Demographic Details

First Name		Gender
Kathryn		Female 2
Middle Name		Date of Birth
Ann	The second of th	-1950
Last Name ★	on a market resource many employers	Name Suffix
Cox	Angel Marian in Communication of the Communication	
Previous Name(s)	mana mining and the an ing high apparential in the entire of the second and s	City of Birth
Schmale, Schrotenboer	C	Michigan
Social Security Number	enamenta de la composición del composición de la composición de la composición de la composición del composición de la c	Place of Birth
1		
Tax Identification Number	CONTRACTOR SERVER TO THE REST	Weight (in lbs)
	and the second s	
Height	e mana manana summana summana su su su e e e e e e e e e e e e e e e e e	Eye Color
Tiegit		
		Comments (non-public information)
Hair Color		Public Information
the control of the co	A contract of the second	Fubic information
Is this person deceased?		
○ Yes ○ No		
Date Deceased	Fire a market and a community	
		
Do you have a Nevada Business License in your individual name?		
○ Yes ○ No		
Nevada BIN		
Historical File Number		
The state of the s	ing the time approximate to the control of the cont	
Military Detail		
Have you ever served in the United States Military (to include Nation	al Guard or Reserves)?	
◯ Yes ⊚ No		
Discipline / SPL		
Disciplinary Action?	SPL?	
○ Yes ○ No	O Yes ○ No	

Contact Information	
Primary Phone	Secondary Phone
# (917) 543-4578	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
	v 2
Cell Phone #	Fax #
Public Address	
Street Address	ZIP / Postal Code
6355 Wetzel court	89511
Address Line 2	State / Province Nevada
City	Country
Reno	United States
County	Is your physical address different from your mailing address?
Washoe	O Yes ● No
	Public Phone # (917) 543-4578
	And the comment of th
Mailing Address	
Street Address	City (Mailing)
to the state of th	The state of the s
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
e de la companya del la companya de	
	County (Mailing)

Date of SPL Issuance

Application Status

Applicant *		Application Status	
Cox, Kathryn Ann			7
Application Number	ramina wa e Awa e in	Assigned To	Area a managaman managaman ang pagagan ang a sa s
			7
License Issued?		Manual Paper Application?	en e
○ Yes ○ No		→ Yes	
License Details (Pre-Approve	al)		
License Category		Credentials / Degree Suffix (Ent	er before approval!)
Medical Doctor	7	M.D.	And the first state of the first
Obtained By		· · · · · · · · · · · · · · · · · · ·	
	7		
Application Details			
Application Type		Reviewed Date	
Medical Doctor - Active	7		
Application Date *		Decision Date	in the state of th
Mar-17-2021		en e	
Submitted Date		Approved Date	
Apr-12-2021		Approved Date	en autorio de la composição destruidos destruidos en la composição de la c
Application Ston			
Application Step		Expiration Date	t management at the constraint of the constraint
#			ä

Have you ever served in the United States Military (to include National Guard or Reserves)?	
○ Yes No	
Invoices	
Application Invoice	Application Payment Date
001960 - Paid in Full	Apr-12-2021
Licensure Invoice	Licensure Payment Date
Attestations	
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.	I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child. Yes O No I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States. Yes O No
Yes No	Child Support Attestation Type
I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.	Subject to a court order and not in compliance. I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada. Yes No
○ Yes ○ No	

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.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes
 No

Examination Details

Licensee / Applicant ≠		Examination Type
Cox, Kathryn Ann	A	National Board of Medical Examiners (NBME)
Attended Date	and the second s	Other Exam
Jun-12-1973	ä	
Number of Attempts		Are you currently certified?
# . 1		○ Yes ○ No
Application		Steps
Application '- Cox, Kathryn Ann	a	1
Location		Certificate Number
new york		<u> </u>
Result		Exam Date
560)
Sandram i seperatur pagagament i samanan mara na caratana (s. m. s. m.)		Expiration Date
		Explication Date
	2	
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Examination Details

Licensee / Applicant ≠		Examination Type			
Cox, Kathryn Ann	2	National Board of Medical Examiners (NBME)	· 2		
Attended Date		Other Exam			
Apr-09-1974					
Number of Attempts		Are you currently certified?			
# # **		○ Yes ○ No			
Application	erana in Merce (an in in in	Steps	***		
Application Cox, Kathryn Ann	* 7	· II			
Location		Certificate Number	e como e so de		
i. Santagaran jampaga Santasan jampa atau a					
Result		Exam Date			
555	a salah manan	·	6		
		Expiration Date			
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and the second of the second o					
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Kappe gran (1994) - Cas, Barriya Acir	0)	t .			
50%					
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Examination Details

Licensee / Applicant	*	
Cox, Kathryn Ann	1	× 7
Attended Date	,	
Mar-10-1976		ä
Number of Attempts		
#		
Application		
Application	- Cox, Kathryn Ann	7
Location		
in esganacisticat dec	* · · · · · · · · · · · · · · · · · · ·	
Result		

National Board of Medical Examiners (NBME) Other Exam	2
Other Exam	
A CONTRACT OF THE PARTY OF THE	
:	
Are you currently certified?	
○ Yes ○ No	
Steps	
III	
Certificate Number	
Supplier space and proper particular spaces are selected as a second second second second second second second	
Exam Date	
Expiration Date	

Board Certification Details

Licensee / Applicant	Initial Certification Date		
Cox, Kathryn Ann	Nov-07-1981		
Specialty	Recertification Date		
Obstetrics / Gynecology	=		
Certifying Board	Certification Number		
American Board	18403		
Other Certifying Board	Archive Program		
	Historical Specialty		

Connected Record

Application			
Application	Cox, Kathryn Ann	₹.	7
		1.000	

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Education Details

Licensee/Applicant ★		Name of School		
Cox, Kathryn Ann		* 2	University of Michigan Medical School	
Address		The second secon	Education Type	
· !		and the second of the second	Medical School	· 2
City			Degree Attained	
Ann Arbor			Medical Doctor Degree	2
State / Province	ang meneral and a second contract of the seco		Date From	
Michigan		**************************************	Aug-30-1971	
Zip / Postal Code	The second se	to the their contracts the major of them	Date To	
48109		· · · · · · · · · · · · · · · · · · ·	May-23-1975	ä
Country			Did you graduate from the program?	
United States		2	Yes ○ No	
Application		m na na mani 🗽 🔭 .	Graduation Date	
Application Co	x, Kathryn Ann	- 2	May-23-1975	8
Specialty Type	-		Major Program	
		▽ 2	Company of the Angle of the Company	
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Topol Media (%247 - Cos	k Kathaya Jaba	(2)	t de la companya de	•
		47		

Postgraduate Training Details

Licensee / Applicant *		Training Status *			
Cox, Kathryn Ann	2	Completed			
Program Type ★		Accreditation Type			
Internship/Residency	ACGME (Accreditation Council for Gr		ation Council for Graduate Medical Ed		
Date From		Date To			
Jul-01-1975	6	Jun-30-1979			
Name of School or Institution		Application			
New York Lying In Hospital/New York Hospital (curren	tly	Application -	Cox, Kathryn Ann		
Specialty Type		Historical Major Prog	Historical Major Program		
Obstetrics / Gynecology	2	and the second of the second o			
Other (Specialty)	v	Historical Degree Att	ained		
	3				
Location Details					
City	Street Address 1				
	e. Na las el cambio de managementa de parte de las				
State / Province	Zip / Postal Code				
New York	· · · · · · · · · · · · · · · · · · ·	Control of the Contro			
County	Country				

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Other License Details

Licensee/Applicant			
Cox, Kathryn Anr	1	~ [2
Licensing Board or F	Regulatory Authority		
University of the	state of New York		
License Number			
128919			
State / Province		the second second second second second	
New York		The state of the s	
Country			
United States		~ [0	2
Application			
Application -	- Cox Kathnyn Ann		a

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License Type	
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License Status	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج
active	
Issue Date	
Oct-08-1976	ä
Expiration Date	
Mar-31-2022	A

Hospital Details

Licensee / Applican			Name of Organization
Cox, Kathryn An	n	2	New York Presbyterian-Weill Cornell Medical Cent
Application	The state of the s	a the feet of the desired the state of the s	Start Date
Application -	- Cox, Kathryn Ann	· 2	Jul-01-1975 🛱
End Date			
Mar-18-2021		·	

Address Details

Street Address Line 1	State / Province
525 East 68th Street	New York
Street Address Line 2	ZIP / Postal Code
	10065
City	Country
New York	United States 77 2

Application Activity Details

Licensee / Applicant		Name of Organization / Institution		
Cox, Kathryn Ann		New York Lying In Hospital/New York Hospital		
Start Date		End Date		
Jan-01-1975		Jun-30-1979 🛱		
Percent Clinical *	and the second	Position		
# 100				
Application	en e	Activity Type		
Application	Cox, Kathryn Ann	Postgraduate Training		

Location Details

the state of the s		
Street Address 1	Country	
525 East 68th Street	United States	
City	State / Province	
New York	New York	
and the second s	Zip / Postal Code	
<i>17</i>	10065	
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Application Activity Details

Licensee / Applicant	Name of Organization / Institution	
Cox, Kathryn Ann 图	Martens Ryan and Steadman MDs PC	
Start Date	End Date	
Jul-01-1979	Jun-30-1982	
Percent Clinical ★	Position	
# 100		
Application	Activity Type	
Application - Cox, Kathryn Ann	Medical Practice/Physician	

Location Details

Street Address 1	Country
449 East 68th Street	United States
City	State / Province
New York	New York
	Zip / Postal Code
	10065

Application Activity Details

Licensee / Applicant		Name of Organization / Institution
Cox, Kathryn Ann		Kathryn A. Cox, M.D P.C
Start Date		End Date
Jul-01-1982		
# 80		
Application		
Application	- Cox, Kathryn Ann	Medical Practice/Physician

Location Details

Street Address 1	Country
330 East 63rd Street #1J	United States
City	State / Province
new york	New York
	Zip / Postal Code
	10065

Specialty Details

Licensee / Applicant *		Specialty Type ★		
Cox, Kathryn An		2	Obstetrics / Gynecology	2
Effective Date			Other (Specialty)	
Jul-01-1975		6		
Application			End Date	
Application -	Cox, Kathryn Ann	· 2	Mar-18-2021	
Primary Specialty?				***************************************

Licensee/Applicant	Declaration Question	Answer
Kathryn Cox	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No
Kathryn Cox	ALL – Q5 – Named Defendant Respond to Legal Action	Yes
Kathryn Cox	ALL – Q6 – Malpractice Claim Paid	Yes
Kathryn Cox	MD, PA – Q1 – Medical Condition Impair Safe Practice	No .
Kathryn Cox	MD, Previously applied for licensure in Nevada.	No
Kathryn Cox	MD, PA - Q3 - Chemical Substances Impair Safe Practice	No
Kathryn Cox	MD – Investigation Disciplinary during Training Program	No
Kathryn Cox	MD – Q13 – Investigation – Respond To/Notify Of	No
Kethryn Cox	MD – Q11 – Voluntarily Surrendered a License	No
Kathryn Cox	MD – Q9 – Medical License Revoked	No
Kathryn Cox	MD – Q12 – Denied Membership	No
Kathryn Cox	ALL - Q7 - Arrest Question	No
Kathryn Cox	MD, PA, LL – Q4 – Performance of Public Service Requirem	ent No
Kathryn Cox	MD – Q8 – Denied License / Permission to Practice Medicin	ne No
Kathryn Cox	MD, PA – Q2 – Medical Condition Field of Practice	No
Kathryn Cox	MD, PA – Q10 – Controlled Substance Registration	No



MAY 2 4 2021

NEVADA STATE BOARD OF MEDICAL EXAMINERS

ATTENTION APPLICANT!

RESPONSIBILITY STATEMENT

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.

I have read this responsibility application for medical licensure		that I alone am	accountable for	completing my
Print your name Kataly	s Am Car			
Sign your name				

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.