Demographic Details

First Name	Gender	
Roy	Male	2
Middle Name	Date of Birth	
Christian	1983	
Last Name *	Name Suffix	
Gan		
Previous Name(s)	City of Birth	
	Annual and annual and a second	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
		\$2
Height	Eye Color	and the second second
Hair Color	Comments (non-public information)	
	Public Information	
Is this person deceased?		
○ Yes ○ No		
Date Deceased		
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 Nation	nal Guard or Reserves)?
○ Yes ⑤ No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ Yes ○ No
	Date of SPL Issuance
Contact Information	
Primary Phone	Secondary Phone
Primary Phone #	#
	process and the control of the second
#	# Secondary Phone Extension
# Primary Phone Extension	# Secondary Phone Extension
# Primary Phone Extension Primary E-mail Address	# Secondary Phone Extension
# Primary Phone Extension	# Secondary Phone Extension Mail should be directed to
# Primary Phone Extension Primary E-mail Address	# Secondary Phone Extension Mail should be directed to
# Primary Phone Extension Primary E-mail Address	# Secondary Phone Extension Mail should be directed to
# Primary Phone Extension Primary E-mail Address	# Secondary Phone Extension Mail should be directed to
# Primary Phone Extension Primary E-mail Address Cell Phone #	# Secondary Phone Extension Mail should be directed to

Address Line 2	State / Province	
	Pennsylvania	
City	Country	anni alam da sanara sanara da s
Pittsburgh	United States	* [3]
County		
Allegheny		
	Public Phone	
	# (347) 322-7436	
Mailing Address		
Street Address	City (Mailing)	
Address Line 2	State / Province (Mailing)	en e
en e	Valuation (standards) to the deposit of the deposit	
ZIP / Postal Code (Mailing)	County (Mailing)	
	Special control of the control of th	4
	County (Mailing)	
		Barangan dan kabupatèn dan

Application Status

Applicant *		Application Status	mandaday i mining
Gan, Roy Christian	· 2	Pending Review by the Board	2
Application Number		Assigned To	
		Approximation and the second s	7 7
License Issued?		Manual Paper Application?	
○ Yes ○ No	•	○ Yes ⑥ No	
		License ID Card Conditions (max 120 chara	acters)
License Details (Pre-Approva	l)		
License Category	and the second s	Credentials / Degree Suffix (Enter before	
Medical Doctor	· 2	approval!) M.D.	<u>,,</u>
Obtained By	was parawaya in a madaga in a da anang	Wilden States opposite the control of the state of the st	
Endorsement	· [2]	Expected Expiration Date	
Expected Issue Date	a and a graph as the construction of the const		:
Application Details			
Application Type	rior constant was spring as the efforts constant to come a c	Reviewed Date	
Medical Doctor – Endorsement	· [3]		6
Application Date *		Decision Date	and the second of the second s
Mar-19-2022	ä		
The second secon		Subjective particular and considered and the first force of the construction of the co	and the second second

Submitted Date		Approved Date	
Mar-20-2022			
Application Step		Expiration Date	
# 20		Mar-20-2023	
Have you ever served in the United States include National Guard or Reserves)?	s Military (to		
○ Yes ⑥ No			
Invoices			
Application Invoice	and a management of the second	Application Payment Date	and the second of the second of the second
	2		
Licensure Invoice		Licensure Payment Date	
Attestations			
· ·	Control and ransmission ropriate erson who is	I attest and affirm that I am aware of a the reporting requirements found in N Statute 432B.220 regarding the abuse child. (a) Yes (b) No	levada Revised
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.		I consent to accept communications a process from the Nevada State Board Examiners (Board) by electronic mail, and physician assistants who practice state of Nevada or via telemedicine as physical presence exists outside the sor the United States.	of Medical for physicians medicine in the nd whose
		○ 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.

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.

Child Support Attestation Type

Not subject to a court order

Z

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

Licensee / Applicant *		Examination Type	
Gan, Roy Christian	ĸ	United States Medical Licensing Examination (USMLE)	K
Attended Date		Other Exam	
Sep-30-2009	(
Number of Attempts		Are you currently certified?	
#		○ Yes ○ No	
Application	The contraponents are an expensive to the contract of the cont	Steps	
Application Gan, Roy Christian	K	Step 1	
Location		Certificate Number	Territory sample come. I min
New York, New York		0-778-595-9	
Result		Exam Date	
235		Sep-30-2009	
Assistance and the state of the	graves — 14 day wise spreasures is a cabachement grave and address? "The show		

Expiration Date

icensee / Applicant *		Examination Type	
	5	United States Medical Licensing Examination (USMLE) [최	
ttended Date		Other Exam	
Jul-14-2010	£		
lumber of Attempts		Are you currently certified?	
#		○ Yes ○ No	
Application		Steps	,-
Application Gan, Roy Christian	\	Step 2 Clinical Skills	
_ocation		Certificate Number	-
Chicago, Illinois		0-778-595-9	
Result		Exam Date	
Pass		Jul-14-2010	
		Expiration Date	

Licensee / Applicant *		Examination Type	
Gan, Roy Christian		United States Medical Licensing Examination (USMLE)	K
Attended Date	** *** *** *** *** *** *** *** *** ***	Other Exam	
Aug-15-2010	[
Number of Attempts		Are you currently certified?	
#		○ Yes ○ No	
Application		Steps	
Application Gan, Roy Christian	\(\right\)	Step 2 Clinical Knowledge	are a continue growing
Location		Certificate Number	
New York, New York		0-778-595-9	
Result		Exam Date	110.4.4 Open 100.0
224	grey or annual conference of the	Aug-15-2010	
		Expiration Date	:

1

Gan, Roy Christian Image: Contract of Attended Date Other Exam Image: Contract of Attended Date Other Exam Jul-08-2011 ECFMG Are you currently certified? Are you currently certified? Application Application Image: Contract of Attended Date of Attended Date of Area (Area) Image: Contract of Attended Date of Area (Area) Image: Contract of Attended Date of Attended Date of Area (Area) Image: Contract of Attended Date of	Licensee / Applicant *		Examination Type
Chrer Exam ECFMG Are you currently certified? Steps Steps Certificate Number O-778-595-9 Exam Date Jul-08-2011 Expiration Date	Gan, Roy Christian		\$
- Gan, Roy Christian - Gan, Roy Christian - Certificate Number Certificate Number Dayles O No Steps Certificate Number Dayles O-778-595-9 Exam Date Jul-08-2011 Expiration Date	Attended Date		Other Exam
Are you currently certified? Steps Certificate Number 0-778-595-9 Exam Date Jul-08-2011 Expiration Date	Jul-08-2011		ECFMG
Steps Steps Certificate Number O-778-595-9 Exam Date Lul-08-2011 Expiration Date	Number of Attempts		Are you currently certified?
Steps Certificate Number O-778-595-9 Exam Date Jul-08-2011 Expiration Date	#		
Certificate Number Certificate Number 0-778-595-9 Exam Date Jul-08-2011 Expiration Date	Application		Steps
on O-778-595-9 Exam Date Jul-08-2011 Expiration Date		LD-1 selection for the form of	
6 Indefinitely Exam Date Jul-08-2011 Expiration Date	Location		Certificate Number
Exam Date Jul-08-2011 Expiration Date		and the second s	0-778-595-9
Jul-08-2011 Expiration Date	Result	:	Exam Date
	Valid Indefinitely		
			Expiration Date

icensee / Applicant *		Examination Type	
Gan, Roy Christian	R	United States Medical Licensing Examination (USMLE)	
Attended Date		Other Exam	
Jul-05-2018	(19		
Number of Attempts		Are you currently certified?	
#		○ Yes ○ No	
Application		Steps	
Application Gan, Roy Christian		Step 3	
Location		Certificate Number	į
Brooklyn, New York		0-778-595-9	
Result		Exam Date	
212		Jul-05-2018	
The process of the common of the contract of t	J. C.	er ende de de la companya de la comp	

Expiration Date

Education Details

Licensee/Applicant *		Name of School	
Gan, Roy Christian		Poznan University of Medical Sciences	
Address		Education Type	
41 Jackowskiego		Medical School	R
City		Degree Attained	
Poznan		Medical Doctor Degree	囨
State / Province		Date From	
Poznan		Oct-01-2005	Ð
Zip / Postal Code		Date To	7
60-512		May-23-2011	1
		Did you graduate from the program?	
Poland	₹.		
Application		Graduation Date	4
Application -	- Gan, Roy Christian	May-23-2011	Ð
Specialty Type		Major Program	

Postgraduate Training Details

Licensee / Applicant #	Training Status *	normanganish kulono dhindhi ki dhandhi paligi di pinan iya pagashilina katapatiga mana annay inahi, sak ifo qar qoo ugaanna mana mana ma	annia and definition was remote a first for a resummenting as a sail or because of
Gan, Roy Christian 🔻 🗵	Completed		· 2
Program Type *	Accreditation Typ	e	and the second control of the second control
Internship 🔻 🗵	ACGME (Accre	editation Council for Graduate Me	dical Education
Date From	Date To		www.maga.g. minester and minest
Jul-01-2013	Jun-30-2016		
Name of School or Institution	Application		
Maimonides Medical C	Application - '	- Gan, Roy Christian	77
Specialty Type	Historical Major P	rogram	
Surgery,General	National Address of China (China) and American American American Address of China (China) and American Addre		
Other (Specialty)	Historical Degree	Attained	
Location Details			
City		Street Address 1	
Brooklyn	ann an ann ann an an an an an an an an a		
State / Province		Zip / Postal Code	
New York		Spanjanagara salawatikujuk ka kanan kilatikusi kid (kilahasan 4 pinantas apina kilati ka majaksi danah 17 a. 4.4.4.4	
County		Country	
The second secon	.	United States	· 2

Postgraduate Training Details

Licensee / Applicant #	Training Status #		
Gan, Roy Christian 🔻 🗵	Completed		
Program Type ≠	Accreditation Typ		www.m.m.m.m.m.g.m.e.m.g.m.
Residency 2	ACGME (Accr	editation Council for Graduate Med	ical Education
Date From	Date To	akadalahan pada daran mengangan mengangan mengangan mengangan pengangan penganbakan pendabakan semagan pengang	
Jul-01-2016	Jun-30-2021		
Name of School or Institution	Application		and the second s
Maimonides Medical C	Application -	- Gan, Roy Christian	
Specialty Type	Historical Major	Program	
Surgery, General	a Ma supressed () . A 1977 ; meanings of motival labeled		
Other (Specialty)	Historical Degre	e Attained	
			and the second s
Location Details			
City	ngg (so a mandalahahahahahahahahaha) salah	Street Address 1	and the second s
Brooklyn			
State / Province		Zip / Postal Code	
New York			
County		Country	
 Companies of the control of the property of the companies of the control of the con		United States	· 🔊

Postgraduate Training Details

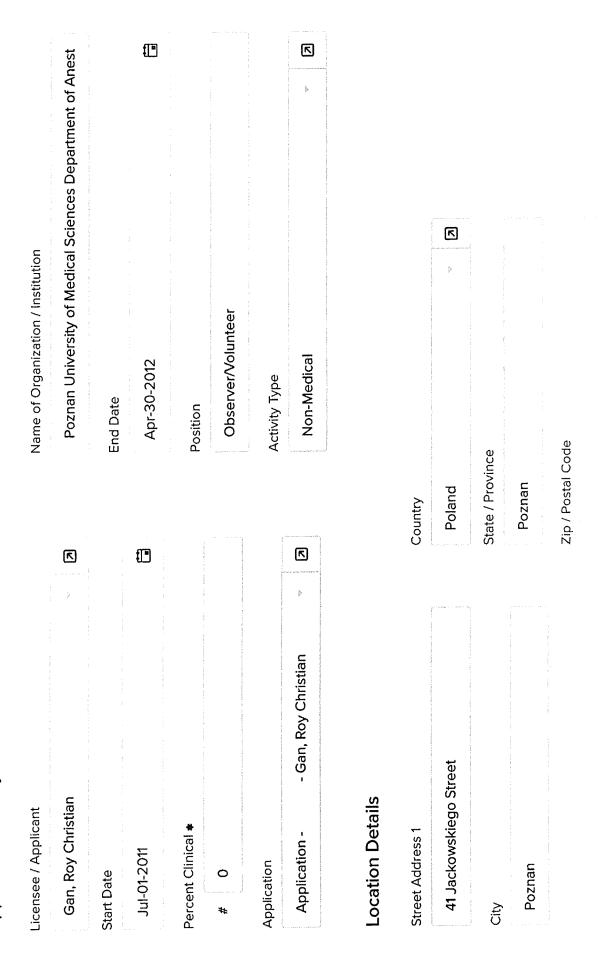
Licensee / Applicant *	was an increase of the opposite a second	physical constant and a constant and	was a second of the second of
Gan, Roy Christian	· 2	In Training	· (
Program Type *		Accreditation Type	
Fellowship		Not Accredited	· A
Date From	and the second s	Date To	
Aug-01-2021	ä	Jul-31-2022	
Name of School or Institution		Application	
University of Pittsburgh Medical Ce	nter	Application Gan, Ro	y Christian 🗵
Specialty Type		Historical Major Program	
Surgery, Bariatric / Laproscopic	7		
Other (Specialty)		Historical Degree Attained	
	And the first of t		
Leastian Dotails			
Location Details			
City		Street Address 1	
Pittsburgh	The state of the s	AND AND THE RESIDENCE OF THE ADMINISTRATION OF THE PARTY	
State / Province	and the second of the second o	Zip / Postal Code	
Pennsylvania			
County		Country	
	· 2	United States	x+ 2

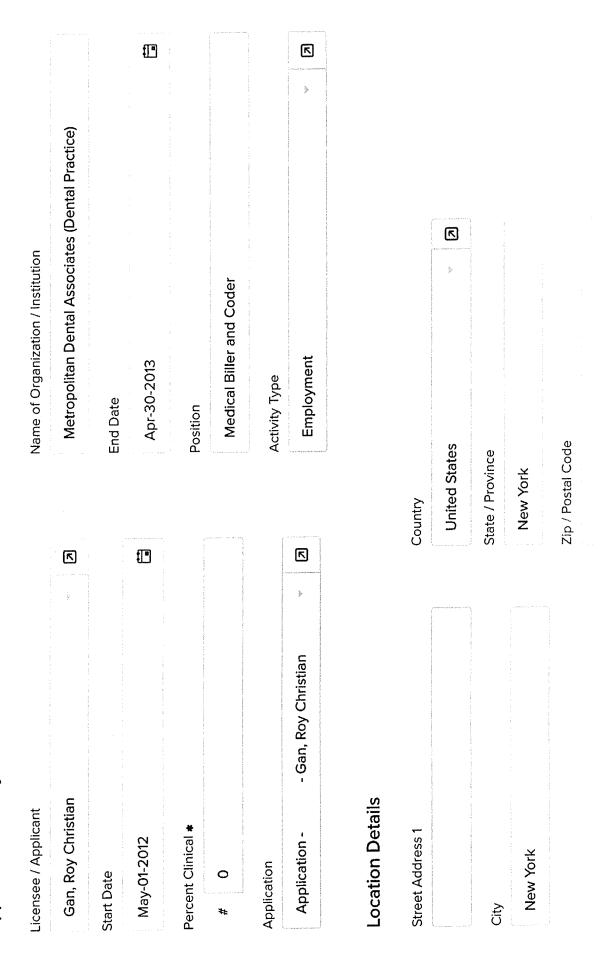
Other License Details

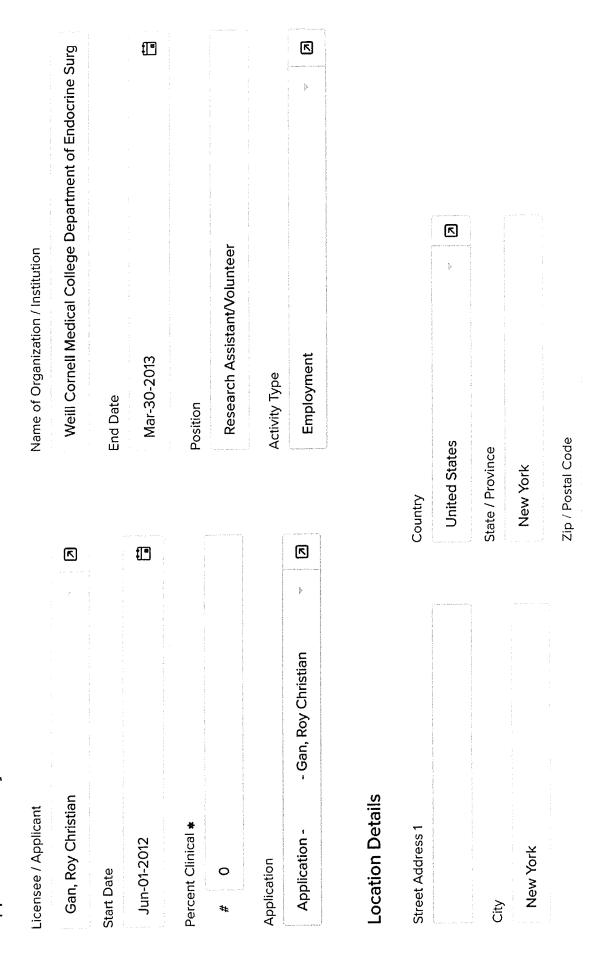
Licensee/Applicant				License Type
Gan, Roy Christian		ė	K	Medical Physician and Surgeon
Licensing Board or Regulatory Authority	gulatory Authority			License Status
Pennsylvania State	Pennsylvania State Board of Medicine			Active
License Number			One of the contract of the con	Issue Date
MD473359			# 1 - Personal }	Mar-15-2021
State / Province		вестивандом зактять годе, браждетур	To a consideration of the constant of the cons	Expiration Date
Pennsylvania		Acetamatema adaptama dam yan ta		Dec-31-2022
Country		coArthe indiapos (Bibdisapo)	** c. du Brown (c. du Leine	Notes
United States		b	R	
Application		 In a Polyticke, july landy extra depth 3 Polyticke. In a polyticke in the polyticke in the polyticke. 	e processor de Proposition de Propos	
Application ·	- Gan, Roy Christian	A		

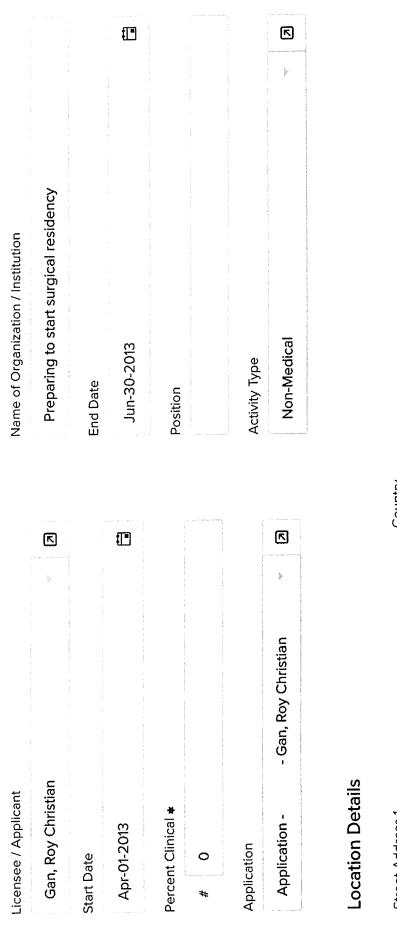
Chronology of Activities

Licensee / Applicant	W Name of Organization / Institution	Y Start Date †	ate †	End Date	<u></u>	Percent Clinical
Gan, Roy Christian	Poznan University of Medical Sciences Department of Anesthesiology and Intensive Care	Jul-01-2011	1011	Apr-30-2012	Ū	0
Gan, Roy Christian	Metropolitan Dental Associates (Dental Practice)	May-01-2012	-2012	Apr-30-2013		0
Gan, Roy Christian	Weill Cornell Medical College Department of Endocrine Surgery	Jun-01-2012	2012	Mar-30-2013	•	0
Gan, Roy Christian	Preparing to start surgical residency	Apr-01-2013	2013	Jun-30-2013		0
Gan, Roy Christian	Maimonides Medical Center	Jul-01-2013	2013	Jun-30-2021		100
Gan, Roy Christian	Preparing to start surgical fellowship, moved from New York to Pittsburgh	Jui-01-2021	2021	Jul-31-2021		0
Gan, Roy Christian	University of Pittsburgh Medical Center	Aug-01-2021	-2021	Jul-31-2022		100



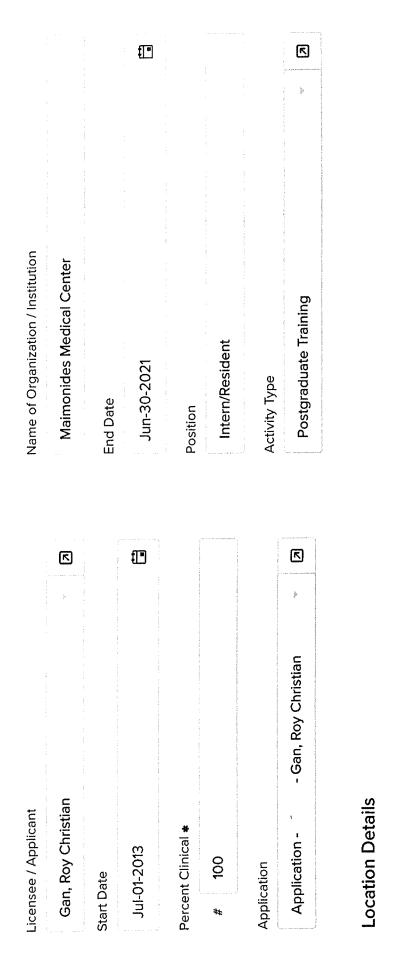


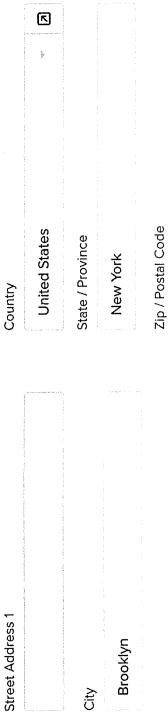


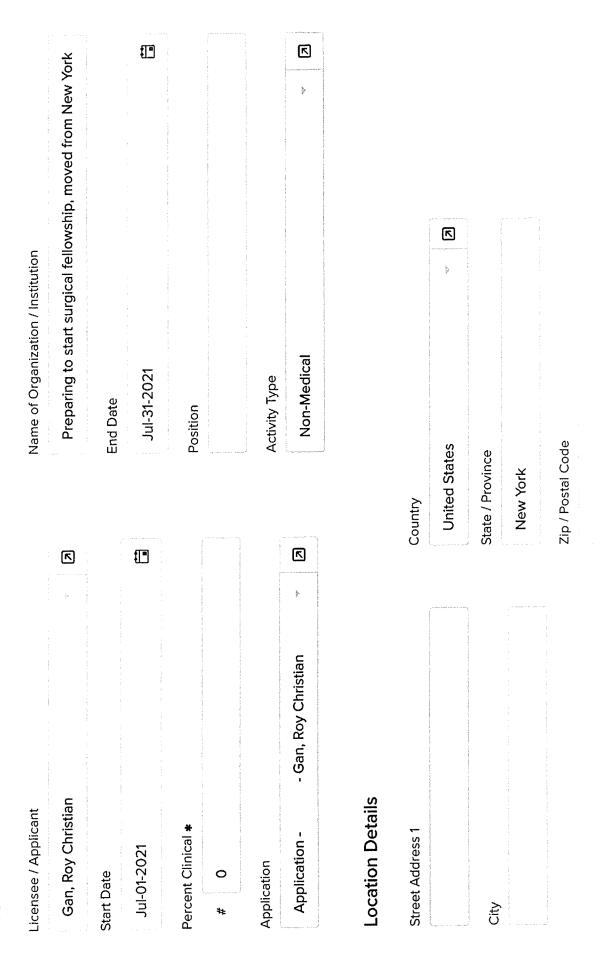


Street Address 1	Country
	United States
City	State / Province
New York	New York

Zip / Postal Code







	enter		[]				
Name of Organization / Institution	University of Pittsburgh Medical Center	End Date	Jul-31-2022	Position	Fellow	Activity Type	Postgraduate Training
:						4. The STE Community of Communi	R
						e men een een een een een een een een ee	- Gan, Roy Christian
Licensee / Applicant	Gan, Roy Christian	Start Date	Aug-01-2021	Percent Clinical *	# 100	Application	Application -

Location Details

	United States ▼ □	ß
City	State / Province	Z min minutanawa saani i
Pittsburgh	Pennsylvania	

Zip / Postal Code

Ordinal ↑	T Licensee/Applicant	Declaration Question	T Answer
-	Gan, Roy Christian	MD, PA – Q1 – Medical Condition Impair Safe Practice	o Z
2	Gan, Roy Christian	MD, PA – Q2 – Medical Condition Field of Practice	o Z
m	Gan, Roy Christian	MD, PA – Q3 – Chemical Substances Impair Safe Practice	o Z
4	Gan, Roy Christian	MD, PA, LL – Q4 – Performance of Public Service Requirement	o Z
ហ	Gan, Roy Christian	ALL – Q5 – Named Defendant Respond to Legal Action	o Z
v	Gan, Roy Christian	ALL – Q6 – Malpractice Claim Paid	o Z
7	Gan, Roy Christian	ALL – Q7 – Arrest Question	o Z
ω	Gan, Roy Christian	– Q8 – Denied License / Permission to P	o Z
on.	Gan, Roy Christian	9 – Medical License Revoked	o Z
· •	Gan, Roy Christian	MD, PA – Q10 – Controlled Substance Registration	o Z
F	Gan, Roy Christian	MD – Q11 – Voluntarily Surrendered a License	8
ب د	Gan, Roy Christian	MD – Q12 – Denied Membership	o Z
13	Gan, Roy Christian	MD – Q13 – Investigation – Respond To/Notify Of	Š
4-	Gan, Roy Christian	MD – Investigation Disciplinary during Training Program	°Z
N/A	Gan, Roy Christian	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No
N/A	Gan, Roy Christian	MD, Previously applied for licensure in Nevada.	o _N

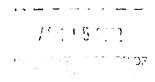
Specialty

Licensee / Applicant	Specialty Type	▼ Primary Specialty?	▼ Effective Date	F End Date
	Surgery, Abdominal	ON	N/A	A/N
	Surgery, Colon / Rectal	No	N/A	N/A
	Surgery, Bariatric / Laproscopic	No	N/A	N/A
	Surgery,General	Yes	N/A.	A/N
	Breast Surgery	No	N/A	N/A

Roy Christian Gan, M.D.

Applicant Photograph





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 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.

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.