

Demographic Details

First Name

Douglas

Middle Name

Alan

Last Name *

Slaughter

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

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

Yes No

Nevada BIN

Historical File Number

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

59 2nd Ave #378

Address Line 2

City

Raritan

County

Raritan

ZIP / Postal Code

08869

State / Province

New Jersey

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

(973) 376-6595

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)


County (Mailing)



County (Mailing)

Application Status

Applicant *

Slaughter, Douglas Alan 

Application Number

License Issued?

Yes No

Application Status

Pending Requirements 

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 *

Oct-27-2021 

Reviewed Date



Decision Date



5/24/22, 9:50 AM

Submitted Date

Oct-29-2021



Application Step

20

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

Yes No

Invoices

Application Invoice



Licensure Invoice



Open Regulate

Approved Date



Expiration Date



Oct-29-2022



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 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

5/24/22, 9:50 AM

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

Open Regulate

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

Examination Details

Licensee / Applicant *

Slaughter, Douglas Alan



Attended Date

Jun-09-1992



Number of Attempts

1

Application

Application - Slaughter, Douglas Alan



Location

Result

183

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Slaughter, Douglas Alan



Attended Date

Sep-08-1993



Number of Attempts

1

Application

Application - Slaughter, Douglas Alan



Location

Result

180

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CK

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Slaughter, Douglas Alan 


Attended Date

Jun-27-1995 

Number of Attempts

1

Application


Application - Slaughter, Douglas Alan 

Location

Result

181

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 3

Certificate Number

Exam Date



Expiration Date



Board Certification Details

Licensee / Applicant

Slaughter, Douglas Alan



Initial Certification Date

Jul-21-2005



Specialty

Surgery,Orthopaedic



Recertification Date

Jan-01-2016



Certifying Board

American Board



Certification Number

Other Certifying Board

Archive Program

Historical Specialty


Connected Record

Application

Application - Slaughter, Douglas Alan

Education Details

Licensee/Applicant *

Slaughter, Douglas Alan 


Name of School

The Ohio State University

Address

281 W Lane Ave


Education Type

Undergraduate 

City

Columbus


Degree Attained

Bachelor Degree 

State / Province

Ohio


Date From

Aug-01-1983 


Zip / Postal Code

43210

Date To

Jun-01-1986 


Country

United States 


Did you graduate from the program?

Yes No

Application

Application - Slaughter, Douglas Alan 

Graduation Date

Jun-01-1986 


Specialty Type




Major Program

Education Details

Licensee/Applicant *

Slaughter, Douglas Alan 


Name of School

University of Cincinnati College of Medic 

Address

2600 Clifton Ave


Education Type

Medical School 

City

Cincinnati


Degree Attained

Medical Doctor Degree 

State / Province

Ohio


Date From

Aug-31-1990 


Zip / Postal Code

45221

Date To

Jun-01-1994 


Country

United States 


Did you graduate from the program?

Yes No

Application

Application - ! - Slaughter, Douglas Alan 

Graduation Date

Jun-12-1994 

Specialty Type

Major Program 

Postgraduate Training Details

Licensee / Applicant *

Slaughter, Douglas Alan 


Training Status *




Program Type *

Internship 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 


Date From

Jun-19-1994 


Date To

Jun-23-1995 


Name of School or Institution

CREIGHTON UNIVERSITY 

Application

Application - Slaughter, Douglas Alan 

Specialty Type

Surgery, General 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Arizona

Zip / Postal Code

County




Country



Postgraduate Training Details

Licensee / Applicant *

Slaughter, Douglas Alan 


Training Status *



Program Type *

Residency 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-1995 


Date To

Jun-30-2000 

Name of School or Institution

VALLEYWISE HEALTH PRC

Application

Application - Slaughter, Douglas Alan 

Specialty Type

Surgery, Orthopedic 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Arizona

Zip / Postal Code

County



Country



Other License Details

Licensee/Applicant

Slaughter, Douglas Alan



License Type

Licensing Board or Regulatory Authority

Arizona Medical Board

License Status

Active

License Number

23614

Issue Date

Dec-08-1995



State / Province

Arizona

Expiration Date

Mar-28-2023



Country

United States



Notes


Application

Application - Slaughter, Douglas Alan



Other License Details

Licensee/Applicant

Slaughter, Douglas Alan 

License Type

Licensing Board or Regulatory Authority

Florida Board of Medicine


License Status

Active

License Number

ME134221


Issue Date

Oct-16-2017 


State / Province

Florida

Expiration Date


Jan-31-2022 

Country

United States 

Notes

Application

Application - Slaughter, Douglas Alar 

Other License Details

Licensee/Applicant

Slaughter, Douglas Alan



Licensing Board or Regulatory Authority

New Jersey State Board of Medical Examiners

License Number

25MA09980900

State / Province

New Jersey

Country

United States



Application

Application - Slaughter, Douglas Alan



License Type

License Status

Active

Issue Date

Oct-14-2016



Expiration Date


Jun-30-2023



Notes

Other License Details

Licensee/Applicant

Slaughter, Douglas Alan 

Licensing Board or Regulatory Authority

New Mexico Medical Board


License Number

MD2007-0211


State / Province

New Mexico

Country

United States 

Application


Application - Slaughter, Douglas Alan 

License Type


License Status

Lapsed

Issue Date

May-14-2007 


Expiration Date

Jul-01-2016 

Notes

Other License Details

Licensee/Applicant

Slaughter, Douglas Alan 

Licensing Board or Regulatory Authority

New York State Board for Medicine


License Number

217718


State / Province

New York

Country

United States 

Application


Application - Slaughter, Douglas Alan 

License Type


License Status

Active

Issue Date

Jun-08-2000 


Expiration Date

Oct-31-2023 

Notes

Other License Details

Licensee/Applicant

Slaughter, Douglas Alan 

Licensing Board or Regulatory Authority

Pennsylvania State Board of Medicine

License Number

MD469501


State / Province

Pennsylvania

Country

United States 

Application


Application - Slaughter, Douglas Alan 

License Type


License Status

Active

Issue Date

Dec-17-2019 

Expiration Date

Dec-31-2022 

Notes

Application Activity Details

Licensee / Applicant

Slaughter, Douglas Alan



Start Date

Aug-01-2001



Name of Organization / Institution

Sonoran Spine Center, PC

End Date

Jun-30-2007



Percent Clinical *

100

Position

Application

Application - Slaughter, Douglas Alan



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

2610 N 3rd St B

Country

United States



City

Phoenix

State / Province

Arizona

Zip / Postal Code

85004

Application Activity Details

Licensee / Applicant

Slaughter, Douglas Alan



Name of Organization / Institution

St. Vincent Spine Center

Start Date

Jul-01-2007



End Date

Dec-31-2009



Percent Clinical *

100

Position

Application

Application - Slaughter, Douglas Alar



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

1631 Hospital Dr Suite 100

Country

United States



City

Santa Fe

State / Province

New Mexico

Zip / Postal Code

87505

Application Activity Details

Licensee / Applicant

Slaughter, Douglas Alan



Start Date

Jan-01-2010



Name of Organization / Institution

Land of Enchantment Spine Surgery, PC

End Date

Jul-31-2015



Percent Clinical *

100

Position

Application

Application - Slaughter, Douglas Alar



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

3620 Bosque Plz NW, Suite A

Country

United States



City

Albuquerque

State / Province


New Mexico

Zip / Postal Code

87120

Application Activity Details


Licensee / Applicant

Slaughter, Douglas Alan 


Name of Organization / Institution

Moving to NJ and awaiting credentialing

Start Date

Aug-01-2015 

End Date


Jun-30-2016 

Percent Clinical *

0

Position

Application

Application - Slaughter, Douglas Alar 


Activity Type

Vacation 

Location Details

Street Address 1

Country

United States 

City

Albuquerque

State / Province

New Mexico

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Slaughter, Douglas Alan



Name of Organization / Institution

New Jersey Spine and Orthopedic

Start Date

Jul-01-2016



End Date

Oct-27-2021



Percent Clinical *

100

Position

Application

Application - Slaughter, Douglas Alan



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

145 NJ-33 East, Manalapan Township, NJ 0

Country

United States



City

Township

State / Province

New Jersey

Zip / Postal Code

07726

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

Declaration Question

Name

ALL – Q5 – Named Defendant Respond to

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

No explanation required (only has one answer)

Yes No

Section Ordinal

5

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

Declaration

Licensee/Applicant

Slaughter, Douglas Alan [↗](#)

Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action [↗](#)

Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

Related To

Application

Renewal

Application - Slaughter, Douglas Alan [↗](#) [↗](#)

Declaration Question

Name

ALL – Q6 – Malpractice Claim Paid

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

No explanation required (only has one answer)

Yes No

Section Ordinal

6

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

Declaration

Licensee/Applicant

Slaughter, Douglas Alan [↗](#)

Declaration Question

ALL – Q6 – Malpractice Claim Paid [↗](#)

Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

Related To

Application

Application - Slaughter, Douglas Alan [↗](#)

Renewal

[↗](#)

Declaration

Licensee/Applicant

Slaughter, Douglas Alan



Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of



Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

Related To

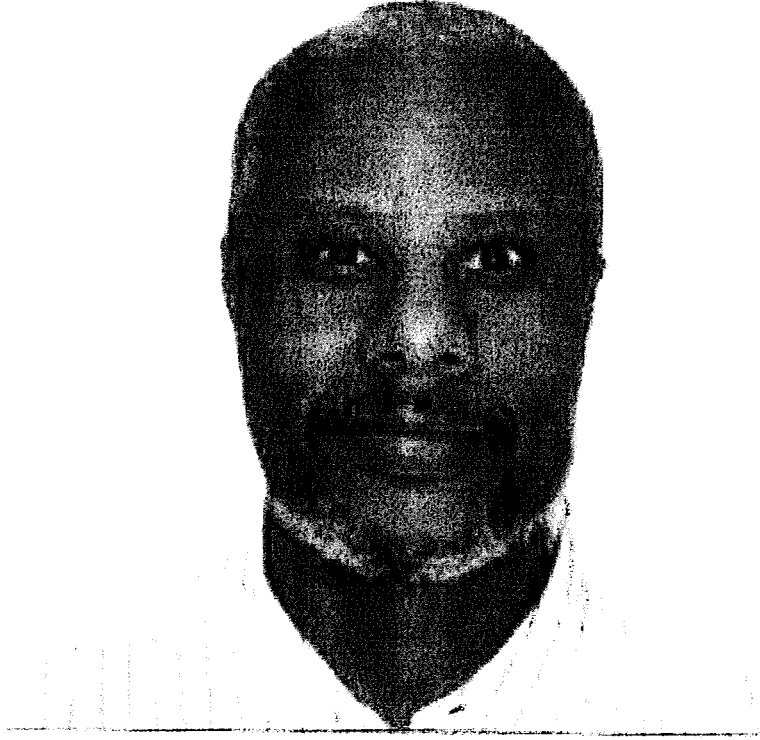
Application

Renewal

Application -

Slaughter, Douglas Alan





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 Douglas Slaughter

Sign your name _____

Date Jan 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.

RECEIVED
JAN 13 2021