

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

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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 9th 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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AFFIDAVIT OF BRUCE LEONARD GINIER, M.D.

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STATE OF CALIFORNIA)
) ss.
COUNTY OF FRESNO)

I, Bruce Leonard Ginier, M.D., being first duly sworn upon oath, hereby depose and state under penalty of perjury under the laws of the state of Nevada as follows:

1. I desire to voluntarily surrender my license to practice medicine in the state of Nevada, license number 10573.

2 I hereby acknowledge that the voluntary surrender of my license to practice medicine is absolute and irrevocable.

3. I understand that my actual license to practice medicine in Nevada as well as my wallet size license must accompany this Affidavit upon return to the Nevada State Board of Medical Examiners.

4. I further understand that this voluntary surrender will be considered to have occurred while under investigation and accordingly may be reported to any agency or person the Nevada State Board of Medical Examiners considers advisable, including but not limited to, the National Practitioner Data Bank.

5. I further understand that this voluntary surrender of my license to practice medicine must be accepted by the Nevada State Board of Medical Examiners and that should my surrender of license be accepted it will be effective immediately upon acceptance.

Bruce Leonard Ginier, M.D.
Bruce Leonard Ginier, M.D.

Subscribed and sworn to before me
This _____ day of _____, 20__.

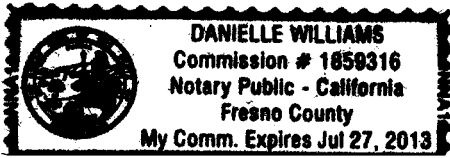
SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON
THIS 3rd DAY OF January, 20 12.

BY Bruce Leonard Ginier, M.D.
PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE
THE PERSON(S) WHO APPEARED BEFORE ME.

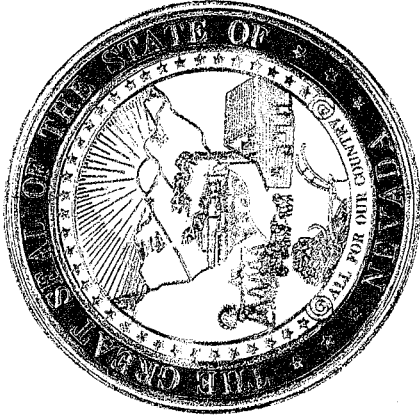
Notary Public

Danielle Williams
NOTARY PUBLIC

STATE OF California
COUNTY OF Fresno



The Nevada State Board of Medical Examiners



This Certifies That
Bruce Leonard Ginier

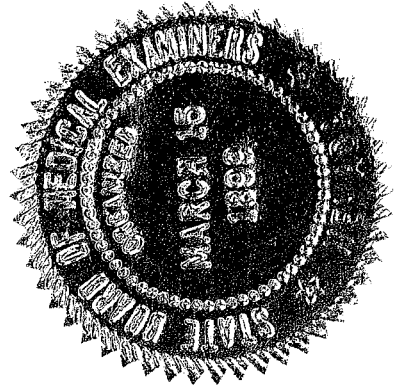
Holding a Medical Degree From: _____ *Dated:* 1986
West Virginia School of Medicine

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 15th day of July Two Thousand 03



_____ *Cheryl H. Engle MD*
President

_____ *Donald W. Bayler*
Secretary



**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**
PO Box 7238, Reno NV 89510
775/688-2559 - 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.

President, Nevada State Board of Medical Examiners