

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
SUSPENSION AND/OR EXCLUSION NOTIFICATION FORM
(One name per form)**

1. Name of confirmed suspended and/or excluded individual: _____ Effective Date: _____

Specify the sanction list where the name was found

2. List at least one of individual's identifying information:

- a. Professional license/registration # and type:
- b. Driver's License:
- c. Date of Birth:
- d. Other

3. Unit(s) or agency(ies) where individual works:

4. Has the individual submitted claims to the DMH Integrated Systems?

5. How was suspension and/or exclusion discovered?

If you chose "Other", please explain:

6. How was identity confirmed as being the suspended and/or excluded individual?
(i.e., name and matching professional license #)

7. Data provided to CIOB Security Officer on

8. Notification provided to:

_____, Deputy Director, and
_____, District Chief, and
_____, Compliance Officer, and
_____, Central Business Office, Chief

9. Confirmed by _____, Compliance, Privacy, and Audit Services Bureau
on date: _____

Approved _____
Compliance Officer or Designee

Date: _____

CIOB action taken _____
Security Officer or Designee

Date: _____