

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**  
2 **OF THE STATE OF NEVADA**

3 \* \* \* \* \*

4  
5 **In The Matter of the License of** )  
6 )  
7 **BRUCE LEONARD GINIER, M.D.,** )  
8 )  
9 **Licensee.** )

**License No. 10573**

**FILED**

**MAR 13 2012**

**NEVADA STATE BOARD OF  
MEDICAL EXAMINERS**

By: \_\_\_\_\_

10 **ORDER ACCEPTING VOLUNTARY SURRENDER OF LICENSE**

11 The voluntary surrender of medical license of Bruce Leonard Ginier, M.D., came  
12 on before the Nevada State Board of Medical Examiners, hereinafter "Board", for  
13 consideration at a regularly scheduled meeting of the Board on March 9, 2012 at the  
14 Board's offices located at 1105 Terminal Way, Suite 301, Reno, Nevada, 89502, and by  
15 videoconference at the offices of the Nevada State Board of Dental Examiners located at  
16 6010 S. Rainbow Boulevard, Building A, Suite 1, Las Vegas, Nevada 89118. Licensee  
17 Bruce Leonard Ginier, M.D. was not present.

18 The members of the Board participating in the decision were:  
19 Benjamin Rodriguez, M.D., Beverly Neyland, M.D., Ms. Donna Ruthe, Mrs. Sue Lowden,  
20 Bashir Chowdhry, M.D. and Wayne Hardwick, M.D. Harry B. Ward, J.D.,  
21 Deputy Attorney General, acted as legal counsel to the Board.

22 The Board, having received Dr. Ginier's wallet license, wall license and affidavit  
23 and considering those materials provided, enters the following order:

24 **IT IS HEREBY ORDERED** that the voluntary surrender of the medical license of  
25 Bruce Leonard Ginier, M.D. is hereby accepted pursuant to NAC 630.240.

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1 This voluntary surrender is considered to have been made while under investigation.

2 DATED this 9<sup>th</sup> day of March, 2012.

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

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By:   
Benjamin J. Rodriguez, M.D., President  
Nevada State Board of Medical Examiners

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# The Nevada State Board of Medical Examiners



*This Certifies That*  
Bruce Leonard Ginier

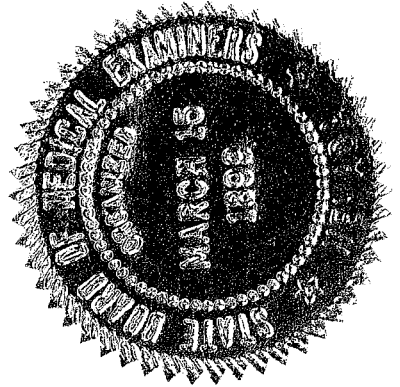
*Holding a Medical Degree From:* \_\_\_\_\_ *Dated:* 1986  
West Virginia School of Medicine

*having fulfilled all the requirements of the laws of Nevada and possessing the prescribed qualifications*  
*is hereby licensed to practice Medicine in the State of Nevada.*

No. 10573 \_\_\_\_\_

In Witness Whereof The Nevada State Board of Medical Examiners  
has caused this license to be executed under our hands,  
and attested by the Seal of this Board.

Done this 15<sup>th</sup> day of July Two Thousand 03 \_\_\_\_\_



\_\_\_\_\_ *President*

\_\_\_\_\_ *Secretary*



**NEVADA STATE BOARD OF  
MEDICAL EXAMINERS**  
PO Box 7238, Reno NV 89510  
775/688-2559 - [www.medboard.nv.gov](http://www.medboard.nv.gov)

This certifies that Bruce Leonard GINIER, M.D.  
holds Active Status Medical Doctor licensure  
in the state of Nevada in accordance with Nevada  
Revised Statutes Chapter 630.

License Number: 10573      Issued: 07/15/2003  
Expires: 06/30/2011

A handwritten signature in black ink, appearing to read "C. G. D.", is written over the signature line.

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President, Nevada State Board of Medical Examiners