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Application Status

Applicant *			Application Status				
ROWE, Norman Maurice		Pending Review by the Board					
Application Number	e dan ere a veren eren gener d ^e n gengemannskabet e ^r - Veren er		Assigned To				
				* Z			
License Issued?			Manual Paper Application?				
○ Yes ○ No			O Yes ⊚ No				
			License ID Card Conditions (max 120 characters)	MATTINE II (1981)			
				Marin 1986 1987 1987 1987 1987 1987 1987 1987 1987			
License Details (Pre-Approval)							
License Category			Credentials / Degree Suffix (Enter before approval!)				
Medical Doctor	* 2		M.D.				
Obtained By	e commercianie e commercia commercia de misson e metrologiquel		Expected Expiration Date				
Endorsement	* 2			Ė			
Expected Issue Date	and the second s		RECEN	/En			
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Medical Doctor – Endorsement	**Comments	Z)					
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Submitted Date			Approved Date				
Nov-08-2021							
Application Step		wanto compresso to a considera o p	Expiration Date				
# 20			Nov-08-2022				

Invoices

Application Invoice		
I	*V	2
Licensure Invoice		
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Application Payment Date 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 O 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.

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 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.

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.

O Yes O 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.

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.

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NOV 0 8 2021

NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Examination Details

Licensee / Applicant *		Examination Type					
ROWE, Norman Maurice		Federation Licensing Examination (FLEX)					
Attended Date		Other Exam					
Jun-16-1992			Telegografik alpet noon Kelagi ce				
Number of Attempts		Are you currently certified?					
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NEVADA STATE BOARD OF MEDICAL EXAMINERS

Examination Details

Licensee / Applicant *		Examination Type					
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Board Certification Details

Licensee / Applicant			Initial Certification Date	
ROWE, Norman Maurice		2	Nov-11-2006	
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Surgery, Plastic			Apr-01-2016	
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Connected Record

Application

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•	Licensee/Applicant	Y	Education Type	Ť	Name of School	Y	Degree Attained	Y	Date From †	T	Date To	T	Graduation Date
	ROWE, Norman Maurice		Undergraduate		Boston University		Undergraduate (No Degree)		Sep-01-1984		May-30-1986		N/A
	ROWE, Norman Maurice		Undergraduate		University of Louisville		Bachelor of Arts		Sep-01-1986		Dec-30-1987		Dec-30-1987
	ROWE, Norman Maurice		Graduate		Tulane School of Medicine		Masters		Sep-01-1988		Jun-06-1992		Jun-06-1992
	ROWE, Norman Maurice		Medical School		Tulane School of Medicine		Medical Doctor Degree		Aug-01-1998		May-01-1992		Jun-06-1992

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Licensee/Applicant *	organism and a construction of the constructio	Name of School					
ROWE, Norman Maurice	Boston University	Boston University					
Address		Education Type					
881 Commonwealth Ave.	Undergraduate	M.	7				
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Licensee/Applicant		Name of School					
ROWE, Norman	Maurice	University of Louisville					
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Houchens Bldg,	Room LL31	Undergraduate	~ Z				
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Louisville		Bachelor of Arts	▽ ②				
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Licensee/Applicant *	Name of School				
ROWE, Norman Maurice	Tulane School of Medicine				
Address	Education Type				
1430 Tulane Avenue, # 8025	Graduate	**	Ø		
City	Degree Attained				
New Orleans	Masters	elb.	7		
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NEVADA STATE BOARD OF MEDICAL EXAMINERS

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ROWE, Norman Maurice	Tulane School of Medicine	Tulane School of Medicine			
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University Hospital of Brooklyn			Application -	- ROWE, Norman Maurice	· 2
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County	or over the second seco	•	Country			nyanan assistanan	
*	2	4	United Sta	ites	4580	7	

Licensee/Applicant	▼ License Number	▼ License Type	▼ : Issue Date	▼ Expiration Date	Y State / Province †
ROWE, Norman Maurice	141717	N/A	Apr-04-2016	Feb-29-2024	California
ROWE, Norman Maurice	62320	N/A	Feb-01-2019	Feb-28-2022	Connecticut
ROWE, Norman Maurice	ME129139	N/A	Jul-15-2016	Jan-31-2024	Florida
ROWE, Norman Maurice	MD.021754	N/A	Jul-01-1993	Jan-31-2003	Louisiana
ROWE, Norman Maurice	25MA08364300	N/A	Feb-06-2008	Jun-30-2023	New Jersey
ROWE, Norman Maurice	198822-1	N/A	Mar-29-1995	Jan-30-2023	New York
ROWE, Norman Maurice	MD467040	N/A	Apr-17-2019	Dec-31-2022	Pennsylvania

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

Licensee / Applicant	Name of Organization	Start Date †	End Date
ROWE, Norman Maurice	Coney Island Hospital	Jun-01-2003	Dec-30-2015
ROWE, Norman Maurice	Center for Specialty Care	Jul-01-2004	Dec-30-2015
ROWE, Norman Maurice	Lenox Hill Hospital	Jul-01-2004	Nov-30-2021
ROWE, Norman Maurice	New York University Downtown Hospital	Dec-01-2004	Dec-30-2015
ROWE, Norman Maurice	New York Eye and Ear Infirmary	Sep-01-2005	Jan-30-2011
ROWE, Norman Maurice	Monmouth Medical Center	Jul-01-2008	Nov-30-2021

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Licensee / Applicant	Name of Organization / Institution	Start Date ↑ Y	End Date	Percent Clinical
ROWE, Norman Maurice	Maimonides Medical Center	Jul-01-1992	Jun-30-1995	100
ROWE, Norman Maurice	Research Fellowship in Cardiothoracio	Sungelly-(1988 ACGME ACCREDITED)	Jun-30-1996	100
ROWE, Norman Maurice	NYU School of Medicine	Jul-01-1996	Jun-30-1998	100
ROWE, Norman Maurice	Lutheran Medical Center	Jul-01-1998	Jun-30-1999	100
ROWE, Norman Maurice	Excelsior Orthopaedics SUNY Buffalo	Jul-01-1999	Jun-30-2000	100
ROWE, Norman Maurice	Institute of Reconstructive Plastic Surg	erylul-01-2000	Jun-30-2003	100
ROWE, Norman Maurice	Institute of Reconstructive Plastic Surg	eryJul-01-2003	Jun-30-2004	100
ROWE, Norman Maurice	Lenox Hill Hospital	Jul-01-2004	Nov-30-2021	100
ROWE, Norman Maurice	St. George's University School of Medi	icin le eb-13-2007	Mar-30-2016	100
ROWE, Norman Maurice	Monmouth Medical Center	Jul-01-2008	Nov-30-2021	100

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

Licensee / Applicant			Name of Organization / Institutio	n
ROWE, Norman Maurice		7	Maimonides Medical Center	
Start Date	ender vermitten half from Doministration and con-		End Date	
Jul-01-1992		ä	Jun-30-1995	ä
Percent Clinical *		er-consideration (in the action (in	Position	
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Applicatio. 3 - ROWE, Norman Maurice		7	Postgraduate Training	· 2
Location Details				RECEIVED
Street Address 1		Count	ry	NOV 0 8 2021
4802 Tenth Avenue		Uni	ted States	DEVADA STATE DO
City		State /	/ Province	MEDICAL EXAMINERS
Brooklyn		New York		
		Zip / P	Postal Code	and the second s

11219

Licensee / Applicant		Name of Organization / Institution	
ROWE, Norman Maurice	7	Research Fellowship in Cardiothe	oracic Surgery (NOT ACGME
Start Date	Modernotomore de nice a material a	End Date	
Jul-01-1995	a	Jun-30-1996	ä
Percent Clinical *		Position	RECEIVED
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Application	TO SECURIOR	NEVA Activity Type MEI	DA STATE BOARD OF DICAL EXAMINERS
Application ROWE, Norman Maurice	a	Medical Practice/Physician	× A

Street Address 1	Country	
445 Clarkson Ave, Suite J	United States	7
City	State / Province	
Brooklyn	New York	
	Zip / Postal Code	
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Licensee / Applicant		Name of Organization / Institution	MANAGONO AND
ROWE, Norman Maurice	⁷ 2	NYU School of Medicine	
Start Date		End Date	
Jul-01-1996	=	Jun-30-1998	
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Application		NEVADA STAT Activity Type MEDICAL EX	E BOARD OF AMINERS
Application ROWE, Norman Maurice	a	Medical Practice/Physician	¥ 7

Street Address 1	Country	
307 East 33rd Street	United States	7
City	State / Province	
New York	New York	.,,,,,,,,,
	Zip / Postal Code	
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Licen	see / Applicant		Www.	Name of Organiza	tion / Institution	dankaren ar in	A1M4000000000000000000000000000000000000
RO	WE, Norman Maurice	**	Ø	Lutheran Medio	cal Center		
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Appli	cation		engen er gegen er er myr er gen e Stengt er er gegen gen gen er gen	Activity Type	NEVADA STATE BOARD MEDICAL EXAMINER		antiekayethirae Pjeriaen
Ар	plication ROWE, Norman	Maurice 🔻	2	Medical Practic	ce/Physician	(W)	Ø

Street Address 1	Country
150 55th Street	United States
City	State / Province
Brooklyn	New York
	Zip / Postal Code
	11220

Licens	see / Applicant			Name of Organization / Institut	ion
RO'	WE, Norman Maurice	**	7	Excelsior Orthopaedics SU	JNY Buffalo
Start E	Date	100 http://www.nistocki.com/composite/states/states/states/states/states/states/states/states/states/states/st	en (Arricono) de moiso et el abbas	End Date	
Jul-	01-1999			Jun-30-2000	ä
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Applic				Activity Type	NEVADASTAT
App	olication - ROWE, Norman Maurice		7	Postgraduate Training	NEVADA STATE BOARD OF MEDICAL EXAMINERS 2

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3925 Sheridan Dr.	United States	* 2
City	State / Province	
Amherst	New York	NA WILLIA DOMESTINANI INTERNININA MINININI DANIMININI DANIMININI DANI MENDINI DANI MENDINI DANI PENDENINI DANI
	Zip / Postal Code	
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Institute of Reconstruct	tive Plastic Surgery
End Date	
Jun-30-2003	
Position	RECEIVED
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Activity Type	NEVADA 0=
Postgraduate Training	MEDICAL EXAMINERS 2
a)	End Date Jun-30-2003 Position Activity Type

Street Address 1	Country
305 E 33rd St	United States V
City	State / Province
New York	New York
	Zip / Postal Code
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Application			
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Jul-01-2003		magnes folkstylle for till frem flynningen med sækt i millinde sen for en	
Start Date			en e
ROWE, Normar	n Maurice	77	2
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Institute of Reconstructive Pla	stic Surgery
End Date	
Jun-30-2004	—
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Activity Type	NEVADA STATE BOARD OF MEDICAL BXAMINERS
Medical Practice/Physician	* 2

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Street Address 1	Country	
305 E 33rd St	United States	~40
City	State / Province	
New York	New York	
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Licensee / Applicant		Name of Organization / Institution	
ROWE, Norman Maurice	2	Lenox Hill Hospital	
Start Date		End Date	
Jul-01-2004		Nov-30-2021	ä
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Application - ROWE, Norman Maurice	7	Medical Practice/Physician	NEVADA STATE BOARD OF MEDICAL EXAMINERS 図

Street Address 1	Country	
100 East 77th Street	United States	7
City	State / Province	
New York	New York	
To all and a fail for the control of	Zip / Postal Code	
	10075	

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Application Activity Details

Licensee / Applicant	Name of Organization / Institution		
ROWE, Norman Maurice	St. George's University School of Medicine		
Start Date		End Date	
Feb-13-2007		Mar-30-2016 🛱	
Percent Clinical *	ender State Sta	Position	
# 100			
Application	uu soo soga sa daanaaniin uu uu dhaba	Activity Type ACTIVITY A	
Application - ROWE, Norman Maurice	2	Employment NEVADA STATE	
Location Details		MEVADA STATE BOARD OF MEDICAL EXAMINERS	

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University Centre	Netherlands Antilles	_
City	State / Province	
Grenada	Grenada	

Licensee / Applicant		Name of Organization / Institutio	n
ROWE, Norman Maurice	· 2	Monmouth Medical Center	
Start Date		End Date	
Jul-01-2008		Nov-30-2021	ä
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# 100			
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Application ROWE, Norman Maurice	7	Medical Practice/Physician	RECEIVED 0
Location Details			NOV 08 2021 NEVADA STATE BOARD OF MEDICAL EXAMINERS
Street Address 1	Country		and the second s
300 Second Ave.	Unite	d States	2
City	State / P	Province	
Long Branch	New	Jersey	
	Zip / Pos	stal Code	

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Specialty Details

Licensee / Applicant *		Specialty Type *		
ROWE, Norman Maurice	2	Surgery,Plastic	~ 2	
Effective Date	replace in constant of the con	Other (Specialty)	ferili film have the deleterate all regions with reserving deleter the film and an elegation of regions and regions are regions are regions and regions are regions are regions and regions are regions and regions are regions and regions are regions are regions and regions are regions are regions and regions are regions and regions are regions are regions are regions and regions are regions are regions and regions are regions are regions are regions and regions are regionally are regions.	
Jul-01-2003			темания политичного под пределения под пределения под	
Application		End Date	gage consequence for a range common harmorth. Partillabellock of the 18 of the alternative consequence for the 18 of the 18 of the alternative consequence for the 18 of the 18	
Application ROWE, Norman Maurice	2	Nov-30-2021		
Primary Specialty?				

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

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



O Yes O No

Declaration Question

Ν	a	m	ϵ

ALL – Q5 – Named Defendant Respond to Lec

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

No explanation required (only has one answer)

○ Yes ○ No

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Section Ordinal
#
Yes is the desired answer (no explanation required if answering Yes)
○ Yes No
No explanation required (only has one answer)
○ Yes No
This question requires an explanation for any answer

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Declaration

Licensee/Applicant			
ROWE, Norman Maurice	A.	7	
Declaration Question			
ALL – Q5 – Named Defendant Respond to Legal Action	***	7	Procedure Control of the Control of
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Related To			
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Declaration Question

Name

ALL - Q6 - Malpractice Claim Paid

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

No explanation required (only has one answer)

O Yes O No

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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

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Declaration

Application

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ROWE, Norman Maurice	7	7	
Declaration Question		and the second s	
ALL – Q6 – Malpractice Claim Paid	*	7	
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Declaration Text			
Related To			
Application	Renewal		

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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, 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.

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 Novaga Maurice Rowe MA

Sign your name _____

Date 1/(3/27

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.