Demographic Details

First Name	Gender	
James	Male	⇒ ⊿
Middle Name	Date of Birth	aate ah lab kas didh ta' walion ah labih na labih na laba ayan roomalik, oo da damuu waxay dabih mark.
Ernest		
Last Name *	Name Suffix	ANNUAR SOCIETA NEW TRANSPORTE PROPRIENT NEW PROPRIENT NEW ALCOMPANIENCE SE SEA MANAGEMENT DE SEA MANAGEMENT NE
Smith		nderfolgerlande file alle alle folge f
Previous Name(s)	City of Birth	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	emplantacia estretapa halla estreta locale portingo accompany la 4 mayo pol de (100-10).
		Nadal-Mariant Balantinia dal-Sink-Hari al Pris Golden de Albanda de Albanda de Albanda de Albanda de Albanda d
Height	Eye Color	erronas sistembalantas hamaladaria administraturas propriatas administraturas sistembalantas este especiales d
		entrana auditikkat florika kirit skilot Skinister var auttsvater florika kirit skinister (men s
Hair Color	Comments (non-public info	rmation)
	Public Information	
Is this person deceased?		
○ Yes No	•	
Date Deceased		

Do you have a Nevada Business License in your individual name?	
O Yes O No	
Nevada BIN	
Historical File Number	
Military Detail	
Have you ever served in the United States Military (to include N	National Guard or Reserves)?
Yes No	
Discipline / SPL	
Disciplinary Action?	SPL?
O Yes O No	○ Yes ○ No
	Date of SPL Issuance
Contact Information	
Primary Phone	Secondary Phone
	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
_	▼ 2
The procure managements included report types of profile and construction of the contribution of the contr	** Application of the second contraction of

Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
2450 Joy Lane	86426
Address Line 2	State / Province
	Arizona
City	Country
Fort Mohave	United States
County	ls your physical address different from your mailing address?
Mohave County	○ Yes ③ No
	Public Phone
	# (909) 896-1990
Mailing Address	
Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	2
	County (Mailing)

Open Regulate

5/9/22, 4:42 PM

Application Status

Applicant *			Application Status
Smith, James Ernest		7	Pending Review by the Board 🔻 🗵
Application Number		eri sida deres	Assigned To
			. 2
License Issued?	i teleni anteriale VI II telenido	arang na amin'ny mangana	Manual Paper Application?
○ Yes ○ No			○ Yes ③ No
			License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)		
License Category			Credentials / Degree Suffix (Enter before
Physician Assistant		7	approval!)
Obtained By	alakango dia mpakaban kecamala d		PA-C
	angungtunganyan managanan)	1	
NCCPA	.4	7	Expected Expiration Date
NCCPA Expected Issue Date	and the second s	7	Expected Expiration Date
Expected Issue Date			
Expected Issue Date Application Details			
Expected Issue Date Application Details Application Type			Reviewed Date

state of Nevada or via telemedicine and whose

or the United States.

O Yes O No

physical presence exists outside the state of Nevada

injection practices.

Yes No

Prevention concerning the prevention of transmission

of infectious agents through safe and appropriate

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.

O Yes O 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 O No

Open Regulate

Child Support Attestation Type

Subject to a court order and in compliance

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

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

Licensee / Applicant *

Smith, James Ernest	National Commission On Certification Of Physician Assistants (NCCPA)
Attended Date	Other Exam
Sep-26-2002	
Number of Attempts	Are you currently certified?
# 1	
Application	Steps
Application - Smith, James Ernest 🗵	PANCE
Location	Certificate Number
Diamond Bar, CA	1055557
Result	Exam Date
418	
Note: in transmit the active of migrat case are ready, and a result and proceedings to a sign before the process described in the described in the contract of	Expiration Date
	THE PROPERTY OF THE PROPERTY O

Dec-31-2024

Examination Type

. . .

Licensee / Applicant *	Examination Type
Smith, James Ernest	National Commission On Certification Of Physician Assistants (NCCPA)
Attended Date	Other Exam
Apr-07-2008	
Number of Attempts	Are you currently certified?
# 1	
Application	Steps
Application Smith, James Ernest	PANRE
Location	Certificate Number
Orange CA	1055557
Result	Exam Date
443	÷
	Expiration Date
	Dec-31-2024

Licensee / Applicant *	Examination Type
Smith, James Ernest	National Commission On Certification Of Physician Assistants (NCCPA)
Attended Date	Other Exam
Sep-16-2014 🛱	
Number of Attempts	Are you currently certified?
# 2	
Application	Steps
Application Smith, James Ernest 🗷	PANRE
Location	Certificate Number
San Dimas, CA	1055557
Result	Exam Date
353 (not passed)	ä
	Expiration Date
	Dec-31-2024

. . .

Licensee / Applicant *	Examination Type
Smith, James Ernest	National Commission On Certification Of Physician Assistants (NCCP級
Attended Date	Other Exam
Dec-18-2014 🛅	
Number of Attempts	Are you currently certified?
# 2	Yes No
Application	Steps
Application - Smith, James Ernest	PANRE
Location	Certificate Number
	1055557
Result	Exam Date
404 (passed)	ä
	Expiration Date
	Dec-31-2024

Licensee/Applicant *		Name of School	o appendicate to the contract
Smith, James Ernest	2	Diamond Bar High School	alle alle alle alle alle alle alle alle
Address		Education Type	
21400 Pathfinder Road	orani lama ki dori cordonomini	High School	7
City		Degree Attained	geligen von der Herrichten der Herri
Diamond Bar		High School Diploma	2
State / Province		Date From	To wheelth with the sales
California		Sep-04-1990	ä
Zip / Postal Code	evaluation and acceptan	Date To	enderskilsteriels statement
91765		Jun-16-1994	Ħ
Country	ar geargest gan des gan.	Did you graduate from the program?	
United States **	团	Yes O No	
Application	***************************************	Graduation Date	operation for the state of the
Application - Smith, James Ermes	t 🗷	Jun-16-1994	
Specialty Type	naga a kanana a kanana a kanana kanana kanana kanana kanana kanana a kanana kanana kanana kanana kanana kanana	Major Program	
The state of the s	2		egentektej-tyrgenlet en

Licensee/Applicant *			Name of School	y 4. 4444 \$ 1-40.
Smith, James Ernest	ugager	7	California State University of Fullerton	
Address	of water models and the mark half continue	notice the second second	Education Type	
	no article (spe w d ^{om} art p.de) to a min p	fign annagg gas managa si	College/University (7
City			Degree Attained	Charles And The
Fullerton, California			Bachelor of Arts	7)
State / Province			Date From	e agreer a constant
California		La reaction de Charles Serbing	Sep-01-1994 É	1
Zip / Postal Code			Date To	
	arifu atomi (mellamiona adua)	antigr _{ey} of annial tanks	Aug-20-1999	•
Country	good germanian in g	e transmission of the state of	Did you graduate from the program?	
United States	des	7		
Application	neum (va. 364) Sai Alle Age Arring Alle Saig (A		Graduation Date	*** *********************************
Application Smith, James	Ernes	t 🗷	Aug-20-1999	3
Specialty Type	non the surviving distributions, arrange		Major Program	- norther - Ar vital f
	står.	Ø		erount, com e and,

Licensee/Applicant *			Name of School	arre cases
Smith, James Erne	st v	7	Western University of Health Sciences	
Address	man balla, an air dh'amar na dh'an h-an l'hair dh'an dh'a	-	Education Type	
			Graduate ** [2
City			Degree Attained	****** v ***
Pomona			Physician Assistant Degree .	7
State / Province			Date From	
California			Aug-01-2000	1
Zip / Postal Code	againeach tha an Amhaidh air th' an dar an tha cuadair th' Abhaine ann an Amhain An The Martin An Ceir Air Air Air Air Air Air Air Air Air A	ya, ya kuna kuna ay ku amaa d	Date To	ozorana worped _a
y un de la descripción de la d	rupadaman ata di di Persiya (mengaban) injakahan paga di Karapagan Ambana (mengaban) da Sistembra (mengaban) d	TO PORT OF THE PARTY OF THE PARTY.	Aug-03-2002	1
Country			Did you graduate from the program?	
United States	Light	2	Yes O No	
Application	cire are automorphisms and antiferential than the province and antiferential the circumstance of the circumstance and ci	ł	Graduation Date	hander was differ
Application -	- Smith, James Emes	t 🗷	Aug-03-2002	
Specialty Type			Major Program	
Virginitation with the	edia.	2		2-94-1451-1

Name of School
Western University of Health Sciences
Education Type
Graduate ♥ 🗵
Degree Attained
Master of Science
Date From
Aug-01-2000
Date To
Aug-03-2002
Did you graduate from the program?
Graduation Date
Aug-03-2002
Major Program
The state of the s

Other License Details

Licensee/Applicant		License Type
Smith, James Ernest	Image: section of the	Temporary License
Licensing Board or Regulatory Authority	Topic programme and analysis of the state of	License Status
Arizona Physician Assistant Board	A special contraction of the second of the s	Voluntarily Surrendered
License Number	and a survey of the survey of	Issue Date
TP7937	TO COMPANIE AND	May-26-2020
State / Province	**************************************	Expiration Date
Arizona		Feb-24-2022
Country	gamenta and a	Notes
United States **	2	
Application	ng grand aland distribution of the A. A. A.	
Application Smith, James Emes	t 🗷	

Other License Details

Licensee/Applicant	License Type
Smith, James Ernest	
Licensing Board or Regulatory Authority	License Status
California Physician Board	Voluntarily Surrendered
License Number	Issue Date
PA16559	Oct-17-2002
State / Province	Expiration Date
California	Jun-21-2021
Country	Notes
United States	
Application	
Application - Smith, James Ernest 🗷	

Other License Details

Licensee/Applicant	License Type	
Smith, James Ernest		
Licensing Board or Regulatory Authority	License Status	
Missouri Advisory Board of Physician Assist	Lapsed	THE STATE OF THE S
License Number	Issue Date	
2007022761	Jul-26-2007	
State / Province	Expiration Date	O PERTAL COMMITTE DE LA COMMITTE DE La COMMITTE DE LA COMMITTE DE
Missouri	Jan-31-2009	Management to an include a control of the control o
Country	Notes	e de Carte d La carte de
United States		
Application		
Application Smith, James Emest 🗷		

Licensee / Applicant	Name of Organization / Institution	on
Smith, James Ernest	Studying for Board, Seeking	g employment
Start Date	End Date	A.
Aug-03-2002	Dec-01-2002	*
Percent Clinical *	Position	
# O		
Application	Activity Type	
Application - Smith, James Emest 🗷	Non-Medical	· 2
Location Details		
Street Address 1	Country	
	United States	* Z
City	State / Province	manya, makki sarapid di internida kipid akabankha a sakisi ki ki ilik di bibb makha sakis sakis sakis sakis sa
Chino Hills	California	and to the about the transport of the above to the above
	Zip / Postal Code	
	91709	

Licensee / Applicant	Name of Organization / Institution
Smith, James Ernest	Chino Hills Urgent Care
Start Date	End Date
Dec-01-2002	Feb-01-2003
Percent Clinical *	Position
# 100	
Application	Activity Type
Application - ! Smith, James Emest 🗷	Medical Practice/Physician 🐪 🔻 🗷
Location Details	
Street Address 1	Country
	United States
City	State / Province
Chino Hills	California
	Zip / Postal Code
	91709

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Licensee / Applicant	Name of Organization / Institution
Smith, James Ernest	Loma Linda Medical Center, Neurosurgery
Start Date	End Date
Mar-01-2003	Jun-01-2003
Percent Clinical *	Position
# 100	
Application	Activity Type
Application - Smith, James Emest 🗷	Medical Practice/Physician
Location Details	
Street Address 1	Country
	United States
City	State / Province
Loma Linda	California
4 the contract of the con	Zip / Postal Code
	92534

Licensee / Applicant	Name of Organization / Institution	
Smith, James Ernest	Clinica Medica of East Los Angeles	
Start Date	End Date	
Jun-01-2003	May-01-2007	
Percent Clinical *	Position	
# 100		
Application	Activity Type	
Application - · Smith, James Ernest 🗷	Medical Practice/Physician 🔻 🗵	
Location Details		
Street Address 1	Country	
	United States	
City	State / Province	
East Los Angeles	California	
Language and the second	Zip / Postal Code	
	90023	

Licensee / Applicant	Name of Organization / Institution
Smith, James Ernest	Sharp Reese Stealy Medical Centers
Start Date	End Date
May-01-2007	Jul-01-2010 🛗
Percent Clinical *	Position
# 100	
Application	Activity Type
Application Smith, James Ernest 🗷	Medical Practice/Physician
Location Details	
Street Address 1	Country
	United States
City	State / Province
San Diego	California
J	Zip / Postal Code
	92101

Licensee / Applicant	Name of Organization / Institution	
Smith, James Ernest	Temecula Valley Cardiology	
Start Date	End Date	
Jul-01-2010	Aug-01-2021	
Percent Clinical *	Position	Mikhara salaphilada da Ar Valusida (154 Alba Valuphira yang garan katan kanan abi kata P
# 100		A STATE OF THE STA
Application	Activity Type	are annually coloring coloring and a series of the series of
Application Smith, James Ernest 🗷	Medical Practice/Physician	· Se [7]
Location Details		
Street Address 1	Country	
	United States	~ 2
City	State / Province	
Murrieta	California	
	Zip / Postal Code	
	92562	(Political Colonia - Methodor and Angles and the proceedings and the colonia - colonia

Licensee / Applicant	Name of Organization / Institution	ages avoide annote considerable is moved a stroy state gradie). And protective as the ex-
Smith, James Ernest	Inland Valley Urgent Care	angalista aka kesebagai aka sebahan albahan aka sebahan kacasan kelasaran di kecasaran kelasaran kelasaran kel
Start Date	End Date	
Aug-01-2012 🛱	Sep-01-2014	<u>s</u>
Percent Clinical *	Position	rtige i tyr generalization to the desire de desire de l'entre de l'entre de l'entre de l'entre de l'entre de l
# 100		angan ang magaming and kanaman ang pipin di Sigal di Sirangin na da Pilika di Sirangin di Arti Sira
Application	Activity Type	access area discounted in a people in a properties of distribution on the first of the first of
Application Smith, James Ernest 🗷	Medical Practice/Physician	~ 2
Location Details		
Street Address 1	Country	
	United States	₩ 7
City	State / Province	o descriptiva de la compansión de la compa
Wildomar	California	
	Zip / Postal Code	
	92595	

to the state of th

Licensee / Applicant	Name of Organization / Institution	enamente in a autoria cara inquistravar de maço enface; entrefe
Smith, James Ernest	Heart Center of Riverside and M	1urrieta
Start Date	End Date	
Sep-01-2014 🛅	Nov-01-2017	
Percent Clinical *	Position	makalajakan amerikan (h. 1840). Amerikan (h. 1841). Amerikan (h. 1841). Amerikan (h. 1841).
# 100		and a second
Application	Activity Type	чыныка 2004 жылуу из _М ишириний кечен ^и (тең біле қайы) — Р. А. Р. Б. С. [†]
Application - Smith, James Emest 🗷	Medical Practice/Physician	
Location Details		
Street Address 1	Country	
	United States	~ 7
City	State / Province	SOURCE STATE STATE OF THE STATE
Riverside	California	en apparation provincipal in the provincia field from the control field and of the control field.
	Zip / Postal Code	
	92501	and the second s

1/1

Licensee / Applicant	Name of Organization / Institution
Smith, James Ernest	Urgent Care Centers of Riverside County
Start Date	End Date
Nov-01-2017	Apr-01-2020
Percent Clinical *	Position
# 100	
Application	Activity Type
Application Smith, James Emest 🗷	Medical Practice/Physician
Location Details	
Street Address 1	Country
	United States ▼ ⊿
City	State / Province
Perris	California
	Zip / Postal Code
	92570

Licensee / Applicant	Name of Organization / Institution
Smith, James Ernest	Not working, relocating to Arizona due to C
Start Date	End Date
Apr-01-2020	Jun-01-2020
Percent Clinical *	Position
# O	
Application	Activity Type
Application - Smith, James Emest	Non-Medical 🔻 🗵
Location Details	
Street Address 1	Country
	United States 🔻 🗷
City	State / Province
Lake Elsinore	California
	Zip / Postal Code
	92532

Licensee / Applicant	Name of Organization / Institution
Smith, James Ernest	Bullhead City Urgent Care
Start Date	End Date
Jun-01-2020 🛱	Jan-08-2022
Percent Clinical *	Position
# 100	
Application	Activity Type
Application - Smith, James Emest 🗷	Medical Practice/Physician
Location Details	
Street Address 1	Country
	United States
City	State / Province
Bullhead City	Arizona
	Zip / Postal Code
	86442

Licensee / Applicant	Name of Organization / Institution
Smith, James Ernest	Vista Health Medical and Cardiology Cente
Start Date	End Date
Jan-13-2022	Feb-23-2022
Percent Clinical *	Position
# 100	
Application	Activity Type
Application Smith, James Emest 🗷	Medical Practice/Physician
Location Details	
Street Address 1	Country
	United States
City	State / Province
Bullhead City	Arizona
\$	Zip / Postal Code
	86442

Specialty Details

Licensee / Applicant *		Specialty Type *
Smith, James Ernest	" [Z	Physician Assistant
Effective Date		Other (Specialty)
Mar-22-2022	Ħ	
Application		End Date
Application - Smith, James En	nest[<u>z</u>	
Primary Specialty?		
Yes No		

. .

Ordinal † 🏲	Licensee/Applicant 🍸	Declaration Question	Y	Answer	Y Answer Details
N/A	James Smith	MD, PA – Q3 – Chemical Substances Impair Safe Practice		No	
N/A	James Smith	MD, PA, LL — Q4 — Performance of Public Service Requirement	**************************************	No	
N/A	James Smith	PA – Q24 – Denied License or Permission to Practice	principles principal agree	No	
N/A	James Smith	MD, PA — Q2 — Medical Condition Field of Practice	and the factor array	No	
N/A	James Smith	PA, Previously applied for physician assistant licensure in Nevada?	abolina og 10° vra	No	
N/A	James Smith	MD, PA – Q1 – Medical Condition Impair Safe Practice		No	
N/A	James Smith	ALL – Q5 – Named Defendant Respond to Legal Action		No	
N/A	James Smith	ALL – Q7 – Arrest Question	har ngang gagar Escribi, saha	Yes	
N/A	James Smith	MD, PA, CCP, Hospital Privileges Denied, Suspended.		No	
N/A	James Smith	PA – Q28 – Investigation Respond To / Notify Of		Yes	
N/A	James Smith	PA – Q27– Failed NCCPA Examination		Yes	
N/A	James Smith	ALL Q6 Malpractice Claim Paid		No	
N/A	James Smith	PA – Q25 – Certificate / License Revoked		Yes	-
N/A	James Smith	PA – Q26 – Voluntarily Surrendered License Or Certificate		Yes	and the control of th
N/A	James Smith	MD, PA – Q10 – Controlled Substance Registration		No	

Declaration Question

Name

ALL - Q7 - Arrest Question

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances?

Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

No explanation required (only has one answer)

O Yes O No

Section Ordinal

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#	1 7
77	
	ROY
	į

Yes is the desired answer (no explanation required if answering Yes)

O Yes
No

No explanation required (only has one answer)

O Yes O No

This question requires an explanation for any answer

O Yes O No

Declaration

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	richinada dipartiridades alababe del trascer e estado valor del trascer.	gaza ngalap salahna sa 1 17 18 18 sa ka
	75	7
	mikanan masan masan manan menerakan menerakan menerakan menerakan menerakan menerakan menerakan menerakan mene	Auditoria (1974) i finalista (1974) i finalista (1977) i finalista (19
	and provinces and an interest of the second	and the second of the second o
Renewal	NATIONAL AND THE CONTRACT OF THE ANGEST AND THE CONTRACT OF TH	
	Renewal	

Application - -

Smith, James Ernest 🗷

Declaration Question

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PA – Q25 – Certificate / License Revoked

Declaration Text

Have you ever had a physician assistant license or certificate, or license or certificate to practice in any other healing art, revoked, suspended, limited, or restricted in any state, country or U.S. territory?

No explanation required (only has one answer)

-		_	
\circ	Yes	()	No

Section Ordinal

25

Yes is the desired answer (no explanation required if answering Yes)

O Yes
No

No explanation required (only has one answer)

O Yes O No

This question requires an explanation for any answer

O Yes O No

Declaration

Licensee/Applicant				
Smith, James Err	nest		1 1 1 2	7
Declaration Question	n		and the second s	
PA – Q25 – Cert	ificate / License Revoked		To the second se	2
Answer			ins and a principle families and a continue continue and discount from the continue and the first section (1975).	A STATE OF THE STA
Yes No				
Ordinal			der frame region of the second se	en-voyaneenski yer inne ski skir.
#			Management with the particular according to the contraction of the con	
Declaration Text				
Related To			t	
Application		Renewal		
Application	Smith, James Emest 🗷		· 2	

Declaration Question

N	a	r	n	e

PA – Q26 – Voluntarily Surrendered Licens

Declaration Text

Have you EVER voluntarily surrendered a license or certificate to practice as a physician assistant or in any other healing art in any state, country or U.S. territory?

No explanation required (only has one answer)

\cap	Yes	\sim	No
()	162	()	11/1

Section Ordinal

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#	26			

Yes is the desired answer (no explanation required if answering Yes)

O Yes @ No

No explanation required (only has one answer)

O Yes O No

This question requires an explanation for any answer

O Yes O No

Declaration

Linear Angliana				
Licensee/Applicant Smith James Ernost			· · · · · · · · · · · · · · · · · · ·	a
Smith, James Ernest		and the state of the	samples to the company of the second of the	
Declaration Question		agi anta rayani yangakan yangadagi antangan kashingila (ili) (indici) ka 10 (antan 15 km antan 15 km antan 16 km a	add yddiodd thaffol (A. C.) Soler (1971 - Soles (1971 - A. C.) Soles (19	one and there is the st
PA – Q26 – Voluntarily Surrendered Lice	ense Or Certificate		198	7
Answer				
Yes No				
Ordinal				******
#				
Declaration Text			arte Superiorna e Societa Proposition e e	
Related To				
Application	Renewa	al		
Application - Smith James Frage	st 🖪	dense de hacembo ples y lacembo describo de dels dels PT (dels places de relacionario del productivo del productivo del productivo dels dels dels productivos de la productivo dels dels productivos dels productivos dels productivos dels productivos del productivo d	· (A)	

Declaration Question

Name

PA - Q27- Failed NCCPA Examination

Declaration Text

Have you ever failed the NCCPA examination, or any state or other jurisdiction examination for certification as a physician assistant?

No explanation required (only has one answer)

O Yes O No

_							_				
S	ο.	~	r i	\sim	n	. 1	-	М	ŧ	n	2

27

Yes is the desired answer (no explanation required if answering Yes)

O Yes ⊕ No

No explanation required (only has one answer)

O Yes O No

This question requires an explanation for any answer

O Yes O No

Declaration

Application -

Licensee/Applicant		ericen saakken meen adsis adsis oo ee	No. 1 of the control
Smith, James Ernest		TO SEE	7
Declaration Question		enskip sylveyski kalkalandi oli oli dalla distributi oli oli oli oli oli oli oli oli oli ol	
PA — Q27— Failed NCCPA Examination		1495	2
Answer			
	and the state of t	g angular man angularing at mengalik di salah na mengalik di salah salah salah salah salah salah salah salah s	ang cantan and an and ang an angle of the second and
#		an and a state of the state of	ganas personarios e into 1944 P.S.S. Sp
Declaration Text			
Related To			
Application	Renewal		

- Smith, James Emest 🗷

7

Declaration Question

Name

PA – Q28 – Investigation Respond To / Noti

Declaration Text

Have you ever been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician assistant by any medical licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners?

No explanation required (only has one answer)

O Yes O No

Section Ordinal

28

Yes is the desired answer (no explanation required if answering Yes)

O Yes
No

No explanation required (only has one answer)

O Yes
No

This question requires an explanation for any answer

O Yes O No

Declaration

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ATTENTION APPLICANT!

MEVADA STATE BOARD OF MEDICAL EXAMINERS

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, perfusion or respiratory care 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.

Sign your name

Date 04/23/202

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.