

Demographic Details

First Name

Michael

Middle Name

Allan

Last Name *

KONING

Previous Name(s)

Michael Koning

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased



Gender

Male

Date of Birth

1955

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

Yes No

Nevada BIN

Historical File Number

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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

#

Open Regulate

Fax

#

Public Address

Street Address

5311 Drayton Harbor Rd

Address Line 2

City

Blaine

County

Clark

ZIP / Postal Code

98230

State / Province

Washington

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

(670) 285-1602

Mailing Address

Street Address

-

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)



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Application Status

Applicant *

KONING, Michael Allan



Application Number

Application Status

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Pending Review by the Board



Assigned To



Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Issued?

Yes No

License Details (Pre-Approval)

License Category

Medical Doctor



Obtained By

Nat. Boards



Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date



Application Details

Application Type

Medical Doctor - Active



Application Date *



Reviewed Date



Decision Date



Submitted Date



Open Regulate
Approved Date



Application Step

Expiration Date

#



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

Yes No

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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 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 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

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

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

Yes No

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

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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Examination Details

Licensee / Applicant *

KONING, Michael Allan 

Attended Date

Jun-10-1986 

Number of Attempts

1

Application

Application - KONING, Michael Allan 

Location

Reno, NV

Result

545 83rd percentile

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

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Are you currently certified?

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Yes No

Steps

Part 1

Certificate Number

Exam Date 

Expiration Date 

Examination Details

Licensee / Applicant *

KONING, Michael Allan



Attended Date

Apr-12-1988



Number of Attempts

1

Application

Application - KONING, Michael Allan



Location

Reno, NV

Result

505/82nd percentile

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

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Are you currently certified? **NEVADA STATE BOARD OF MEDICAL EXAMINERS**

Yes No

Steps

Part 2

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

KONING, Michael Allan



Attended Date

Mar-01-1989



Number of Attempts

1

Application

Application - KONING, Michael Allan



Location

Reno, NV

Result

510/82nd percentile

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

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Are you currently certified?

Yes No

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Steps

Part 3

Certificate Number

Exam Date



Expiration Date




Board Certification Details


Licensee / Applicant

KONING, Michael Allan 

Specialty

Anesthesiology 

Certifying Board

American Board 

Other Certifying Board

Initial Certification Date

Apr-23-1993


Recertification Date 

Certification Number

22200

Archive Program

Historical Specialty

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MEDICAL EXAMINERS 

Connected Record

Application

Application - KONING, Michael Allan 

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From †	Date To	Graduation Date
KONING, Michael Allan	College/University	University of Nevada Las Vegas	Bachelor of Science	Jan-01-1980	May-30-1984	May-30-1984
KONING, Michael Allan	Medical School	University of Nevada School of Medicine	Medical Doctor Degree	Aug-15-1984	May-21-1988	May-21-1988

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Education Details

Licensee/Applicant *

KONING, Michael Allan



Name of School

University of Nevada Las Vegas

Address

4505 South Maryland Pkwy

City

Las Vegas

State / Province

Nevada

Zip / Postal Code

89154

Country

United States



Application

Application - ' - KONING, Michael Allan



Specialty Type



Education Type

College/University



Degree Attained

Bachelor of Science



Date From

Jan-01-1980



Date To

May-30-1984



Did you graduate from the program?

Yes No

Graduation Date

May-30-1984



Major Program

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Education Details

Licensee/Applicant *

KONING, Michael Allan



Name of School

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University of Nevada School of Medicine

Address

1664 N Virginia St

Education Type

Medical School



City

Reno

Degree Attained

Medical Doctor Degree



State / Province

Nevada

Date From

Aug-15-1984



Zip / Postal Code

89557

Date To

May-21-1988



Country

United States



Did you graduate from the program?

Yes No

Application

Application - KONING, Michael Allan



Graduation Date

May-21-1988



Specialty Type



Major Program

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
KONING, Michael Allan	University of Nevada School of Medicine, Las Vegas		Jul-01-1988	Jun-30-1989	Internship
KONING, Michael Allan	Mercy Hospital and Medical Center	Anesthesiology	Jul-01-1989	Jun-30-1990	Residency
KONING, Michael Allan	University of Kansas School of Medicine	Anesthesiology	Jul-01-1990	Jun-30-1992	Residency

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Postgraduate Training Details

Licensee / Applicant *

KONING, Michael Allan



Training Status *

Completed

Program Type *

Internship



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Jul-01-1988



Date To

Jun-30-1989



Name of School or Institution

University of Nevada School

Application

Application - - KONING, Michael Allan



Specialty Type

Transitional



Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Nevada

Zip / Postal Code

County

Country



Postgraduate Training Details

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Licensee / Applicant *

Training Status *

KONING, Michael Allan



Completed

Program Type *

Accreditation Type

Residency



ACGME (Accreditation Council for Graduate Medical Education)

Date From

Date To

Jul-01-1989



Jun-30-1990



Name of School or Institution

Application

Mercy Hospital and Medical

Application - KONING, Michael Allan



Specialty Type

Historical Major Program

Anesthesiology



Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Zip / Postal Code

California

County

Country



Postgraduate Training Details

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MEDICAL EXAMINERS

Licensee / Applicant *

KONING, Michael Allan



Training Status *

Completed

Program Type *

Residency



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Jul-01-1990



Date To

Jun-30-1992



Name of School or Institution

University of Kansas School of

Application

Application - - KONING, Michael Allan



Specialty Type

Anesthesiology



Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Kansas

Zip / Postal Code

County



Country



Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
KONING, Michael Allan	G-66757	N/A	Aug-21-1989	May-31-1993	California
KONING, Michael Allan	DR.0033984	N/A	Sep-16-1994	May-31-2009	Colorado
KONING, Michael Allan	94-03134	N/A	Jul-01-1990	Jun-30-1992	Kansas
KONING, Michael Allan	0470	N/A	Sep-23-2008	Sep-30-2022	MP
KONING, Michael Allan	11042	N/A	Mar-02-2006	Mar-31-2010	Montana
KONING, Michael Allan	20466	N/A	Jun-12-1997	Oct-01-2010	Nebraska
KONING, Michael Allan	6334	N/A	Mar-20-1992	May-23-2023	North Dakota

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Licensee / Applicant	▼	Name of Organization / Institution	Start Date ↑	▼	End Date	▼	Percent Clinical
KONING, Michael Allan		Medcenter One	Jul-07-1992		Jun-30-1997		100
KONING, Michael Allan		Great Plains Regional Medical Center	Jul-07-1997		Jun-30-2004		100
KONING, Michael Allan		N/A	Jul-01-2004		Jul-30-2008		0
KONING, Michael Allan		Commonwealth Health Center	Sep-23-2008		May-31-2022		100

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Application Activity Details

Licensee / Applicant

KONING, Michael Allan



Name of Organization / Institution

Medcenter One

Start Date

Jul-07-1992



End Date

Jun-30-1997

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Percent Clinical *

100

Position

Application

Application - - KONING, Michael Allan

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

107 W Main Ave

Country

United States

City

Bismarck

State / Province

North Dakota

Zip / Postal Code

58501

Application Activity Details

Licensee / Applicant

KONING, Michael Allan



Name of Organization / Institution

Great Plains Regional Medical Center

Start Date

Jul-07-1997



End Date

Jun-30-2004



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Percent Clinical *

100

Position

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Application

Application - KONING, Michael Allan



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

601 W Leota

Country

United States



City

North Platte

State / Province

Nebraska

Zip / Postal Code

69101

Application Activity Details

Licensee / Applicant

KONING, Michael Allan



Name of Organization / Institution

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Start Date

Jul-01-2004



End Date

JUL 17 2022

Jul-30-2008

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Percent Clinical *

0

Position

Application

Application - - KONING, Michael Allan

Activity Type

Non-Medical

Location Details

Street Address 1

PO Box 748

Country

United States

City

Victor

State / Province

Montana

Zip / Postal Code

59875

Application Activity Details

Licensee / Applicant

KONING, Michael Allan



Name of Organization / Institution

Commonwealth Health Center

Start Date

Sep-23-2008



End Date

May-31-2022

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Percent Clinical *

100

Position

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Application

Application - KONING, Michael Allan



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

1 Navy Hill Rd

Country

Northern Mariana Islands



City

Saipan

State / Province

MP

Zip / Postal Code

96950

Specialty Details

Licensee / Applicant *

KONING, Michael Allan



Effective Date

Jun-30-1992



Application

Application - KONING, Michael Allan



Primary Specialty?

Yes No

Specialty Type *

Anesthesiology

Other (Specialty)

End Date



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Ordinal ↑ ▼	Licensee/Applicant ▼	Declaration Question ▼	Answer ▼
1	KONING, Michael Allan	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
2	KONING, Michael Allan	MD, PA – Q2 – Medical Condition Field of Practice	No
3	KONING, Michael Allan	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
4	KONING, Michael Allan	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
5	KONING, Michael Allan	ALL – Q5 – Named Defendant Respond to Legal Action	No
6	KONING, Michael Allan	ALL – Q6 – Malpractice Claim Paid	No
7	KONING, Michael Allan	ALL – Q7 – Arrest Question	Yes
8	KONING, Michael Allan	MD – Q8 – Denied License / Permission to Practice Medicine	Yes
9	KONING, Michael Allan	MD – Q9 – Medical License Revoked	No
10	KONING, Michael Allan	MD, PA – Q10 – Controlled Substance Registration	No
11	KONING, Michael Allan	MD – Q11 – Voluntarily Surrendered a License	No
12	KONING, Michael Allan	MD – Q12 – Denied Membership	No
13	KONING, Michael Allan	MD – Q13 – Investigation – Respond To/Notify Of	No
14	KONING, Michael Allan	MD – Investigation Disciplinary during Training Program	No
N/A	KONING, Michael Allan	MD, Previously applied for licensure in Nevada.	No
N/A	KONING, Michael Allan	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No

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ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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, perfusion or respiratory care 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 Michael Fanning

Sign your name [Signature]

Date 10-12-22

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.