

AGENDA ITEM 26(a)

Demographic Details

First Name

Eli

Gender

Male



Middle Name

Date of Birth

1992



Last Name *

Schneck

Name Suffix

Previous Name(s)

City of Birth

/PA/UNITED STATES OF AM

Social Security Number

Place of Birth

Tax Identification Number

Weight (in lbs)

Height

Eye Color

Hair Color

Comments (non-public information)

Public information

Is this person deceased?

Yes No

Date Deceased



Do you have a Nevada Business License in your individual name?

Yes No

Nevada BIN

Historical File Number

Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

(847) 687-5612

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

240 E Silverado Ranch Blvd

ZIP / Postal Code

89183

Address Line 2

State / Province

Nevada

City

Las Vegas

Country

United States



County

Clark County

Is your physical address different from your mailing address?

Yes No

Public Phone

(847) 687-5612

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

Application Status

Applicant *

Schneck, Eli N/A



Application Status



Application Number

Assigned To



License Issued?

Yes No

Manual Paper Application?

Yes No

License Details (Pre-Approval)

License Category

Resident



Credentials / Degree Suffix (Enter before approval!)

M.D.

Obtained By

Application



Application Details

Application Type

Medical Doctor – Resident - Limited License



Reviewed Date



Application Date *

Mar-25-2021



Decision Date



Submitted Date

Mar-27-2021



Approved Date



Application Step

20

Expiration Date

Mar-27-2022



Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Invoices

Application Invoice

001621 - Paid in Full



Application Payment Date

Mar-27-2021



Licensure Invoice



Licensure Payment Date



Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes No

Child Support Attestation Type

Not subject to a court order



I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes No

Examination Details

Licensee / Applicant *

Schneck, Eli N/A 


Attended Date

Aug-11-2016 

Number of Attempts

1

Application

Application Schneck, Eli N/A 


Location

Chicago, IL

Result

208

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

USMLE Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Schneck, Eli N/A



Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Sep-15-2017



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - Schneck, Eli N/A

Steps

USMLE Step 2CK

Location

Chicago, IL

Certificate Number

Result

225

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Schneck, Eli N/A



Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Sep-19-2017



Other Exam

Number of Attempts

2

Are you currently certified?

Yes No

Application

Application

- Schneck, Eli N/A



Steps

USMLE Step 2 CS

Location

Certificate Number

Result

Fail

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Schneck, Eli N/A



Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Jan-22-2018



Other Exam

Number of Attempts

2

Are you currently certified?

Yes No

Application

Application -

Schneck, Eli N/A



Steps

USMLE Step 2 CS

Location

Certificate Number

Result

Pass

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Schneck, Eli N/A



Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Jan-28-2021



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - Schneck, Eli N/A

Steps

USMLE Step 3

Location

Certificate Number

Result

227

Exam Date



Expiration Date



Education Details

Licensee/Applicant *

Schneck, Eli N/A



Name of School

Loyola University Chicago Stritch School of

Address

Education Type

Medical School



City

Maywood

Degree Attained

Medical Doctor Degree



State / Province

Illinois

Date From

8/4/2014



Zip / Postal Code

Date To

12/21/2018



Country

United States



Did you graduate from the program?

Yes No

Application

Application - Schneck, Eli N/A



Graduation Date

Jan-15-2019



Specialty Type



Major Program

Postgraduate Training Details

Licensee / Applicant *

Training Status *

Schneck, Eli N/A



Program Type *

Accreditation Type

Residency



ACGME (Accreditation Council for Graduate Medical Education)



Date From

Date To

Jun-23-2019



May-13-2020



Name of School or Institution

Application

Reading Hospital Fami

Application -

Schneck, Eli N/A



Specialty Type

Historical Major Program

Family Medicine



Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Zip / Postal Code

Pennsylvania

County

Country



Other License Details

Licensee/Applicant

Schneck, Eli N/A



License Type

Licensing Board or Regulatory Authority

Pennsylvania State Board of Medicine

License Status

active

License Number

MT217516

Issue Date

May-07-2019



State / Province

Pennsylvania

Expiration Date

Jun-23-2021



Country

United States



Notes

Application

Application - - Schneck, Eli N/A



Application Activity Details

Licensee / Applicant

Schneck, Eli N/A



Name of Organization / Institution

Cachamsi Medical Spanish Institute

Start Date

Feb-02-2019



End Date

Mar-11-2019



Percent Clinical *

0

Position

Application

Application -

Schneck, Eli N/A



Activity Type

Non-Medical



Location Details

Street Address 1

Country

Ecuador



City

Riobamba

State / Province

Riobamba

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Schneck, Eli N/A



Name of Organization / Institution

Start Date

Mar-11-2019



End Date

Jun-23-2019



Percent Clinical *

0

Position

Application

Application - Schneck, Eli N/A



Activity Type

Vacation



Location Details

Street Address 1

Country

United States



City

Chicago

State / Province

Illinois

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Schneck, Eli N/A



Name of Organization / Institution

Reading Hospital

Start Date

Jun-24-2019



End Date

May-13-2020



Percent Clinical *

90

Position

Application

Application - Schneck, Eli N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

West Reading

State / Province

Pennsylvania

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Schneck, Eli N/A



Name of Organization / Institution

Eli MD Advising Non Profit Foundation

Start Date

May-01-2020



End Date

Jun-23-2021



Percent Clinical *

0

Position

Application

Application - Schneck, Eli N/A



Activity Type

Employment



Location Details

Street Address 1

Country

United States



City

Highland Park

State / Province

Illinois

Zip / Postal Code

Specialty Details

Licensee / Applicant *

Schneck, Eli N/A



Specialty Type *

Family Medicine



Effective Date

Jun-24-2019



Other (Specialty)

Application

Application - Schneck, Eli N/A



End Date



Primary Specialty?

Yes No

Licensee/Applicant	Declaration Question	Answer	Answer Display
Eli Schneck	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
Eli Schneck	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
Eli Schneck	ALL – Q7 – Arrest Question	Yes	
Eli Schneck	ALL – Q5 – Named Defendant Respond to Legal Action	No	
Eli Schneck	ALL – Q6 – Malpractice Claim Paid	No	
Eli Schneck	MD, Previously applied for licensure in Nevada.	No	
Eli Schneck	MD – Investigation Disciplinary during Training Program	Yes	
Eli Schneck	MD – Q12 – Denied Membership	No	
Eli Schneck	MD, PA, LL – Q4 – Performance of Public Service Requirement	Not	
Eli Schneck	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	
Eli Schneck	MD – Q11 – Voluntarily Surrendered a License	No	
Eli Schneck	MD – Q9 – Medical License Revoked	No	
Eli Schneck	MD – Q8 – Denied License / Permission to Practice Medicine	No	
Eli Schneck	MD, PA – Q2 – Medical Condition Field of Practice	No	
Eli Schneck	MD, PA – Q10 – Controlled Substance Registration	No	
Eli Schneck	MD – Q13 – Investigation – Respond To/Notify Of	No	



RECEIVED
MAY 10 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

ATTENTION APPLICANT!
RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have any questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

o o o o o

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name Eli Schreck

Sign your name _____

Date 05/06/2021

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.