

Demographic Details

First Name

James

Middle Name

Edward

Last Name *

Lowery

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

Military Detail

Gender

Male

Date of Birth

1965

Name Suffix

Jr.

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

213 Saguaro Dr.

Address Line 2

City

Gallup

County

NM

ZIP / Postal Code

87301

State / Province

New Mexico

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(505) 979-4239

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 ▼
Lowery, James Edward	Marion Regional Medical center	Feb-08-2010	Jul-15-2015	100
Lowery, James Edward	IHS/Gallup Indian Medical Center	Feb-05-2018	Dec-15-2023	100

Application Activity Details

Licensee / Applicant

Lowery, James Edward



Name of Organization / Institution

Marion Regional Medical center

Start Date

Feb-08-2010



End Date

Jul-15-2015



Percent Clinical *

100

Position

Application

Application - - Lowery, James Edward



Activity Type

Employment



Location Details

Street Address 1

1400 Church st

Country

United States



City

santa maria

State / Province

California

Zip / Postal Code

93455

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

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
1	Lowery, James Edward	RT – Q15 – Medical Condition Impair Safe Practice	No	
2	Lowery, James Edward	RT – Q16 – Medical Condition Field of Practice	No	
3	Lowery, James Edward	RT – Q17 – Substances Impair Safe Practice	No	
4	Lowery, James Edward	ALL – Q5 – Named Defendant Respond to Legal Action	Yes	
5	Lowery, James Edward	ALL – Q6 – Malpractice Claim Paid	No	
6	Lowery, James Edward	ALL – Q7 – Arrest Question	Yes	
7	Lowery, James Edward	RT, Have you previously applied for an allied health license in Nevada?	Yes	
8	Lowery, James Edward	RT – Q18 – Denied License / Permission to Provide Services	Yes	
9	Lowery, James Edward	RT – Q19 – Certificate / License Revoked	Yes	
10	Lowery, James Edward	RT – Q20 – Voluntarily Surrendered License / Certificate	Yes	
11	Lowery, James Edward	RT – Q21 - Failed NBRC Examination	No	
12	Lowery, James Edward	RT – Q22 – Registration / Certification Revoked	Yes	
13	Lowery, James Edward	RT – Q23 – Investigation Respond To / Notify Of	Yes	

Declaration

Licensee/Applicant

Lowery, James Edward  

Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action  

Answer

Yes No

Answer Details

Ordinal



4

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?

Related To

Application

Application - - Lowery, James Edward  

Renewal

Declaration

Licensee/Applicant

Lowery, James Edward 

Declaration Question

ALL - Q7 - Arrest Question 

Answer

Yes No

Answer Details

Ordinal

6

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 - - Lowery, James Edward 

Renewal



Declaration

Licensee/Applicant

Lowery, James Edward 

Declaration Question

RT, Have you previously applied for an allied health license in Nevada? 

Answer

Yes No

Answer Details

Ordinal


7

Declaration Text

Have you previously applied for an allied health license in Nevada? (This does not include blood gas licenses) If "Yes," provide an explanation.

Related To

Application

Application - Lowery, James Edward 

Renewal




Declaration

Licensee/Applicant

Lowery, James Edward 

Declaration Question

RT – Q18 – Denied License / Permission to Provide Services 

Answer

Yes No

Answer Details

Ordinal

8

Declaration Text

Have you ever been denied a license or certification/registration to provide respiratory care services or permission to practice as a respiratory care therapist or permission to take an examination to practice as a respiratory care therapist or permission to practice any other healing art in any state, country or U.S. territory?

Related To

Application

Application - - Lowery, James Edward 

Renewal



Declaration

Licensee/Applicant

Lowery, James Edward 

Declaration Question

RT – Q19 – Certificate / License Revoked 

Answer

Yes No

Answer Details

Ordinal


9

Declaration Text

Have you ever had a certificate or license to provide respiratory care services or any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?

Related To

Application

Application - - Lowery, James Edward 

Renewal



Declaration

Licensee/Applicant

Lowery, James Edward 

Declaration Question

RT – Q20 – Voluntarily Surrendered License / Certificate 

Answer

Yes No

Answer Details

Ordinal


10

Declaration Text

Have you ever voluntarily surrendered a license or certificate to provide respiratory care services or any other healing art in any state, country or U.S. territory?

Related To

Application


Application - - Lowery, James Edward 

Renewal



Declaration

Licensee/Applicant

Lowery, James Edward 

Declaration Question

RT – Q22 – Registration / Certification Revoked 

Answer

Yes No

Answer Details

Ordinal

12

Declaration Text


Have you ever had your registration/certification revoked, suspended and/or limited by the National Board for Respiratory Care?

Related To

Application

Application - - Lowery, James Edward 

Renewal




Declaration

Licensee/Applicant

Lowery, James Edward	
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Declaration Question

RT – Q23 – Investigation Respond To / Notify Of	
-------------------------------------------------	-------------------------------------------------------------------------------------

Answer

Yes No

Answer Details

Ordinal

#	13
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Declaration Text

Have you ever been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a provider of respiratory care by any licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners? (If "Yes," provide an explanation.)

Related To

Application

Application -	- Lowery, James Edward	
---------------	------------------------	-------------------------------------------------------------------------------------

Renewal



Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To ↑	Graduation Date
Lowery, James Edward	High School	Rancho Cotati High School	High School Diploma	Sep-04-1979	Jun-09-1983	Jun-09-1983
Lowery, James Edward	College/University	San Joaquin Valley College	Associate Degree	Jun-03-2002	Nov-29-2004	Nov-29-2004
Lowery, James Edward	College/University	San Joaquin Valley College	Practitioner of Respiratory Care Degree	Jun-03-2002	Nov-29-2004	Nov-29-2004

Education Details

Licensee/Applicant *

Lowery, James Edward



Address

City

Rohnert Park

State / Province

California

Zip / Postal Code

Country

United States



Application

Application - - Lowery, James Edward



Specialty Type

Name of School

Rancho Cotati High School

Education Type

High School



Degree Attained

High School Diploma



Date From

Sep-04-1979



Date To

Jun-09-1983



Did you graduate from the program?

Yes No

Graduation Date

Jun-09-1983



Major Program

Education Details

Licensee/Applicant *

Lowery, James Edward

Address

City

Visalia

State / Province

California

Zip / Postal Code

Country

Application

Application - Lowery, James Edward

Specialty Type

Respiratory Care

Name of School

San Joaquin Valley College

Education Type

College/University

Degree Attained

Associate Degree

Date From

Jun-03-2002

Date To

Nov-29-2004

Did you graduate from the program?

Yes No

Graduation Date

Nov-29-2004

Major Program

Education Details

Licensee/Applicant *

Lowery, James Edward

Address

City

Visalia

State / Province

California

Zip / Postal Code

Country

United States

Application

Application - Lowery, James Edward

Specialty Type

Name of School

San Joaquin Valley College

Education Type

College/University

Degree Attained

Practitioner of Respiratory Care Degree

Date From

Jun-03-2002

Date To

Nov-29-2004

Did you graduate from the program?

Yes No

Graduation Date

Nov-29-2004

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date
Lowery, James Edward	The National Board for Respiratory Care (NBRC)	Dec-28-2004

Examination Details

Licensee / Applicant *

Lowery, James Edward



Attended Date

Dec-28-2004



Number of Attempts

1

Application

Application - - Lowery, James Edward



Location

Result

Examination Type

The National Board for Respiratory Care (NBRC)



Other Exam

CRT

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date

Dec-28-2004



Expiration Date

Sep-30-2026



Military Service

Licensee / Applicant	▼ Branch of Service	▼ Military Occupation Specialty	▼ Start Date	▼ End Date
Lowery, James Edward	U.S. Navy	Other	Nov-01-1996	Nov-01-1998

Military Service Details

Licensee / Applicant *

Military Occupation Specialty *

End Date

Are you still serving?

Yes No

Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?

Yes No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?

Yes No

Branch of Service *

Start Date *

Application

Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Did you separate from service under conditions other than dishonorable?

Yes No

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Lowery, James Edward	044973	N/A	May-18-2021	Nov-18-2021	Arizona
Lowery, James Edward	24537	N/A	Aug-12-2005	Jun-30-2018	California

Other License Details

Licensee/Applicant

Lowery, James Edward



Licensing Board or Regulatory Authority

az rcb

License Number

044973

State / Province

Arizona

Country

United States



Application

Application - - Lowery, James Edward



License Type

License Status

active

Issue Date

May-18-2021



Expiration Date

Nov-18-2021



Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Lowery, James Edward	Respiratory Care	Yes	Dec-16-2023	N/A

Specialty Details

Licensee / Applicant *

Lowery, James Edward  

Effective Date

Dec-16-2023 

Application

Application - - Lowery, James Edward  

Primary Specialty?

Yes No

Specialty Type *

Respiratory Care  

Other (Specialty)

End Date



RECEIVED

JAN 16 2024

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.

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 James E Lowery

Sign your name _____

Date 1-8-2024

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.

