

#### **IMI REPORT**

#### Number: 14841.1

#### PQ Alert - Doctors (Prohibition or restriction of practice)

#### **Initiating Member State and profession concerned**

Alert sent by	Italy
Profession	Doctor with basic training

#### **Restriction or Prohibition details**

Decision type	Prohibition
Geographically limited restriction/prohibition	Yes
Details about the territory	(en) Sample
Temporary restriction/prohibition	Yes
Effective from	23/03/2020
Expiry date	30/06/2020
Reason for restriction/prohibition	(a) Substantial reasons concerning the practice of the professional

### **Details of the professional**

First name	John
Surname	Doe
Date of birth	22/03/1987
Gender	Male
Place of birth	Known
Country	Bulgaria
Town	Sofia

#### Details of the decision

Decision date	22/03/2020
Reference No.	112233112255
Authority/court that adopted the decision	(en) Sample Court Name
Address of the authority/court	Sample Court Address 2
Other contact details	Sample
Is the decision subject to proceedings by the professional?	No

#### **Management Information**

Form	PQ Alert - Doctors (Prohibition or restriction of practice)
Management type	Alert

1

Number	14841
Status	Broadcast
Version	1
Last update	22/03/2020 16:42 CET

## History

History Item	Version: 1 Action: Alert broadcast by Coordinator Old status: Awaiting Approval New status: Broadcast Modified by: USERNAME Sample Date: 22/03/2020 16:42 CET
History Item	Version: 1 Action: Alert submission Old status: Draft New status: Awaiting Approval Modified by: USERNAME Sample Date: 22/03/2020 16:42 CET
History Item	Version: 1 Action: Alert creation Old status: none New status: Draft Modified by: USERNAME Sample Date: 22/03/2020 16:42 CET

# **Initiating Authority**

Authority name	Sample Authority Name
Authority informal title	Sample Authority Name
Country	Italy
Address	Street and number name 1040 1040
Telephone	100
Fax	
E-mail	sample@authority.name

# **Initiating Authority**

Authority name	Sample Authority Name
Authority informal title	Sample Authority Name
Country	Italy
Address	Street and number name 1040 1040
Telephone	100
Fax	
E-mail	sample@authority.name

# **Initiating Coordinator**

Authority name	Sample Authority Name
Authority informal title	Sample Authority Name
Country	Italy
Address	Street and number name 1040 1040
Telephone	100

Fax	
E-mail	sample@authority.name

3