REQUEST FOR LICENSURE BY A SPOUSE OF ACTIVE DUTY MILITARY PERSONNEL

I, _____, am a spouse of an active duty member of one of the
(print your name)
branches of the United States Armed Forces. I currently hold an active license to practice medicine in the state(s) of _____ and wish to apply for a license to practice medicine in the state of Nevada. I acknowledge that I have reviewed and understand the statutory requirements for licensure as set forth in Nevada Revised Statute (NRS) 630.160 and attest that I meet the qualifications therein.

I further attest that I have initiated the procurement of the necessary primary source documentation required to verify my qualifications to obtain a license to practice medicine in the state of Nevada and acknowledge that if the necessary documentation has not been received by the Nevada State Board of Medical Examiners (Board) within ninety (90) days of the issuance of my license to practice medicine, my licensure status shall be changed to *Expired* until receipt of the required documentation by the Board.

If, after issuing a license to practice medicine in the state of Nevada to me, the Board obtains information from a primary or other source of information that differs from the information provided by me in my application for licensure, the Board may take action on the license as set forth in NRS 630.160(4) & (5), as well as any other disciplinary action deemed appropriate.

Dated this ____ day of _____, 20__.

_____
Signature of Applicant

(NOTARY SEAL)

State of _____ County of _____

Subscribed and sworn to before me this _____ day of

_____, 2_____.

Notary Public for the state of _____

My Commission Expires: _____

_____
Signature of Notary