

Demographic Details

First Name

David

Middle Name

Eric

Last Name *

PONTIOUS

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

ZIP / Postal Code

1132 Draper Pkwy

84020

Address Line 2

State / Province

Utah

City

Country

Draper

United States



County

Is your physical address different from your mailing address?

Utah

Yes No

Public Phone

8018787411

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



Application Status

Applicant *

PONTIOUS, David Eric



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

Physician Assistant



Obtained By

NCCPA



Credentials / Degree Suffix (Enter before approval!)

PA-C

Application Details

Application Type

Physician Assistant



Application Date *

Jul-07-2021



Submitted Date

Oct-11-2021



Reviewed Date



Decision Date



Approved Date



Application Step

16

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

Yes No

Expiration Date

Oct-11-2022



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 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

Open Regulate

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 *

PONTIOUS, David Eric



Name of School

Long Beach School for Adults

Address

3701 E Willow St

Education Type

High School



City

Long Beach

Degree Attained

High School Diploma



State / Province

California

Date From

Jan-01-1992



Zip / Postal Code

90815

Date To

Jun-01-1992



Country

United States



Did you graduate from the program?

Yes No

Application

Graduation Date

Jun-11-1992



Specialty Type



Major Program

Education Details

Licensee/Applicant *

PONTIOUS, David Eric



Name of School

Long Beach City College

Address

4901 E Carson St

Education Type

Undergraduate



City

Long Beach

Degree Attained

Undergraduate (No Degree)



State / Province

California

Date From

Aug-01-1995



Zip / Postal Code

90808

Date To

Dec-05-1995



Country

United States



Did you graduate from the program?

Yes No

Application



Graduation Date



Specialty Type



Major Program

Education Details

Licensee/Applicant *

PONTIOUS, David Eric



Name of School

Fullerton College

Address

321 E Chapman Ave

Education Type

{0}



City

Fullerton

Degree Attained

None



State / Province

California

Date From

Sep-05-2001



Zip / Postal Code

92832

Date To

May-01-2002



Country

United States



Did you graduate from the program?

Yes No

Application

Trid



Graduation Date



Specialty Type



Major Program

Education Details

Licensee/Applicant *

PONTIOUS, David Eric



Name of School

Utah Valley University

Address

800 W University Parkway

Education Type

College/University



City

Orem

Degree Attained

Bachelor of Science



State / Province

Utah

Date From

Aug-01-2002



Zip / Postal Code

84058

Date To

Apr-27-2006



Country

United States



Did you graduate from the program?

Yes No

Application

id

Graduation Date

Apr-27-2006



Specialty Type



Major Program

Education Details

Licensee/Applicant *

PONTIOUS, David Eric



Name of School

Touro University Nevada

Address

874 America Pacific Dr

Education Type

College/University



City

Henderson

Degree Attained

Physician Assistant Degree



State / Province

Nevada

Date From

Jul-01-2006



Zip / Postal Code

89014

Date To

Oct-31-2008



Country

United States



Did you graduate from the program?

Yes No

Application



Graduation Date

Nov-03-2008



Specialty Type

Physician Assistant



Major Program

Examination Details

Licensee / Applicant *

PONTIOUS, David Eric



Attended Date

Dec-18-2008



Number of Attempts

1

Application

Location

Utah

Result

Pass

Examination Type

National Commission On Certification Of Physician Assistants (NCCPA)

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

108536

Exam Date



Expiration Date

Dec-31-2022



Application Activity Details

Licensee / Applicant

PONTIOUS, David Eric



Name of Organization / Institution

MD Diet

Start Date

Dec-01-2008



End Date

Jul-01-2011



Percent Clinical *

100

Position

Application



Activity Type

Employment



Location Details

Street Address 1

3655 S State Street

Country

United States



City

Salt Lake City

State / Province

Utah

Zip / Postal Code

84115

Application Activity Details

Licensee / Applicant

PONTIOUS, David Eric



Name of Organization / Institution

Seeking employment

Start Date

Jul-01-2011



End Date

Jan-01-2012



Percent Clinical *

0

Position

Application



Activity Type

Non-Medical



Location Details

Street Address 1

N/A

Country

United States



City

Salt Lake City

State / Province

Utah

Zip / Postal Code

Application Activity Details

Licensee / Applicant

PONTIOUS, David Eric



Name of Organization / Institution

Granite Peaks Gastroenterology

Start Date

Jan-01-2012



End Date

Oct-31-2013



Percent Clinical *

100

Position

Application



Activity Type

Employment



Location Details

Street Address 1

1393 E Segoe Lily Dr

Country

United States



City

Sandy

State / Province

Utah

Zip / Postal Code

84092

Application Activity Details

Licensee / Applicant

PONTIOUS, David Eric



Name of Organization / Institution

Seeking employment

Start Date

Nov-01-2013



End Date

Jan-01-2014



Percent Clinical *

0

Position

Application

..



Activity Type

Non-Medical



Location Details

Street Address 1

Country

United States



City

Sandy

State / Province

Utah

Zip / Postal Code

Application Activity Details

Licensee / Applicant

PONTIOUS, David Eric



Name of Organization / Institution

Precision Medical

Start Date

Jan-01-2014



End Date

Feb-01-2014



Percent Clinical *

100

Position

Application



Activity Type

Employment



Location Details

Street Address 1

75 S 200 E

Country

United States



City

Provo

State / Province

Utah

Zip / Postal Code

84606

Application Activity Details

Licensee / Applicant

PONTIOUS, David Eric



Name of Organization / Institution

Ageless Men's Health

Start Date

Feb-01-2014



End Date

Oct-11-2021



Percent Clinical *

100

Position

Application



Activity Type

Employment



Location Details

Street Address 1

1132 Draper Parkway

Country

United States



City

Draper

State / Province

Utah

Zip / Postal Code

84020

Other License Details

Licensee/Applicant

PONTIOUS, David Eric



License Type

Licensing Board or Regulatory Authority

Utah Physicians and Surgeons Licensing Bo

License Status

Superceded

License Number

360484-8002

Issue Date

Nov-18-2008



State / Province

Utah

Expiration Date

May-18-2009



Country

United States



Notes

Application



Other License Details

Licensee/Applicant

PONTIOUS, David Eric



License Type

Licensing Board or Regulatory Authority

Utah Physicians and Surgeons Licensing Bc

License Status

Active

License Number

360484-1206

Issue Date

Dec-24-2008



State / Province

Utah

Expiration Date

May-31-2022



Country

United States



Notes

Application

Other License Details

Licensee/Applicant

PONTIOUS, David Eric



License Type

Licensing Board or Regulatory Authority

Utah Physicians and Surgeons Licensing Bc

License Status

Active

License Number

360484-8906

Issue Date

Dec-24-2008



State / Province

Utah

Expiration Date

May-31-2022



Country

United States



Notes

Application

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

Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

MD, PA – Q1 – Medical Condition Impair Safe Practice



Answer

Yes No

Answer Details

Related To

Application

Renewal




Declaration

Licensee/Applicant

PONTIOUS, David Eric 

Declaration Question

MD, PA – Q2 – Medical Condition Field of Practice 

Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

MD, PA – Q3 – Chemical Substances Impair Safe Practice



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

MD, PA, LL – Q4 – Performance of Public Service Requirement



Answer

Yes No

Answer Details

Related To

Application

Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes No

Answer Details

Related To

Application

Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

ALL – Q7 – Arrest Question



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

PA, Previously applied for physician assistant licensure in Nevada?



Answer

Yes No

Answer Details

Related To

Application

Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

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



Answer

Yes No

Answer Details

Related To

Application

...



Renewal



2/8/22, 11:30 AM

Open Regulate

Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

MD, PA – Q10 – Controlled Substance Registration



Answer

Yes No

Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

PA – Q24 – Denied License or Permission to Practice



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

PA – Q25 – Certificate / License Revoked



Answer

Yes No

Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

PA – Q26 – Voluntarily Surrendered License Or Certificate



Answer

Yes No

Answer Details

Related To

Application

Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

PA – Q27– Failed NCCPA Examination



Answer

Yes No

Answer Details

Related To

Application

Renewal



Declaration

Licensee/Applicant

PONTIOUS, David Eric



Declaration Question

PA – Q28 – Investigation Respond To / Notify Of



Answer

Yes No



ATTENTION APPLICANT!
RESPONSIBILITY STATEMENT

RECEIVED
JAN 03 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 David Ponticus

Sign your name _____

Date 12/4/2021

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.