

Demographic Details

First Name

Middle Name

Last Name *

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

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

Gender



Date of Birth



Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

800 Market Street, Suite 500

ZIP / Postal Code

63101

Address Line 2

c/o Healthcare

State / Province

Missouri

City

Saint Louis

Country

United States

County

Is your physical address different from your mailing address?

Yes No

Public Phone

(573) 290-3293

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Online Service

Last Login Date

Authentication Failures

#

Access Blocked

Security Questions Set

Security Question #1

Security Answer #1

Security Question #2

Security Answer #2

Security Question #3

Security Answer #3

Application Status

Applicant *

Carda, Carrie Lynn



Application Status

Pending Review by the Board



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

Medical Doctor



Credentials / Degree Suffix (Enter before approval!)

M.D.

Obtained By

F.L.E.X.



Expected Expiration Date



Expected Issue Date



Application Details

Application Type

Medical Doctor - Active



Reviewed Date



Application Date *



Decision Date



Submitted Date



Approved Date



Application Step

#

Expiration Date



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

Yes No

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

Examinations

Licensee / Applicant	▼ Examination Type	▼ Attended Date ↑	▼
Carda, Carrie Lynn	Federation Licensing Examination (FLEX)	Jun-16-1992	
Carda, Carrie Lynn	Federation Licensing Examination (FLEX)	Jun-16-1992	
Carda, Carrie Lynn	Other	Sep-21-1992	
Carrie Carda	Special Purpose Exam (SPEX)	Aug-16-2012	

Examination Details

Licensee / Applicant *

Carda, Carrie Lynn



Examination Type

Federation Licensing Examination (FLEX)



Attended Date

Jun-16-1992



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - Carda, Carrie Lynn



Steps

Comp 1

Location

Certificate Number

Result

78

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Carda, Carrie Lynn



Examination Type

Federation Licensing Examination (FLEX)



Attended Date

Jun-16-1992



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - Carda, Carrie Lynn



Steps

Comp 2

Location

Certificate Number

Result

79

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Carda, Carrie Lynn



Examination Type

Other



Attended Date

Sep-21-1992



Other Exam

ECFMG

Number of Attempts

//

Are you currently certified?

Yes No

Application

Application - Carda, Carrie Lynn



Steps

Location

Certificate Number

0-454-271-8

Result

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Carda, Carrie Lynn



Examination Type

Special Purpose Exam (SPEX)



Attended Date

Aug-16-2012



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - Carda, Carrie Lynn



Steps

Location

Certificate Number

Result

77

Exam Date



Expiration Date



Board Certification

Licensee / Applicant▼	Certifying Board ▼	Other Certifying Board▼	Specialty ▼	Initial Certification Date▼	Recertification D
Carda, Carrie Lynn	American Board	N/A	Obstetrics/Gynecology	Dec-08-2000	Dec-31-2022

Education

Licensee/Applicant ▼	Education Type ▼	Name of School	▼	Degree Attained ▼	▼	Date From ▼	Date To ↑
Carda, Carrie Lynn	Undergraduate	University of Missouri - Columbia		Bachelor Degree		Jul-05-1985	Jun-15-1988
Carda, Carrie Lynn	Medical School	Ross University		Medical Doctor Degree		Aug-31-1988	Jun-02-1992
Carda, Carrie Lynn	Graduate	University of South Florida College of Medicine		Master of Arts		Jun-02-2009	May-06-2012

Education Details

Licensee/Applicant *

Carda, Carrie Lynn



Name of School

University of Missouri - Columbia

Address

Education Type

Undergraduate



City

Columbia

Degree Attained

Bachelor Degree



State / Province

Missouri

Date From

Jul-05-1985



Zip / Postal Code

Date To

Jun-15-1988



Country

United States



Did you graduate from the program?

Yes No

Application

Application - Carda, Carrie Lynn



Graduation Date

Jun-30-1988



Specialty Type



Major Program

Education Details

Licensee/Applicant *

Carda, Carrie Lynn



Name of School

Ross University

Address

TWO MILE HILL

Education Type

Medical School



City

Bridgetown

Degree Attained

Medical Doctor Degree



State / Province

St. Michael

Date From

Aug-31-1988



Zip / Postal Code

Date To

Jun-02-1992



Country

Barbados



Did you graduate from the program?

Yes No

Application

Application - Carda, Carrie Lynn



Graduation Date

Jun-02-1992



Specialty Type



Major Program

Education Details

Licensee/Applicant *

Carda, Carrie Lynn



Name of School

University of South Florida College of Medicine

Address

Education Type

Graduate



City

Tampa

Degree Attained

Master of Arts



State / Province

Florida

Date From

Jun-02-2009



Zip / Postal Code

Date To

May-06-2012



Country

United States



Did you graduate from the program?

Yes No

Application

Application -

Carda, Carrie Lynn



Graduation Date

May-30-2012



Specialty Type



Major Program

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Ty
Carda, Carrie Lynn	University of Louisville School of Medicine	Combined-Internal Med & Pediatrics	Jul-01-1992	Jun-30-1993	Residency
Carda, Carrie Lynn	St. Vincent Hospital	Obstetrics/Gynecology	Jul-01-1993	Sep-01-1996	Residency

Postgraduate Training Details

Licensee / Applicant *

Carda, Carrie Lynn



Program Type *

Residency



Date From

Jul-01-1992



Name of School or Institution

University of Louisville School of Medicine

Specialty Type

Combined-Internal Med & Pediatrics



Other (Specialty)

Training Status *



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-1993



Application

Application - Carda, Carrie Lynn



Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

Kentucky

County



Street Address 1

Zip / Postal Code

Country



Postgraduate Training Details

Licensee / Applicant *

Carda, Carrie Lynn



Program Type *

Residency



Date From

Jul-01-1993



Name of School or Institution

St. Vincent Hospital

Specialty Type

Obstetrics/Gynecology



Other (Specialty)

Training Status *



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date To

Sep-01-1996



Application

Application - Carda, Carrie Lynn



Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Indiana

Zip / Postal Code

County



Country



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑ ▼
Carda, Carrie Lynn	30890	N/A	Apr-21-2011	Dec-31-2022	Alabama
Carda, Carrie Lynn	60207	N/A	Jun-15-2020	Feb-01-2023	Arizona
Carda, Carrie Lynn	E-6757	N/A	Dec-03-2010	Mar-31-2024	Arkansas
Carda, Carrie Lynn	C168049	N/A	Mar-03-2020	Mar-31-2024	California
Carda, Carrie Lynn	DR.0065061	N/A	Jul-31-2020	Apr-30-2023	Colorado
Carda, Carrie Lynn	ME130703	N/A	Dec-16-2016	Jan-31-2023	Florida
Carda, Carrie Lynn	036148067	N/A	Jan-08-2019	Jul-31-2023	Illinois
Carda, Carrie Lynn	01044037A	N/A	Jul-27-1995	Oct-31-2023	Indiana
Carda, Carrie Lynn	11006381A	N/A	Jul-01-1993	Jun-30-1996	Indiana
Carda, Carrie Lynn	MD-46963	N/A	Jan-16-2020	Mar-01-2023	Iowa
Carda, Carrie Lynn	53973	N/A	Jun-11-2020	Feb-29-2024	Kentucky
Carda, Carrie Lynn	300183	N/A	Oct-07-2015	Mar-31-2024	Louisiana
Carda, Carrie Lynn	4301501503	N/A	Jan-07-2020	Jan-07-2023	Michigan
Carda, Carrie Lynn	111753	N/A	Oct-01-1996	Jan-31-2023	Missouri
Carda, Carrie Lynn	309564	N/A	Mar-29-2021	Feb-28-2023	New York
Carda, Carrie Lynn	34515	N/A	Apr-01-2019	Apr-01-2023	Oklahoma
Carda, Carrie Lynn	56936	N/A	Apr-30-2018	Mar-31-2023	Tennessee
Carda, Carrie Lynn	Q9793	N/A	Aug-26-2016	Aug-31-2023	Texas

Hospitals

Licensee / Applicant ▼	Name of Organization ▼	Start Date ↑	End Date ▼
Carda, Carrie Lynn	Poplar Bluff Regional Medical Center	Jan-23-1997	N/A
Carda, Carrie Lynn	University of Missouri Health Care	Feb-19-1998	Feb-26-2004
Carda, Carrie Lynn	Black River Medical Center	Jun-28-2012	Aug-12-2019
Carda, Carrie Lynn	Arkansas Methodist Medical Center	May-18-2017	Dec-31-2017
Carda, Carrie Lynn	Medical City Plano	Dec-21-2018	N/A
Carda, Carrie Lynn	Texas Health Frisco	Dec-04-2019	N/A

Chronology of Activities

Licensee / Applicant	▼	Name of Organization / Institution	▼	Start Date †	▼	End Date	▼	Percent Clinical
Carda, Carrie Lynn		University of Louisville School of Medicine		Jul-01-1992		Jun-30-1993		100
Carda, Carrie Lynn		St. Vincent Hospital		Jul-01-1993		Jun-30-1996		100
Carda, Carrie Lynn		Southeast Missouri OB & GYN		Nov-01-1996		Jan-31-1998		100
Carda, Carrie Lynn		Women's Health Specialists, PC		Feb-01-1998		Mar-31-2018		100
Carda, Carrie Lynn		Staff Core		Jan-01-2016		Dec-31-2017		100
Carda, Carrie Lynn		Heartland Women's Healthcare, MO PC		Apr-01-2018		Dec-31-2099		100
Carda, Carrie Lynn		Be Women's Health and Wellness		Jun-01-2018		May-01-2021		100
Carda, Carrie Lynn		IV Bar		Jul-01-2018		Dec-31-2099		40

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

#

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Carda, Carrie Lynn 

Start Date

Jul-01-1993 

Percent Clinical *

100

Application

Application - - Carrie Carda 

Name of Organization / Institution

St. Vincent Hospital

End Date

Jun-30-1996 

Position

Activity Type

Postgraduate Training 

Location Details

Street Address 1

City

Indianapolis

Country

United States 

State / Province

Indiana

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Carda, Carrie Lynn  

Start Date

Nov-01-1996 

Percent Clinical *

100

Application

Application - - Carrie Carda  

Name of Organization / Institution

Southeast Missouri OB & GYN

End Date

Jan-31-1998 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

2340 Katy Ln

City

Poplar Bluff

Country

State / Province

MO

Zip / Postal Code

63901

Application Activity Details

Licensee / Applicant

Carda, Carrie Lynn 

Start Date

Feb-01-1998 

Percent Clinical *

100

Application

Application - - Carrie Carda 

Name of Organization / Institution

Women's Health Specialists, PC

End Date

Mar-31-2018 

Position

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

2340 Katy Ln

City

Poplar Bluff

Country



State / Province

MO

Zip / Postal Code

63901

Application Activity Details

Licensee / Applicant

Carda, Carrie Lynn  

Start Date

Jan-01-2016 

Percent Clinical *

100

Application

Application - - Carrie Carda  

Name of Organization / Institution



Staff Core

End Date

Dec-31-2017 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Dallas

Country

United States  

State / Province

Texas

Zip / Postal Code

75019

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

#

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Carda, Carrie Lynn 

Start Date

Jun-01-2018 

Percent Clinical *

100

Application

Application - Carrie Carda 

Name of Organization / Institution

Be Women's Health and Wellness

End Date

May-01-2021 

Position

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

8700 US Highway 380, STE 300

City

Cross Roads

Country

United States 

State / Province

Texas

Zip / Postal Code

76227

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

#

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Specialty

Licensee / Applicant ▼	Specialty Type ▼	Primary Specialty? ▼	Effective Date ▼	End Date ▼
Carda, Carrie Lynn	Obstetrics/Gynecology	Yes	Jun-21-2022	N/A

Declarations

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

Declaration Question

Name

ALL – Q5 – Named Defendant Respond to Legal Action

Section Ordinal

5

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

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

Visible To

Application Process

Yes No

Renewal Process

Yes No

Declaration

Licensee/Applicant

Carda, Carrie Lynn



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes No

Ordinal

#

Declaration Text

Related To

Application

Renewal

Application -

- Carda, Carrie Lynn



Declaration Question

Name

ALL – Q6 – Malpractice Claim Paid

Section Ordinal

6

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

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

Visible To

Application Process

Yes No

Renewal Process

Yes No

Declaration

Licensee/Applicant

Carda, Carrie Lynn



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes No

Ordinal

#

Declaration Text

Related To

Application

Renewal

Application

- Carda, Carrie Lynn





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.

○ ○ ○ ○ ○

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 Carrie Lynn Carda

Sign your name _____

Date 9-26-22

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.