

Demographic Details

First Name

Logan

Middle Name

Paul

Last Name *

Marcus

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

Male

Date of Birth

1984

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

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

1580 Himmel Ave

Address Line 2

City

Redwood City

County

CA

ZIP / Postal Code

94061

State / Province

California

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

(619) 841-8367

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 *

Submitted Date

Application Step

#

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

Yes No

Reviewed Date

Decision Date

Approved Date

Expiration Date

Is Simultaneous Application

Yes No

Are you the spouse of an active duty member or surviving spouse of a veteran?

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

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

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Marcus, Logan Paul	N/A	Jun-08-2015	Jun-30-2015	0
Marcus, Logan Paul	UCLA	Jul-01-2015	Jun-30-2017	100
Marcus, Logan Paul	Stanford University	Jul-01-2017	Jun-30-2019	100
Marcus, Logan Paul	N/A	Jul-01-2019	Sep-22-2019	0
Marcus, Logan Paul	Concentra	Sep-23-2019	May-30-2023	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

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

Marcus, Logan Paul  

Name of Organization / Institution

Stanford University

Start Date

Jul-01-2017 

End Date



Jun-30-2019 

Percent Clinical *

100

Position

Application

Application - - Marcus, Logan Paul  

Activity Type

Postgraduate Training  

Location Details

Street Address 1

Country

United States  

City

Palo Alto


State / Province

California

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Marcus, Logan Paul  



Start Date

Jul-01-2019 

Percent Clinical *

0

Application

Application - - Marcus, Logan Paul  

Name of Organization / Institution

End Date

Sep-22-2019 

Position

Activity Type

Vacation  

Location Details

Street Address 1

City

Redwood City

Country

United States  

State / Province

California

Zip / Postal Code

94061

Application Activity Details

Licensee / Applicant

Marcus, Logan Paul



Name of Organization / Institution

Concentra

Start Date

Sep-23-2019



End Date

May-30-2023



Percent Clinical *

100

Position

Application

Application - - Marcus, Logan Paul



Activity Type

Employment



Location Details

Street Address 1

3 South Linden Ave

Country

United States



City

South San Francisco

State / Province

California

Zip / Postal Code

94080

Declarations

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

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Logan Marcus	College/University	University of California, San Diego	Bachelor of Science	Sep-22-2003	Dec-04-2009	Dec-12-2009
Logan Marcus	Graduate	Georgetown University	Master of Science	Jul-12-2010	Jun-24-2011	Aug-31-2011
Marcus, Logan Paul	Medical School	University of California, San Diego School of Medicine	Medical Doctor Degree	Sep-06-2011	Jun-07-2015	Jun-07-2015

Education Details

Licensee/Applicant *

Marcus, Logan Paul

Address

City

La Jolla

State / Province

California

Zip / Postal Code

Country

United States

Application

Application - Marcus, Logan Paul

Specialty Type

Name of School

University of California, San Diego

Education Type

Degree Attained

Date From

Sep-22-2003

Date To

Dec-04-2009

Did you graduate from the program?

Yes No

Graduation Date

Dec-12-2009

Major Program

Education Details

Licensee/Applicant *

Marcus, Logan Paul



Address

3900 Reservoir Rd NW

City

Washington

State / Province

District of Columbia

Zip / Postal Code

20007

Country

United States



Application

Application - - Marcus, Logan Paul



Specialty Type



Name of School

Georgetown University

Education Type

Graduate



Degree Attained

Master of Science



Date From

Jul-12-2010



Date To

Jun-24-2011



Did you graduate from the program?

Yes No

Graduation Date

Aug-31-2011



Major Program

Education Details

Licensee/Applicant *

Marcus, Logan Paul



Address

City

La Jolla

State / Province

California

Zip / Postal Code

92093

Country

United States



Application

Application - - Marcus, Logan Paul



Specialty Type



Name of School

University of California, San Diego School of M

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Sep-06-2011



Date To

Jun-07-2015



Did you graduate from the program?

Yes No

Graduation Date

Jun-07-2015



Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
Marcus, Logan Paul	United States Medical Licensing Examination (USMLE)	Apr-11-2013
Marcus, Logan Paul	United States Medical Licensing Examination (USMLE)	May-19-2014
Marcus, Logan Paul	United States Medical Licensing Examination (USMLE)	Oct-06-2014
Marcus, Logan Paul	United States Medical Licensing Examination (USMLE)	Dec-07-2015

Examination Details

Licensee / Applicant *

Marcus, Logan Paul 


Attended Date

Apr-11-2013 

Number of Attempts

1

Application


Application - - Marcus, Logan Paul 

Location

Result

254

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

I

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Marcus, Logan Paul



Attended Date

May-19-2014



Number of Attempts

1

Application

Application - - Marcus, Logan Paul



Location

Result

250

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

II CK

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Marcus, Logan Paul



Attended Date

Oct-06-2014



Number of Attempts

1

Application

Application - - Marcus, Logan Paul



Location

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

2 CS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Marcus, Logan Paul



Attended Date

Dec-07-2015



Number of Attempts

1

Application

Application - - Marcus, Logan Paul



Location

Result

227

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

III

Certificate Number

Exam Date



Expiration Date



Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Logan Marcus	A147657	N/A	Feb-28-2017	Dec-31-2024	California

Other License Details

Licensee/Applicant

Marcus, Logan Paul



Licensing Board or Regulatory Authority

Medical Board of California

License Number

A147657

State / Province

California

Country

United States



Application

Application - - Marcus, Logan Paul



License Type

License Status

License Renewed and Current

Issue Date

Feb-28-2017



Expiration Date

Dec-31-2024



Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type ▼
Marcus, Logan Paul	University of California, Los Angeles David Geffen School of Medicine	Surgery, Neurological	Jun-24-2015	Jun-30-2017	Internship/Residency
Marcus, Logan Paul	Stanford Health Care - Stanford University Program	Oncology/Radiation	Jul-01-2017	Jun-30-2019	Residency
Marcus, Logan Paul	University of Pennsylvania Health System Program	Occupational Medicine	Jul-01-2022	Jun-30-2024	Residency

Postgraduate Training Details

Licensee / Applicant *

Marcus, Logan Paul



Program Type *

Internship/Residency



Date From

Jun-24-2015



Name of School or Institution

University of California, Los Angeles David Geffer

Specialty Type

Surgery, Neurological



Other (Specialty)

Training Status *



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-2017



Application

Application - - Marcus, Logan Paul



Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

California

Zip / Postal Code

County



Country



Postgraduate Training Details

Licensee / Applicant *

Marcus, Logan Paul 

Program Type *

Residency 


Date From

Jul-01-2017 

Name of School or Institution

Stanford Health Care--Stanford University Program 

Specialty Type

Oncology,Radiation 

Other (Specialty)

Training Status *



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2019 

Application

Application - - Marcus, Logan Paul 

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

California

County



Street Address 1

Zip / Postal Code

Country



Postgraduate Training Details

Licensee / Applicant *

Marcus, Logan Paul 

Program Type *

Residency 

Date From

Jul-01-2022 

Name of School or Institution

University of Pennsylvania Health System Program 

Specialty Type

Occupational Medicine 

Other (Specialty)



Training Status *




Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2024 

Application

Application - - Marcus, Logan Paul 

Historical Major Program



Historical Degree Attained



Location Details

City




State / Province

Pennsylvania 

County



Street Address 1



Zip / Postal Code



Country




Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Logan Marcus	Occupational Medicine	Yes	Sep-23-2019	N/A

Specialty Details



Licensee / Applicant *

Marcus, Logan Paul  

Effective Date

Sep-23-2019 

Application

Application - - Marcus, Logan Paul  

Primary Specialty?

Yes No

Specialty Type *

Occupational Medicine  

Other (Specialty)

End Date



RECEIVED

JUL 28 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.



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 Logan P. Morris

Sign your name _____

Date 7/21/23

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.

