



**OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
Enforcement Unit**

**HEALTH FACILITY/ PEER REVIEW REPORTING FORM
(Required by Section 805 of the California Business and Professions Code)**

NOTE: Certain actions, with respect to staff privileges, membership or employment of osteopathic physicians must be reported to the Osteopathic Medical Board of California when they are imposed or voluntarily accepted for a medical disciplinary cause or reason. Please see the reverse/second page of this form for further information.

*****PLEASE PRINT OR TYPE*****

REPORTING ENTITY

<input type="checkbox"/> Health Care Facility or Clinic - §805(a)(1)(A) <input type="checkbox"/> Health Care Service Plan - §805(a)(1)(B)	
<input type="checkbox"/> Professional Society - §805(a)(1)(c) <input type="checkbox"/> Medical Group or Employer - §805(a)(1)(D)	
<input type="checkbox"/> Ambulatory Surgical Center - §805(a)(1)(A)	
Please check type of Reporting Entity:	
Name of Entity: _____ Telephone Numbers: _____	
Address: Street _____ City _____ State _____ Zip Code _____	
Chief Executive Officer/Medical Director/Administrator: _____ Chief of Medical Staff: _____	
Name of Person Preparing Report: _____ Telephone Number: _____ Email Address: _____	

Osteopathic Physician

Name: Last _____ First _____ Middle _____			License Number: <div style="text-align: center; font-weight: bold;">20a</div>
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Action Taken

Date(s) of Action(s) and Duration (attach additional sheets if necessary)	
Type(s) of Action(s) – Check all that apply	CHECK HERE IF THIS IS A SUPPLEMENTAL REPORT <input type="checkbox"/>
(a) For a medical disciplinary cause or reason:	
<input type="checkbox"/> Denial/rejection of application for staff privileges <input type="checkbox"/> Denial/rejection of application for membership	<input type="checkbox"/> Termination or revocation of staff privileges <input type="checkbox"/> Termination or revocation of membership <input type="checkbox"/> Termination or revocation of employment
(b) For a cumulative total of 30 days or more for any 12 month period, and for a medical disciplinary cause or reason:	
<input type="checkbox"/> Restriction(s) imposed on staff privileges <input type="checkbox"/> Restriction(s) imposed on membership <input type="checkbox"/> Restriction(s) imposed on employment	<input type="checkbox"/> Restriction(s) voluntarily accepted on staff privileges <input type="checkbox"/> Restriction(s) voluntarily accepted on membership <input type="checkbox"/> Restriction(s) voluntarily accepted on employment
If staff privileges were restricted, list specific restrictions imposed or voluntarily accepted:	
(c) Following notice of an impending investigation based on information indicating medical disciplinary cause or reason:	
<input type="checkbox"/> Osteopathic Physician resigned from staff <input type="checkbox"/> Osteopathic Physician resigned from membership <input type="checkbox"/> Osteopathic Physician resigned from employment	<input type="checkbox"/> Osteopathic Physician took a leave of absence from staff <input type="checkbox"/> Osteopathic Physician took a leave of absence from membership <input type="checkbox"/> Osteopathic Physician took a leave of absence from employment
(d) For a summary suspension that remains in effect for a period in excess of 14 days for a medical disciplinary cause or reason:	
<input type="checkbox"/> Imposition of summary suspension on staff privileges <input type="checkbox"/> Imposition of summary suspension on employment	

DESCRIPTION OF ACTION: Attach additional sheet(s) describing the facts and circumstances of the medical disciplinary cause or reason and any other relevant information related to the action taken, including, but not limited to, the number of cases reviewed, time frame covered, any patient deaths involved, any malpractice filings as a result of the physician's actions, any expert/peer opinions obtained, etc.

Signature **Date**
 Chief Executive Officer/Medical Director/Administrator

Signature **Date**
 Chief of Medical Staff