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DCN: 7950000146051771 **Process Date:** 05/15/2019

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DOE, JANE J
For authorized use by:
STATE BOARD

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

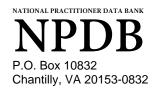
Unique Physician Identification Numbers (UPIN):

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)

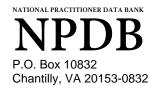


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C. INFORMATION	Type of Adverse Action:	STATE LICENSURE
REPORTED	Basis for Action:	FAILURE TO COMPLY WITH CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS (A2)
	Name of Agency or Program	
	That Took the Adverse Action	I TODNOTTO AGENCY
	Specified in This Report:	LICENSING AGENCY
	Adverse Action Classification Code(s):	REVOCATION OF LICENSE (1110)
	Date Action Was Taken:	05/05/2012
	Date Action Became Effective:	
	Length of Action:	SPECIFIC PERIOD
	Years:	
	Months:	6
	Days:	
	Total Amount of Monetary Penalty,	
Assessment and/or Restitution:		\$ 500.00
	Subject Automatically Reinstated After Adverse Action Period Is Completed?:	YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION
·		REPORT WHEN STATUS CHANGES)
	Subject's Act(s) or Omission(s) or Other	
Reasons for Action(s) Tai	ken and Description of Action(s) Taken by Reporting Entity:	DESCRIPTION
Is the Adverse Action	Specified in This Report Based on the	2250.121 125.1
Subject's Professional Competence or Conduct, Which Adversely		
Affected, or 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 CLID IECT		
D. SUBJECT STATEMENT	If the subject identified in Section B of	f this report has submitted a statement, it appears in this section.
O I / (I Z III Z I (I		
E. REPORT STATUS	Unless a box below is checked, the s	ubject of this report identified in Section B has not contested this report.
		asject of and report last and report
	This report has been disputed b	with a subject identified in Costian D
This report has been disputed by the subject identified in Section B.		
	At the request of the subject ide	ntified 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 dec	ision has been reached.
At the request of the subject identified in Section B, this report was reviewed by the Secretary of the		ntified in Section B, this report was reviewed by the Secretary of the LLS
	Department of Health and Human Services and a decision was reached. The subject has requested that	
	the Secretary reconsider the original	ginal decision.
		ntified in Section B, this report was reviewed by
	the Secretary of the U.S. Depart is shown below:	tment of Health and Human Services. The Secretary's decision



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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 ——