AGENDA ITEM 26(e)

Uniform Application for Lice dure

License Requested: Application ID: FID: License Type: Permanent Medical License Submitted to: Nevada State Board of Medical Examiners Submission Date: 9/30/2020 7:36 AM **Practitioner Name** Nagaraja, Harsha Ghatge Alternate Name(s): Nagaraja, Harsha **Contact Information** Address Public Access | Board Contact Type · Yes Business 9110 College Pointe Ct Fort Myers Fort Myers, FL 33919 UNITED STATES No No Home **UNITED STATES** Phone Public Access | Board Contact Phone Number | Phone Extension No No **Business** Yes No Business (239) 208-2212 No Yes **Business** Mobile No No Email Public Access | Board Contact No Yes No No No No No No No Yes Identification **USMLE** Birth Date Birth Place Gender NPI Practitioner US Type Citizen Number MD /1983 , NY UNITED STATES Yes Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code	
St. Matthew's University (Grand Cayman)	Grand Cayman, 07~ CAYMAN ISLANDS	08/29/2005	04/17/2009	05/02/2009	MD	

Fifth Pathway

None Reported

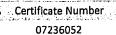
ECFMG

Nagaraja, Harsha Ghatge Applicant Name:

Application ID:

309003

NEVADA STATE BOAT DIO Ordinam Application for Physician State From Jure MEDICAL PRAMER CO. 2015 Federation of State Medical Boards







Postgraduate Training

Hospital Name:

Albany Medical Center

Program

Albany, NY UNITED STATES

Program Code:

ACGME 1403531248

Attendance Dates:

Institution:

Albany Medical Center

Start Date: 07/01/2009

Training Specialty:

Internal Medicine

End Date: 06/30/2010

Program Type:

Internship

Training Status:

Completed

Clinical %:

Administrative %:

Attendance Dates:

10

Hospital Name:

Albany Medical Center

Program

Albany, NY UNITED STATES

Program Code:

ACGME 1803521066

Neurology

Institution:

Albany Medical Center

Start Date: 07/01/2010

Training Specialty:

End Date: 06/30/2013

Program Type:

Residency

ACGME 1875121050

Training Status:

Completed

Clinical %:

90

Administrative %: **Program Code:**

10

Hospital Name:

University of Virginia Medical

Center Program

Charlottesville, VA UNITED

STATES

Center

Attendance Dates:

Institution:

University of Virginia Medical

Start Date: 07/01/2013

Training Specialty:

Neurology/Clinical

Neurophysiology

End Date: 06/30/2014

10

Program Type:

Fellowship

Training Status:

Completed

Clinical %:

90

Administrative %:

Examination History

Exam	State Last Attemp	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination	04/16/2007	Pass	1
USMLE Step 2 CS Examination	06/03/2008	Pass	1
USMLE Step 2 CK Examination	10/14/2008	Pass	1
USMLE Step 3 Examination	06/27/2011	Pass	1
State Licensure History	*	1	r

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NEVADA STATE BOARD OFe 2015 Federation of State Medical Boards
MEDICAL EXAMINATION Nagaraja, Harsha Ghatge

Applicant Name: Application ID:

509003

MD.	DO.	PA	License	History
IVIU.	$\cup \cup$		LICCIIIC	I HIS COLY

License Entity	Licensin State	cense Number	Issue Date	Expiration Date	nse Type	License Status
Alabama State Board of Medical Examiners	AL	00036476	01/01/2018	12/31/2020	Judan Elland a Be Full	Active
Virginia Board of Medicine	VA	0101253583	03/19/2013	07/31/2014	Full	Expired
Illinois Department of Financial and Professional Regulation	IL .	036147852	12/10/2018	09/30/2020		Active
North Dakota Board of Medicine	ND	15243	11/16/2018	07/11/2021	Full	Active
North Carolina Medical Board	NC	2014-00865	05/05/2014	07/11/2021	;.	Active
Nebraska Board of Medicine and Surgery	NE	30436	10/20/2017	12/31/2020	_ş Full 	Active
State Medical Board of Ohio	ОН	35.132820	12/22/2017	04/01/2022	Full	Active
New Hampshire Board of Medicine	NH	18813	04/04/2018	06/30/2022	Full	Active
Michigan Board of Medicine	MI	4301114326	03/23/2018	01/31/2022	Full	
Mississippi State Board of Medical Licensure	MS	25835	06/01/2018	06/30/2021	Full	
New York State Board for Medicine	NY	295622	08/14/2018	06/30/2022	Full	Active
ouisiana State Board of Medical Examiners	LA	310535	08/16/2018	07/31/2021	Full	Active
lorida Board of Medicine	FL	ME131590	03/09/2017	01/31/2021	Full	Active
Washington Medical Commission	WA	MD60803143	06/26/2018	07/11/2021	Full	Active
owa Board of Medicine	IA	MD-44749	11/14/2017	07/01/2021	Full	Active
Georgia Composite Medical Board	GA	79289	11/08/2017	07/31/2021	Full	Active
rizona Medical Board	ΑZ	55214	12/27/2017	11/11/2021		Active
outh Carolina Board of Nedical Examiners	SC	52051	03/09/2018	06/30/2021	Full	Active
lew Mexico Medical Board	NM	TM2018-0537	06/13/2018	07/01/2022	Telemedicine	Active
ennessee Board of Medical xaminers	TN	57922	10/16/2018	07/31/2021	Full	Active
exas Medical Board	TX	TM00732	10/05/2018	11/30/2020	Telemedicine	Active
Nontana Board of Medical xaminers	MT	76954	05/20/2019	03/31/2021	Full	Active
entucky Board of Medical censure	KY	TP111	04/10/2020	10/10/2020	Full .	
entucky Board of Medical censure	KY	53924	06/11/2020	02/28/2021	Full	Active
hysician Reported License H	istory	ng nghinganig maggai dandurop antopo o a ka daka mak do kana da to be ga	nganawa nagar annya annian dakaya na ng		-	francisco de la companya de la comp
ractitioner License Type	Licensing	License Number	Issue Date	Expiration	Type	License Status

None Reported

Chronology of Activity Type

Practice/Emp/ Desc:

St. Matthew's University (Grand Cayrian) _ Chremology Type: D Medical Education

OCT 28 2000

Applicant Name:

Nagaraja, Harsha Ghatge

Application ID:

309003

NEWCOA STATE DOAD. Uniform Application for Physician State Licenture for 2017, 1974 1974 1974 2015 Federation of State Medical Boards



Position/Dept:

Grand Cayman, 07~



From:

08/29/2005

to 04/17/2009

Clinical %: Admin %:

Employment: Practice/Emp/ Desc:

Vacation

Position/Dept:

Staff Privileges:

Affiliation:

Address:

Chronology Type: Vacation

Attendance Dates:

From:

05/01/2009

to 07/01/2009

Clinical %:

0

Admin %:

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

Albany Medical Center Program

Chronology Type:

Accredited

Training

Address:

Albany, NY

US

Attendance Dates:

From:

07/01/2009

to 06/30/2010

Clinical %:

Position/Dept:

90 10

Admin %:

Employment:

Affiliation:

Practice/Emp/ Desc:

Albany Medical Center Program

Chronology Type:

Accredited

Training

Address:

Albany, NY

US

Attendance Dates:

From:

07/01/2010

to 06/30/2013

Clinical %:

Position/Dept:

90 10

Admin %:

Employment:

Staff Privileges:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

University of Virginia Medical Center

Program

Chronology Type:

Accredited

From:

Training

Address:

Position/Dept:

Charlottesville, VA

Attendance Dates:

07/01/2013

to 06/30/2014

Clinical %:

90

0

Admin %:

10

Employment:

Practice/Emp/ Desc:

Staff Privileges:

Affiliation: Chronology Type:

Seeking Employment

07/01/2014

Address:

Attendance Dates:

Position/Dept:

Seeking Employment

RECETVED

to 07/31/2014

Clinical %:

OCT 2 8 2000

NEVADA STATE TO A CONTROL CUniform Application for Physician State Licensure (CAPPACE TO A CONTROL OF A CONTR



Staff Privileges: **Employment:** Affiliation:

Practice/Emp/ Desc:

Carolinas Health System

Chronology Type:

Address:

600 Hospital Drive

Attn: Neurology Dept. Monroe, NC 28112

Attendance Dates:

Position/Dept: Medical Director (Site Based) From:

08/01/2014

Work

to 08/31/2017

- Neurology

Clinical %:

Admin %:

100 0

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

Telespecialists, LLC

Chronology Type:

Address:

15050 Elderberry Lane

Suite 3

Fort Myers, FL 33907

US

100

Attendance Dates:

Position/Dept: Neurologist - Neurology

From:

12/01/2016

Work

to In Progress

Clinical %:

Admin %:

Employment:

Staff Privileges:

Affiliation:

Malpractice

None Reported

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OCT 28 773

NENADA STATIL (sq.). Uniform Application for Physician State Decision of MEDICAL (CV.) (12.2015 Federation of State Medical Boards 3 2015 Enderation of State Medical Boards

2aan 5 of 5

application ID:

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:	LUEIVER
(a) I am not subject to a court order for the support of a child;	OCT 2 3 2020
(b) I am subject to a court order for the support of one or more children and am in compliance with a compliance with a plan approved by the district attorney or other public agency enforcing the order for the amount owed pursuant to the order; OR	VADA STATEREN IN BBIERTET BIBIN IN the repayAMINERSOF
(c) I am subject to a court order for the support of one or more children and am NOT in compliance a plan approved by the district attorney or other public agency enforcing the order for the repayment of 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 Revised Statute 432B.220 regarding the abuse or neglect of a child. http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220	Nevada
SAFE INJECTION PRACTICE ATTESTATION	
ATTESTATION TO KNOWLEDGE OF AND COMPLIANCE WITH THE GUIDELINES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR APPLICANT PHYSICIAN	s
Yes V No I hereby attest to knowledge of and compliance with the guidelines of the Centers for Control and Prevention concerning the prevention of transmission of infectious agents safe and appropriate injection practices. I also attest that any person who is currently, under my control as their supervising physician in the future, and who is not licensed to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection phas knowledge of and is in compliance with the guidelines of the Centers for Disease and Prevention concerning the prevention of transmission of infectious agents through appropriate injection practices. http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html	s through or will be pursuant practices, e Control
COMMUNICATIONS AFFIRMATION	
Consent to accept communications and service of process from the Nevada State Board of Med (Board) by electronic mail, for physicians and physician assistants who practice medicine in the or via telemedicine and whose physical presence exists outside the state of Nevada or the United	state of Nevada
hereby agree that as a condition of obtaining or maintaining licensure with the Board, I am willing communications to me, to include service of process as defined under Nevada Revised Statute (NF electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided by any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after that the failure to do so may subject me to a fine or disciplinary action as allowed in NRS 630.244.	RS) 630.344, via below change for
Printed Name of Applicant/Licensee: HARSHA NAGARAJA	
Signature of Applicant/Licensee: Email Address:	

MILITARY SERVICE ATTESTATION

1-Have you ever served in the United States Milite If your answer is "No", you do not have to comple Attestation.	ary (to inclu te the rema	ude National Guar aining questions f	d or Reserves or the Military	s)? Service		Yes	No
2-If yes, which branch of service did you serve?		Air Force Army Navy Marine Corps Coast Guard				R E	CEIVEL CT 23 2020
3-Military occupation specialty or specialties?	<u></u>	Administration Aviation Civil Engineer Communicatio	ng ns		Logistics of Maintenand Medical Se Security For Police Other	ce rvices	AL EXAMINERS OF
	U	Legal or Chap	in Corps				
4&5-Dates of service in the Military:	4-From:	/	√ 	5-To:	/ DD	/ MM	YYYY
6-Are you still serving?YesNo		OD WI	<i>n</i> 1111		טט	IVIIVI	****
7-Have you ever served on active duty in the Armo	ed Forces	of the United Stat	es?		*****	Yes	No
8-Have you ever been assigned to duty for a minir Armed Forces of the United States?	num of 6 c	ontinuous years i	the National	Guard or	a reserve con	nponent of Yes	the No
9-Have you ever served the Commissioned Corps National Oceanic and Atmospheric Administration defense of the United States? 10-If the answer to question(s) 7, 8 and/or 9 is "ye (Unless you were dishonorably discharged, your answer	of the Unit	ted States in the consequence seems se	apacity of a co	ommission der condition	ed officer whi	le on activ Yes n dishonor	e duty in No able?
APPLICATION AFFIRMATION 1, <u>HAPSHA GHATGE NA</u> (Print your fu	GARATI	A					
being duly sworn, depose and say: That the an application, as well as any and all further expla am the person named in the credentials to be s and examination without fraud or misrepresent fraudulent, misleading, inaccurate, or incomple I am responsible to keep the Board informed of provided to the Board in my application for lice medicine in the state of Nevada.	swers to ti nations co ubmitted, ation. I un ete, my app	he foregoing que ontained on any and that the san derstand that if plication for lice imstance or ever	separate atta ne were procu any of my res nsure will be o	ched pagoured in the ponses of denied.	es, are true a e regular cou n this applic change to m	ind correctives of installing ation are you initial re	truction false, sponses
Signature of applicant	******		Date				
		State of	bith Cards	ŶCounty o	<u>r Union</u>		
(NOTARY SEAL)		_Sep	ond sworn to be CM DC T for the State ion Expires: ONDO Sity	or Na Hebru	his 23 Al Car and 21 And 21 State	day of olena.	t Lina
			Signature				-



· /
Applicant's signature (must be signed in the presence of a notary)
NAGARATA HARCHA, GHATGE
Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)
9/23/20
Date of signature (must correspond to date of notarization)
NOTARY:

[Please note: The Notary Public seal should overlap the bottom of the photo to the left. Do not cover the entire face with the seal.]

State of White arolina, County of Mion

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 3 day of 100 20 20

Notary Public Signature

My Notary Commission Expires

December 2019