

Demographic Details

First Name

Terence

Middle Name

Alon

Last Name *

Heath

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

Gender

Male



Date of Birth

-1959



Name Suffix

City of Birth

MICHIGAN, USA

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information



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

(435) 531-0109

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

1816 N Splinter Wood Ln

ZIP / Postal Code

84721

Address Line 2

State / Province

Utah

City

Cedar City

Country

United States



County

Iron

Is your physical address different from your mailing address?

Yes No

Public Phone

(435) 531-0109

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

Application Status

Applicant *

Heath, Terence Alon



Application Status



Application Number

Assigned To



License Issued?

Yes No

Manual Paper Application?

Yes No

License Details (Pre-Approval)

License Category

Medical Doctor



Credentials / Degree Suffix (Enter before approval!)

M.D.

Obtained By

USMLE



Application Details

Application Type

Medical Doctor - Active



Reviewed Date



Application Date *

Jul-16-2021



Decision Date



Submitted Date

Aug-25-2021



Approved Date



Application Step

#

Expiration Date



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

Yes No

Invoices

Application Invoice

||



Application Payment Date

Aug-25-2021



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

Education Details

Licensee/Applicant *

Heath, Terence Alon



Name of School

Uniformed Services University of the Health

Address

Education Type

Medical School



City

Bethesda

Degree Attained

Medical Doctor Degree



State / Province

Maryland

Date From

Aug-24-1992



Zip / Postal Code

20814

Date To

May-18-1996



Country

United States



Did you graduate from the program?

Yes No

Application

Application

- Heath, Terence Alon



Graduation Date

May-18-1996



Specialty Type



Major Program

Postgraduate Training Details

Licensee / Applicant *

Heath, Terence Alon



Training Status *



Program Type *

Internship/Residency



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Jul-01-1996



Date To

Aug-31-2000



Name of School or Institution

Naval Medical Center Port

Application

Application - Heath, Terence Alon



Specialty Type

Obstetrics/Gynecology



Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Portsmouth

Street Address 1

State / Province

Virginia

Zip / Postal Code


County

Country



Examination Details

Licensee / Applicant *

Heath, Terence Aion 


Attended Date

Jun-08-1994 

Number of Attempts

1

Application


Application - Heath, Terence Aion 

Location

Result

216

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Heath, Terence Alon



Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Aug-30-1995



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application Heath, Terence Alon

Steps

Step 2CK

Location

Certificate Number

Result

213

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Heath, Terence Alon



Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

May-13-1997



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - Heath, Terence Alon

Steps

Step 3

Location

Certificate Number

Result

215


Exam Date



Expiration Date



Board Certification Details

Licensee / Applicant		Initial Certification Date	
Heath, Terence Alon	↗	Nov-08-2002	
Specialty		Recertification Date	
Obstetrics / Gynecology	↗	Dec-31-2020	
Certifying Board		Certification Number	
American Board	↗	9003367	
Other Certifying Board		Archive Program	
		Historical Specialty	

Connected Record


Application	
Application -	- Heath, Terence Alon ↗

Military Service Details


Licensee / Applicant *

Heath, Terence Alon 

Military Occupation Specialty *

Medical Services 

End Date

Jan-01-2007 

Are you still serving?

Yes No


Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?

Yes No


Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?

Yes No

Branch of Service *

U.S. Navy 

Start Date *

Jul-01-1978 

Application

Application - ' - Heath, Terence Alon 

Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Did you separate from service under conditions other than dishonorable?

Yes No

LICENSES

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Heath, Terence Alon	0101056183	N/A	Jul-09-1997	Sep-30-2006	Virginia
Heath, Terence Alon	A83399	N/A	Jun-04-2003	Sep-30-2010	California
Heath, Terence Alon	6311045-1205	N/A	Oct-24-2006	Jan-31-2022	Utah

HOSPITALS

Licensee / Applicant	▼ Name of Organization	▼ Start Date	▼ End Date
Heath, Terence Alon	The Cedar City Institute of Women's Health	Jan-01-2008	N/A
Heath, Terence Alon	US Naval Hospital Okinawa Japan	Aug-01-2000	Aug-01-2003
Heath, Terence Alon	US Naval Hospital Camp Pendleton	Aug-01-2003	Dec-31-2007
Heath, Terence Alon	Sevier Valley Hospital	Jan-01-2008	Dec-31-2018

CHRONOLOGY OF ACTIVITIES

Licensee / Applicant	▼	Name of Organization / Institution	▼	Start Date	▼	End Date	▼	Percent Clinical
Heath, Terence Alon		US Naval Hospital Okinawa Japan		Aug-01-2000		Aug-01-2003		80
Heath, Terence Alon		Naval Medical Center Portsmouth Virginia		Jul-01-1996		Aug-01-2000		80
Heath, Terence Alon		The Cedar City Institute of Women's Health		Jan-01-2008		Jul-21-2021		80
Heath, Terence Alon		US Naval Hospital Camp Pendleton		Aug-01-2003		Dec-31-2007		80

DECLARATIONS

Licensee/Applicant	Declaration Question	Answer
Terence Heath	MD – Investigation Disciplinary during Training Program	Yes
Terence Heath	ALL – Q7 – Arrest Question	No
Terence Heath	MD – Q12 – Denied Membership	No
Terence Heath	MD – Q8 – Denied License / Permission to Practice Medicine	No
Terence Heath	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
Terence Heath	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
Terence Heath	MD, PA – Q2 – Medical Condition Field of Practice	No
Terence Heath	ALL – Q5 – Named Defendant Respond to Legal Action	Yes
Terence Heath	ALL – Q6 – Malpractice Claim Paid	Yes
Terence Heath	MD – Q11 – Voluntarily Surrendered a License	No
Terence Heath	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
Terence Heath	MD – Q13 – Investigation – Respond To/Notify Of	No
Terence Heath	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No
Terence Heath	MD, Previously applied for licensure in Nevada.	No
Terence Heath	MD, PA – Q10 – Controlled Substance Registration	No
Terence Heath	MD – Q9 – Medical License Revoked	No

Specialty Details

Licensee / Applicant *

Heath, Terence Alon



Specialty Type *

Obstetrics / Gynecology



Effective Date



Other (Specialty)

Application

Application -

Heath, Terence Alon



End Date



Primary Specialty?

Yes No



ATTENTION APPLICANT!
RESPONSIBILITY STATEMENT

RECEIVED
SEP 27 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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 your 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.

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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 Terence Heath

Sign your name _____

Date 9/22/21

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.