

Nevada State Board of Medical Examiners
1105 Terminal Way, Suite 301, Reno, NV 89502-2144
Phone: In Reno/Sparks/Carson City: (775) 688-2559

(If calling from any other area of Nevada, call the Board's in-state toll-free number: (888) 890-8210)
Fax: (775) 688-2321

Board Licensee Lists Order Form

Date: _____

Name: _____

Company Name: _____

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Send copies via: (check one) Mail E-mail

The following licensee lists are available from the Nevada State Board of Medical Examiners.

- The Quarterly Newly Licensed Lists include physicians, physician assistants, practitioners of respiratory care (respiratory therapists) and perfusionists. They are produced one to two weeks following the end of the preceding quarter, in January, April, July and October. *These lists are currently available in hard copy only.*
- All other lists shown on the following page are produced upon request and provide current information about the Board's licensees. *These are available in hard copy via U.S. mail or in Excel or .pdf format via e-mail.*
- All lists (other than mailing labels) include name, address, city, state, zip, phone number, license number, license status, issue date and expiration date, and specialty(ies).

PAYMENT: Payment must be made in advance. You may pay by check, cashier's check or money order, payable to "NEVADA STATE BOARD OF MEDICAL EXAMINERS," or by credit card. If paying by credit card, please complete the Credit Card Authorization Form on the last page of this order form. A two percent (2%) service fee will be assessed for payment by credit card.

CREDIT CARD AUTHORIZATION FORM

*If mailing or faxing this page separately from an application or order form, please mail to:
Nevada State Board of Medical Examiners
1105 Terminal Way, Suite 301, Reno, NV 89502-2144
or fax to:
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Please type or print legibly.

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Name on Credit Card: _____

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For security of your financial information, please do not email this form to the Board; emailed forms will not be accepted.

I authorize the Nevada State Board of Medical Examiners to charge the above credit card for a one-time payment in the amount of \$ _____, and an additional 2% service fee.

Printed Name: _____

Authorized Signature: _____ Date: _____