

**DCN:** 5500000104120155 Process Date: 03/03/2016

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

### OK BOARD OF OSTEOPATHIC EXAMINERS

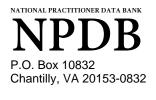
STATE LICENSURE

Basis for Action: - NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES

Initial Action: - SUSPENSION OF LICENSE Date of Action: 02/22/2016

**DCN**: 5500000104086409

	<b>Unabridged Report(s) Follow</b>	
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**Date of Action:** 02/22/2016

# CHORLEY, DAVID N.

### OK BOARD OF OSTEOPATHIC EXAMINERS

### STATE LICENSURE ACTION

**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):

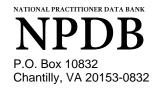
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

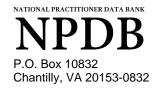


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C. INFORMATION	NOTE: Information marked with an asterisk (*) was added, corrected, or removed.				
REPORTED	Type of Adverse Action:	STATE LICENSURE			
	Basis for Action:	NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES (H1)			
	Name of Agency or Program	\ <i>\</i>			
	That Took the Adverse Action				
	Specified in This Report:	OSBOE			
	Adverse Action	(1125)			
	Classification Code(s):	SUSPENSION OF LICENSE (1135)			
	Date Action Was Taken:  * Date Action Became Effective:				
	Length of Action:				
	Total Amount of Monetary Penalty,	INDEFINITE			
	Assessment and/or Restitution:				
Is	Subject Automatically Reinstated After				
	Adverse Action Period Is Completed?:	NO			
	ubject's Act(s) or Omission(s) or Other				
Reasons for Action(s) Tak	ken and Description of Action(s) Taken by Reporting Entity:	THE BOARD CONCLUDES BY CLEAR AND CONVINCING EVIDENCE			
	by Reporting Entity.	THAT DR. CHORLEY EXERCISED UNPROFESSIONAL CONDUCT			
		RELATING TO PRESCRIBING CONTROLLED DANGEROUS SUBSTANCES			
	Specified in This Report Based on the				
	npetence or Conduct, Which Adversely				
Affected,	or Could Have Adversely Affected, the Health or Welfare of Patient(s)?:	YES			
,					
	Subject identified in Section B ha	as appealed the reported adverse action.			
D. 011D 1202					
D. SUBJECT STATEMENT	If the subject identified in Section B of	of this report has submitted a statement, it appears in this section.			
STATEMENT					
F DEDORT STATUS	Unless a how below in absolved, the a	which of this report identified in Caption D has not contacted this report			
E. REPORT STATUS	Unless a box below is checked, the s	subject of this report identified in Section B has not contested this report.			
	This report has been disputed b	by the subject identified in Section B.			
	At the request of the subject ide	entified 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				
	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 ori				
	the decreasy reconsider the on	girial dooloidii.			
	At the request of the subject ide	entified in Section B, this report was reviewed by			
	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			



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## 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.

<b>END OF REPORT</b>	ı	