

Demographic Details

First Name

Norman

Middle Name

Maurice

Last Name *

ROWE

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

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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MEDICAL EXAMINERS

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

#

Primary Phone Extension

Primary E-mail Address



Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



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Cell Phone

#

Open Regulate

Fax

#

Public Address

Street Address

Address Line 2

City

County

ZIP / Postal Code

State / Province

Country

United States

Is your physical address different from your mailing address?

☒ Yes ☐ No

Public Phone

#

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

ROWE, Norman Maurice



Application Number

License Issued?

☐ Yes ☐ No

License Details (Pre-Approval)

License Category

Medical Doctor



Obtained By

Endorsement



Expected Issue Date



Application Details

Application Type

Medical Doctor – Endorsement



Application Date *

Nov-03-2021



Submitted Date

Nov-08-2021



Application Step

20

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

☐ Yes ☒ No

Application Status

Pending Review by the Board



Assigned To



Manual Paper Application?

☐ Yes ☒ No

License ID Card Conditions (max 120 characters)

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date



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MEDICAL EXAMINERS

Reviewed Date



Decision Date



Approved Date



Expiration Date

Nov-08-2022



Invoices

Application Invoice

Licensure Invoice

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 ☐ 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

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.

☒ 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

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

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MEDICAL EXAMINERS

Examination Details

Licensee / Applicant *

ROWE, Norman Maurice



Attended Date

Jun-16-1992



Number of Attempts

#

1

Application

Application - ROWE, Norman Maurice



Location

Result

76

Examination Type

Federation Licensing Examination (FLEX)



Other Exam

Are you currently certified?

☐ Yes ☐ No

Steps

Comp 1

Certificate Number

Exam Date



Expiration Date



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MEDICAL EXAMINERS

Examination Details

Licensee / Applicant *

ROWE, Norman Maurice



Attended Date

Jun-16-1992



Number of Attempts

#

1

Application

Application -

ROWE, Norman Maurice



Location

Result

76

Examination Type

Federation Licensing Examination (FLEX)



Other Exam

Are you currently certified?



Yes



No

Steps

Comp 2

Certificate Number

Exam Date



Expiration Date



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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Board Certification Details

Licensee / Applicant

ROWE, Norman Maurice	
----------------------	--

Specialty

Surgery, Plastic	
------------------	--

Certifying Board

American Board	
----------------	--

Other Certifying Board

--

Initial Certification Date

Nov-11-2006	
-------------	--

Recertification Date

Apr-01-2016	
-------------	--

Certification Number

7147

Archive Program

--

Historical Specialty

--

Connected Record

Application

Application	ROWE, Norman Maurice	
-------------	----------------------	--

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MEDICAL EXAMINERS

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From ↑	Date To	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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MEDICAL EXAMINERS

Education Details

Licensee/Applicant *

ROWE, Norman Maurice



Address

881 Commonwealth Ave.

City

Boston

State / Province

Massachusetts

Zip / Postal Code

02215

Country

United States



Application

Application - 11111 - ROWE, Norman Maurice



Specialty Type



Name of School

Boston University

Education Type

Undergraduate



Degree Attained

Undergraduate (No Degree)



Date From

Sep-01-1984



Date To

May-30-1986



Did you graduate from the program?

☐ Yes ☒ No

Graduation Date



Major Program

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Education Details

Licensee/Applicant *

ROWE, Norman Maurice



Address

Houchens Bldg, Room LL31

City

Louisville

State / Province

Kentucky

Zip / Postal Code

40292

Country

United States



Application

Applicator

ROWE, Norman Maurice



Specialty Type



Name of School

University of Louisville

Education Type

Undergraduate



Degree Attained

Bachelor of Arts



Date From

Sep-01-1986



Date To

Dec-30-1987



Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Dec-30-1987



Major Program

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MEDICAL EXAMINERS

Education Details

Licensee/Applicant *

ROWE, Norman Maurice



Address

1430 Tulane Avenue, # 8025

City

New Orleans

State / Province

Louisiana

Zip / Postal Code

70112

Country

United States



Application

Application - ROWE, Norman Maurice



Specialty Type



Name of School

Tulane School of Medicine

Education Type

Graduate



Degree Attained

Masters



Date From

Sep-01-1988



Date To

Jun-06-1992



Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Jun-06-1992



Major Program

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MEDICAL EXAMINERS

Education Details

Licensee/Applicant *

ROWE, Norman Maurice



Address

1430 Tulane Avenue, # 8025

City

New Orleans

State / Province

Louisiana

Zip / Postal Code

70112

Country

United States



Application

Application - - ROWE, Norman Maurice



Specialty Type



Name of School

Tulane School of Medicine

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Aug-01-1998



Date To

May-01-1992



Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Jun-06-1992



Major Program

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MEDICAL EXAMINERS

Postgraduate Training Details

Licensee / Applicant *

ROWE, Norman Maurice

Program Type *

Internship

Date From

Jul-01-1992

Name of School or Institution

Maimonides Medical Center

Specialty Type

Surgery, General

Other (Specialty)

Training Status *

Completed

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-1993

Application

Application · ROWE, Norman Maurice

Historical Major Program

Historical Degree Attained

Location Details

City

Brooklyn

State / Province

New York

County

Street Address 1

Zip / Postal Code

Country

United States

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Postgraduate Training Details

Licensee / Applicant *

ROWE, Norman Maurice

Program Type *

Residency

Date From

Jul-01-1993

Name of School or Institution

Maimonides Medical Center

Specialty Type

Surgery,General

Other (Specialty)

Training Status *

Completed

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-1994

Application

Application - ROWE, Norman Maurice

Historical Major Program

Historical Degree Attained

Location Details

City

Brooklyn

State / Province

New York

County

Street Address 1

Zip / Postal Code

Country

United States

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Postgraduate Training Details

Licensee / Applicant *

ROWE, Norman Maurice

Program Type *

Research

Date From

Jul-01-1994

Name of School or Institution

Maimonides Medical Center

Specialty Type

Surgery,General

Other (Specialty)

Training Status *

Completed

Accreditation Type

Date To

Jun-30-1995

Application

Application - ROWE, Norman Maurice

Historical Major Program

Historical Degree Attained

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

City

Brooklyn

State / Province

New York

County

Street Address 1

Zip / Postal Code

Country

United States

Postgraduate Training Details

Licensee / Applicant *

ROWE, Norman Maurice

Program Type *

Research

Date From

Jul-01-1995

Name of School or Institution

University Hospital of Brooklyn

Specialty Type

Surgery, Cardiothoracic

Other (Specialty)

Training Status *

Completed

Accreditation Type

Date To

Jun-30-1996

Application

Application - - ROWE, Norman Maurice

Historical Major Program

Historical Degree Attained

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

City

Brooklyn

Street Address 1

State / Province

New York

Zip / Postal Code

County

Country

United States

Postgraduate Training Details

Licensee / Applicant *

ROWE, Norman Maurice

Program Type *

Research

Date From

Jul-01-1996

Name of School or Institution

NYU Hansjorg Wyss Department of Plastic Surgery

Specialty Type

Surgery,Plastic

Other (Specialty)

Training Status *

Completed

Accreditation Type

Date To

Jun-30-1998

Application

Application · ROWE, Norman Maurice

Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

New York

Zip / Postal Code

County

Country

United States

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MEDICAL EXAMINERS

Postgraduate Training Details

Licensee / Applicant *

ROWE, Norman Maurice

Program Type *

Fellowship

Date From

Aug-01-1999

Name of School or Institution

Excelsior Orthopaedics (formerly Hand and Shoulder Cer

Specialty Type

Surgery,Orthopaedic

Other (Specialty)

Training Status *

Completed

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jul-31-2000

Application

Application - ROWE, Norman Maurice

Historical Major Program

Historical Degree Attained

Location Details

City

Buffalo

State / Province

New York

County

Street Address 1

Zip / Postal Code

Country

United States

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MEDICAL EXAMINERS

Postgraduate Training Details

Licensee / Applicant *

ROWE, Norman Maurice

Program Type *

Residency

Date From

Jul-01-2000

Name of School or Institution

NYU Grossman School of Medicine

Specialty Type

Surgery,Plastic

Other (Specialty)

Training Status *

Completed

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-2003

Application

Application - - ROWE, Norman Maurice

Historical Major Program

Historical Degree Attained

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

City

New York

State / Province

New York

County

Street Address 1

Zip / Postal Code

Country

United States

Postgraduate Training Details

Licensee / Applicant *

ROWE, Norman Maurice

Program Type *

Fellowship

Date From

Jul-01-2003

Name of School or Institution

NYU Grossman School of Medicine

Specialty Type

Surgery,Plastic

Other (Specialty)

Microsurgery

Training Status *

Completed

Accreditation Type

Date To

Jun-30-2004

Application

Application - - ROWE, Norman Maurice

Historical Major Program

Historical Degree Attained

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

City

New York

State / Province

New York

County

Street Address 1

Zip / Postal Code

Country

United States

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	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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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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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Licensee / Applicant	Name of Organization / Institution	Start Date ↑	End Date	Percent Clinical
ROWE, Norman Maurice	Maimonides Medical Center	Jul-01-1992	Jun-30-1995	100
ROWE, Norman Maurice	Research Fellowship in Cardiothoracic Surgery (NOT ACGME ACCREDITED)	Jul-01-1995	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 Surgery	Jul-01-2000	Jun-30-2003	100
ROWE, Norman Maurice	Institute of Reconstructive Plastic Surgery	Jul-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 Medicine	Feb-13-2007	Mar-30-2016	100
ROWE, Norman Maurice	Monmouth Medical Center	Jul-01-2008	Nov-30-2021	100

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MEDICAL EXAMINERS

Application Activity Details

Licensee / Applicant

ROWE, Norman Maurice



Start Date

Jul-01-1992



Percent Clinical *

100

Application

Applicatio. 3 - ROWE, Norman Maurice



Name of Organization / Institution

Maimonides Medical Center

End Date

Jun-30-1995



Position

Activity Type

Postgraduate Training



Location Details

Street Address 1

4802 Tenth Avenue

City

Brooklyn

Country

United States

State / Province

New York

Zip / Postal Code

11219

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Application Activity Details

Licensee / Applicant

ROWE, Norman Maurice



Start Date

Jul-01-1995



Percent Clinical *

#

100

Application

Application

ROWE, Norman Maurice



Name of Organization / Institution

Research Fellowship in Cardiothoracic Surgery (NOT ACGME)

End Date

Jun-30-1996



Position

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Activity Type

Medical Practice/Physician

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

Street Address 1

445 Clarkson Ave, Suite J

Country

United States



City

Brooklyn

State / Province

New York

Zip / Postal Code

11203

Application Activity Details

Licensee / Applicant

ROWE, Norman Maurice



Start Date

Jul-01-1996



Percent Clinical *

100

Application

Application

ROWE, Norman Maurice



Name of Organization / Institution

NYU School of Medicine

End Date

Jun-30-1998



Position

RECEIVED

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Activity Type

Medical Practice/Physician



Location Details

Street Address 1

307 East 33rd Street

Country

United States



City

New York

State / Province

New York

Zip / Postal Code

10016

Application Activity Details

Licensee / Applicant

ROWE, Norman Maurice

Start Date

Jul-01-1998

Percent Clinical *

#

100

Application

Application

ROWE, Norman Maurice

Name of Organization / Institution

Lutheran Medical Center

End Date

Jun-30-1999

Position

Activity Type

Medical Practice/Physician

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

Street Address 1

150 55th Street

Country

United States

City

Brooklyn

State / Province

New York

Zip / Postal Code

11220

Application Activity Details

Licensee / Applicant

ROWE, Norman Maurice



Start Date

Jul-01-1999



Percent Clinical *

#

100

Application

Application

- ROWE, Norman Maurice



Name of Organization / Institution

Excelsior Orthopaedics SUNY Buffalo

End Date

Jun-30-2000



Position

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Activity Type

Postgraduate Training

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

Street Address 1

3925 Sheridan Dr.

Country

United States



City

Amherst

State / Province

New York

Zip / Postal Code

14226

Application Activity Details

Licensee / Applicant

ROWE, Norman Maurice



Start Date

Jul-01-2000



Percent Clinical *

#

100

Application

Application -

- ROWE, Norman Maurice



Name of Organization / Institution

Institute of Reconstructive Plastic Surgery

End Date

Jun-30-2003



Position

RECEIVED

NOV 08 2021

Activity Type

Postgraduate Training

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

Street Address 1

305 E 33rd St

Country

United States



City

New York

State / Province

New York

Zip / Postal Code

10016

Application Activity Details

Licensee / Applicant

ROWE, Norman Maurice



Start Date

Jul-01-2003



Percent Clinical *

#

100

Application

Application -

- ROWE, Norman Maurice



Name of Organization / Institution

Institute of Reconstructive Plastic Surgery

End Date

Jun-30-2004



Position



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

305 E 33rd St

Country

United States



City

New York

State / Province

New York

Zip / Postal Code

10016

Application Activity Details

Licensee / Applicant

ROWE, Norman Maurice



Start Date

Jul-01-2004



Percent Clinical *

100

Application

Application -

ROWE, Norman Maurice



Name of Organization / Institution

Lenox Hill Hospital

End Date

Nov-30-2021



Position

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Activity Type

Medical Practice/Physician

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

Street Address 1

100 East 77th Street

Country

United States



City

New York

State / Province

New York

Zip / Postal Code

10075

Application Activity Details

Licensee / Applicant

ROWE, Norman Maurice



Start Date

Feb-13-2007



Percent Clinical *

100

Application

Application - ROWE, Norman Maurice



Name of Organization / Institution

St. George's University School of Medicine

End Date

Mar-30-2016



Position

Activity Type

Employment

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Location Details

Street Address 1

University Centre

Country

Netherlands Antilles



City

Grenada

State / Province

Grenada

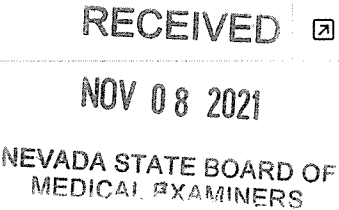
Zip / Postal Code

Application Activity Details

Licensee / Applicant	Name of Organization / Institution
<div>ROWE, Norman Maurice</div>	<div>Monmouth Medical Center</div>
Start Date	End Date
<div>Jul-01-2008</div>	<div>Nov-30-2021</div>
Percent Clinical *	Position
<div># 100</div>	<div></div>
Application	Activity Type
<div>Application · ROWE, Norman Maurice</div>	<div>Medical Practice/Physician</div>

Location Details

Street Address 1	Country
<div>300 Second Ave.</div>	<div>United States</div>
City	State / Province
<div>Long Branch</div>	<div>New Jersey</div>
	Zip / Postal Code
	<div>07740</div>



Specialty Details

Licensee / Applicant *

ROWE, Norman Maurice

Effective Date

Jul-01-2003

Application

Application -

- ROWE, Norman Maurice

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Surgery,Plastic

Other (Specialty)

End Date

Nov-30-2021

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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

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 MEDICAL EXAMINERS

Declaration Question

Name

ALL – Q5 – Named Defendant Respond to Leg

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

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

☐ Yes ☐ No

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

ROWE, Norman Maurice

Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#

Declaration Text

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Related To

Application

Application · - ROWE, Norman Maurice

Renewal

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)

☐ Yes ☐ No

Section Ordinal

6

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

☐ Yes ☐ No

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

ROWE, Norman Maurice



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

☒ Yes ☐ No

Answer Details

Ordinal

#

Declaration Text

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Related To

Application

Application - s - ROWE, Norman Maurice



Renewal



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NEVADA STATE BOARD OF
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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.

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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 Noranga Maurice Rowe MD

Sign your name _____

Date 1/13/22

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.