

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



Gender



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

N. Lake Shore Drive

Address Line 2

City

CHICAGO

County

COOK

ZIP / Postal Code

60611-5061

State / Province

Illinois

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)



County (Mailing)

Application Status

Applicant *

Application Number

License Issued?

Yes No

Application Status

Assigned To



Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By

Expected Issue Date


Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date


 

Application Details


Application Type

Application Date *

Reviewed Date

Decision Date

Submitted Date

Nov-15-2022 

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

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

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

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
Share, Robert Evan	National Board of Medical Examiners (NBME)	Jun-07-1983
Share, Robert Evan	National Board of Medical Examiners (NBME)	Mar-05-1986
Share, Robert Evan	National Board of Medical Examiners (NBME)	Apr-02-1985

Examination Details

Licensee / Applicant *

Share, Robert Evan 


Attended Date

Jun-07-1983 

Number of Attempts

1

Application

Application - Share, Robert Evan 

Location

Result

590

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

Part 1

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Share, Robert Evan 


Attended Date

Apr-02-1985 

Number of Attempts

1

Application


Application - - Share, Robert Evan 

Location

Result

565

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

Part II

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Share, Robert Evan 


Attended Date

Mar-05-1986 

Number of Attempts

1

Application


Application Share, Robert Evan 

Location

Result

430

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

Part III

Certificate Number

Exam Date



Expiration Date



Board Certifications



Licensee / Applicant ▼	Certifying Board ▼	Specialty ▼	Initial Certification Date ▼	Recertification Date ▼	Other Certifying Board
Share, Robert Evan	American Board	Oncology,Radiation	Jun-09-1994	N/A	N/A

Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date ▼
Robert Share	Medical School	Chicago Medical School	Medical Doctor Degree	Aug-03-1981	Jun-14-1985	Jun-14-1985

Education Details

Licensee/Applicant *

Address

City


State / Province

Zip / Postal Code

Country

Application

Specialty Type



  

Name of School

Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type ▼
Robert Share	University of Cincinnati Medical Center	Obstetrics / Gynecology	Jul-01-1985	Feb-29-1988	Residency
Robert Share	Rush University Medical Center Program	Oncology, Radiation	Jul-01-1988	Jun-30-1991	Residency

Postgraduate Training Details

Licensee / Applicant *

Training Status *


Program Type *

Accreditation Type

Date From

Date To


 

Name of School or Institution

Application

Specialty Type

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Zip / Postal Code

County

Country

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code



Country

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑ ▼
Robert Share	G167821	N/A	Feb-07-2020	Feb-29-2024	California
Robert Share	36076990	N/A	May-11-1988	Jul-31-2023	Illinois
Robert Share	TD60969452	N/A	May-28-2019	Jul-27-2019	Washington
Robert Share	MD60952583	N/A	Jul-27-2019	Jul-21-2024	Washington

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date



Expiration Date

Notes

Other License Details

Licensee/Applicant



  

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date


Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Share, Robert Evan  

Licensing Board or Regulatory Authority

Washington Medical Commission

License Number

MD60952583


State / Province

Washington

Country

United States  

Application

Application - - Share, Robert Evan 

License Type

License Status

active

Issue Date

Jul-27-2019 

Expiration Date

Jul-21-2024 

Notes

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical ▼
Robert Share	Time off for marriage and moving	Mar-01-1988	Jul-01-1988	0
Robert Share	Ingalls Cancer Care Center	Jul-01-1991	Aug-01-2008	100
Robert Share	Associated Urological Specialists	Aug-01-2007	Feb-26-2018	100
Robert Share	Retirement	Feb-26-2018	Mar-01-2019	0
Robert Share	Stephen William Doggett MD PA	Mar-02-2019	Nov-03-2022	100

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


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

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *



#

Position

Application

Activity Type

Location Details

Street Address 1

Country



City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *

#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

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 ▼
Share, Robert E	Oncology, Radiation	Yes	Jun-30-1991	N/A

Declarations

Ordinal ↑	Licensee/Applicant ↓	Declaration Question	Answer ↓	Answer Details
1	Robert Share	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
2	Robert Share	MD, PA – Q2 – Medical Condition Field of Practice	No	
3	Robert Share	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
4	Robert Share	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
5	Robert Share	ALL – Q5 – Named Defendant Respond to Legal Action	No	
6	Robert Share	ALL – Q6 – Malpractice Claim Paid	No	
7	Robert Share	ALL – Q7 – Arrest Question	No	
8	Robert Share	MD, Previously applied for licensure in Nevada.	No	
9	Robert Share	MD – Investigation Disciplinary during Training Program	No	
10	Robert Share	MD – Q8 – Denied License / Permission to Practice Medicine	Yes	
11	Robert Share	MD – Q9 – Medical License Revoked	No	
12	Robert Share	MD – Q11 – Voluntarily Surrendered a License	No	
13	Robert Share	MD – Q12 – Denied Membership	No	
14	Robert Share	MD – Q13 – Investigation – Respond To/Notify Of	No	
15	Robert Share	MD, PA – Q10 – Controlled Substance Registration	No	
16	Robert Share	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	

Declaration

Licensee/Applicant

Share, Robert Evan	▼	🔍
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Declaration Question

MD – Investigation Disciplinary during Training Program	▼	🔍
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Answer

Yes No

Answer Details

Ordinal

#	
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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?

Related To

Application

Application -	Robert Share	▼	🔍
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Renewal

	▼	🔍
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Declaration

Licensee/Applicant

Share, Robert Evan	▼	🔗
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Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine	▼	🔗
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Answer

Yes No

Ordinal

#

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Declaration Text

Have you EVER been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?

Related To

Application

Application -	- Share, Robert Evan	▼	🔗
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Renewal

	▼	🔗
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Declaration

Licensee/Applicant

Share, Robert Evan	▼	🔗
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Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of	▼	🔗
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Answer

Yes No

Answer Details

Ordinal

#	14
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Declaration Text

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

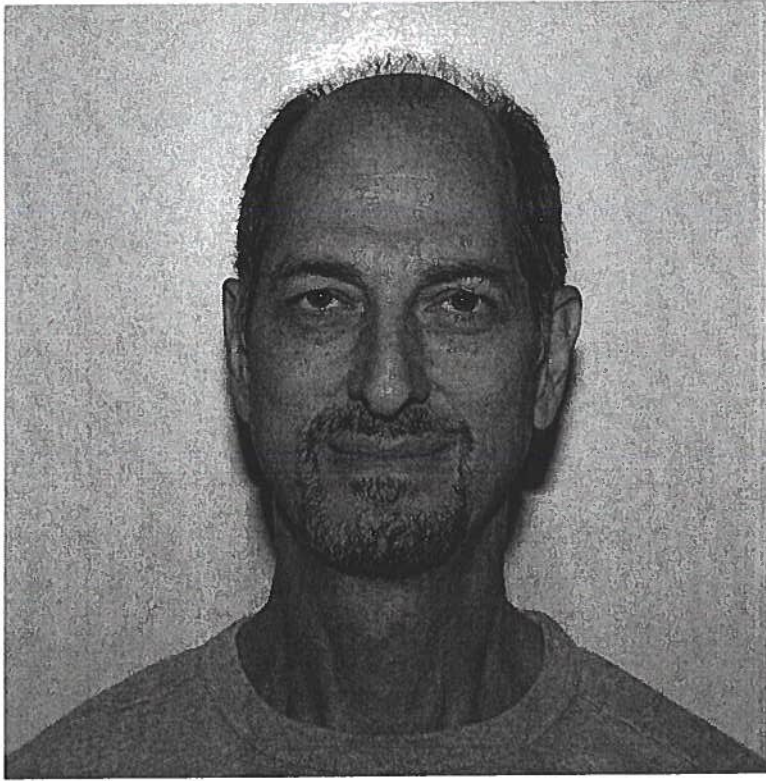
Related To

Application

Application -	- Robert Share	▼	🔗
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Renewal

	▼	🔗
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FEB 03 2023

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.

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 Robert Share

Sign your name _____

Date 1/18/2023

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.