

HEALTH CARE PRACTITIONER ACTION REPORT		1. DATE OF REPORT (YYYYMMDD)		REPORT CONTROL SYMBOL DD-HA(AR)1611	
2. TYPE OF REPORT (X one)		3. DATE OF ACTION (YYYYMMDD)		4. EFFECTIVE DATE OF ACTION (YYYYMMDD)	
<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				
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"/> (7) Partnership External	<input type="checkbox"/> (9) Non-Personal Services Contract	
<input type="checkbox"/> (2) Navy	<input type="checkbox"/> (4) PHS	<input type="checkbox"/> (6) Partnership Internal	<input type="checkbox"/> (8) Personal Services Contract		
g. SOURCE OF ACCESSION (X all that apply)				h. PAY GRADE	
<input type="checkbox"/> (1) Military		<input type="checkbox"/> (2) Civilian		i. FEDERAL DEA NUMBER (If known)	
<input type="checkbox"/> (a) Volunteer	<input type="checkbox"/> (d) National Guard	<input type="checkbox"/> (a) Civil Service	<input type="checkbox"/> (b) Contracted		
<input type="checkbox"/> (b) Armed Forces Health Professional Scholarship Program	<input type="checkbox"/> (e) Reserve	<input type="checkbox"/> (c) Consultant	<input type="checkbox"/> (d) Foreign National (Local Hire)		
<input type="checkbox"/> (c) Uniformed Services University of Health Sciences	<input type="checkbox"/> (f) Other (Specify)	<input type="checkbox"/> (e) Other (Specify)			
j. LICENSING INFORMATION					
(1) State of License		(2) License Number		(1) State of License	
				(2) License Number	
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		(h) Internal Medicine (Continued)		(l) Otorhinolaryngology	
<input type="checkbox"/> (a) In Training	<input type="checkbox"/> (h.c) Infectious Disease	<input type="checkbox"/> (m) Orthopedics		<input type="checkbox"/> (t) Surgery, General (Continued)	
<input type="checkbox"/> (b) General Practice (GMO)	<input type="checkbox"/> (h.d) Nephrology	<input type="checkbox"/> (n) Pathology		<input type="checkbox"/> (t.d) Oncology	
<input type="checkbox"/> (c) Anesthesiology	<input type="checkbox"/> (h.e) Pulmonary	<input type="checkbox"/> (o) Pediatrics		<input type="checkbox"/> (t.e) Pediatric	
<input type="checkbox"/> (d) Aviation Medicine	<input type="checkbox"/> (h.f) Rheumatology	<input type="checkbox"/> (p) Physical Medicine		<input type="checkbox"/> (t.f) Peripheral Vascular	
<input type="checkbox"/> (e) Dermatology	<input type="checkbox"/> (h.g) Tropical Medicine	<input type="checkbox"/> (q) Preventive Medicine		<input type="checkbox"/> (t.g) Plastic	
<input type="checkbox"/> (f) Emergency Medicine	<input type="checkbox"/> (h.h) Allergy/Immunology	<input type="checkbox"/> (r) Psychiatry		<input type="checkbox"/> (u) Underseas Medicine	
<input type="checkbox"/> (g) Family Practice	<input type="checkbox"/> (h.i) Cardiology	<input type="checkbox"/> (s) Radiology		<input type="checkbox"/> (v) Urology	
<input type="checkbox"/> (h) Internal Medicine	<input type="checkbox"/> (h.j) Endocrinology	<input type="checkbox"/> (t) Surgery, General		<input type="checkbox"/> (w) Intensivist	
<input type="checkbox"/> (h.a) Gastroenterology	<input type="checkbox"/> (i) Neurology	<input type="checkbox"/> (t.a) Cardio-Thoracic		<input type="checkbox"/> (x) Neonatologist	
<input type="checkbox"/> (h.b) Hematology - Oncology	<input type="checkbox"/> (j) Obstetrics/Gynecology	<input type="checkbox"/> (t.b) Colon-Rectal		<input type="checkbox"/> (y) Other (Specify)	
	<input type="checkbox"/> (k) Ophthalmology	<input type="checkbox"/> (t.c) Neurosurgery			
(3) Board Certification(s)					
b. DENTIST					
		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"/> (a) General Dental Officer		<input type="checkbox"/> (c) Other (Specify)	
<input type="checkbox"/> (b) Residency Completed	<input type="checkbox"/> (d) No Residency	<input type="checkbox"/> (b) Oral Surgeon			
(3) Board Certification(s)					
c. OTHER PRACTITIONERS					
		OTHER PRACTITIONERS			
<input type="checkbox"/> Audiologist (400)	<input type="checkbox"/> Nurse Anesthetist (110)	<input type="checkbox"/> Optometrist (636)		<input type="checkbox"/> Registered Nurse (100)	
<input type="checkbox"/> Clinical Dietician (200)	<input type="checkbox"/> Nurse Midwife (120)	<input type="checkbox"/> Physical Therapist (430)		<input type="checkbox"/> Emergency Medical Technician	
<input type="checkbox"/> Clinical Pharmacist (050)	<input type="checkbox"/> Nurse Practitioner (130)	<input type="checkbox"/> Physician Assistant (642)		<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Clinical Psychologist (370)	<input type="checkbox"/> Occupational Therapist (410)	<input type="checkbox"/> Podiatrist (350)			
<input type="checkbox"/> Clinical Social Worker (300)		<input type="checkbox"/> Speech Pathologist (450)			

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>
NONE	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"/> (2) Rehabilitation	<input type="checkbox"/> (4) On-the-Job Training	<input type="checkbox"/> (7) Separated
		<input type="checkbox"/> (9) Retired
		<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>		
<p>2b. Correction or Addition. An administrative change intended to supersede or add information to the contents of the current version of a report.</p> <p>2c. Revision to Action. A new action which is related to and modifies a previously submitted adverse action.</p> <p>3. Date of Action. Enter the date of formal approval of the MTFs action as indicated by the OTSG.</p> <p>4. Effective Date of Action. Enter the date on which the action became effective.</p> <p>14a. Privileging Actions Taken/Reason. This entry is equivalent to NPDB's Adverse Action Classification Code.</p>		

14a. PRIVILEGING ACTIONS TAKEN/REASON CODES**610 REVOCAATION - CLINICAL PRIVILEGES**

- 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

645 OTHER RESTRICTION - CLINICAL PRIVILEGES

- 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

630 SUSPENSION - CLINICAL PRIVILEGES

- 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

650 DENIAL (ORIGINAL OR SUBSEQUENT) - CLINICAL PRIVILEGES

- 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

635 VOLUNTARY SURRENDER OF ALL PRIVILEGES WHILE UNDER INVESTIGATION FOR INCOMPETENCE OR MISCONDUCT OR TO AVOID SUCH INVESTIGATION - CLINICAL PRIVILEGES

- 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

680 - 699 REVISION TO ACTION - CLINICAL PRIVILEGES

- 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

640 REDUCTION IN PRIVILEGES - CLINICAL PRIVILEGES

- 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

14b. ACTIONS OTHER THAN PRIVILEGING (ADMINISTRATIVE)/ REASON CODES

- 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