/Terminated <input type="checkbox"/> (8) Resigned <input type="checkbox"/> (10) Other		
9. CIVILIAN CONTRACTOR NAME		
10. PRACTITIONER'S LAST KNOWN ADDRESS OR HOME OF RECORD <i>(Street, Apartment/Suite Number, City, State, ZIP Code)</i>		
11. MEDICAL TREATMENT FACILITY (MTF) POINT OF CONTACT		
a. NAME <i>(Last, First, Middle Initial)</i>		b. TELEPHONE NUMBER <i>(Include Area Code)</i>
12. REMARKS		
13. OFFICE OF THE SURGEON GENERAL (OTSG) INDIVIDUAL SUBMITTING REPORT		
a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	c. TELEPHONE NUMBER
d. ADDRESS Office of the Surgeon General	e. SIGNATURE	f. DATE SIGNED <i>(YYYYMMDD)</i>
INSTRUCTIONS <i>(All other items are self-explanatory.)</i>		
2b. Correction or Addition. An administrative change intended to supersede or add information to the contents of the current version of a report. 2c. Revision to Action. A new action which is related to and modifies a previously submitted adverse action. 3. Date of Action. Enter the date of formal approval of the MTFs action as indicated by the OTSG. 4. Effective Date of Action. Enter the date on which the action became effective. 14a. Privileging Actions Taken/Reason. This entry is equivalent to NPDB's Adverse Action Classification Code.		

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14a. PRIVILEGING ACTIONS TAKEN/REASON CODES	
<p>610 <u>REVOCAATION - CLINICAL PRIVILEGES</u></p> <p>610.01 Alcoholism and Other Substance Abuse 610.02 Incompetence/Malpractice/Negligence 610.03 Narcotics Violations 610.04 Felony 610.05 Fraud 610.10 Unprofessional Conduct 610.20 Mental Disorder 610.30 Allowing Unlicensed Person to Practice 610.50 Disciplinary Action Taken in Another State 610.70 Violated Previous Action 610.80 Physical Impairment 610.90 Other</p>	<p>645 <u>OTHER RESTRICTION - CLINICAL PRIVILEGES</u></p> <p>645.01 Alcoholism and Other Substance Abuse 645.02 Incompetence/Malpractice/Negligence 645.03 Narcotics Violations 645.04 Felony 645.05 Fraud 645.10 Unprofessional Conduct 645.20 Mental Disorder 645.30 Allowing Unlicensed Person to Practice 645.50 Disciplinary Action Taken in Another State 645.70 Violated Previous Action 645.80 Physical Impairment 645.90 Other</p>
<p>630 <u>SUSPENSION - CLINICAL PRIVILEGES</u></p> <p>630.01 Alcoholism and Other Substance Abuse 630.02 Incompetence/Malpractice/Negligence 630.03 Narcotics Violations 630.04 Felony 630.05 Fraud 630.10 Unprofessional Conduct 630.20 Mental Disorder 630.30 Allowing Unlicensed Person to Practice 630.50 Disciplinary Action Taken in Another State 630.70 Violated Previous Action 630.80 Physical Impairment 630.90 Other</p>	<p>650 <u>DENIAL (ORIGINAL OR SUBSEQUENT) - CLINICAL PRIVILEGES</u></p> <p>650.01 Alcoholism and Other Substance Abuse 650.02 Incompetence/Malpractice/Negligence 650.03 Narcotics Violations 650.04 Felony 650.05 Fraud 650.10 Unprofessional Conduct 650.20 Mental Disorder 650.30 Allowing Unlicensed Person to Practice 650.50 Disciplinary Action Taken in Another State 650.70 Violated Previous Action 650.80 Physical Impairment 650.90 Other</p>
<p>635 <u>VOLUNTARY SURRENDER OF ALL PRIVILEGES WHILE UNDER INVESTIGATION FOR INCOMPETENCE OR MISCONDUCT OR TO AVOID SUCH INVESTIGATION - CLINICAL PRIVILEGES</u></p> <p>635.01 Alcoholism and Other Substance Abuse 635.02 Incompetence/Malpractice/Negligence 635.03 Narcotics Violations 635.04 Felony 635.05 Fraud 635.10 Unprofessional Conduct 635.20 Mental Disorder 635.30 Allowing Unlicensed Person to Practice 635.50 Disciplinary Action Taken in Another State 635.70 Violated Previous Action 635.80 Physical Impairment 635.90 Other</p>	<p>680 - 699 <u>REVISION TO ACTION - CLINICAL PRIVILEGES</u></p> <p>680.00 Reinstatement, Complete 681.00 Reinstatement, Conditional 689.00 Reinstatement, Denied 690.00 Partial Reinstatement of Privileges - Reduction of Previous Action 695.00 Extension of Previous Action 699.00 Reversal of Previous Action Due to Appeal or Review</p>
<p>640 <u>REDUCTION IN PRIVILEGES - CLINICAL PRIVILEGES</u></p> <p>640.01 Alcoholism and Other Substance Abuse 640.02 Incompetence/Malpractice/Negligence 640.03 Narcotics Violations 640.04 Felony 640.05 Fraud 640.10 Unprofessional Conduct 640.20 Mental Disorder 640.30 Allowing Unlicensed Person to Practice 640.50 Disciplinary Action Taken in Another State 640.70 Violated Previous Action 640.80 Physical Impairment 640.90 Other</p>	<p>14b. ACTIONS OTHER THAN PRIVILEGING (ADMINISTRATIVE) REASON CODES</p> <p>810.01 Alcoholism and Other Substance Abuse 810.02 Referral for Courts Martial 810.03 Narcotics Violations 810.04 Felony 810.05 Fraud 810.10 Unprofessional Conduct 810.20 Mental Disorder 810.30 Allowing Unlicensed Person to Practice 810.50 Disciplinary Action Taken in Another State 810.70 Violated Previous Action 810.80 Physical Impairment 810.90 Other</p>