

Demographic Details

First Name

Stefanie

Gender

Female



Middle Name

Kristine

Date of Birth

-1983



Last Name *

CALEY

Name Suffix

Previous Name(s)

Stefanie Kristine Mohrbach

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

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

ZIP / Postal Code

18800 Delaware Street

92648

Address Line 2

State / Province

Ste 800

California

City

Country

Huntington Beach

United States



County

Is your physical address different from your mailing address?

Orange County

Yes No

Public Phone

#

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

Application Status

Applicant *

CALEY, Stefanie Kristine



Application Status

Under Review



Application Number

Assigned To



License Issued?

Yes No

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Physician Assistant



Credentials / Degree Suffix (Enter before approval!)

PA-C

Obtained By

NCCPA



Expected Expiration Date



Expected Issue Date



Application Details

Application Type

Physician Assistant



Reviewed Date



Application Date *

Feb-18-2022



Decision Date



Submitted Date

Approved Date

Feb-23-2022



Application Step

Expiration Date

16

Feb-23-2023



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

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

Education Details

Licensee/Applicant *

CALEY, Stefanie Kristine



Address

City

Reno

State / Province

Nevada

Zip / Postal Code

Country



Application

Application - CALEY, Stefanie Kristine



Specialty Type



Name of School

Earl Wooster High School

Education Type

High School



Degree Attained

High School Diploma



Date From



Date To

Jun-08-2001



Did you graduate from the program?

Yes No

Graduation Date

Jun-08-2001



Major Program

Education Details

Licensee/Applicant *

CALEY, Stefanie Kristine



Address

City

Glendale

State / Province

Arizona

Zip / Postal Code

Country



Application

Application - CALEY, Stefanie Kristine



Specialty Type

Physician Assistant

Name of School

Midwestern University

Education Type

College/University



Degree Attained

Physician Assistant Degree



Date From

Jun-06-2011



Date To

Aug-16-2013



Did you graduate from the program?

Yes No

Graduation Date

Aug-22-2013




Major Program

Master of Medical Science

Education Details

Licensee/Applicant *

CALEY, Stefanie Kristine 

Address

City

Glendale

State / Province

Arizona

Zip / Postal Code


Country




Application

Application - - CALEY, Stefanie Kristine 


Specialty Type

Physician Assistant 


Name of School

Midwestern University 


Education Type

College/University 


Degree Attained

Master of Science 

Date From

Jun-06-2011 


Date To

Aug-16-2013 

Did you graduate from the program?

Yes No

Graduation Date


Aug-22-2013 

Major Program


Physician Assistant

Examination Details

Licensee / Applicant *

CALEY, Stefanie Kristine 

Attended Date

Sep-19-2013 

Number of Attempts

1

Application

Application - CALEY, Stefanie Kristine 


Location

Remote/home

Result

1196

Examination Type

National Commission On Certification Of Physician Assistants (NCCPA) 

Other Exam

Are you currently certified?


Yes No

Steps


Certificate Number

1112836

Exam Date


Sep-19-2013 

Expiration Date

Dec-31-2023 

Other License Details

Licensee/Applicant

CALEY, Stefanie Kristine 

Licensing Board or Regulatory Authority

Nevada Board of Medical Examiners


License Number

PA1463

State / Province

Nevada

Country

United States 

Application


Application - CALEY, Stefanie Kristine 

License Type


License Status

expired

Issue Date

Oct-04-2013 

Expiration Date

Jun-30-2019 

Notes

Application Activity Details

Licensee / Applicant

CALEY, Stefanie Kristine 


Name of Organization / Institution

N/A

Start Date

Aug-15-2013 

End Date


Oct-03-2013 

Percent Clinical *

0

Position

Application

Application - CALEY, Stefanie Kristine 

Activity Type


Non-Medical 

Location Details

Street Address 1

N/A

Country

United States 

City

Reno


State / Province

Nevada


Zip / Postal Code

Application Activity Details

Licensee / Applicant

CALEY, Stefanie Kristine 

Start Date

Oct-04-2013 

Percent Clinical *


100

Application

Application - CALEY, Stefanie Kristine 


Name of Organization / Institution

End Date

Dec-31-2013 

Position

Activity Type

Employment 


Location Details

Street Address 1

City

carson city

Country

United States 

State / Province

Nevada

Zip / Postal Code

Application Activity Details

Licensee / Applicant

CALEY, Stefanie Kristine



Start Date

Jan-01-2014



Percent Clinical *

100

Application

Application - CALEY, Stefanie Kristine



Name of Organization / Institution

End Date

Jun-01-2015



Position

Activity Type

Employment



Location Details

Street Address 1

City

reno

Country

United States




State / Province

Nevada


Zip / Postal Code

Application Activity Details

Licensee / Applicant

CALEY, Stefanie Kristine 

Start Date

Jun-02-2015 

Percent Clinical *


100

Application

Application - - CALEY, Stefanie Kristine 


Name of Organization / Institution

End Date

Aug-10-2016 

Position

Activity Type

Employment 


Location Details

Street Address 1

City

reno

Country

United States 

State / Province

Nevada

Zip / Postal Code

Application Activity Details

Licensee / Applicant

CALEY, Stefanie Kristine



Start Date

Aug-11-2016



Name of Organization / Institution

End Date

Feb-08-2018



Percent Clinical *

100

Position

Application

Application - CALEY, Stefanie Kristine



Activity Type

Employment



Location Details

Street Address 1

Country

United States



City

reno


State / Province

Nevada


Zip / Postal Code

Application Activity Details

Licensee / Applicant

CALEY, Stefanie Kristine 

Start Date

Feb-09-2018 

Percent Clinical *


0

Application

Application - - CALEY, Stefanie Kristine 

Name of Organization / Institution

End Date

Feb-20-2022 

Position

Activity Type

Non-Medical 


Location Details

Street Address 1

City

Sparks

Country

United States 

State / Province

Nevada

Zip / Postal Code

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer
N/A	Stefanie CALEY	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
N/A	Stefanie CALEY	PA – Q26 – Voluntarily Surrendered License Or Certificate	No
N/A	Stefanie CALEY	ALL – Q5 – Named Defendant Respond to Legal Action	No
N/A	Stefanie CALEY	MD, PA – Q10 – Controlled Substance Registration	No
N/A	Stefanie CALEY	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
N/A	Stefanie CALEY	PA – Q24 – Denied License or Permission to Practice	No
N/A	Stefanie CALEY	ALL – Q6 – Malpractice Claim Paid	No
N/A	Stefanie CALEY	PA, Previously applied for physician assistant licensure in Nevada?	Yes
N/A	Stefanie CALEY	PA – Q28 – Investigation Respond To / Notify Of	No
N/A	Stefanie CALEY	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
N/A	Stefanie CALEY	MD, PA – Q2 – Medical Condition Field of Practice	No
N/A	Stefanie CALEY	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No
N/A	Stefanie CALEY	PA – Q25 – Certificate / License Revoked	No
N/A	Stefanie CALEY	PA – Q27– Failed NCCPA Examination	No
N/A	Stefanie CALEY	ALL – Q7 – Arrest Question	No

Declaration Question

Name

PA, Previously applied for physician assistant li

Declaration Text

Have you previously applied for physician assistant licensure in Nevada?

(If "Yes," provide an explanation.)

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

Declaration

Licensee/Applicant

CALEY, Stefanie Kristine



Declaration Question

PA, Previously applied for physician assistant licensure in Nevada?



Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

Related To

Application

Renewal

Application - 59458 - CALEY, Stefanie Kristine



Specialty Details

Licensee / Applicant *

CALEY, Stefanie Kristine



Effective Date

Feb-23-2022



Application

Application -

- CALEY, Stefanie Kristine



Specialty Type *

Physician Assistant



Other (Specialty)

End Date



Primary Specialty?

Yes No



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.

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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 Stefanie Caley

Sign your name _____

Date 2.22.2022

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.