



**Name:** SMITH, JOHN  
**SSN:** xxx-xx-6789  
**Customer Location:** ABC101#00001

**Printed Date:** 10/03/2018  
**Completed Date:** 10/03/2018  
**Control Code:**

---

## Medical Sanctions Report

---

Risk Factor:

### Clear Record Details

<b>Match:</b>	MATCH		
<b>Business:</b>			
<b>General:</b>	SKILLED NURSING FAC	<b>Specialty:</b>	BUSINESS MANAGER
<b>Address:</b>	2500 SOUTH AVENUE	<b>UPIN:</b>	
<b>Address2:</b>	EXAMPLE, OH 45246	<b>DOB:</b>	6/15/1980
<b>Type:</b>	1128a3	<b>Sanction Date:</b>	2/14/2015
<b>Reinstatement:</b>	00000000		
<b>Description:</b>	Conviction relating to patient abuse or neglect. Minimum Period: 5 years		

### Details

<b>Match:</b>	NO MATCH		
<b>Business:</b>			
<b>General:</b>	PHARMACY	<b>Specialty:</b>	TECHNICIAN
<b>Address:</b>	15 LAKEVIEW AVENUE	<b>UPIN:</b>	
<b>Address2:</b>	EXAMPLE, OH 45246	<b>DOB:</b>	8/11/1963
<b>Type:</b>	1128b4	<b>Sanction Date:</b>	8/20/2013
<b>Reinstatement:</b>	00000000		
<b>Description:</b>	License revocation or suspension. Minimum Period: No less than the period imposed by the state licensing authority.		

---

#### Fair Credit Reporting Act Notice

Information contained herein should not be the sole determiner in the evaluation of this individual. (Human error in compiling this information is possible.) All other factors, references and current situations should be considered. The information in this report is derived from records in accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI) This information may only be used to verify statements made by an individual for insurance or employment purposes or in connection with other business. Selection.com policy requires purchasers of these reports to have a signed consent form. This assures Selection.com that users will abide by their obligations, and remain in compliance of the FCRA.