

Demographic Details

First Name

Paul

Middle Name

Gordon

Last Name *

Preston

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

1959 

Name Suffix

City of Birth

/WEST VIRGINIA/USA

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

#

Primary Phone Extension

Primary E-mail Address

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

Braided Rope Drive

ZIP / Postal Code

89511

Address Line 2

State / Province

Nevada

City

Reno

Country

United States



County

Washoe

Is your physical address different from your mailing address?

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 *



Preston, Paul Gordon  

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

Medical Doctor  

Obtained By

F.L.E.X.  

Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)



M.D.

Expected Expiration Date



Application Details

Application Type

Medical Doctor – Endorsement  

Application Date *



Reviewed 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

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

Board Certifications

Licensee / Applicant	▼ Certifying Board	▼ Other Certifying Board	▼ Specialty	▼ Initial Certification Date
Preston, Paul Gordon	American Board	N/A	Anesthesiology	Oct-30-1987

Board Certification Details

Licensee / Applicant

Preston, Paul Gordon  

Specialty

Anesthesiology  

Certifying Board

American Board  

Other Certifying Board

Initial Certification Date

Oct-30-1987 

Recertification Date

Aug-15-2009 

Certification Number

14731

Archive Program


Historical Specialty

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To ↑	Graduation Date
Paul Preston	College/University	Transylvania University	Bachelor of Arts	Sep-01-1975	May-27-1979	May-27-1979
Preston, Paul Gordon	Medical School	The Johns Hopkins University School of Medicine	Medical Doctor Degree	Sep-06-1979	May-27-1983	May-27-1983

Education Details

Licensee/Applicant *

Preston, Paul Gordon  

Address

300 North Broadway

City

Lexington

State / Province

Kentucky

Zip / Postal Code

40508

Country

United States  

Specialty Type

Name of School

Transylvania University

Education Type

College/University  

Degree Attained

Bachelor of Arts  

Date From

Sep-01-1975 

Date To

May-27-1979 

Did you graduate from the program?

Yes No

Graduation Date

May-27-1979 

Major Program

Education Details

Licensee/Applicant *

Preston, Paul Gordon  

Address

733 North Broadway

City

Baltimore

State / Province

Maryland

Zip / Postal Code

21205

Country

United States  

Specialty Type

Name of School

The Johns Hopkins University School of Me 

Education Type

Medical School  

Degree Attained

Medical Doctor Degree  

Date From

Sep-06-1979 

Date To

May-27-1983 

Did you graduate from the program?

Yes No

Graduation Date

May-27-1983 

Major Program



Examinations

Licensee / Applicant	Examination Type	Attended Date
Preston, Paul Gordon	Federation Licensing Examination (FLEX)	Jun-14-1983

Examination Details

Licensee / Applicant *

Preston, Paul Gordon 

Attended Date

Jun-14-1983 

Number of Attempts

1

Location

California

Result

88

Examination Type

Federation Licensing Examination (FLEX) 

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date




Hospitals

Licensee / Applicant	▼ Name of Organization	▼ Start Date	▼ End Date
Paul Preston	KAISER PERMANENTE	Jul-15-1987	Jun-30-2020

Hospital Details

Licensee / Applicant

Name of Organization

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Paul Preston	276339	N/A	Apr-01-1993	Mar-31-1996	Zimbabwe
Paul Preston	A41657	N/A	Apr-08-1985	Jun-30-2024	California

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

License Number

State / Province

Country

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

License Number

State / Province

Country

License Type

License Status

Issue Date

Expiration Date

Notes

Postgraduate Training

Licensee / Applicant	▼ Name of School or Institution	▼ Specialty Type	▼ Date From	▼ Date To †
Preston, Paul Gordon	Stanford University	Internal Medicine	Jun-25-1983	Jun-30-1984
Paul Preston	University of California San Francisco	Anesthesiology	Jul-01-1984	Jun-30-1986
Preston, Paul Gordon	University of California San Francisco	Other	Jul-01-1986	Jun-30-1987

Postgraduate Training Details

Licensee / Applicant *

Training Status *

Program Type *

Accreditation Type

Date From

Date To

Name of School or Institution

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 *

Training Status *

Program Type *

Accreditation Type

Date From

Date To

Name of School or Institution

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

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code

Country

Specialties

Licensee / Applicant	▼ Specialty Type	▼ Primary Specialty?	▼ Effective Date	▼ End Date
Paul Preston	Anesthesiology	Yes	Oct-30-1987	Dec-31-2029

Specialty Details

Licensee / Applicant *

Preston, Paul Gordon  

Effective Date

Oct-30-1987 

Specialty Type *

Anesthesiology  

Other (Specialty)

End Date

Dec-31-2029 

Primary Specialty?



Yes No

Activities

Licensee / Applicant ▼	Name of Organization / Institution	▼	Start Date	▼	End Date	▼	Percent Clinical
Paul Preston	University of California San Francisco		Jul-01-1984		Jun-30-1987		100
Paul Preston	Stanford University Department of Medicine		Jun-25-1983		Jun-24-1984		100
Paul Preston	The Permanente Medical Group		Jul-15-1987		Jun-30-2020		100
Paul Preston	Retired		Jul-01-2020		Dec-12-2022		0

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

#



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

Preston, Paul Gordon  

Name of Organization / Institution

Stanford University Department of Medicine 

Start Date

Jun-25-1983 

End Date


Jun-24-1984 

Percent Clinical *

100

Position

Activity Type

Postgraduate Training  

Location Details

Street Address 1

300 Pasteur Drive

Country

United States  

City

Stanford

State / Province


California

Zip / Postal Code

94305

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

#


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 *

#

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

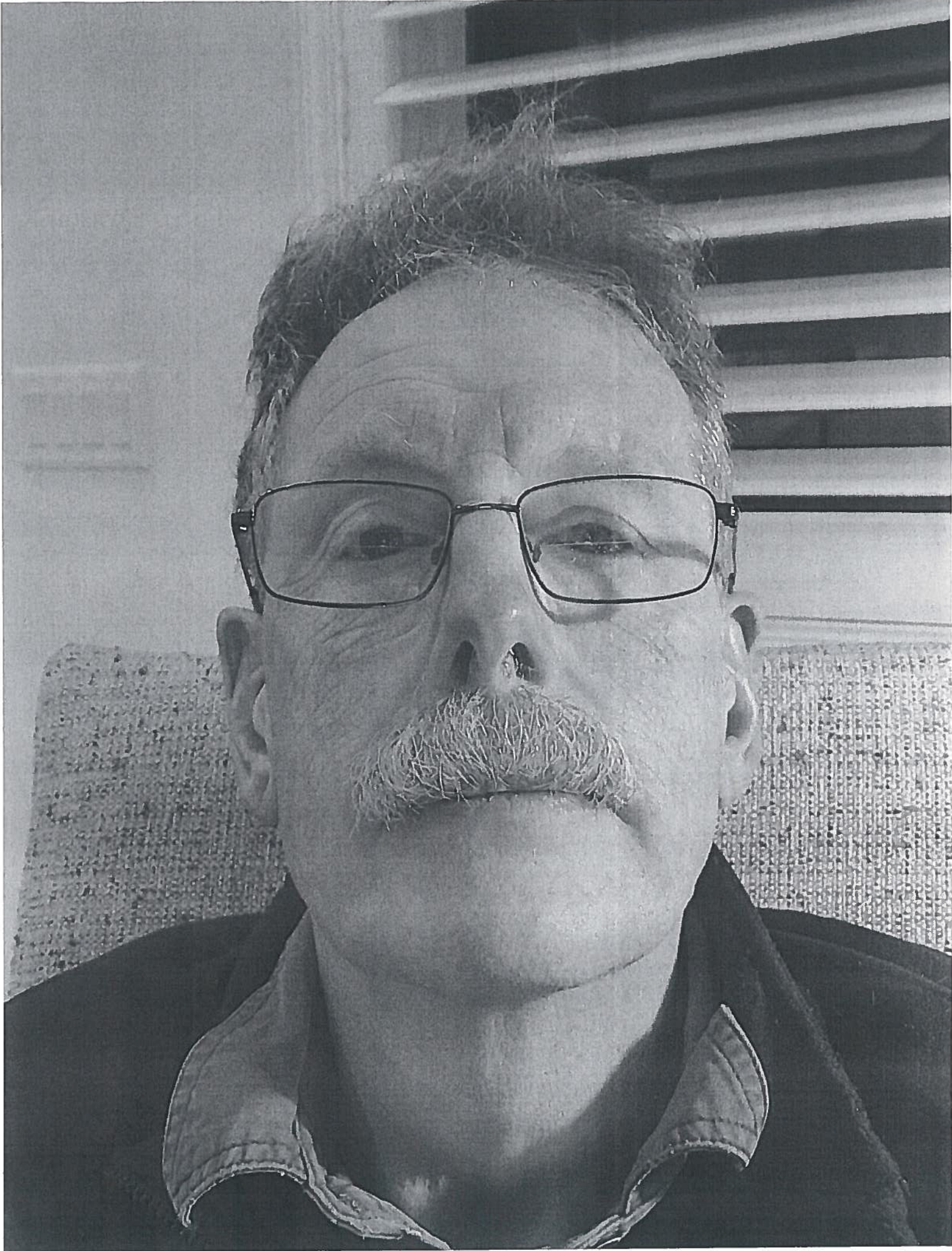
  

State / Province

Zip / Postal Code

Declarations

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



RECEIVED

JAN 25 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 Paul Gordon, Preston

Sign your name

Date 1/24/2023

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.