Demographic Details

First Name	Gender		
Logan	Male		1
Middle Name	Date of Birth		
Paul	1984		
Last Name *	Name Suffix		
Marcus			
Previous Name(s)	City of Birth		
Social Security Number	Place of Birth		
Tax Identification Number	Weight (in lbs)		
Height	Eye Color		
Hair Color	Comments (non-public	: information)	
	Public Information		
Is this person deceased?			
○ Yes ○ No			
Date Deceased			
	i		
Do you have a Nevada Business License in your individual name?			
○ Yes ○ No			
Nevada BIN			
Historical File Number			

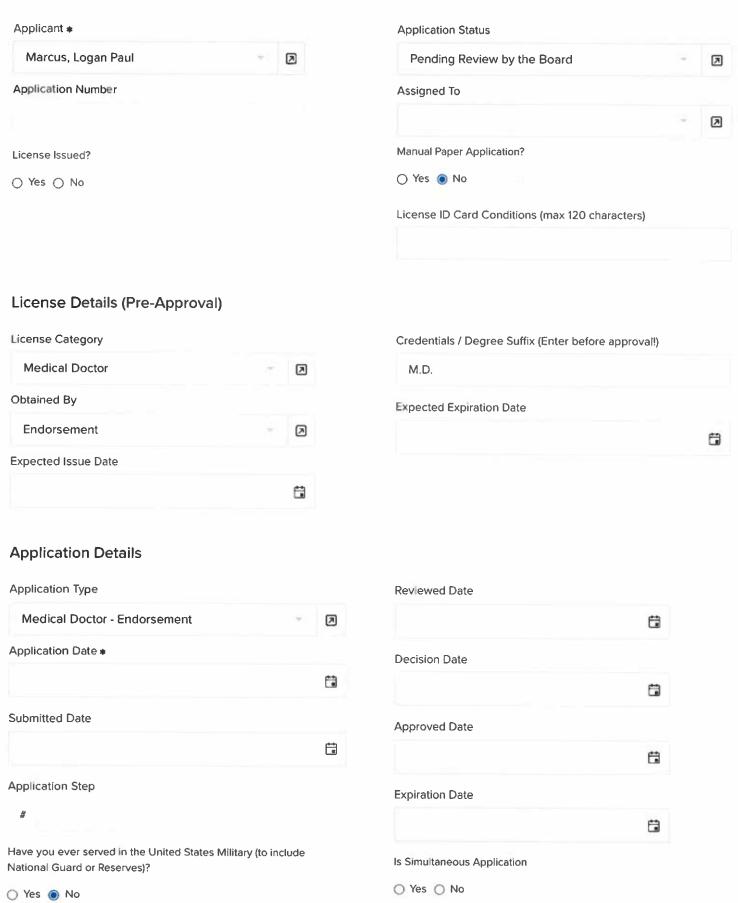
Military Detail

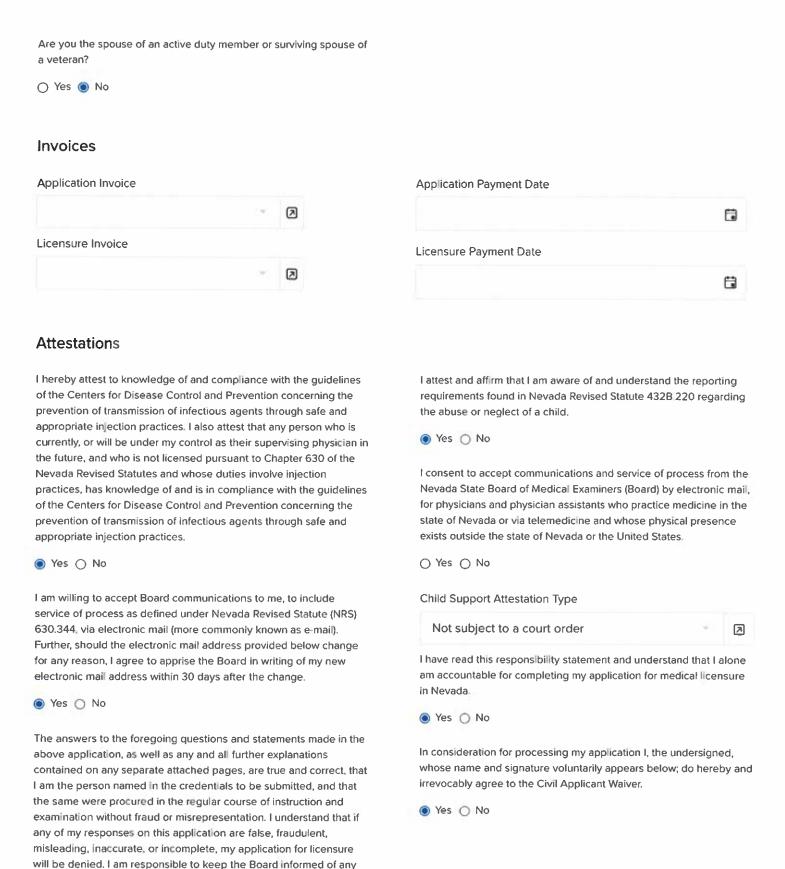
Have you ever served in the United States Military (to include National G	Guard or Reserves)?
○ Yes No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ Yes ○ No
	Date of SPL Issuance
	G
Contact Information	
Primary Phone	Secondary Phone
#	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
	- D
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
16925 Mt Rose Hwy	89511
Address Line 2	State / Province
	Nevada
City	Country
Reno	United States
	Is your physical address different from your mailing address?
County Washoe	○ Yes No
	Public Phone
	# (650) 380-3340
	(***)

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	County (Mailing)

Application Status





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

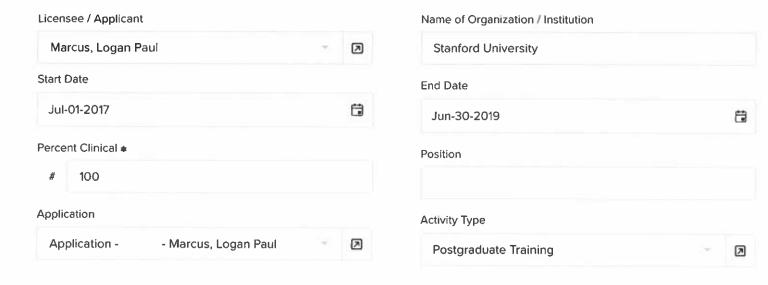
medicine in the state of Nevada.

Yes () No

Activities

Name of Organization / Institution	Ŧ	Start Date †	T	End Date	₹	Percent Clinical
Stanford University		Jul-01-2017		Jun-30-2019		100
Concentra				Jan-23-2024		90
University of Pennsylvania Health System Program		Jul-01-2022		Jun-30-2024		100
	Concentra	Concentra	Concentra Jul-01-2019	Concentra Jul-01:2019	Concentra Jul-01-2019 Jan-23-2024 University of Pennsylvania Health System Program Jul-01-2022 Jun-30-2024	Concentra Jul-01-2019 Jan-23-2024 University of Pennsylvania Health System Program Jul-01-2022 Jun-30-2024

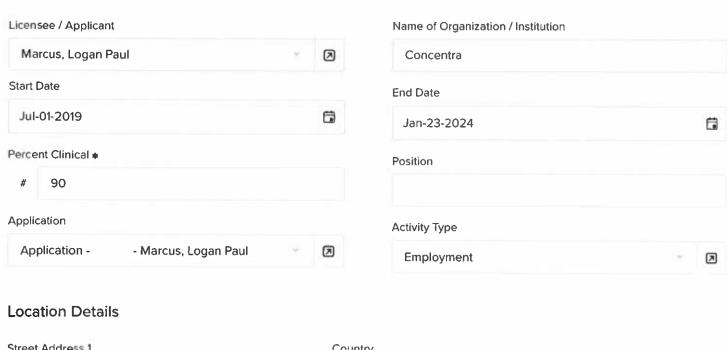
Application Activity Details



Location Details

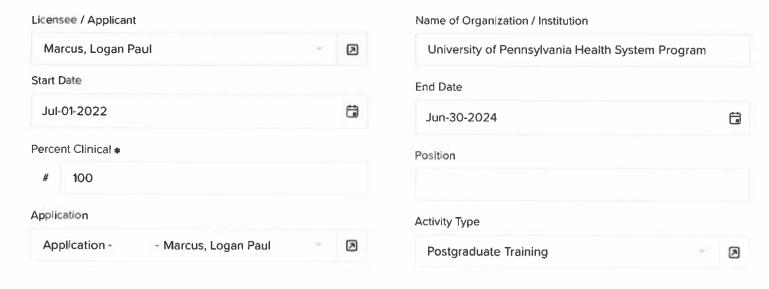


Application Activity Details

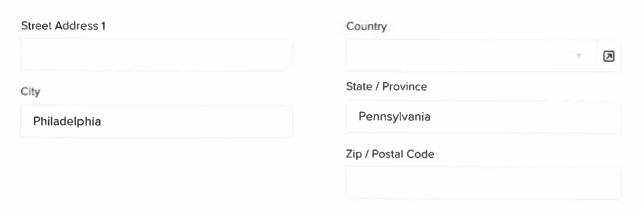




Application Activity Details



Location Details

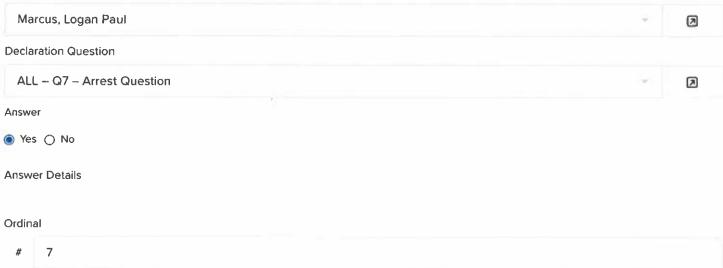


Declarations

Ordinal † 🌹	Licensee/Applicant	Declaration Question	T	Answer	Ŧ	Answer Details
1	Logan Marcus	MD, PA – Q1 – Medical Condition Impair Safe Practice		No		
2	Logan Marcus	MD, PA – Q2 – Medical Condition Field of Practice		No		
3	Logan Marcus	MD, PA = Q3 - Chemical Substances Impair Safe Practice		No		
4	Logan Marcus	MD, PA, Lt. – Q4 – Performance of Public Service Requirement		No		
5	Logan Marcus	ALL – Q5 – Named Defendant Respond to Legal Action		No		
6	Logan Marcus	ALL – Q6 – Malpractice Claim Paid		No		
7	Marcus, Logan Paul	ALL – Q7 – Arrest Question		Yes		
8	Marcus, Logan Paul	MD, Previously applied for licensure in Nevada.		Yes		
9	Marcus, Logan Paul	MD – Investigation Disciplinary during Training Program		Yes		
10	Marcus, Logan Paul	MD – Q8 – Denied License / Permission to Practice Medicine		No		
11	Logan Marcus	MD = Q9 = Medical License Revoked		No		
12	Logan Marcus	MD – Q11 – Voluntarily Surrendered a License		No		
13	Logan Marcus	MD – Q12 – Denied Membership		No		
14	Marcus, Logan Paul	MD = Q13 - Investigation - Respond To/Notify Of		No		
15	Logan Marcus	MD, PA = Q10 = Controlled Substance Registration		No		
16	Logan Marcus	MD, PA, CCP, Hospital Privileges Denied, Suspended.		No		

Declaration





Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or noto 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.

Related To



Declaration

Licensee/Applicant



Declaration Text

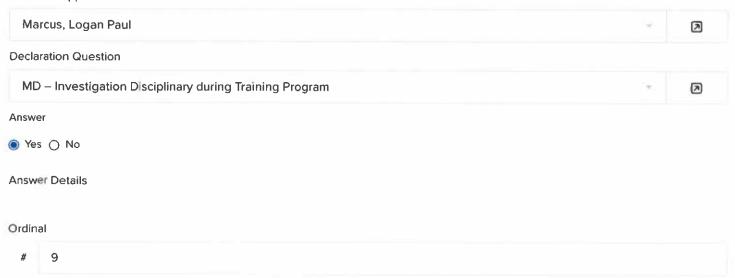
Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)

Related To



Declaration

Licensee/Applicant



Declaration Text

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?

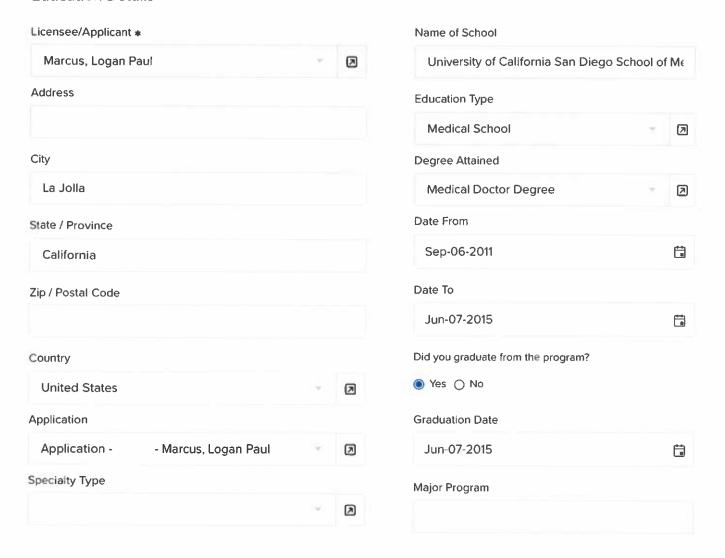
Related To



Education

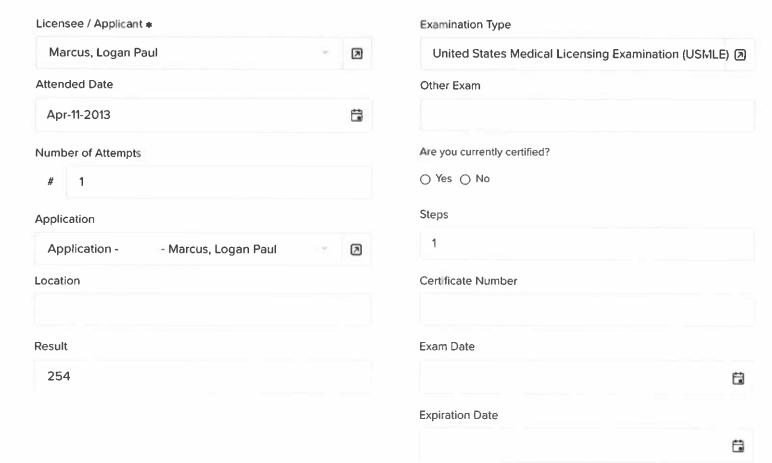
Licensee/Applicant	Ŧ	Education Type	T	Name of School	T	Degree Attained 🍸	Date From 🔻	Date To † ▼	Graduation Date
Marcus, Logan Paul		Medical School		University of California San Diego School of Medic	ine	Medical Doctor Degree	Sep-06-2011	Jun- 07 -2015	Jun-07-2015

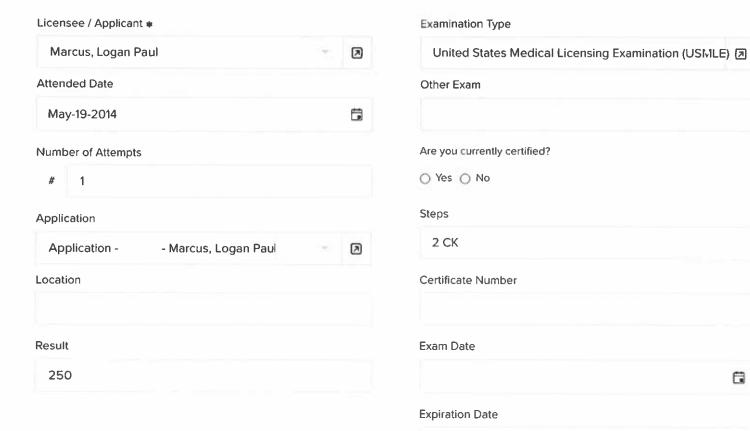
Education Details

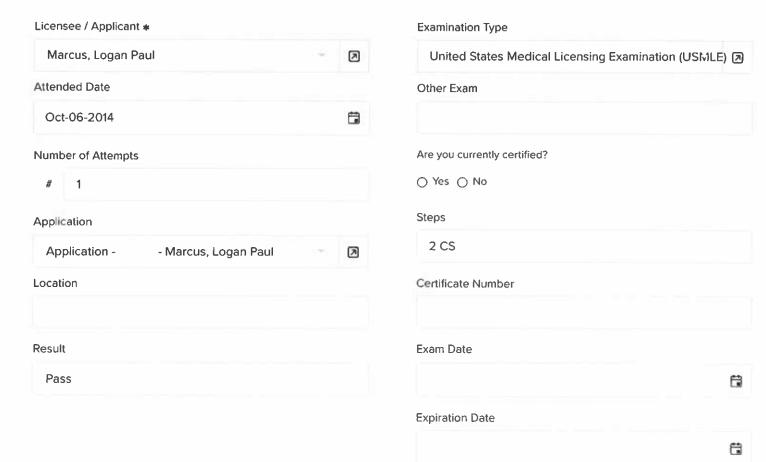


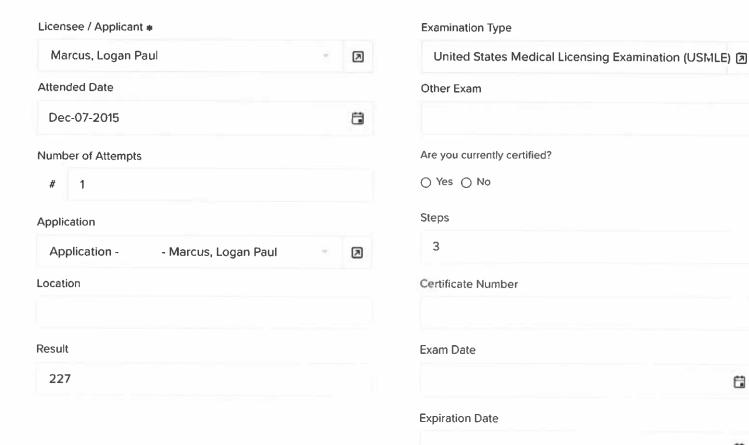
Examinations

Licensee / Applicant	Ŧ	Examination Type	Υ.	Attended Date †
Marcus, Logan Paul		United States Medical Licensing Examination (USMLE)		Apr-11-2013
Marcus, Logan Paul		United States Medical Licensing Examination (USMLE)		May-19-2014
Mercus, Logen Paul		United States Medical Licensing Examination (USMLE)		Oct-06-2014
Marcus, Logan Paul		United States Medical Licensing Examination (USMLE)		Dec-07-2015





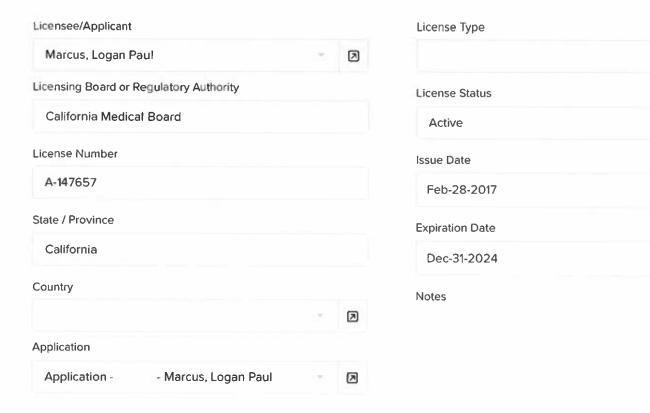




Other Licenses

Licensee/Applicant	License Number	•	License Type	T	Issue Date	₹	Expiration Date	Ŧ	State / Province
Marcus, Logan Paul	A-147657		N/A		Feb-28-2017		Dec-31-2024		California

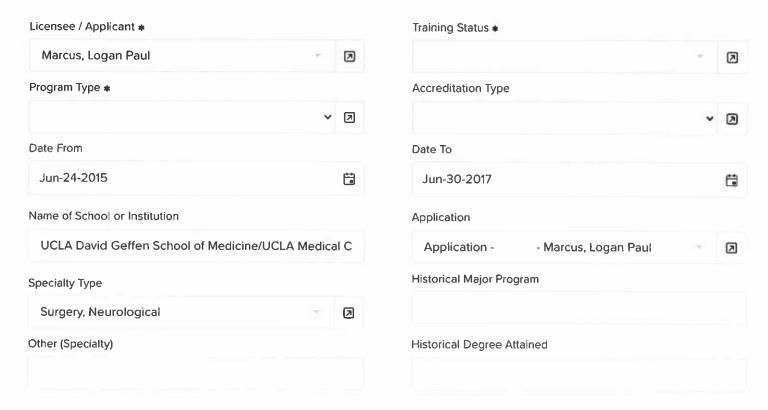
Other License Details



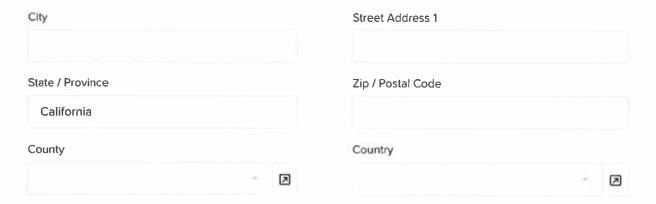
Postgraduate Training

Licensee / Applicant	7	Name of School or Institution	Specialty Type	Date From † T	Date To †	Program Type
Marcus, Logan Paul		UCLA David Geffen School of Medicine/UCLA Medical Center Program	Surgery, Neurological	Jun-24-2015	Jun-30-2017	Internship/Residency
Marcus, Logan Paul		Stanford Health Care-Sponsored Stanford University Program	Oncology, Radiation	Jul-01-2017	Jun-30-2019	Residency
Marcus, Logan Paul		University of Pennsylvania Health System Program	Other	Jul-01 2022	Jun-30-2024	Residency

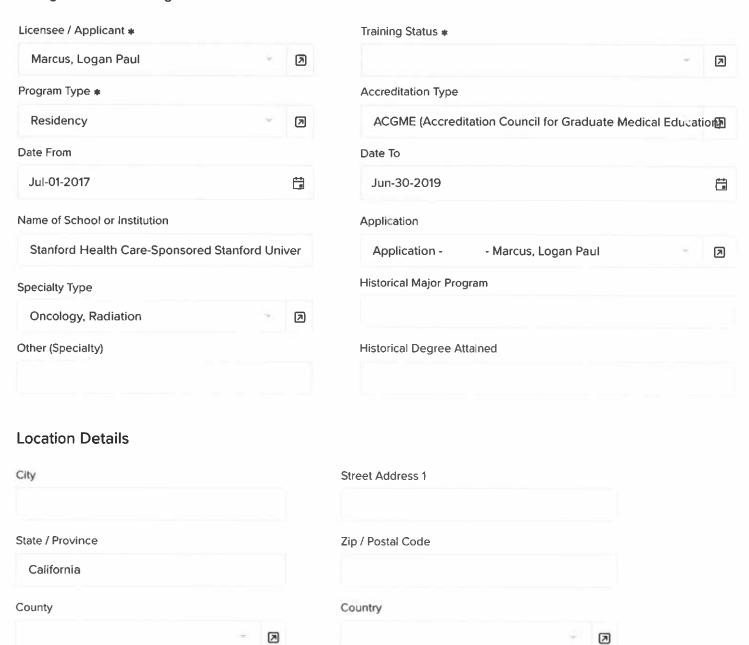
Postgraduate Training Details



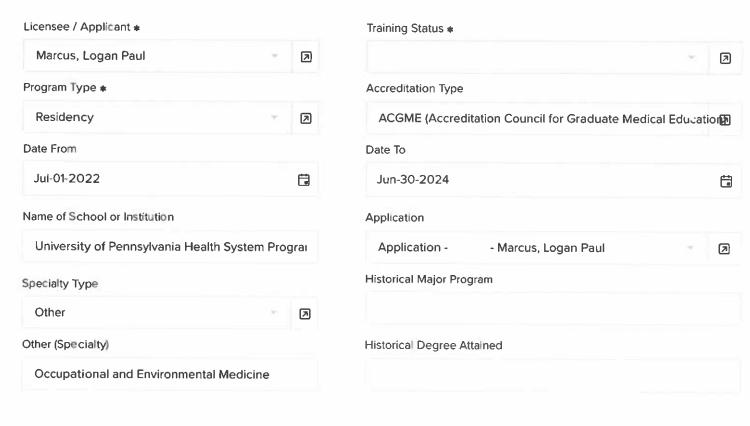
Location Details



Postgraduate Training Details



Postgraduate Training Details



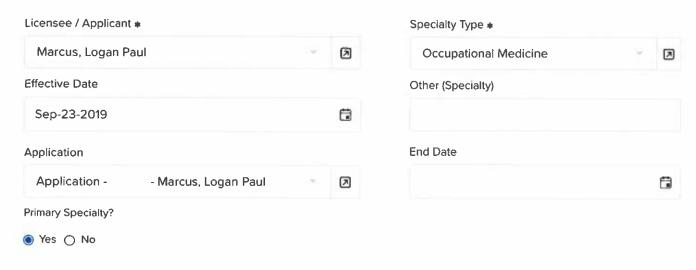
Location Details



Specialties

Licensee / Applicant	T	Specialty Type	7	Primary Specialty?	Ŧ	Effective Date	₹	End Date
Logan Marcus		Occupational Medicine		Yes		Sep-23-2019		N/A

Specialty Details



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.

Sign your name ______

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.

RECEIVED

JAN 22 2024

