

ADVERSE ACTION CHECKLIST

CHRONOLOGY OF EVENTS

1. Initial Action

- _____ Initial letter of notification of removal from patient care duties.
- _____ Notification letter/Receipt acknowledgement
- _____ Peer Review letter
- _____ Initial DD Form 2499
- _____ Heads up to RMC and MEDCOM

2. Professional Review Documents

- _____ Records Review
- _____ CID report
- _____ QA investigation
- _____ Patient complaints
- _____ Minutes of credentials review function
- _____ Results of peer review
- _____ Record of counseling
- _____ Legal Review
- _____ Other: Please specify

3. Commander's Decision after Professional Review

- _____ Notification letter to the provider
 - _____ Must be signed and dated by provider
 - _____ Must inform of right to a hearing/appeal
 - _____ Must inform action is reportable
 - _____ Must inform of implications of leaving employment while action is under review

MAKE SURE ALL DEFICIENCIES ARE SPECIFIED.

4. Notification of Hearing

- _____ Letter requesting hearing (Track Date Sent)
- _____ Letter notifying provider of hearing date (Track Date Sent)
- _____ Letter waiving right to a hearing (Track Date Sent)
- _____ Letter changing date/time of hearing

(Tract Date Sent)

5. Hearing Transcript

_____ Copy of hearing transcript with all exhibits/attachments

6. Hearing Committee Findings and Recommendations

_____ Findings of hearing committee

7. Final action by MTF Commander

_____ Letter dated and endorsed by provider (Track date sent)

reconsideration _____ Must inform of right to
and, if appropriate, appeal
_____ Must state that action is reportable
_____ Receipt acknowledgement

_____ Final DD Form 2499

_____ Other documentation

_____ Withholding special pay
_____ MEB/PEB paperwork
_____ Discharge/Separation Order
_____ Court-martial order
_____ Other (Please specify)

8. Provider Appeal

_____ Reconsideration to commander
_____ Decision of commander
_____ Send complete file to RMC/MEDCOM

WHENEVER THE ACTION CHANGES FROM ABEYANCE, SUSPENSION, REDUCTION, RESTRICTION OR REVOCATION, INTERIM DD FORMS 2499 SHOULD BE SUBMITTED WITH BACKUP DOCUMENTATION.

YOU MAY NOT NECESSARILY HAVE ALL THE DOCUMENTATION ABOVE TO SUBMIT, BUT REMEMBER THE MORE THE BETTER.