

Demographic Details

First Name

Shouping

Middle Name

Last Name *

LI

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased



Gender

Male  

Date of Birth



Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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

Yes No

Nevada BIN

Historical File Number

RECEIVED
DEC 08 2021
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

#

Public Address

Street Address

Address Line 2

City

County

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

Open Regulate

Fax

#

ZIP / Postal Code

State / Province

Country

United States  

Is your physical address different from your mailing address?

Yes No

Public Phone

#

City (Mailing)

State / Province (Mailing)

County (Mailing)

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Application Status

Applicant *

Li, Shouping N/A

Application Number

License Issued?

Yes No

Application Status

Pending Review by the Board

Assigned To

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor

Obtained By

USMLE

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Active

Application Date *

Dec-07-2021

Submitted Date

Dec-08-2021

Application Step

#

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

Yes No

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Reviewed Date

Decision Date

Approved Date

Expiration Date

Dec-08-2022

Invoices

Application Invoice



Licensure Invoice



Application Payment Date



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

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 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

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
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Examination Details

Licensee / Applicant *

LI, Shouping N/A 


Attended Date

Oct-14-1997 

Number of Attempts

2

Application

Application - LI, Shouping N/A 

Location

Result

163 Fail

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Steps

Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

LI, Shouping N/A 


Attended Date

Oct-20-1998 

Number of Attempts

2

Application

Application LI, Shouping N/A 

Location

Nebraska

Result

PASS (188)

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Steps

STEP 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

LI, Shouping N/A 


Attended Date

Mar-08-2000 

Number of Attempts

3

Application

Application - LI, Shouping N/A 

Location

Result

155 Fail

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

RECEIVED

DEC 08 2021

Steps

Step 2 (CK) NEVADA STATE BOARD OF MEDICAL EXAMINERS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

LI, Shouping N/A 

Attended Date

Oct-30-2000 

Number of Attempts

3

Application

Application LI, Shouping N/A 

Location

Philadelphia

Result

172 Fail

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

RECEIVED

DEC 08 2021

Steps

Step 2 (CK) **NEVADA STATE BOARD OF MEDICAL EXAMINERS**

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

LI, Shouping N/A 


Attended Date

Apr-23-2001 

Number of Attempts

3

Application

Application - LI, Shouping N/A 

Location

Result

PASSS(184)

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Steps

STEP 2 (CK) 

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

LI, Shouping N/A 


Attended Date

Oct-03-2002 

Number of Attempts

#

Application

Application - LI, Shouping N/A 

Location

Result

Examination Type

Other 

Other Exam

ECFMG

Are you currently certified?

Yes No

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Steps

Certificate Number

0-573-559-2

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

LI, Shouping N/A 


Attended Date

Apr-01-2003 

Number of Attempts

3

Application

Application - - LI, Shouping N/A 

Location

Result

168 Fail

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 3 
RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

LI, Shouping N/A 


Attended Date

Aug-11-2003 

Number of Attempts

3

Application


Application LI, Shouping N/A 

Location

Result

158 Fail

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 3

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

LI, Shouping N/A 


Attended Date

Jun-01-2005 

Number of Attempts

3

Application

Application - LI, Shouping N/A 

Location

Result

193 Pass

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Steps

Step 3

Certificate Number

Exam Date



Expiration Date



Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Li, Shouping N/A	Medical School	Xuzhou Medical College	Medical Doctor Degree	Sep-01-1979	Aug-01-1984	Aug-01-1984
Li, Shouping N/A	College/University	Peking Union Medical College	Doctor of Philosophy	Sep-01-1988	Oct-30-1992	Oct-30-1992

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Education Details

Licensee/Applicant *

Li, Shouping N/A

Address

209 Tong Shan Road

City

Xuzhou

State / Province

Jiangsu

Zip / Postal Code

221004

Country

United States

Application

Application - f / - LI, Shouping N/A

Specialty Type

Name of School

Xuzhou Medical College

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Sep-01-1979

Date To

Aug-01-1984

Did you graduate from the program?

Yes No

Graduation Date

Aug-01-1984

Major Program

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Education Details

Licensee/Applicant *

Li, Shouping N/A

Address

167 Beilishilu

City

Beilishilu

State / Province

Beijing

Zip / Postal Code

Country

China

Application

Application LI, Shouping N/A

Specialty Type

Name of School

Peking Union Medical College

Education Type

College/University

Degree Attained

Doctor of Philosophy

Date From

Sep-01-1988

Date To

Oct-30-1992

Did you graduate from the program?

Yes No

Graduation Date

Oct-30-1992

Major Program

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Postgraduate Training Details

Licensee / Applicant *

LI, Shouping N/A

Training Status *

Program Type *

Residency

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date From

Jul-01-2004

Date To

Jun-30-2007

Name of School or Institution

LINCOLN MEDICAL EDUCAT

Application

Application - LI, Shouping N/A

Specialty Type

Family Medicine

Historical Major Program

Other (Specialty)

Historical Degree Attained

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Location Details

City

Street Address 1

State / Province

Nebraska

Zip / Postal Code

County

Country

United States

Licensee / Applicant	▼	Name of Organization / Institution	Start Date ↑	▼	End Date	▼	Percent Clinical
LI, Shouping N/A		N/A	Sep-21-2019		Oct-06-2019		0
LI, Shouping N/A		N/A	Oct-07-2019		Apr-23-2020		0
LI, Shouping N/A		N/A	Apr-24-2020		Dec-07-2021		0

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Application Activity Details

Licensee / Applicant

Li, Shouping N/A

Start Date

Sep-21-2019

Percent Clinical *

0

Application

Application - LI, Shouping N/A

Name of Organization / Institution

End Date

Oct-06-2019

Position

Activity Type

Vacation

Location Details

Street Address 1

10282 VIA COMO

City

RENO

Country

United States

State / Province

Nevada

Zip / Postal Code

89511

RECEIVED
DEC 08 2021
 NEVADA STATE BOARD OF
 MEDICAL EXAMINERS

Application Activity Details

Licensee / Applicant

Li, Shouping N/A



Start Date

Oct-07-2019



Percent Clinical *

0

Application

Application - / - LI, Shouping N/A



Name of Organization / Institution

End Date

Apr-23-2020



Position

Activity Type

Non-Medical



Location Details

Street Address 1

City

HERLONG

Country

United States

State / Province

California

Zip / Postal Code

96113

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Application Activity Details

Licensee / Applicant

Li, Shouping N/A

Start Date

Apr-24-2020

Percent Clinical *

0

Application

Application - / - Li, Shouping N/A

Name of Organization / Institution

End Date

Dec-07-2021

Position

Activity Type

Non-Medical

Location Details

Street Address 1

10282 VIA COMO

City

RENO

Country

United States

State / Province

Nevada

Zip / Postal Code

89511

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Licensee / Applicant	▼ Specialty Type	▼ Primary Specialty?	▼ Effective Date	▼ End Date
LI, Shouping N/A	Family Medicine	Yes	N/A	N/A
LI, Shouping N/A	Cardiovascular Diseases	No	N/A	N/A

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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

RECEIVED

DEC 08 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration Question

Name

ALL – Q7 – Arrest Question

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances?

Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

No explanation required (only has one answer)

Yes No

Section Ordinal

7

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

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

LI, Shouping N/A



Declaration Question

ALL – Q7 – Arrest Question




Answer

Yes No

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Related To

Application

Application	- LI, Shouping N/A	
-------------	--------------------	---

Renewal

		
--	--	---

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration Question

Name

MD – Q8 – Denied License / Permission to Pra

Declaration Text

Have you EVER been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?

No explanation required (only has one answer)

Yes No

Section Ordinal

8

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

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

LI, Shouping N/A	
------------------	---

Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine	
--	---

Answer

Yes No

Answer Details

Ordinal


#	
---	--

Declaration Text

RECEIVED
 DEC 08 2021
 NEVADA STATE BOARD OF
 MEDICAL EXAMINERS

Related To

Application

Application	LI, Shouping N/A	
-------------	------------------	---

Renewal

	
--	---

Declaration Question

Name

MD, PA – Q10 – Controlled Substance Registra

Declaration Text

Have you EVER surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?

No explanation required (only has one answer)

Yes No

Section Ordinal

10

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

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

LI, Shouping N/A		
------------------	---	---

Declaration Question

MD, PA – Q10 – Controlled Substance Registration		
--	---	---

Answer

Yes No

Answer Details

Ordinal



#

Declaration Text

RECEIVED
 DEC 08 2021
 NEVADA STATE BOARD OF
 MEDICAL EXAMINERS

Related To

Application

Application -	LI, Shouping N/A		
---------------	------------------	---	---

Renewal

		
--	---	---

Declaration Question

Name

MD – Q11 – Voluntarily Surrendered a License

Declaration Text

Have you EVER voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of disciplinary action?

No explanation required (only has one answer)

Yes No

Section Ordinal

11

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

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

LI, Shouping N/A  

Declaration Question

MD – Q11 – Voluntarily Surrendered a License  

Answer

Yes No

Answer Details

-



Ordinal

#

Declaration Text

Related To

Application

Application - - LI, Shouping N/A  

Renewal

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration Question

Name

MD – Q13 – Investigation – Respond To/Notify

Declaration Text

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

No explanation required (only has one answer)

Yes No

Section Ordinal

13

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

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

LI, Shouping N/A	▾	🔗
------------------	---	---

Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of	▾	🔗
---	---	---

Answer

Yes No

Answer Details

Ordinal

#	
---	--

Declaration Text

Related To

Application

Application -	LI, Shouping N/A	▾	🔗
---------------	------------------	---	---

Renewal

	▾	🔗
--	---	---

RECEIVED
 DEC 08 2021
 NEVADA STATE BOARD OF
 MEDICAL EXAMINERS

Declaration Question

Name

MD – Investigation Disciplinary during Training

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

Section Ordinal

14

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

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

LI, Shouping N/A	
------------------	---

Declaration Question

MD – Investigation Disciplinary during Training Program	
---	---

Answer

Yes No

Answer Details


Ordinal

#

Declaration Text

Related To

Application

Application - ' - LI, Shouping N/A	
------------------------------------	---

Renewal

	
--	---

RECEIVED
 DEC 08 2021
 NEVADA STATE BOARD OF
 MEDICAL EXAMINERS

Declaration Question

Name

MD, Previously applied for licensure in Nevada

Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program?

(If "Yes," please explain)

No explanation required (only has one answer)

Yes No

Section Ordinal

#

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

RECEIVED
DEC 08 2021
NEVADA STATE BOARD
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

LI, Shouping N/A



Declaration Question

MD, Previously applied for licensure in Nevada.



Answer

Yes No

Ordinal

#

Declaration Text

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Related To

Application

Renewal

Application - LI, Shouping N/A



Declaration Question

Name

MD, PA, CCP, Hospital Privileges Denied, Susp

Declaration Text

Have you ever had staff privileges denied, suspended, limited, revoked, or not renewed by the hospital?

(Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attended hospital departmental or staff meetings, or maintain required malpractice Insurance.)

If "YES" List any (All resignations from any medical staff in lieu of disciplinary or administrative action. Include all hospitals, addresses, type of action and dates of action.

No explanation required (only has one answer)

Yes No

Section Ordinal

#

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

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Declaration

Licensee/Applicant

LI, Shouping N/A



Declaration Question

MD, PA, CCP, Hospital Privileges Denied, Suspended.



Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Related To

Application

Application - LI, Shouping N/A



Renewal



RECEIVED
DEC 08 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS



ATTENTION APPLICANT!
RESPONSIBILITY STATEMENT

RECEIVED
FEB 02 2022
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.

○ ○ ○ ○ ○

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 SHOUPING LI State of Nevada
County of Washoe
This instrument was acknowledged before me on 1/25/22
by SHOUPING LI
[Signature]
Notary Public
Date 01/04/2022



KYLE ASHCRAFT
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 10-18-2
Certificate No: 12-8315-3

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.