



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## HEALTH FACILITY/PEER REVIEW REPORTING FORM

(Required by [Section 805](#) of the California Business and Professions Code (BPC))

Certain actions, with respect to staff privileges, membership or employment of Associate or Licensed Clinical Social Workers, Associate or Licensed Marriage Family Therapists, and Associate or Licensed Professional Clinical Counselors (Licentiates) must be reported to the Board of Behavioral Sciences when they are imposed or voluntarily accepted for a medical disciplinary cause or reason. **Please see page 2 for more information, including who must report and when this report must be filed.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name of Reporting Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. Telephone Number of Reporting Entity                                                                                                                                                                                                            |
| 3. Address of Reporting Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                    |
| 4. Name of Licentiate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5. License or Registration Type and Number:<br><input type="checkbox"/> Clinical Social Worker No. _____<br><input type="checkbox"/> Marriage and Family Therapist No. _____<br><input type="checkbox"/> Professional Clinical Counselor No. _____ |
| 6. Date(s) of Action(s) and Duration (attach additional sheets if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                    |
| 7. Type(s) of Action(s) – Mark all that apply (see page 2): <input type="checkbox"/> <b>MARK HERE IF THIS IS A SUPPLEMENTAL REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                    |
| <u>(a) For a medical disciplinary cause or reason:</u><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Denial/rejection of application for:<br/> <input type="checkbox"/> Staff privileges   <input type="checkbox"/> Membership         </div> <div style="width: 45%;">           Termination or revocation of:<br/> <input type="checkbox"/> Staff privileges   <input type="checkbox"/> Membership   <input type="checkbox"/> Employment         </div> </div>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                    |
| <u>(b) For a cumulative total of 30 days or more for any 12-month period, and for a medical disciplinary cause or reason:</u><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Restriction(s) imposed on:<br/> <input type="checkbox"/> Staff privileges   <input type="checkbox"/> Membership   <input type="checkbox"/> Employment         </div> <div style="width: 45%;">           Restriction(s) voluntarily accepted on:<br/> <input type="checkbox"/> Staff privileges   <input type="checkbox"/> Membership   <input type="checkbox"/> Employment         </div> </div>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                    |
| <u>(c) Following notice of an impending investigation based on information indicating medical disciplinary cause or reason:</u><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Licentiate resigned from:<br/> <input type="checkbox"/> Staff   <input type="checkbox"/> Membership   <input type="checkbox"/> Employment<br/> <input type="checkbox"/> Licentiate withdrew or abandoned application for staff privileges or membership<br/> <input type="checkbox"/> Licentiate withdrew or abandoned request for renewal of privileges or membership         </div> <div style="width: 45%;">           Licentiate took leave of absence from:<br/> <input type="checkbox"/> Staff   <input type="checkbox"/> Membership   <input type="checkbox"/> Employment         </div> </div> |                                                                                                                                                                                                                                                    |
| <u>(d) For a summary suspension that remains in effect for a period in excess of 14 days for a medical disciplinary cause or reason:</u><br>Imposition of summary suspension on: <input type="checkbox"/> Staff privileges <input type="checkbox"/> Employment <input type="checkbox"/> Membership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    |
| 8. If staff privileges were restricted list specific restrictions imposed or voluntarily accepted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    |

|                           |                     |
|---------------------------|---------------------|
| Name of Reporting Entity: | Name of Licentiate: |
|---------------------------|---------------------|

**9. DESCRIPTION OF ACTION:** Attach additional sheets 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 licentiate's actions, any expert/peer opinions obtained, etc.

\_\_\_\_\_  
Signature of Chief Executive Officer/Medical Director/Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Chief Executive Officer/Medical Director/Administrator

\_\_\_\_\_  
Signature of Chief of Medical Staff (if any)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Chief of Medical Staff

## INSTRUCTIONS

### Who Must Report

- The chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body as defined in BP) [section 805\(a\)\(1\)\(B\)](#).
- The chief executive officer or administrator of any licensed health care facility or clinic.

### Types of Actions/When to File

A “**medical disciplinary cause or reason**” means that aspect of a licentiate’s competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

**An 805 Report must be filed within 15 days after any of the following occur** (see BPC [section 805](#)):

- The effective date of the action to deny or reject an application for staff privileges or membership;
- The effective date of the action to revoke staff privileges, membership, or employment;
- The effective date of the action to impose restrictions on staff privileges, membership, or employment for a total of 30 days or more within any 12-month period;
- The **imposition** of a summary suspension of staff privileges, membership, or employment for a period in excess of 14 days;
- The licentiate resigns, takes a leave of absence, withdraws or abandons the application for privileges or the application to renew privileges after receiving notice of a pending investigation.

A **supplemental report** must be made within thirty (30) days following the date the Licentiate is deemed to have satisfied any terms, conditions, or sanctions imposed as corrective action by the reporting entity.

Confidentiality: This report is not a waiver of the confidentiality of medical records and committee reports. Only those persons specified in BPC [section 800\(c\)](#) may view the contents of this report.

Failure to File: Per BPC [section 805](#) (k)&(l), failure to report may result in a \$50,000 fine per violation; intentional or willful failure to report may result in a \$100,000 fine per violation.

Copy to Licentiate: A copy of the 805 report, with a letter informing the Licentiate of his or her right to submit additional statements or other information pursuant to BPC [section 800\(c\)](#), must be sent by the reporting entity to the Licentiate.