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

Please check type of Reporting Entity:
- ☐ Health Care Facility or Clinic - §805(a)(1)(A)
- ☐ Health Care Service Plan - §805(a)(1)(B)
- ☐ Professional Society -§805(a)(1)(c)
- ☐ Medical Group or Employer - §805(a)(1)(D)
- ☐ Ambulatory Surgical Center -§805(a)(1)(A)

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:** 20a

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** ☐

(a) For a medical disciplinary cause or reason:
- ☐ Denial/rejection of application for staff privileges
- ☐ Denial/rejection of application for membership
- ☐ Termination or revocation of staff privileges
- ☐ Termination or revocation of membership
- ☐ 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:
- ☐ Restriction(s) imposed on staff privileges
- ☐ Restriction(s) voluntarily accepted on staff privileges
- ☐ Restriction(s) imposed on membership
- ☐ Restriction(s) voluntarily accepted on membership
- ☐ Restriction(s) imposed on employment
- ☐ 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:
- ☐ Osteopathic Physician resigned from staff
- ☐ Osteopathic Physician took a leave of absence from staff
- ☐ Osteopathic Physician resigned from membership
- ☐ Osteopathic Physician took a leave of absence from membership
- ☐ Osteopathic Physician resigned from employment
- ☐ 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 eason:
- ☐ Imposition of summary suspension on staff privileges
- ☐ Imposition of summary suspension on membership
- ☐ Imposition of summary suspension on employment

DESCRPTION 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**	**Signature**	**Date**
Chief Executive Officer/Medical Director/Administrator		**Chief of Medical Staff**	