

AGENDA ITEM 26(c)

Uniform Application for Licensure

Application ID:

License Requested: MD

FID:

License Type: Permanent Medical License

Submitted to: Nevada State Board of Medical Examiners

Submission Date: 1/26/2021 4:29 PM

Practitioner Name

Esterman, Bradley Jay

Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	No	Business	1674 S Federal Highway Delray Beach, FL 33483 UNITED STATES
No	Yes	Home	UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Business	(561) 279-7799	

Email

Public Access	Board Contact	Email
Yes	Yes	

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
		1959	NY UNITED STATES	M		MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
University of Health Sciences	3333 Green Bay Road North Chicago, IL 600643095 UNITED STATES	08/01/1985	06/01/1989	06/01/1989	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Postgraduate Training

Hospital Name:	Montefiore Medical Center/Albert Einstein College of Medicine (Moses and Weiler) Bronx, NY UNITED STATES	Program Code:	ACGME 14 21287
Attendance Dates:			
Institution:	Montefiore Medical Center/Albert Einstein College of Medicine	Start Date:	07/01/1989
Training Specialty:	Internal Medicine	End Date:	06/30/1990
Training Status:	Completed	Program Type:	Internship
Clinical %:	100	Administrative %:	0

Hospital Name:	UMDNJ / Robert Wood Johnson Medical School Camden, NJ UNITED STATES	Program Code:	ACGME 2403321172
Attendance Dates:			
Institution:	UMDNJ / Robert Wood Johnson Medical School	Start Date:	07/01/1990
Training Specialty:	Ophthalmology	End Date:	10/31/1994
Training Status:	Completed	Program Type:	Residency
Clinical %:	100	Administrative %:	0

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
NBME Part I		06/15/1990	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Colorado Medical Board	CO				Full	Applicant
Illinois Department of Financial and Professional Regulation	IL	036089727	09/29/1994	07/31/1996		Non-Renew
New Jersey State Board of Medical Examiners	NJ	25MA05598900	02/26/1991	06/30/1993	Full	Expired
New York State Board for Medicine	NY	308044	12/03/2020	11/30/2022	Full	Active
Florida Board of Medicine	FL	ME71722	10/21/1996	01/31/2023	Full	Active
Pennsylvania State Board of Medicine	PA	MT025653T	02/11/1993	09/01/1994	Training	Inactive
Colorado Medical Board	CO	DR.0065571	12/01/2020	04/30/2021	Full	Active
State Medical Board of Ohio	OH	35.141007	12/10/2020	12/10/2022	Full	Active
Pennsylvania State Board of Medicine	PA	MD472543	12/10/2020	12/31/2022	Full	Active
Washington Medical Commission	WA	MD61131126			Full	Pending
Michigan Board of Medicine	MI	4301503477	10/21/2020	10/21/2023	Full	

Applicant Name: Esterman, Bradley Jay
 Application ID: 812673

Physician Reported License History

Practitioner License Type	Licensure State	License Number	Issue Date	Expiration Date	Type	License Status
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None Reported

Chronology of Activity Type

Practice/Emp/ Desc:	Univers. of Health Sciences	Chronology Ty,	Medical Education
Address:	North Chicago, IL US	Attendance Dates:	
Position/Dept:		From:	08/01/1985 to 06/01/1989
Clinical %:			
Admin %:			
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	Montefiore Medical Center/Albert Einstein College of Medicine (Moses and Weiler)	Chronology Type:	Accredited Training
Address:	Bronx, NY US	Attendance Dates:	
Position/Dept:		From:	07/01/1989 to 06/30/1990
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	UMDNJ / Robert Wood Johnson Medical School	Chronology Type:	Accredited Training
Address:	Camden, NJ US	Attendance Dates:	
Position/Dept:		From:	07/01/1990 to 10/31/1994
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	Bradley Esterman MD	Chronology Type:	Work
Address:	Peoria Peoria, IL 61525 US	Attendance Dates:	
Position/Dept:	Physician - Ophthalmology	From:	07/01/1994 to 09/30/1996
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	Eye Institute	Chronology Type:	Work
Address:	1674 S Federal Highway Delray Beach, FL 33483 US	Attendance Dates:	
Position/Dept:	Ophthalmologist - Ophthalmology	From:	10/01/1996 to In Progress
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	

Malpractice

None Reported

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Addendum #2

To the NV Medical Board:

Examination History

- Please provide the following information for your NBME II and NBME III examinations, as this information was missing from your application
 - Exam
 - **NBME II**
 - Last Attempt (date)
 - **04/04/89**
 - Pass/Fail
 - **Pass**
 - Number of Attempts
 - **1**
 - Exam
 - **NBME III**
 - Last Attempt (date)
 - **05/16/90**
 - Pass/Fail
 - **Pass**
 - Number of Attempts
 - **1**

Bradley Esterman, MD

5/17/21
Date

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Addendum #3

To the NV Medical Board:

State Licensure History

- Please indicate that you wish to omit the following license information from your application, as these licenses have not yet been issued:
 - Colorado – Status: Applicant
 - **This issued as of 12/01/20**
 - Washington – Status: Pending
 - **This issued as of 03/22/21**
- Please provide the License Type for your Illinois medical license
 - **Physician**
- Please indicate that your Michigan medical License Status is Active
 - **MI license status is active**
- Information received by the Board indicates that you hold (or have held) licenses in the following states, which were not listed on your application:
 - California
 - License Entity
 - **CA Medical Board**
 - Licensing State
 - **CA**
 - License Number
 - **G 171511**
 - Issue Date
 - **02/05/21**
 - Expiration Date
 - **02/28/23**
 - License Type
 - **Physician**
 - License Status
 - **Active**
 - Georgia
 - License Entity
 - **GA Medical Board**
 - Licensing State
 - **GA**
 - License Number
 - **87838**
 - Issue Date
 - **02/09/21**
 - Expiration Date
 - **06/30/22**

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- License Type
 - Physician
- License Status
 - Active
- Indiana
 - License Entity
 - IN Medical Board
 - Licensing State
 - IN
 - License Number
 - 01085189A
 - Issue Date
 - 02/01/21
 - Expiration Date
 - 10/31/21
 - License Type
 - Physician
 - License Status
 - Active
- Texas
 - License Entity
 - TX Medical Board
 - Licensing State
 - TX
 - License Number
 - S9498
 - Issue Date
 - 01/22/21
 - Expiration Date
 - 02/28/22
 - License Type
 - Physician
 - License Status
 - Active
- These licenses were omitted from the application unintentionally in error, I apologize for any inconvenience this has caused the board.

5/17/21

Brad Esterman, MD

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ADDENDUM 3 – ADDITIONAL PHYSICIAN INFORMATION

CITIZENSHIP AND IDENTIFICATION

U.S. Citizen: Yes No Social Security Number: _____
Non U.S. Citizen: Yes No Social Security Number: _____ or
Individual Taxpayer Identification Number (ITIN): _____

Permanente Resident Alien Registration # _____

Employment Authorization # _____

Visa Type: _____ Visa #: _____ Applying for Visa: Yes No

Color of Eyes: _____ Color of Hair: _____ Height: _____ Weight: _____

EXAMINATION SCORES

List all licensure examinations you have taken, whether U.S. or International, on the Examination History tab of the online Uniform Application. Also list below the score you received on each exam taken. INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED ATTEMPTS.

Examination Name	Score Received	Examination Name	Score Received
NBME I	385		
NBME II	370		
NBME III	485		

SPECIALTY CERTIFICATION

Scope of Practice/Specialty(ies): ophthalmology

List any and all certifications and re-certifications by a board or sub-board recognized by the American Board of Medical Specialties. INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED ATTEMPTS.

Board / Specialty Board	If you are Lifetime Board Certified, indicate "Lifetime"	Certification #	Dates of Certification/ Recertification (MM/YY)

If you hold "lifetime or historical" ABMS Board certification, please provide a notarized statement agreeing to maintain Board certification for the duration of your licensure in the state of Nevada.

ADDENDUM 4 – ATTESTATION QUESTIONS

For the purposes of the following questions, these phrases or words have these meanings:

"Ability to practice medicine" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments;
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physician examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological condition or disorder.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.

FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST SUBMIT YOUR WRITTEN EXPLANATION(S) ON A SEPARATE SHEET ATTACHED TO THIS ADDENDUM.

1. Do you currently have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? If "Yes," attach an explanation on a separate sheet. Yes No
2. If you currently have a medical condition which in any way impairs or limits your ability to practice medicine, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, the manner in which you have chosen to practice, or by any other reasonable accommodation? If "Yes," attach an explanation on a separate sheet. Yes No
3. If you currently use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety? If "Yes," attach an explanation on a separate sheet. Yes No
4. Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal government or a state or local government for your medical education? If "Yes," attach an explanation on a separate sheet. Yes No
- 5a. 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? If "Yes," please describe in the space provided on the Malpractice Liability Claims Information page within the online Uniform Application. Also complete addendum 5. Yes No
- 5b. Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable? If "Yes," please describe in the space provided on the Malpractice Liability Claims Information page within the online Uniform Application. Also complete addenda 5 and 6. Yes No
6. 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. If "Yes," attach an explanation on a separate sheet. Yes No
7. Have you previously applied for medical licensure in Nevada (including in a Residency program)? If "Yes," attach an explanation on a separate sheet. Yes No

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8. 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? If "Yes," attach an explanation on a separate sheet. Yes No
9. Have you EVER been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory? If "Yes," attach an explanation on a separate sheet. Yes No
10. Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory? If "Yes," attach an explanation on a separate sheet. Yes No
11. Have you EVER voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory? If "Yes," attach an explanation on a separate sheet. Yes No
12. Have you EVER been denied membership, asked to resign, or expelled from a medical society or other professional medical organization? If "Yes," attach an explanation on a separate sheet. Yes No
13. 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 physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners? If "Yes," attach an explanation on a separate sheet. Yes No
14. Have you EVER surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? If "Yes," attach an explanation on a separate sheet. Yes No
15. List all hospitals where you have had staff privileges denied, suspended, limited, revoked or not renewed by the hospital. List any (all) resignations from any medical staff in lieu of disciplinary or administrative action.

(Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attend hospital department or staff meetings, or maintain required malpractice insurance.)

Hospital	Mailing Address	Type of Action	Dates of Action (From MM/YY to MM/YY)

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CHILD SUPPORT STATEMENT

The law of the state of Nevada requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. You are advised that this question is part of your application, your response is given under oath, and any response hereto which is false, fraudulent, misleading, inaccurate or incomplete, may result in your application being denied. You must mark one of the following responses, and failure to mark one of the responses may result in denial of your application.

Please place a check mark next to one of the following statements:

- (a) I am not subject to a court order for the support of a child;
- (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; **OR**
- (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

ATTESTATION REGARDING THE REPORTING OF THE ABUSE OR NEGLECT OF A CHILD

Yes No I attest and affirm that I am aware and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.
<http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220>

SAFE INJECTION PRACTICE ATTESTATION

ATTESTATION TO KNOWLEDGE OF AND COMPLIANCE WITH THE GUIDELINES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR APPLICANT PHYSICIANS

Yes No 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.
http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html

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MILITARY SERVICE ATTESTATION

1-Have you ever served in the United States Military (to include National Guard or Reserves)? _____ Yes X No
If your answer is "No", you do not have to complete the remaining questions for the Military Service Attestation.

2-If yes, which branch of service did you serve? Air Force
 Army
 Navy
 Marine Corp
 Coast Guard

3-Military occupation specialty or specialties? Administration or Personnel Logistics or Supply
 Aviation Maintenance
 Civil Engineering Medical Services
 Communications Security Forces or Military Police
 Infantry or Armor Other
 Legal or Chaplin Corps

4&5-Dates of service in the Military: 4-From: ___/___/___ 5-To: ___/___/___
DD MM YYYY DD MM YYYY

6-Are you still serving? ___Yes ___No

7-Have you ever served on active duty in the Armed Forces of the United States? _____ Yes X No

8-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 X No

9-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 X No

10-If the answer to question(s) 7, 8 and/or 9 is "yes," did you separate from such service under conditions other than dishonorable? _____ Yes X No

APPLICATION AFFIRMATION

I, Bradley Jay Esterman
(Print your full name)

being duly sworn, depose and say: That 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.

Signature of applicant Date 2/23/21

State of FL County of CLAY

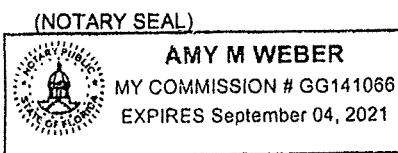
Subscribed and sworn to before me this 23RD day of February, 2021

Notary Public for the State of Florida

My Commission Expires: 09-04-2021

Residing at: Fleming Island, FL
City State

Signature of Notary



ADDENDUM 8 – REQUEST FOR LICENSURE BY ENDORSEMENT

(ENDORSEMENT IS NOT THE SAME AS RECIPROCITY)

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State your Name, and fill in the state, territory, or District of Columbia in which licensed:

I, Bradley Jay Esterman, being first duly sworn, do hereby swear or affirm under the penalties of perjury that the statements contained herein are true and correct to the best of my knowledge.

That I am now, and have been continuously, licensed to practice medicine by the licensing agency of FL, since 10/21/1996.
(state, territory, or District of Columbia) (month / day / year)

That I have never had a license to practice any type of medicine in any jurisdiction, country, state, territory, or District of Columbia, revoked for gross medical negligence.

That I am the person named in the license to practice medicine in FL,
(state, territory, or District of Columbia)

and that said license to practice medicine was obtained by me without fraud or misrepresentation or any mistake of which I am aware, and that all information contained in this application for licensure by Endorsement, and any accompanying materials, are complete and correct.

DATED this 23RD day of FEBRUARY, 2021.

Signature: _____

Typed or Printed Name: Bradley Jay Esterman

State of FL County of CLAY

Subscribed and sworn to before me this 23RD day of February, 2021.

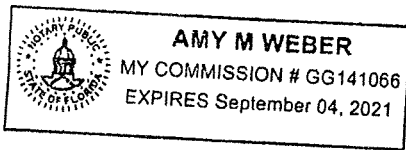
Notary Public for the State of FL

My Commission Expires: 09-04-2021

Residing at: Fleming Island, FL
City State

Signature of Notary

(NOTARY SEAL)



Please return completed form to
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521



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ADDENDUM 1 – RESPONSIBILITY STATEMENT

ATTENTION APPLICANT!

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 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 Bradley Jay Esterman

Sign your name *[Signature]*

Date 2/23/2021

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.