

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<http://www.npdb.hrsa.gov>

DCN: 5500000104120155

Process Date: 03/03/2016

Page: 1 of 1

CHORLEY, DAVID NOEL

For authorized use by:

PROPHYLAXIS HEALTHCARE LLC

CHORLEY, DAVID NOEL - ONE-TIME QUERY RESPONSE**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: CHORLEY, DAVID NOEL
Date of Birth: 01/07/1958 **Gender:** MALE
Home Address: 11911 S MEMORIAL DR STE A, BIXBY, OK 74008-2030
Social Security Number: ***-**-2018
License: OSTEOPATHIC PHYSICIAN (DO), 3346, OK
Professional School(s): OKLAHOMA STATE UNIVERSITY (1996)

B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: PROPHYLAXIS HEALTHCARE LLC (DBID ending in ...96)
Authorized Submitter: ERIN PANKEY, CREDENTIALING SPECIALIST, (918) 771-0437

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/03/2016**The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	Yes, See Below	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

OK BOARD OF OSTEOPATHIC EXAMINERS**STATE LICENSURE****Basis for Action:** - NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES**Initial Action:** - SUSPENSION OF LICENSE**Date of Action:** 02/22/2016**DCN:** 5500000104086409

----- Unabridged Report(s) Follow -----

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<http://www.npdb.hrsa.gov>

DCN: 5500000104086409

Process Date: 03/02/2016

Page: 1 of 3

CHORLEY, DAVID N.

For authorized use by:

PROPHYLAXIS HEALTHCARE LLC

CHORLEY, DAVID N.**OK BOARD OF OSTEOPATHIC EXAMINERS****STATE LICENSURE ACTION****Date of Action: 02/22/2016****Initial Action****Basis for Initial Action**

- SUSPENSION OF LICENSE

- NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES

**A. REPORTING
ENTITY**

Entity Name: OK BOARD OF OSTEOPATHIC EXAMINERS

Address: 4848 N LINCOLN BLVD STE 100

City, State, Zip: OKLAHOMA CITY, OK 73105-3335

Country:

Name or Office: CHRISTI AQUINO

Title or Department: EXECUTIVE SECRETARY

Telephone: (405) 528-8625

Entity Internal Report Reference: OSBOE

Type of Report: CORRECTION

Previous Report Number: 5500000103702759 (Please destroy all copies of the previous report)

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: CHORLEY, DAVID N.

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/07/1958

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 3417 S ELDER AVE

City, State, ZIP: BROKEN ARROW, OK 74012-7495

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-2018

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: OKLAHOMA STATE UNIVERSITY-COLLEGE OF OSTEOPATHIC MEDICINE (1995)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: 3346, OK

Specialty: GENERAL PRACTICE/FAMILY PRACTICE

Drug Enforcement Administration (DEA) Numbers:

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.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

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

http://www.npdb.hrsa.gov

DCN: 5500000104086409

Process Date: 03/02/2016

Page: 2 of 3

CHORLEY, DAVID N.

For authorized use by:

PROPHYLAXIS HEALTHCARE LLC

**C. INFORMATION
REPORTED****NOTE: Information marked with an asterisk (*) was added, corrected, or removed.**

Type of Adverse Action: STATE LICENSURE

Basis for Action: NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES
(H1)Name of Agency or Program
That Took the Adverse Action
Specified in This Report: OSBOE

Adverse Action

Classification Code(s): SUSPENSION OF LICENSE (1135)

Date Action Was Taken: 01/29/2016

* Date Action Became Effective: 02/22/2016

Length of Action: INDEFINITE

Total Amount of Monetary Penalty,
Assessment and/or Restitution:Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: NODescription of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:THE BOARD CONCLUDES BY CLEAR AND CONVINCING EVIDENCE
THAT DR. CHORLEY EXERCISED UNPROFESSIONAL CONDUCT
RELATING TO PRESCRIBING CONTROLLED DANGEROUS SUBSTANCES.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)?: YES☐ Subject identified in Section B has appealed the reported adverse action.**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: 02/19/2016

Date of Most Recent Change: 03/02/2016

NPDB

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

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

DCN: 5500000104086409

Process Date: 03/02/2016

Page: 3 of 3

CHORLEY, DAVID N.

For authorized use by:

PROPHYLAXIS HEALTHCARE LLC

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, 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.

END OF REPORT
