Demographic Details

First Name	Gender	
Aaron	Male • ©	<u>a</u>
Middle Name	Date of Birth	
Ryan]
Last Name *	Name Suffix	÷.2.
Osborne		,
Previous Name(s)	City of Birth	\$6 × 4**
		••.••
Social Security Number	Place of Birth	·
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public information)	
	Public Information	
Is this person deceased?		
O Yes No		
Date Deceased		
ä		

	Open regulate	
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 ③ No		
Discipline / SPL		
Disciplinary Action?	SPL?	
○ Yes ○ No	○ Yes ○ No	
	Date of SPL Issuance	
Combani I. C		
Contact Information		
Primary Phone	Secondary Phone	Pro Mathamatana a aragina in caimpo a a agus
# ., .	#	
Primary Phone Extension	Secondary Phone Extension	
		e entre Service Land and Control Service (1)
Primary E-mail Address	Mail should be directed to	TANGTON CONTROL MICE SHAPE OF THE STATE OF T
☑	The second state of the second	· 2
THE COURT AND SHOW AND A SHOW AND A SHOW AND ASSESSMENT OF THE COURT AND ASSESSMENT OF THE COURT ASSES		access and a second property of the second s

29/22, 11:59 AM	Open Regulate
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
18232 Clear Lake Dr	33548-6403
Address Line 2	State / Province
	Florida
City	Country
Lutz	United States
County	Is your physical address different from your mailing address?
Hillsborough	○ Yes ③ No
	Public Phone
	# 1 (813) 550-7750
Mailing Address	
Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	7 2
	County (Mailing)

Application Status

Applicant *		Application Status	
Osborne, Aaron Ryan	· 2	Pending Review by the Board	7 2
Application Number	PERMITATION AND AND AND AND AND AND AND AND AND AN	Assigned To	• • • • • • • • • • • • • • • • • • • •
		_	* 3
License Issued?		Manual Paper Application?	a a a a a a a a a a a a a a a a a a a
○ Yes ○ No		○ Yes ③ No	
		License ID Card Conditions (max 120 c	haracters)
License Details (Pre-Appro License Category Medical Doctor		Credentials / Degree Suffix (Enter before approval!)	re
Medical Doctor	· * [7]		·e
Obtained By		M.D.	ette omzani ser a z anga y a ga
USMLE	y 2	Expected Expiration Date	er centralizate car than a second of the second
Expected Issue Date	and an engineer to some grandless, some 15 f		
	ä		
Application Details			
Application Type		Reviewed Date	
Medical Doctor - Active	7 2		
Application Date *	MAN MAN PER AND AN AND AND	Decision Date	exception of the second second
Dec-06-2021			
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O Yes O No

Yes \(\) No

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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.

O Yes O 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 O No

Open Regulate

Child Support Attestation Type

Not subject to a court order

7

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

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.

Licensee / Applicant *	Examination Type
Osborne, Aaron Ryan	United States Medical Licensing Examination (U3ML日)
Attended Date	Other Exam
May-21-2005	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application sborne, Aaron N/A 🗵	Step 1
Location	Certificate Number
The second secon	
Result	Exam Date
239	ä
	Expiration Date
	ä

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Licensee / Applicant *	Examination Type
Osborne, Aaron Ryan	United States Medical Licensing Examination (USMLE)
Attended Date	Other Exam
Sep-25-2006	
Number of Attempts	Are you currently certified?
# 1	O Yes O No
Application	Steps
Application Osborne, Aaron N/A	Step 2 CS
Location	Certificate Number
Los Angeles, CA	
Result	Exam Date
PASS	
	Expiration Date

Licensee / Applicant *	Examination Type
Osborne, Aaron Ryan 🕝 🗾	United States Medical Licensing Examination (U3ML日列
Attended Date	Other Exam
Dec-30-2006	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application - Osborne, Aaron N/A	Step 2 CK
Location	Certificate Number
Result	Exam Date
237	
	Expiration Date
	-

Licensee / Applicant *		Examination Type
Osborne, Aaron Ryan	2	United States Medical Licensing Examination (U3ML日)
Attended Date	and the second second	Other Exam
Sep-28-2009		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Osborne, Aaron N/A	A 🗷	Step 3
Location	ner - Brain copper const	Certificate Number
	-11	
Result		Exam Date
222		ä
•		Expiration Date
		ä

Board Certification Details

Licensee / Applicant			Initial Certification Date	
Osborne, Aaron Ryan	· **	7	Jun-05-2012	
Specialty	(CENTRAL CONTRACTOR CO		Recertification Date	
Emergency Medicine		7		
Certifying Board				w- v*
American Board	- September 2000 and 100 and 1	7	Certification Number	and a second second second second
Other Certifying Board	Buga garages (he cod d'urb urbuk placem milita han) (fé	11	50075	
			Archive Program	
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			Historical Specialty	
			i listorical specialty	

Connected Record

Application

Application - - Osborne, Aaron N/A 🗷

· pergenetura · · · · · · · · · · · · · · · · · · ·	Name of School	
2	Loomis Chaffee	
names and and an artists	Education Type	
	High School	7
et favorit ben rentang	Degree Attained	
The state of the s	High School Diploma	· 2
	Date From	
	Sep-01-1985	ä
and the same	Date To	* · · · · · · · · · · · · · · · · · · ·
	Jun-08-1989	
and the second of the second o	Did you graduate from the program?	
2	Yes No	
The decimal reference of	Graduation Date	- gar
'A团	Jun-08-1989	
	Major Program	
a		Septiment of the second of the
	7	Education Type High School Degree Attained High School Diploma Date From Sep-01-1985 Date To Jun-08-1989 Did you graduate from the program? Per O No Graduation Date Jun-08-1989 Major Program

Licensee/Applicant *	Name of School
Osborne, Aaron Ryan	The College of William and Mary
Address	Education Type
	College/University
City	Degree Attained
Williamsburg	Bachelor of Science
State / Province	Date From
Virginia	Aug-01-1989
Zip / Postal Code	Date To
	May-01-1994
Country	Did you graduate from the program?
United States " 🗵	● Yes ○ No
Application	Graduation Date
Application সsborne, Aaron N/Aত্র	May-01-1994
Specialty Type	Major Program
· 2	

Licensee/Applicant *		Name of School	
Osborne, Aaron Ryan	7	University of South Florida Morsan	i College
Address	**************************************	Education Type	
		Graduate	a
City		Degree Attained	
Tampa	The Property and P	Doctor of Philosophy	** 7
State / Province	el a livro melloro de ad	Date From	
Florida		Jun-01-1996	
Zip / Postal Code		Date To	ententes en la contra de la contra
		Aug-10-2001	
Country		Did you graduate from the program?	
United States	7		
Application	Manager and a second company	Graduation Date	water go or to test the con-
Application Osborne, Aaron ¹ N/		Aug-10-2001	
Specialty Type	de a terramone de	Major Program	an abig (manuscul saber) in a series
.A.	7	en allemant version in all addition in colors planting are strong, and processes for the colors of the processes of the colors o	

Licensee/Applicant *	Name of School
Osborne, Aaron Ryan	University of South Florida Morsani College
Address	Education Type
	Medical School
City	Degree Attained
Tampa	Medical Doctor Degree
State / Province	Date From
Florida	Aug-01-2003
Zip / Postal Code	Date To
	Apr-30-2007
Country	Did you graduate from the program?
United States 7 🗷	
Application	Graduation Date
Application Osborne, Aaron N/A⁄3	May-03-2007
Specialty Type	Major Program
· 2	
- The state of the	•

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Postgraduate Training Details

Licensee / Applicant *	Training Status	*	
Osborne, Aaron Ryan 🗵	Completed		2
Program Type *	Accreditation Ty	уре	Manager St.
Residency 7 🗷	ACGME (Acc	creditation Council for Graduate Med	lical Education
Date From	Date To		
Jul-01-2007	Sep-30-2010)	
Name of School or Institution	Application		
University of South Flori	Application -	Osborne, Aaron N/A	* 7
Specialty Type	Historical Major	Program	nod colto concentratale colte a sectional esta de les alestas.
Emergency Medicine 🗷			
Other (Specialty)	Historical Degre	ee Attained	
Location Details			
City		Street Address 1	
Tampa			
State / Province	e de alle anne de la compe de la compete de la proprie de la terre de la compete de la compete de la compete d	Zip / Postal Code	and the professional control of the
Florida			
County	and the second s	Country	om an an indicate and the second period of comments for the second of th
	7 7		7

Other License Details

Licensee/Applicant	
Osborne, Aaron Ryan	y 2
Licensing Board or Regulatory Authority	/
Florida Department of Health	makin ya Maguaga na ka mpanapaga ayas sa sa s
License Number	anockal kiron ne traktory akkonskritek kalak
TRN11249	nge namat, sen si di kamal Manisha addida d
State / Province	
Florida	
Country	
United States	* 3
Application	
Application Osborne, Aar	on•N/A 🗷

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Other License Details

Licensee/Applicant	License Type
Osborne, Aaron Ryan	
Licensing Board or Regulatory Authority	License Status
Florida Department of Health	Clear/Active
License Number	Issue Date
ME108215	Sep-14-2010
State / Province	Expiration Date
Florida	Jan-31-2023
Country	Notes
United States 7	
Application	
Application - Osborne, Aaron•N/A. 🗷	

Licensee / Applicant		Name of Organization / Institution	n
Osborne, Aaron Ryan ‴	7	University of South Florida C	college of Med
Start Date		End Date	
Jul-01-2007		Oct-01-2010	
Percent Clinical *		Position	
# 100			MINER O CHARGE CONTRACTOR MATERIAL STATE S
Application	-	Activity Type	A STATE OF THE STA
Application Osborne, Aaron R	yar团	Postgraduate Training	· 2
Location Details			
Street Address 1		Country	
		United States	7
City		State / Province	
Tampa		Florida	Secretary description and an activation of the secretary
	and the second s	Zip / Postal Code	

Licensee / Applicant	Name of Organization / Institution
Osborne, Aaron Ryan	Envision Physician Services
Start Date	End Date
Oct-01-2010	Apr-01-2020 🛅
Percent Clinical *	Position
# 100	
Application	Activity Type
Application Osborne, Aaron Ryar	Medical Practice/Physician
Location Details	
Street Address 1	Country
	United States Z
City	State / Province
Tampa	Florida
	Zip / Postal Code

Licensee / Applicant	·	Name of Organization / Institut	tion	
Osborne, Aaron Ryan	2	US Acute Care Solutions		
Start Date	ances and ances showing	End Date		
Feb-01-2016		Apr-01-2022		
Percent Clinical *	nd 17:01 27:50 distables	Position	and the second s	
# 100			ne en e	:
Application	of a composition of	Activity Type	A TO STORM OF BEING STATE STATE STATES	
Application - Osborne, Aaron Rya	r/J	Employment	1	7
Location Details				
Street Address 1		Country	racio apres i securi proprienti poci e con i utransce con eltro etc. (gracio	p 1, 17 74 - 1 4 4
4545 Dressler Road NW		United States	7,4	2
City		State / Province	i dinamentaria e no ordentaria per empleare seco.	more acting
Canton		Ohio	draw pokrijania i wokappow wiji i ziroka (kalinin 1820)	
		Zip / Postal Code		
		44718	Total Transport (M. 1844)	:

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Licensee / Applicant	gayga yan magamada sang	Name of Organization / Institution	No. of the second secon
Osborne, Aaron Ryan	Ø		t de la companya de l
Start Date	and the same of th	End Date	
Apr-01-2020		Nov-15-2020	
Percent Clinical *	and comments comments on the	Position	
# O			
Application	****	Activity Type	
Application - ' - Osborne, Aaron সং	yar 	Vacation	7
Location Details			
Street Address 1		Country	COMPANIE CONTRACTOR OF THE CON
	Primary the graduate of the state of	United States	7
City	and the second s	State / Province	oural province on completeners are set to the line of
Tampa		Florida	e Silandari da santa da santa sa santa sa
		Zip / Postal Code	

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Licensee / Applicant	Name of Organization / Institution
Osborne, Aaron Ryan	Caliburn International (now Acuity Internati
Start Date	End Date
Nov-15-2020 🛱	Mar-30-2021 🛗
Percent Clinical *	Position
# 100	
Application	Activity Type
Application Osborne, Aaron Ryar 🗷	Medical Practice/Physician
Location Details	
Street Address 1	Country
10701 Parkridge Blvd., Suite 200	· 2
City	State / Province
Reston	Virginia
<u> </u>	Zip / Postal Code
	20191

Licensee / Applicant	Name of Organization / Institution	
Osborne, Aaron Ryan		
Start Date	End Date	
Apr-01-2022	May-01-2022	
Percent Clinical *	Position	
# O		
Application	Activity Type	
Application - Osborne, Aaron Ryar 🗷	Vacation	7
Location Details		
Street Address 1	Country	e que va homan en el la
	United States	7
City	State / Province	n n n na mara
Tampa	Florida	
	Zip / Postal Code	

7

Specialty Details

Licensee / Applicant *	Specialty Type *
Osborne, Aaron Ryan	Emergency Medicine
Effective Date	Other (Specialty)
Jul-01-2007	
Application	End Date
Application - Osborne, Aaron∘N/A⁄̄́́́Л	
Primary Specialty?	
Yes ○ No	

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

Declaration Question

İ	N	а	m	16

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)

O Yes O No

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5

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

O Yes
No

No explanation required (only has one answer)

O Yes
No

This question requires an explanation for any answer

O Yes O No

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Declaration

Licensee/Applicant				ar to avoid the second of the	
Osborne, Aaron R	Ryan				7
Declaration Question					
ALL – Q5 – Name	ed Defendant Respond to	Legal Actio	n	fs. [7
Answer		and the second of the second o	A MARKET COLOR OF THE COLOR OF	and an extension of the second se	20.1
Yes ○ No					
Answer Details					
Ordinal					
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Declaration Text		A TRANSPORT MENOREMENT PROPERTY AND A TRANSPORT OF PARTY.	the contract of the first of the contract of t		
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Related To					
Application		nese, conserve on a sp	Renewal	ald fightes with himselves yet the committee with the label of the lab	and the second of the second of
Application -	Osborne, Aaron N/A	2			7
		•			

. . .

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)

O Yes O No

#

6

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

O Yes
No

No explanation required (only has one answer)

O Yes O No

This question requires an explanation for any answer

O Yes O No

Declaration

Licensee/Applicant	ting a supplier of the Section Section (Section 1980) and the Section 1980 and the Section 1980 and 1980 are the section 1980 are
Osborne, Aaron Ryan	y 🔊
Declaration Question	
ALL – Q6 – Malpractice Claim Paid	· 7
Answer	
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Ordinal	
Ordinal	
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Declaration Text	
Related To	
Application	Renewal
Application - ! - Osborne, Aaron N/A	· 2

. . .

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)

O Yes O No

Section Ordinal

7

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

O Yes
No

No explanation required (only has one answer)

O Yes O No

This question requires an explanation for any answer

O Yes O No

Declaration

Licensee/Applicant			
Osborne, Aaron Ry	⁄an		· 🗷
Declaration Question			
ALL – Q7 – Arrest (Question		* 2
Answer	THE PROPERTY OF THE PROPERTY O	Mark de marke per la Combine de America de America de America de Combine de Combine de La Combine de Combine d	
Yes ○ No			
Answer Details			
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Application	etti alkul matata mini kunoni ama akin mini matata alka ata akin mina kila kala akin mina kila kala akin mina i	Renewal	described and an analysis of any or over the
Application -	Osborne, Aaron N/A		2

Declaration Question

Name

MD – Investigation Disciplinary during Train

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)

O Yes O No

Section Ordinal

#

14

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

O Yes
No

No explanation required (only has one answer)

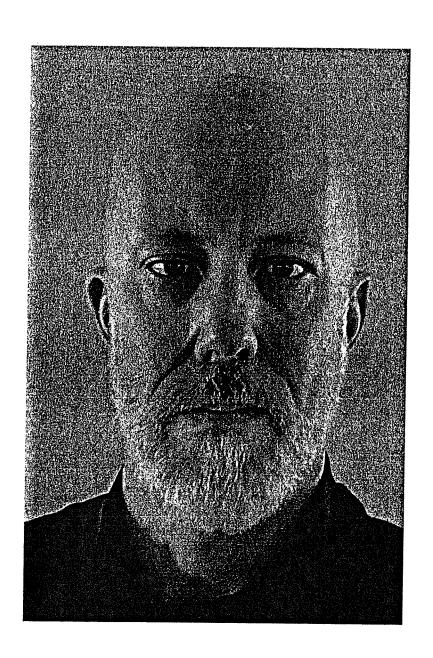
O Yes O No

This question requires an explanation for any answer

O Yes O No

Declaration

Licensee/Applicant	
Osborne, Aaron Ryan	" 刁
Declaration Question	
MD – Investigation Disciplinary during Training Pro	ogram 🥕 🔝
Answer	the commence where the second of the second
Yes O No	
Answer Details	
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Application	Renewal
Application - Osborne, Aaron N/AI	
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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.

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.