

<b>HEALTH CARE PRACTITIONER ACTION REPORT</b>		<b>1. DATE OF REPORT (YYYYMMDD)</b>	<b>REPORT CONTROL SYMBOL</b> DD-HA(AR)1611
<b>2. TYPE OF REPORT (X one)</b>		<b>3. DATE OF ACTION (YYYYMMDD)</b>	<b>4. EFFECTIVE DATE OF ACTION (YYYYMMDD)</b>
<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		
<b>5. MEDICAL TREATMENT FACILITY (MTF)</b>			
a. NAME	b. ADDRESS (Street, City, State, ZIP Code)	c. DMIS CODE	
<b>6. PRACTITIONER INFORMATION</b>			
a. NAME (Last, First, Middle)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	
d. NAME OF PROFESSIONAL SCHOOL ATTENDED	(1) United States (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"/> (2) Navy	<input type="checkbox"/> (4) PHS	<input type="checkbox"/> (6) Partnership Internal	<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	
<input type="checkbox"/> (a) Volunteer	<input type="checkbox"/> (d) National Guard	<input type="checkbox"/> (a) Civil Service	i. FEDERAL DEA NUMBER (If known)
<input type="checkbox"/> (b) Armed Forces Health Professional Scholarship Program	<input type="checkbox"/> (e) Reserve	<input type="checkbox"/> (b) Contracted	
<input type="checkbox"/> (c) Uniformed Services University of Health Sciences	<input type="checkbox"/> (f) Other (Specify)	<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	(2) License Number
<b>7. TYPE OF PRACTITIONER AND SPECIALTY (FIELD OF LICENSURE) (X all that apply)</b>			
a. PHYSICIAN DEGREE	M.D. (010)	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		(l) Otorhinolaryngology	(t) Surgery, General (Continued)
<input type="checkbox"/> (a) In Training	<input type="checkbox"/> (h) Internal Medicine (Continued)	<input type="checkbox"/> (m) Orthopedics	<input type="checkbox"/> (t.d) Oncology
<input type="checkbox"/> (b) General Practice (GMO)	<input type="checkbox"/> (h.c) Infectious Disease	<input type="checkbox"/> (n) Pathology	<input type="checkbox"/> (t.e) Pediatric
<input type="checkbox"/> (c) Anesthesiology	<input type="checkbox"/> (h.d) Nephrology	<input type="checkbox"/> (o) Pediatrics	<input type="checkbox"/> (t.f) Peripheral Vascular
<input type="checkbox"/> (d) Aviation Medicine	<input type="checkbox"/> (h.e) Pulmonary	<input type="checkbox"/> (p) Physical Medicine	<input type="checkbox"/> (t.g) Plastic
<input type="checkbox"/> (e) Dermatology	<input type="checkbox"/> (h.f) Rheumatology	<input type="checkbox"/> (q) Preventive Medicine	<input type="checkbox"/> (u) Underseas Medicine
<input type="checkbox"/> (f) Emergency Medicine	<input type="checkbox"/> (h.g) Tropical Medicine	<input type="checkbox"/> (r) Psychiatry	<input type="checkbox"/> (v) Urology
<input type="checkbox"/> (g) Family Practice	<input type="checkbox"/> (h.h) Allergy/Immunology	<input type="checkbox"/> (s) Radiology	<input type="checkbox"/> (w) Intensivist
<input type="checkbox"/> (h) Internal Medicine	<input type="checkbox"/> (h.i) Cardiology	<input type="checkbox"/> (t) Surgery, General	<input type="checkbox"/> (x) Neonatologist
<input type="checkbox"/> (h.a) Gastroenterology	<input type="checkbox"/> (i) Neurology	<input type="checkbox"/> (t.a) Cardio-Thoracic	<input type="checkbox"/> (y) Other (Specify)
<input type="checkbox"/> (h.b) Hematology - Oncology	<input type="checkbox"/> (j) Obstetrics/Gynecology	<input type="checkbox"/> (t.b) Colon-Rectal	
	<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			
Audiologist (400)	Nurse Anesthetist (110)	Optometrist (636)	Registered Nurse (100)
Clinical Dietician (200)	Nurse Midwife (120)	Physical Therapist (430)	Emergency Medical Technician
Clinical Pharmacist (050)	Nurse Practitioner (130)	Physician Assistant (642)	Other (Specify)
Clinical Psychologist (370)	Occupational Therapist (410)	Podiatrist (350)	
Clinical Social Worker (300)		Speech Pathologist (450)	

<b>8. ACTION TAKEN</b>		
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"/> (6) Fired/Terminated
		<input type="checkbox"/> (7) Separated
		<input type="checkbox"/> (8) Resigned
		<input type="checkbox"/> (9) Retired
		<input type="checkbox"/> (10) Other
<b>9. CIVILIAN CONTRACTOR NAME</b>		
<b>10. PRACTITIONER'S LAST KNOWN ADDRESS OR HOME OF RECORD</b> <i>(Street, Apartment/Suite Number, City, State, ZIP Code)</i>		<b>11. MEDICAL TREATMENT FACILITY (MTF) POINT OF CONTACT</b>
		a. NAME <i>(Last, First, Middle Initial)</i>
		b. TELEPHONE NUMBER <i>(Include Area Code)</i>
<b>12. REMARKS</b>		
<b>13. OFFICE OF THE SURGEON GENERAL (OTSG) INDIVIDUAL SUBMITTING REPORT</b>		
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>
<b>INSTRUCTIONS</b> <i>(All other items are self-explanatory.)</i>		
<p><b>2b. Correction or Addition.</b> An administrative change intended to supersede or add information to the contents of the current version of a report.</p> <p><b>2c. Revision to Action.</b> A new action which is related to and modifies a previously submitted adverse action.</p> <p><b>3. Date of Action.</b> Enter the date of formal approval of the MTFs action as indicated by the OTSG.</p> <p><b>4. Effective Date of Action.</b> Enter the date on which the action became effective.</p> <p><b>14a. Privileging Actions Taken/Reason.</b> This entry is equivalent to NPDB's Adverse Action Classification Code.</p>		

**14a. PRIVILEGING ACTIONS TAKEN/REASON CODES****610 REVOCAION - 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