

Demographic Details

RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

First Name

James

Gender

Male

Middle Name

Edward

Date of Birth

-1965



Last Name *

Lowery

Name Suffix

Jr.

Previous Name(s)

City of Birth

Social Security Number

Place of Birth

Tax Identification Number

Weight (in lbs)

Height

Eye Color

Hair Color

Comments (non-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

RECEIVED
MAR 09 2022
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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

213 saguaro dr

Address Line 2

City

Gallup

County

NM

ZIP / Postal Code

87301

State / Province

New Mexico

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

(505) 906-1085

RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

RECEIVED

MAR 09 2022

Application Status

Applicant *

Lowery, James Edward



Application Number

Application Status

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Pending Review by the Board



Assigned To



License Issued?

Yes No

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Practitioner of Respiratory Care



Credentials / Degree Suffix (Enter before approval!)

CRT

Obtained By

NBRC



Expected Expiration Date



Expected Issue Date



Application Details

Application Type

Practitioner of Respiratory Care



Reviewed Date



Application Date *

Decision Date



11/8/22, 9:11 AM
Submitted Date

Open Regulate
Approved Date



Application Step

Expiration Date

RECEIVED

MAR 09 2022



#

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

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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 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

RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

RECEIVED

MAR 09 2022

Examination Details

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Licensee / Applicant *

Examination Type

Lowery, James Edward



The National Board for Respiratory Care (NBRC)

Attended Date

Other Exam

Dec-28-2004



CRT

Number of Attempts

Are you currently certified?

1

Yes No

Application

Steps

Application - James Lowery



Location

Certificate Number

Result

Exam Date

Dec-28-2004



Expiration Date

Sep-30-2026



Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From t	Date To	Graduation Date
Lowery, James Edward	High School	Rancho Cotati High School	High School Diploma	Sep-04-1979	Jun-09-1983	Jun-09-1983
Lowery, James Edward	College/University	San Joaquin Valley College	Associate Degree	Jun-03-2002	Nov-29-2004	Nov-29-2004
Lowery, James Edward	College/University	San Joaquin Valley College	Practitioner of Respiratory Care Degree	Jun-03-2002	Nov-29-2004	Nov-29-2004

RECEIVED
MAR 09 2022
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

RECEIVED

MAR 09 2022

Education Details

Licensee/Applicant *

Lowery, James Edward



Name of School

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Rancho Cotati High School

Address

Education Type

High School



City

Degree Attained

High School Diploma



Rohnert Park

State / Province

Date From

Sep-04-1979



California

Zip / Postal Code

Date To

Jun-09-1983



Country

Did you graduate from the program?

United States



Yes No

Application

Graduation Date

Application

J - James Lowery



Jun-09-1983



Specialty Type

Major Program



RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Education Details

Licensee/Applicant *

Lowery, James Edward



Name of School

San Joaquin Valley College

Address

Education Type

College/University



City

Degree Attained

Visalia

Associate Degree



State / Province

Date From

California

Jun-03-2002



Zip / Postal Code

Date To

Nov-29-2004



Country

Did you graduate from the program?

Yes No

Application

Graduation Date

Application - James Lowery

Nov-29-2004



Specialty Type

Major Program

Respiratory Care



RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Education Details

Licensee/Applicant *

Lowery, James Edward



Name of School

San Joaquin Valley College

Address

Education Type

College/University



City

Visalia

Degree Attained

Practitioner of Respiratory Care Degree



State / Province

California

Date From

Jun-03-2002



Zip / Postal Code

Date To

Nov-29-2004



Country

United States



Did you graduate from the program?

Yes No

Application

Application - James Lowery



Graduation Date

Nov-29-2004



Specialty Type



Major Program

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Lowery, James Edward	24537	N/A	Aug-12-2005	Jun-30-2018	California
Lowery, James Edward	044973	N/A	May-18-2021	Nov-18-2021	Arizona

RECEIVED
MAR 09 2022
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Lowery, James Edward	sutter coast hospital	Sep-07-2009	Feb-05-2010	100
Lowery, James Edward	Valley Healthcare Staffing Services	Sep-01-2015	Aug-31-2017	100
Lowery, James Edward	IHS/Gallup Indian Medical Center	Feb-05-2018	Jul-01-2021	100

RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Application Activity Details

Licensee / Applicant

Lowery, James Edward



Name of Organization / Institution

sutter coast hospital

Start Date

Sep-07-2009



End Date

Feb-05-2010



Percent Clinical *

100

Position

Application

Application - James Lowery



Activity Type

Employment



Location Details

Street Address 1

1400 washington blvd

Country

United States



City

crescent city

State / Province

California

Zip / Postal Code


MAR 09 2022

Application Activity Details

NEVADA STATE BOARD OF

Licensee / Applicant


Name of Organization / Institution **MEDICAL EXAMINERS**


Lowery, James Edward 

Valley Healthcare Staffing Services

Start Date

End Date

Sep-01-2015 

Aug-31-2017 

Percent Clinical *


Position

100

Application

Activity Type


Application - James Lowery 

Employment 

Location Details

Street Address 1

Country

United States 

City

State / Province

sacramento

California

Zip / Postal Code

RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Lowery, James Edward

IHS/Gallup Indian Medical Center

Start Date

End Date

Feb-05-2018

Jul-01-2021

Percent Clinical *

Position

100

Application

Activity Type

Application - James Lowery

Employment

Location Details

Street Address 1

Country

United States

City

State / Province

gallup

New Mexico

Zip / Postal Code

RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Specialty Details

Licensee / Applicant *

Lowery, James Edward



Specialty Type *

Respiratory Care



Effective Date



Other (Specialty)

Application

End Date

Application - James Lowery



Primary Specialty?

Yes No

RECEIVED

MAR 09 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer
5	James Lowery	ALL – Q5 – Named Defendant Respond to Legal Action	No
6	James Lowery	ALL – Q6 – Malpractice Claim Paid	No
7	James Lowery	ALL – Q7 – Arrest Question	Yes
15	James Lowery	RT – Q15 – Medical Condition Impair Safe Practice	No
16	James Lowery	RT – Q16 – Medical Condition Field of Practice	No
17	James Lowery	RT – Q17 – Substances Impair Safe Practice	No
18	James Lowery	RT – Q18 – Denied License / Permission to Provide Services	Yes
19	James Lowery	RT – Q19 – Certificate / License Revoked	Yes
20	James Lowery	RT – Q20 – Voluntarily Surrendered License / Certificate	Yes
21	James Lowery	RT – Q21 - Failed NBRC Examination	No
22	James Lowery	RT – Q22 – Registration / Certification Revoked	Yes
23	James Lowery	RT – Q23 – Investigation Respond To / Notify Of	Yes
N/A	James Lowery	RT, Have you previously applied for an allied health license in Nevada?.	Yes

Military Service Details

Licensee / Applicant *

Lowery, James Edward



Military Occupation Specialty *

Communications



End Date

Nov-11-1998



Are you still serving?

Yes No

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 No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Comissioned 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 No

Branch of Service *

U.S. Navy



Start Date *

Nov-21-1994



Application

Application - James Lowery

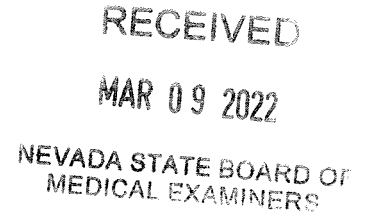


Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Did you separate from service under conditions other than dishonorable?

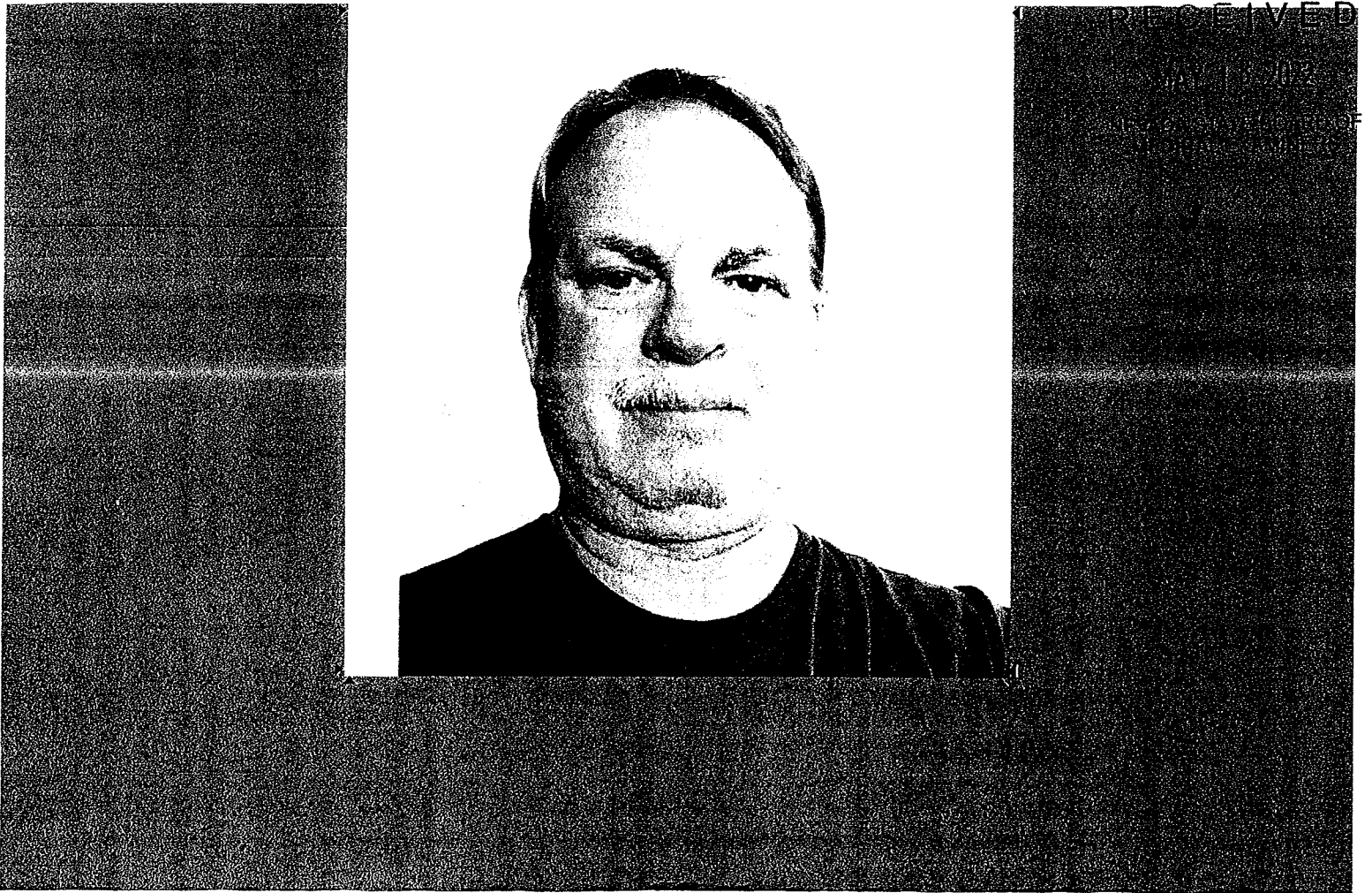
Yes No



RECEIVED

MAY 10 2012

FEDERAL BUREAU OF INVESTIGATION



RECEIVED

APR 25 2022

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, 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 James Lowery

Sign your name _____

Date 27 April 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.