

Nevada State Board of Medical Examiners  
Attn: Edward O. Cousineau, J.D., Executive Director  
9600 Gateway Drive, Reno, NV 89521

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

## Request for Copies of Public Records

Date: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

License No. (if known): \_\_\_\_\_

Copies requested (all copies are \$.02 per page plus postage; please mark as needed, below):

- Malpractice (see website for page count)  
 Board Disciplinary Action (see website for page count)

Postage costs are listed below:

1-5 pgs	\$0.49	59-64 pgs	\$3.18
6-10 pgs	\$0.71	65-70 pgs	\$3.40
11-21 pgs	\$1.64	71-76 pgs	\$3.62
22-27 pgs	\$1.86		
28-33 pgs	\$2.08		
34-39 pgs	\$2.30		
40-45 pgs	\$2.52		
46-52 pgs	\$2.74		
53-58 pgs	\$2.96		

77 pgs or more: Please call the Board office and provide your zip code to obtain the postage cost prior to mailing your request and payment to the Board.

- 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 form. A two percent (2%) service fee will be assessed for payment by credit card.

\*\*\*\*\*

Total pages requested: \_\_\_\_\_

Amount paid: \_\_\_\_\_ (copies and postage)

Certified copies needed?  Yes  No (No extra charge for certified copies.)

Send copies via: (check one)  Mail  Fax

Address: \_\_\_\_\_

Fax No.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# 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  
9600 Gateway Drive, Reno, NV 89521  
or fax to:  
775-688-2321*

**Please type or print legibly.**

Method of Payment:     MasterCard     Visa     American Express     Discover

Name on Credit Card: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Credit Card Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_    Three Digit Credit Card Verification Code:    CVC: \_\_\_\_\_  
(MM)    (YYYY)    (Code found on the back of the card)

***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: \_\_\_\_\_