

### Demographic Details

First Name

Michael

Gender

Male



Middle Name

Ennis

Date of Birth



Last Name \*

JACKSON

Name Suffix

Previous Name(s)

michael jackson

City of Birth

Social Security Number

Place of Birth

Santa Monica, CA

Tax Identification Number

Weight (in lbs)

Height

Eye Color

Hair Color

Comments (non-public information)

Public Information

Is this person deceased?

Yes  No

Date Deceased



Do you have a Nevada Business License in your individual name?

Yes  No

Nevada BIN

Historical File Number

26341

### Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes  No

### Discipline / SPL

Disciplinary Action?

Yes  No

SPL?

Yes  No

Date of SPL Issuance



### Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

### Public Address

Street Address

11103 kilkerran ct

ZIP / Postal Code

89141

11/9/21, 7:55 AM

Open Regulate

Address Line 2

State / Province

Nevada

City

Country

Las Vegas

United States



County

Is your physical address different from your mailing address?

Clark

Yes  No

Public Phone

# (702) 326-2149

### Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

### Online Service

Last Login Date

Security Question #1



Authentication Failures

Security Answer #1

#

Access Blocked

Security Question #2

Yes  No



### Application Status

Applicant \*

JACKSON, Michael Ennis



Application Status



Application Number

Assigned To



License Issued?

Yes  No

Manual Paper Application?

Yes  No

### License Details (Pre-Approval)

License Category

Medical Doctor



Credentials / Degree Suffix (Enter before approval!)

M.D.

Obtained By

ABMS Certification



### Application Details

Application Type

Medical Doctor - Active



Reviewed Date



Application Date \*

May-03-2021



Decision Date



Submitted Date

May-24-2021



Approved Date



Application Step

#

Expiration Date



Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes  No

### Invoices

Application Invoice



Application Payment Date



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.

Yes  No

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.

Yes  No

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  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  No

Child Support Attestation Type

Not subject to a court order



I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes  No

11/9/21, 7:58 AM

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.

Yes  No

Open Regulate

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

## Education Details

Licensee/Applicant \*

JACKSON, Michael Ennis



Name of School

UNIVERSITY OF CALIFORNIA, DAVIS SCHO

Address

Education Type

Medical School



City

DAVIS

Degree Attained

Medical Doctor Degree



State / Province

California

Date From

Sep-01-1992



Zip / Postal Code

Date To

Jun-13-1997



Country

United States



Did you graduate from the program?

Yes  No

Application

Application - - Michael JACKSON



Graduation Date

Jun-13-1997




Specialty Type



Major Program

### Postgraduate Training Details


Licensee / Applicant \*

JACKSON, Michael Ennis 

Training Status \*

Completed 

Program Type \*

Internship/Residency 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-1997 

Date To

Jun-30-1999 

Name of School or Institution

MARTIN LUTHER KING, JR./

Application

Application - Michael JACKSON 

Specialty Type

Emergency Medicine 

Historical Major Program

Other (Specialty)

Historical Degree Attained

### Location Details

City

Los Angeles

Street Address 1

State / Province

California

Zip / Postal Code

County


Country





### Postgraduate Training Details

Licensee / Applicant \*

JACKSON, Michael Ennis 


Training Status \*

Completed 

Program Type \*

Residency 


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-2000 

Date To

Jun-30-2002 

Name of School or Institution

THE UNIVERSITY OF ROCH

Application

Application - Michael JACKSON 

Specialty Type

Emergency Medicine 

Historical Major Program

Other (Specialty)

Historical Degree Attained

### Location Details

City

Rochester

Street Address 1

State / Province

New York

Zip / Postal Code

County

Country



## Board Certification Details

Licensee / Applicant

JACKSON, Michael Ennis



Initial Certification Date

Nov-16-2006



Specialty

Emergency Medicine



Recertification Date

Jan-01-2017



Certifying Board

American Board



Certification Number

20031114

Other Certifying Board

Archive Program

Historical Specialty

## Connected Record


Application

Application - - Michael JACKSON




### Examination Details

Licensee / Applicant \*

JACKSON, Michael Ennis 

Examination Type

United States Medical Licensing Examination (USMLE) 

Attended Date

Jun-08-1994 

Other Exam

Number of Attempts

# 1

Are you currently certified?

Yes  No

Application

Application - - Michael JACKSON 

Steps

Part 1

Location

Uni. California Davis

Certificate Number

Result

195

Exam Date


Jun-08-1994 

Expiration Date




### Examination Details

Licensee / Applicant \*

JACKSON, Michael Ennis 

Examination Type

United States Medical Licensing Examination (USMLE) 

Attended Date

Mar-03-1998 

Other Exam

Number of Attempts

# 2

Are you currently certified?

Yes  No

Application

Application - Michael JACKSON 

Steps

2

Location

California

Certificate Number

Result

189

Exam Date


Mar-03-1998 

Expiration Date




### Examination Details

Licensee / Applicant \*

JACKSON, Michael Ennis 

Examination Type

United States Medical Licensing Examination (USMLE) 

Attended Date

May-13-1999 

Other Exam

Number of Attempts

# 2

Are you currently certified?

Yes  No

Application

Application - - Michael JACKSON 

Steps

3

Location

California

Certificate Number

Result

183

Exam Date

May-11-1999 

Expiration Date



## OTHER LICENSES

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Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
JACKSON, Michael Ennis	10306	N/A	Aug-29-2002	Jun-30-2013	Nevada
JACKSON, Michael Ennis	A69520	N/A	Aug-13-1999	Sep-30-2022	California
JACKSON, Michael Ennis	34819	N/A	Nov-21-2005	Jan-27-2022	Arizona

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## HOSPITALS

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Licensee / Applicant	▼	Name of Organization	▼	Start Date	▼	End Date	▼
JACKSON, Michael Ennis		Indian Health Services		Mar-10-2016		Jul-13-2018	
JACKSON, Michael Ennis		La Paz Regional Medical Center		Apr-13-2007		Jul-11-2012	
JACKSON, Michael Ennis		Little Colorado		Sep-13-2007		Nov-14-2014	
JACKSON, Michael Ennis		Southern Inyo Hospital		Jul-08-2016		May-10-2018	
JACKSON, Michael Ennis		Cooper Queen Emergency Department		Apr-03-2017		Dec-31-2019	
JACKSON, Michael Ennis		Tulare Regional Medical Center		Mar-10-2016		Mar-09-2017	
JACKSON, Michael Ennis		Southeastern Arizona Medical Center		Feb-08-2007		N/A	
JACKSON, Michael Ennis		Desert View		Apr-07-2006		N/A	

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## CHRONOLOGY OF ACTIVITIES

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Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
JACKSON, Michael Ennis	Southern Inyo Hospital	Jul-08-2016	May-10-2018	100
JACKSON, Michael Ennis	Cooper Queen Medical Center	Apr-03-2017	Dec-31-2019	100
JACKSON, Michael Ennis	Maryvale Medical Center	Mar-07-2008	Nov-14-2009	100
JACKSON, Michael Ennis	Indian health services Phoenix	Mar-10-2016	Jul-13-2018	100
JACKSON, Michael Ennis	Fremont Medical Center	Nov-15-2002	Mar-07-2003	100
JACKSON, Michael Ennis	Tulare Regional Medical Center	Mar-10-2016	Mar-11-2017	100
JACKSON, Michael Ennis	Desert View Regional Hospital	Apr-07-2006	Jun-18-2011	100
JACKSON, Michael Ennis	Southeastern Arizona Medical center	Feb-08-2007	Aug-03-2012	100
JACKSON, Michael Ennis	Nellis AFB.	Mar-08-2003	Sep-30-2003	100
JACKSON, Michael Ennis	Lake Mead Emergency Department	Jan-04-2003	Jun-07-2005	100
JACKSON, Michael Ennis	Western Arizona Regional Medical Center	Aug-05-2005	Jun-13-2008	100
JACKSON, Michael Ennis	Winslow Regional Hospital	Sep-13-2007	Nov-06-2014	100
JACKSON, Michael Ennis	La Paz Regional Hospital	Apr-13-2007	Jul-11-2012	100

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## Specialty Details

Licensee / Applicant \*

JACKSON, Michael Ennis



Specialty Type \*

Emergency Medicine



Effective Date

May-24-2021



Other (Specialty)

Application

Application - Michael JACKSON



End Date



Primary Specialty?

Yes  No

## DECLARATION QUESTIONS

Licensee/Applicant	Declaration Question	Answer	Answer Details	Created On
JACKSON, Michael Ennis	ALL – Q7 – Arrest Question	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD – Investigation Disciplinary during Training Program	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD, PA – Q1 – Medical Condition Impair Safe Practice	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD – Q12 – Denied Membership	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD, PA, LL – Q4 – Performance of Public Service Requirement	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	ALL – Q6 – Malpractice Claim Paid	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	ALL – Q5 – Named Defendant Respond to Legal Action	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD – Q11 – Voluntarily Surrendered a License	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD, PA – Q2 – Medical Condition Field of Practice	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD, Previously applied for licensure in Nevada.	Yes	It has expired.	May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD – Q9 – Medical License Revoked	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD – Q8 – Denied License / Permission to Practice Medicine	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD, PA – Q10 – Controlled Substance Registration	No		May-21-2021 05:37 PM
JACKSON, Michael Ennis	MD – Q13 – Investigation – Respond To/Notify Of	No		May-21-2021 05:37 PM

## Declaration Question

Name

MD – Investigation Disciplinary during Traini

Section Ordinal

# 14

Declaration Text

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?

No explanation required (only has one answer)

Yes  No

Yes is the desired answer (no explanation required if answering Yes)

Yes  No

No explanation required (only has one answer)

Yes  No

This question requires an explanation for any answer

Yes  No

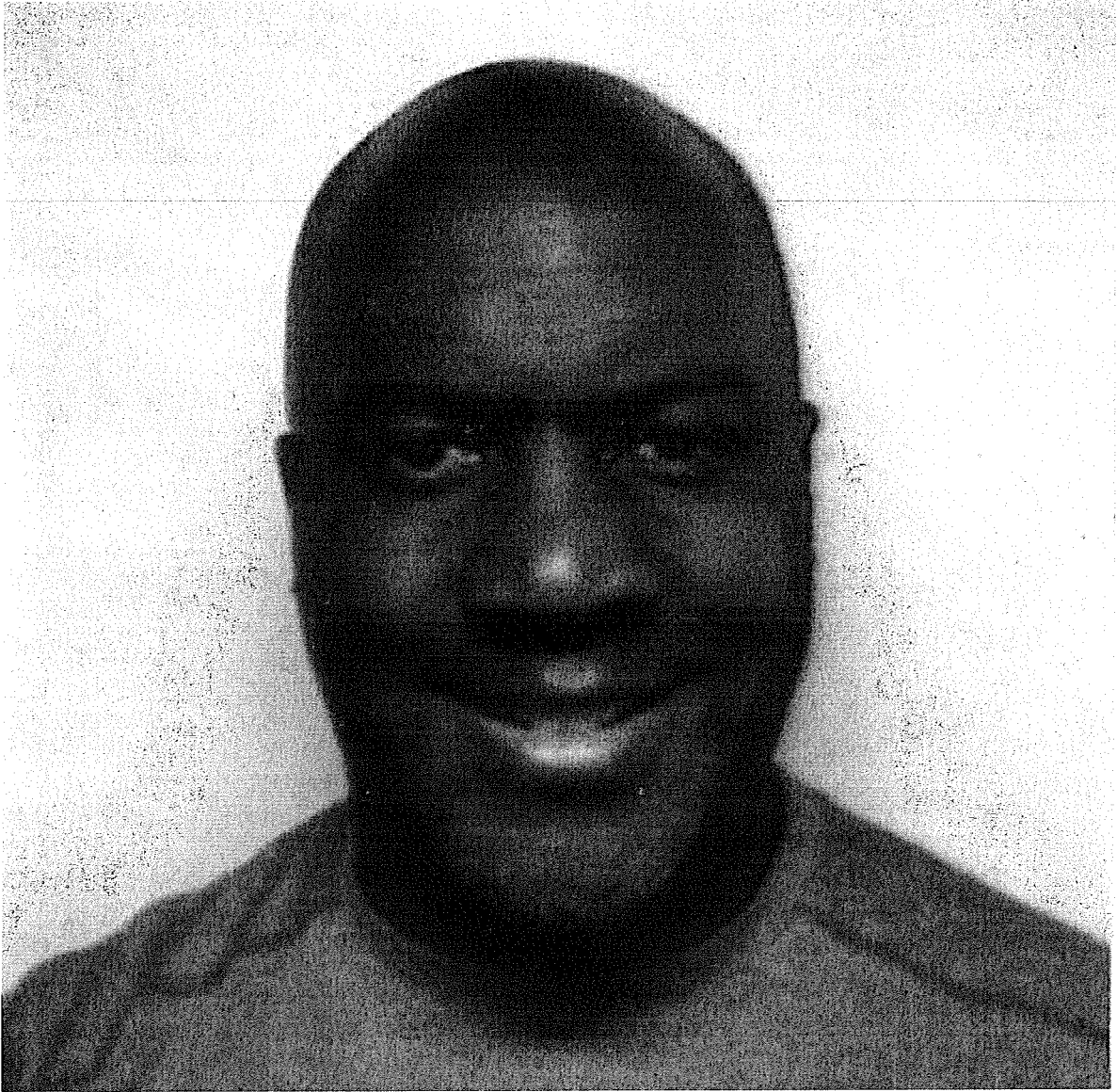
## Visible To

Application Process

Yes  No

Renewal Process

Yes  No



RECEIVED

AUG 25 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 your 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 Michael Jackson

Sign your name \_\_\_\_\_

Date 8/16/2021

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.