

AGENDA ITEM 26(e)

Uniform Application for Licensure

Application ID:

License Requested: MD

FID:

License Type: Permanent Medical License

Submitted to: Nevada State Board of Medical Examiners

Submission Date: 9/30/2020 7:36 AM

Practitioner Name

Nagaraja, Harsha Ghatge

Alternate Name(s): Nagaraja, Harsha

Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	Yes	Business	9110 College Pointe Ct Fort Myers Fort Myers, FL 33919 UNITED STATES
No	No	Home	UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
No	No	Business		
Yes	No	Business	(239) 208-2212	
No	Yes	Business		
No	No	Mobile		

Email

Public Access	Board Contact	Email
Yes	No	
No	No	
No	No	
No	No	
No	Yes	

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
		/1983	, NY UNITED STATES	M		MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
St. Matthew's University (Grand Cayman)	Grand Cayman, 07~ CAYMAN ISLANDS	08/29/2005	04/17/2009	05/02/2009	MD

Fifth Pathway

None Reported

ECFMG

Applicant Name: Nagaraja, Harsha Ghatge

Application ID: 33965

NEVADA STATE BOARD OF MEDICAL EXAMINERS
Uniform Application for Physician State Licensure
© 2015 Federation of State Medical Boards

RECEIVED

OCT 26 2020

Certificate Number

07236052

Issue Date

05/13/2009

Postgraduate Training

Hospital Name: Albany Medical Center Program
Albany, NY UNITED STATES

Program Code: ACGME 1403531248

Attendance Dates:

Institution: Albany Medical Center **Start Date:** 07/01/2009

Training Specialty: Internal Medicine **End Date:** 06/30/2010

Program Type: Internship

Training Status: Completed

Clinical %: 90 **Administrative %:** 10

Hospital Name: Albany Medical Center Program
Albany, NY UNITED STATES

Program Code: ACGME 1803521066

Attendance Dates:

Institution: Albany Medical Center **Start Date:** 07/01/2010

Training Specialty: Neurology **End Date:** 06/30/2013

Program Type: Residency

Training Status: Completed

Clinical %: 90 **Administrative %:** 10

Hospital Name: University of Virginia Medical Center Program
Charlottesville, VA UNITED STATES

Program Code: ACGME 1875121050

Attendance Dates:

Institution: University of Virginia Medical Center **Start Date:** 07/01/2013

Training Specialty: Neurology/Clinical Neurophysiology **End Date:** 06/30/2014

Program Type: Fellowship

Training Status: Completed

Clinical %: 90 **Administrative %:** 10

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		04/16/2007	Pass	1
USMLE Step 2 CS Examination		06/03/2008	Pass	1
USMLE Step 2 CK Examination		10/14/2008	Pass	1
USMLE Step 3 Examination		06/27/2011	Pass	1

State Licensure History

Applicant Name: Nagaraja, Harsha Ghatge
Application ID: 5669003

RECEIVED
OCT 26 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
Uniform Application for: Physician State Licensure
© 2015 Federation of State Medical Boards

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Alabama State Board of Medical Examiners	AL	00036476	01/01/2018	12/31/2020	Full	Active
Virginia Board of Medicine	VA	0101253583	03/19/2013	07/31/2014	Full	Expired
Illinois Department of Financial and Professional Regulation	IL	036147852	12/10/2018	09/30/2020		Active
North Dakota Board of Medicine	ND	15243	11/16/2018	07/11/2021	Full	Active
North Carolina Medical Board	NC	2014-00865	05/05/2014	07/11/2021		Active
Nebraska Board of Medicine and Surgery	NE	30436	10/20/2017	12/31/2020	Full	Active
State Medical Board of Ohio	OH	35.132820	12/22/2017	04/01/2022	Full	Active
New Hampshire Board of Medicine	NH	18813	04/04/2018	06/30/2022	Full	Active
Michigan Board of Medicine	MI	4301114326	03/23/2018	01/31/2022	Full	
Mississippi State Board of Medical Licensure	MS	25835	06/01/2018	06/30/2021	Full	
New York State Board for Medicine	NY	295622	08/14/2018	06/30/2022	Full	Active
Louisiana State Board of Medical Examiners	LA	310535	08/16/2018	07/31/2021	Full	Active
Florida Board of Medicine	FL	ME131590	03/09/2017	01/31/2021	Full	Active
Washington Medical Commission	WA	MD60803143	06/26/2018	07/11/2021	Full	Active
Iowa Board of Medicine	IA	MD-44749	11/14/2017	07/01/2021	Full	Active
Georgia Composite Medical Board	GA	79289	11/08/2017	07/31/2021	Full	Active
Arizona Medical Board	AZ	55214	12/27/2017	11/11/2021		Active
South Carolina Board of Medical Examiners	SC	52051	03/09/2018	06/30/2021	Full	Active
New Mexico Medical Board	NM	TM2018-0537	06/13/2018	07/01/2022	Telemedicine	Active
Tennessee Board of Medical Examiners	TN	57922	10/16/2018	07/31/2021	Full	Active
Texas Medical Board	TX	TM00732	10/05/2018	11/30/2020	Telemedicine	Active
Montana Board of Medical Examiners	MT	76954	05/20/2019	03/31/2021	Full	Active
Kentucky Board of Medical Licensure	KY	TP111	04/10/2020	10/10/2020	Full	
Kentucky Board of Medical Licensure	KY	53924	06/11/2020	02/28/2021	Full	Active

Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
---------------------------	-----------------	----------------	------------	-----------------	------	----------------

None Reported

Chronology of Activity Type

Practice/Emp/ Desc: St. Matthew's University (Grand Cayman) Chronology Type: Medical Education

RECEIVED
OCT 28 2020

Applicant Name: Nagaraja, Harsha Ghatge
Application ID: 309003

NEVADA STATE BOARD OF MEDICAL EXAMINERS
Uniform Application for Physician State Licensure
© 2015 Federation of State Medical Boards

Address: Grand Cayman, 07~
KY

Attendance Da
From: 08/29/2005 to 04/17/2009

Position/Dept:

Clinical %:

Admin %:

Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	Vacation	Chronology Type: Vacation
Address:		Attendance Dates:
Position/Dept:		From: 05/01/2009 to 07/01/2009
Clinical %:	0	
Admin %:	0	

Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	Albany Medical Center Program	Chronology Type: Accredited Training
Address: Albany, NY US		Attendance Dates:
Position/Dept:		From: 07/01/2009 to 06/30/2010
Clinical %:	90	
Admin %:	10	

Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	Albany Medical Center Program	Chronology Type: Accredited Training
Address: Albany, NY US		Attendance Dates:
Position/Dept:		From: 07/01/2010 to 06/30/2013
Clinical %:	90	
Admin %:	10	

Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	University of Virginia Medical Center Program	Chronology Type: Accredited Training
Address: Charlottesville, VA US		Attendance Dates:
Position/Dept:		From: 07/01/2013 to 06/30/2014
Clinical %:	90	
Admin %:	10	

Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	Seeking Employment	Chronology Type: Seeking Employment
Address:		Attendance Dates:
Position/Dept:		From: 07/01/2014 to 07/31/2014
Clinical %:	0	

RECEIVED
OCT 26 2010

Applicant Name: Nagaraja, Harsha Ghatge
Application ID: 835003

NEVADA STATE BOARD OF
UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE
© 2015 Federation of State Medical Boards

Admin %: 0

Employment: Staff Privileges: Affiliation:

Practice/Emp/ Desc: Carolinas Health System **Chronology Type:** Work
Address: 600 Hospital Drive
Attn: Neurology Dept.
Monroe, NC 28112
US **Attendance Dates:**
Position/Dept: Medical Director (Site Based) **From:** 08/01/2014 to 08/31/2017
- Neurology
Clinical %: 100
Admin %: 0

Employment: Staff Privileges: Affiliation:

Practice/Emp/ Desc: Telespecialists, LLC **Chronology Type:** Work
Address: 15050 Elderberry Lane
Suite 3
Fort Myers, FL 33907
US **Attendance Dates:**
Position/Dept: Neurologist - Neurology **From:** 12/01/2016 to In Progress
Clinical %: 100
Admin %: 0

Employment: Staff Privileges: Affiliation:

Malpractice

None Reported

RECEIVED

OCT 28 2013

CHILD SUPPORT STATEMENT

The law of the state of Nevada requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. You are advised that this question is part of your application, your response is given under oath, and any response hereto which is false, fraudulent, misleading, inaccurate or incomplete, may result in your application being denied. You must mark one of the following responses, and failure to mark one of the responses may result in denial of your application.

Please place a check mark next to one of the following statements:

- (a) I am not subject to a court order for the support of a child;
- (b) I am subject to a court order for the support of one or more children and am in compliance with the order for the repayment of the amount owed pursuant to the order; OR
- (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

RECEIVED
OCT 23 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS

ATTESTATION REGARDING THE REPORTING OF THE ABUSE OR NEGLECT OF A CHILD

Yes No I attest and affirm that I am aware and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.
<http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220>

SAFE INJECTION PRACTICE ATTESTATION

ATTESTATION TO KNOWLEDGE OF AND COMPLIANCE WITH THE GUIDELINES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR APPLICANT PHYSICIANS

Yes No 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.
http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html

COMMUNICATIONS AFFIRMATION

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.

I hereby agree that as a condition of obtaining or maintaining licensure with the Board, 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, and that the failure to do so may subject me to a fine or disciplinary action as allowed in NRS 630.244.

Printed Name of Applicant/Licensee: HARSHA NAGARAJA

Signature of Applicant/Licensee: _____ Email Address: _____



Applicant's signature (must be signed in the presence of a notary)

NAGARAJA HARSHA GHATGE

Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

9/23/20

Date of signature (must correspond to date of notarization)

NOTARY:

[Please note: The Notary Public seal should overlap the bottom of the photo to the left. Do not cover the entire face with the seal.]

State of North Carolina County of Union

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 23 day of September, 2020

Notary Public Signature [Handwritten Signature]

My Notary Commission Expires February 2, 2021