

## Demographic Details

First Name

Logan

Middle Name

Paul

Last Name \*

Marcus

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

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

Gender

Male



Date of Birth

1984



Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

## 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



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to

Fax

#

## Public Address

Street Address

16925 Mt Rose Hwy

Address Line 2

City

Reno

County

Washoe

ZIP / Postal Code

89511

State / Province

Nevada

Country

United States

Is your physical address different from your mailing address?

Yes  No

Public Phone

#

(650) 380-3340

## Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

## Application Status

Applicant \*

Application Number

License Issued?

Yes  No

Application Status

Assigned To

Manual Paper Application?

Yes  No

License ID Card Conditions (max 120 characters)

## License Details (Pre-Approval)

License Category

Obtained By

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

## Application Details

Application Type

Application Date \*

Submitted Date

Application Step

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

Yes  No

Reviewed Date

Decision Date

Approved Date

Expiration Date

Is Simultaneous Application

Yes  No

Are you the spouse of an active duty member or surviving spouse of a veteran?

Yes  No

## 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

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

## Activities

Licensee / Applicant ▼	Name of Organization / Institution	Start Date ↑	End Date ▼	Percent Clinical ▼
Marcus, Logan Paul	Stanford University	Jul-01-2017	Jun-30-2019	100
Marcus, Logan Paul	Concentra	Jul-01-2019	Jan-23-2024	90
Marcus, Logan Paul	University of Pennsylvania Health System Program	Jul-01-2022	Jun-30-2024	100

## Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical \*

#

Position

Application

Activity Type

## Location Details

Street Address 1

Country



City

State / Province

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical \*

#

Position

Application

Application -   

Activity Type

Employment  

## Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code



## Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical \*

#

Position

Application

Application -   

Activity Type

## Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

## Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	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, LL – 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

Licensee/Applicant

Marcus, Logan Paul 

Declaration Question

ALL – Q7 – Arrest Question 

Answer

Yes  No

Answer Details

Ordinal


# 7

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.

## Related To

Application

Application - - Marcus, Logan Paul 

Renewal



## Declaration

Licensee/Applicant

Marcus, Logan Paul  

Declaration Question

MD, Previously applied for licensure in Nevada.  

Answer

Yes  No

Answer Details

Ordinal

# 8

Declaration Text

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

## Related To

Application

Application - - Marcus, Logan Paul  

Renewal

## Declaration

Licensee/Applicant

Marcus, Logan Paul		
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Declaration Question

MD – Investigation Disciplinary during Training Program		
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Answer

Yes  No

Answer Details

Ordinal



#	9
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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

Application

Application -	- Marcus, Logan Paul		
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Renewal

	
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## Education

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

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## Education Details

Licensee/Applicant \*

Marcus, Logan Paul

Address

City

La Jolla

State / Province

California

Zip / Postal Code

Country

United States

Application

Application - - Marcus, Logan Paul

Specialty Type

Name of School

University of California San Diego School of Me

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Sep-06-2011

Date To

Jun-07-2015

Did you graduate from the program?

Yes  No

Graduation Date

Jun-07-2015

Major Program

## Examinations

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Licensee / Applicant	Examination Type	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
Marcus, Logan Paul	United States Medical Licensing Examination (USMLE)	Oct-06-2014
Marcus, Logan Paul	United States Medical Licensing Examination (USMLE)	Dec-07-2015

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## Examination Details

Licensee / Applicant \*

Marcus, Logan Paul 


Attended Date

Apr-11-2013 

Number of Attempts

# 1

Application


Application - - Marcus, Logan Paul 

Location

Result

254

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes  No

Steps

1

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

Marcus, Logan Paul



Attended Date

May-19-2014



Number of Attempts

# 1

Application

Application - - Marcus, Logan Paul



Location

Result

250

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

2 CK

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

Marcus, Logan Paul 


Attended Date

Oct-06-2014 

Number of Attempts

# 1

Application


Application - - Marcus, Logan Paul 

Location

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes  No

Steps

2 CS

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

Marcus, Logan Paul 


Attended Date

Dec-07-2015 

Number of Attempts

# 1

Application


Application - - Marcus, Logan Paul 

Location

Result

227

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes  No

Steps

3

Certificate Number

Exam Date



Expiration Date



## Other Licenses

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

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## Other License Details

Licensee/Applicant

Marcus, Logan Paul  

Licensing Board or Regulatory Authority

California Medical Board

License Number

A-147657



State / Province

California

Country

Application

Application - - Marcus, Logan Paul  

License Type

License Status

Active

Issue Date

Feb-28-2017 

Expiration Date

Dec-31-2024 

Notes

## Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	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

Licensee / Applicant \*

Program Type \*

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status \*

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

Zip / Postal Code

County

Country



## Postgraduate Training Details

Licensee / Applicant \*

Program Type \*

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status \*

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

## Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code

Country

## Postgraduate Training Details

Licensee / Applicant \*

Program Type \*

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status \*

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

## Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code

Country

## Specialties

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

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## Specialty Details



Licensee / Applicant \*

Marcus, Logan Paul  

Effective Date

Sep-23-2019 

Application

Application - - Marcus, Logan Paul  

Primary Specialty?

Yes  No

Specialty Type \*

Occupational Medicine  

Other (Specialty)

End Date



**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.

o o o o o

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 Logan P. Marcus, MD

Sign your name \_\_\_\_\_

Date 1/19/24

**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**

**NEVADA STATE BOARD OF  
MEDICAL EXAMINERS**

