Demographic Details

First Name	Gender	
James	Male	7
Middle Name	Date of Birth	
Michael	1957	G
Last Name ∗	Name Suffix	
MURPHY		
Previous Name(s)	City of Birth	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public infor	mation)
	Public Information	
Is this person deceased?		
○ Yes ③ No		
Date Deceased		
Do you have a Nevada Business License in your individual name?		
○ Yes No		
Nevada BIN		
Historical File Number		

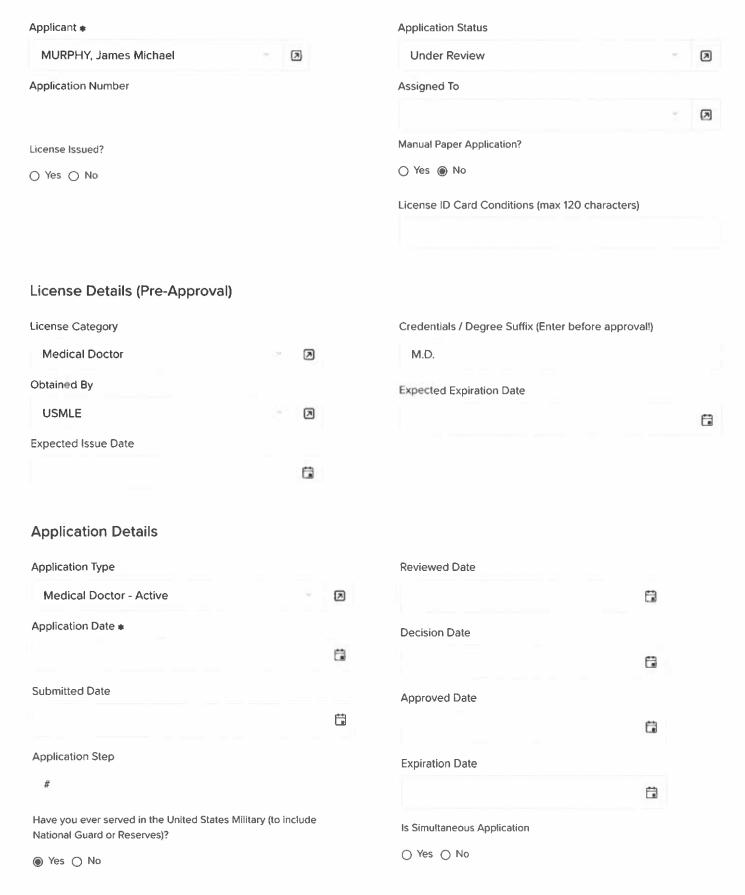
Military Detail

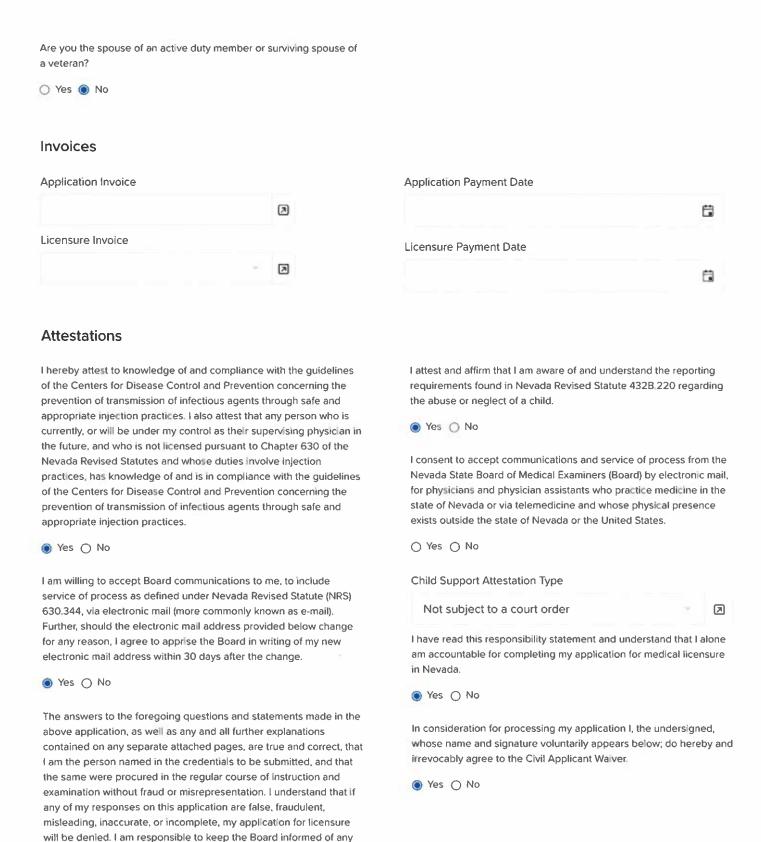
Have you ever served in the United States Military (to include National C	Guard or Reserves)?	
Discipline / SPL		
Disciplinary Action?	SPL?	
○ Yes ○ No	○ Yes ○ No	
	Date of SPL Issuance	
	ä	
Contact Information		
Primary Phone	Secondary Phone	
#	#	
Primary Phone Extension	Secondary Phone Extension	
Primary E-mail Address	Mail should be directed to	
		7
Cell Phone	Fax	
#	#	
Public Address		
Street Address	ZIP / Postal Code	
5080 Riordan Hill Dr	97031	
Address Line 2	State / Province	
N/A	Oregon	
City	Country	
Hood River	United States	7
County	Is your physical address different from your mailing address	ss?
OR	○ Yes No	
	Public Phone	
	# (503) 705-7425	

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	County (Mailing)

Application Status





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

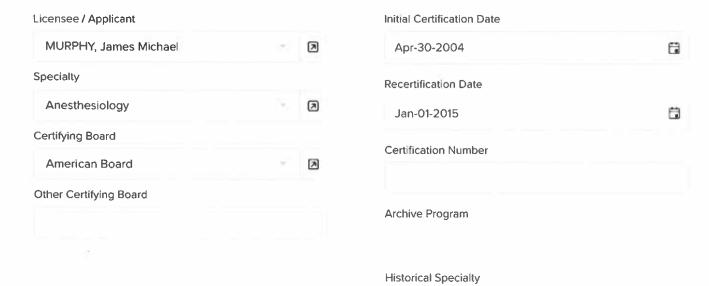
medicine in the state of Nevada.

Yes () No

Board Certifications

Licensee / Applicant	Ŧ	Certifying Board	Ŧ	Other Certifying Board	Ŧ	Specialty	T	Initial Certification Date	T	Recertification Date
MURPHY, James Michael		American Board		N/A		Anes the slology		Apr-30-2004		Jan-01-2015
MURPHY, James Michael		American Board		N/A		Peds, Anesthesiology		Sep-24-2016		N/A

Board Certification Details

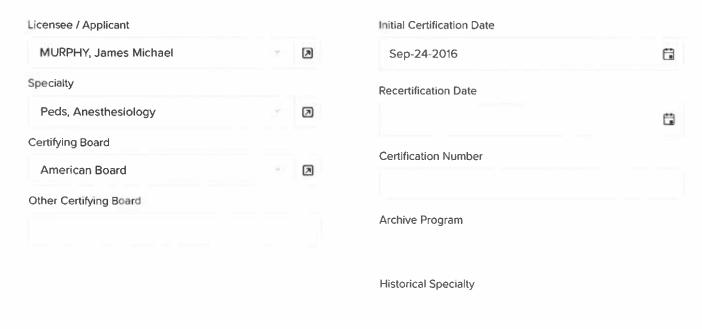


Connected Record



Application - MURPHY, James Michael

Board Certification Details



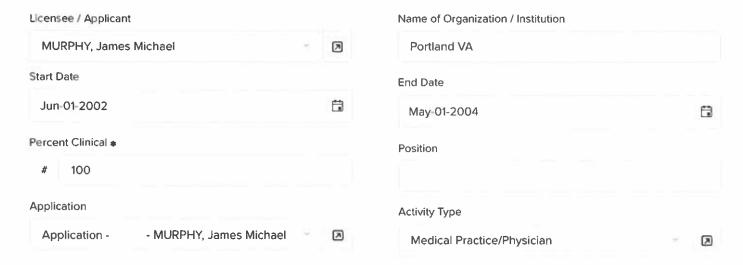
Connected Record

Application

Application - - MURPHY, James Michael

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date †	▼ End Date	Percent Clinical
James MURPHY	Portland VA	Jun-01-2002	Mey-01-2004	100
James MURPHY	University Medical Center	May-01-2004	Jun-30-2009	100
James MURPHY	Survise Medical Center	Jun-01-2006	Jun-30-2010	100
James MURPHY	Tuality Healthcare	Jun-15-2008	Feb-15-2010	100
James MURPHY	Providence Healthcare	Jan-30-2010	Jul 30-2013	100
MURPHY, James Michael	Womack Army Medical Center	Jun-30-2014	Apr-30-2016	100
MURPHY, James Michael	Oregon Health Sciences University	Nov-01-2016	Apr-01-2020	٥
MURPHY, James Michael	Fed ex	Apr-30-2020	Feb-02-2023	o





City

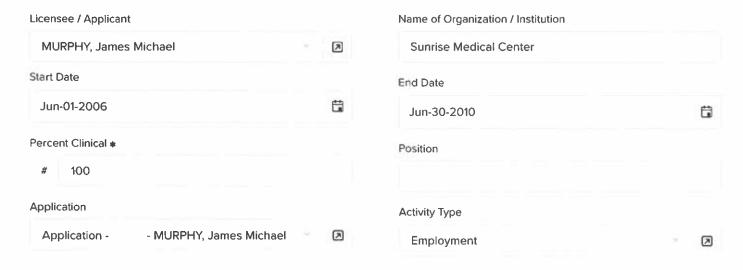
Las Vegas



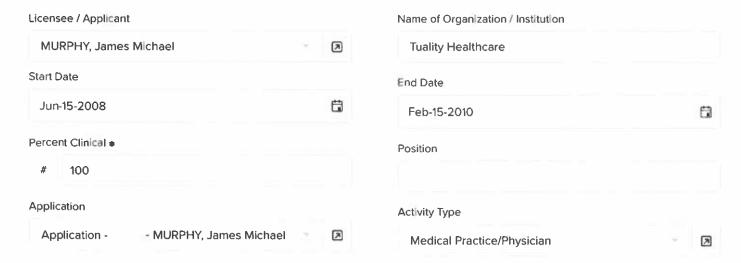
State / Province

Zip / Postal Code

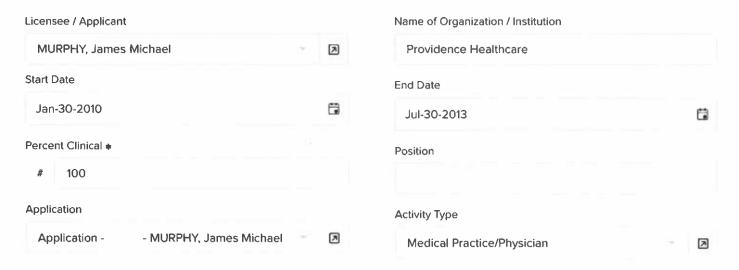
Nevada



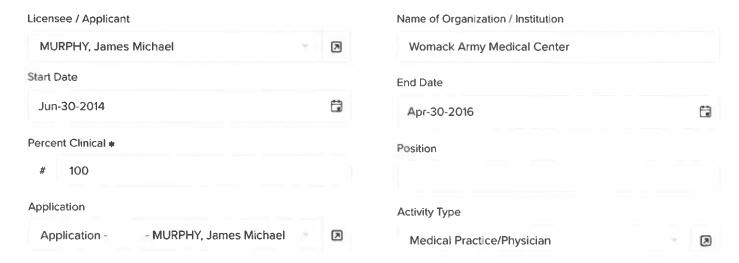




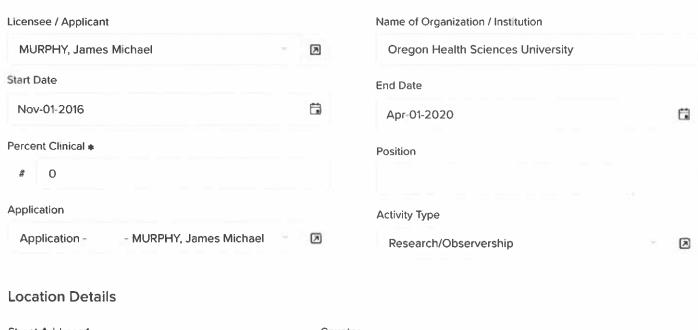




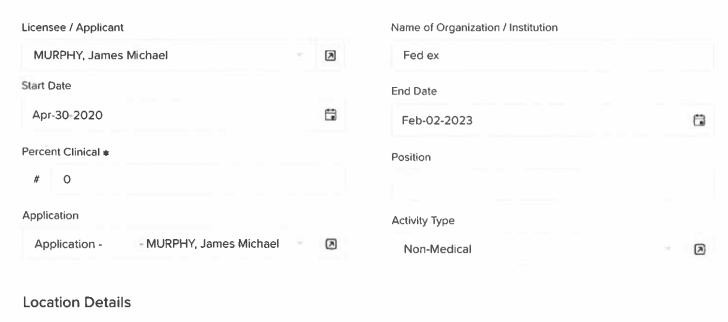














Ordinal †	•	Licensee/Applicant	7	Declaration Question	•	Answer	•	Answer Details	
1		James MURPHY		MD. PA = Q1 = Medical Condition Impair Safe Practice		No			
2		James MURPHY		MD, PA – Q2 – Medical Condition Field of Practice		No			
3		James MURPHY		MD, PA – Q3 – Chemical Substances Impair Safe Practice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

Licensee/Applicant

MURPHY, James Michael	9	7
Declaration Question		
ALL – Q7 – Arrest Question	÷	2
Answer		
Answer Details		
Ordinal		
# 7		

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

Related To

Application		Renewal				
Application -	- MURPHY, James Michael		A		7	

Application -

- MURPHY, James Michael

Licensee/Applicant MURPHY, James Michael Ø **Declaration Question** MD, Previously applied for licensure in Nevada. 2 Answer Yes ○ No **Answer Details** Ordinal 8 **Declaration Text** Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain) Related To **Application** Renewal

2

7

Licensee/Applicant			
MURPHY, James	Michael		7
Declaration Question	1		
MD – Q9 – Medio	cal License Revoked		2
Answer			
Yes ○ No			
Answer Details			
Ordinal			
# 11			
Declaration Text			
Have you EVER had a U.S. territory?	medical license or license to practice any other hea	aling art revoked, suspended, limit	ed, or restricted in any state, country or
Related To			
Application		Renewa	
Application -	- MURPHY, James Michael		7

Licensee/Applicant

MURPHY, James Michael	×	2
Declaration Question		
MD – Q13 – Investigation – Respond To/Notify Of	*	7
Answer		
Answer Details		

Ordinal

14

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				Renewal		
Application -	- MURPHY, James Michael	1	2		1.00	7

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From 🔻	Date To †	Graduation Date
James MURPHY	College/University	SONOMA STATE UNIVERSITY	Bachelor of Arts	Sep-05-1986	Aug-30-1991	Aug-30-1991
MURPHY, James Michael	Medical School	Ross University	Transfer red	Nov-12-1992	Aug-24-1995	N/A
MURPHY, James Michael	Medical School	Saba University School of Medicine	Medical Doctor Degree	Sep-04-1995	Jun-01-1996	Jun-01-1996

Education Details

Licensee/Applicant •	Name of School			
MURPHY, James Michael		SONOMA STATE UNIVERSITY		
Address		Education Type		
		College/University	× 1	
City		Degree Attained		
ROHNERT PARK		Bachelor of Arts	~ A	
State / Province		Date From		
California		Sep-05-1986		
Zip / Postal Code		Date To		
		Aug-30-1991	Ci	
Country		Did you graduate from the program?		
United States	7	Yes ○ No		
Application		Graduation Date		
Application - MURPHY, James Mic	chael 🗷	Aug-30-1991	ä	
Specialty Type		Major Program		
	- 2			

Education Details

Licensee/Applicant *				Name of School	
MURPHY, James Michael		8	Ø	Ross University	
Address				Education Type	
				Medical School	Z
City				Degree Attained	
Dominica				Transferred	B
State / Province				Date From	
West Indies				Nov-12-1992	
Zip / Postal Code				Date To	
				Aug-24-1995	
Country				Did you graduate from the program?	
Barbados		100	Ø	○ Yes ⑥ No	
Application				Graduation Date	
Application - MURI	PHY, James Michael		A		
Specialty Type				Major Program	
		4	2		

Education Details

Licensee/Applicant *			Name of School		
MURPHY, James Michael	Z.	A	Saba University School of Medicine		
Address			Education Type		
			Medical School	2	Ð
City			Degree Attained		
Bottoms			Medical Doctor Degree	- 2	3
State / Province			Date From		
Saba			Sep-04-1995	E	
Zip / Postal Code			Date To		
			Jun-01-1996	E .	1
Country			Did you graduate from the program?		
Netherlands Antilles	100	A	Yes ○ No		
Application			Graduation Date		
Application MURPHY, James Michael		7	Jun-01-1996	G	
Specialty Type			Major Program		
	90	A			

Examinations

Licensee / Applicant	Ŧ	Examination Type	T	Attended Date †
MURPHY, James Michael		United States Medical Licensing Examination (USMLE)		Sep-22/1994
MURPHY, James Michael		United States Medical Licensing Examination (USMLE)		Aug 30 1995
MURPHY, James Michael		ECFMG		Jun 21-1996
MURPHY, James Michael		United States Medical Licensing Examination (USMLE)		May-13-1997

Licensee / Applicant *		Examination Type
MURPHY, James Michael	B	United States Medical Licensing Examination (USMLE)
Attended Date		Other Exam
Sep-22-1994		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application MURPHY, James Michael	7	1
Location		Certificate Number
Result		Exam Date
212		
		Expiration Date
		ä

Licensee / Applicant *		Examination Type
MURPHY, James Michael	2	United States Medical Licensing Examination (USMLE)
Attended Date		Other Exam
Aug-30-1995	Ħ	
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application - MURPHY, James Michael	7	2 CK
Location		Certificate Number
Result		Exam Date
208		
		Expiration Date
		A

Licensee / Applicant *			Examination Type	
MURPHY, James Michael		7	ECFMG	7
Attended Date			Other Exam	
Jun-21-1996				
Number of Attempts			Are you currently certified?	
#				
Application			Steps	
Application - MURPHY, James Michael	¥	7		
Location			Certificate Number	
Result			Exam Date	
			Expiration Date	

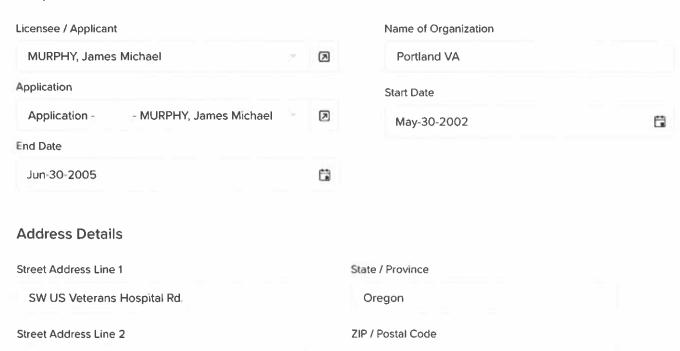
Licensee / Applicant *		Examination Type
MURPHY, James Michael	2	United States Medical Licensing Examination (USMLE) 🗷
Attended Date		Other Exam
May-13-1997	Ē	
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application MURPHY, James Michael	7	3
Location		Certificate Number
Result		Exam Date
214		Ġ.
		Expiration Date
		÷ i

Hospitals

Licensee / Applicant	7	Name of Organization	T	Start Date †	T	End Date
James MURPHY		Portland VA		May-30-2002		Jun-30-2005
James MURPHY		University Medical Center		May-30-2004		Jun-30-2010
James MURPHY		Summerlin Hospital		Jun-30-2004		Jun-30-2008
James MURPHY		Sunrise Medical Center		May-30-2006		Jun-30-2010
James MURPHY		Providence Healhcare		Jul-01-2009		Apr-01-2014
James MURPHY		US Army		Jun-01-2014		Apr-01-2016

City

Portland



97239

United States

2

Country

Las Vegas

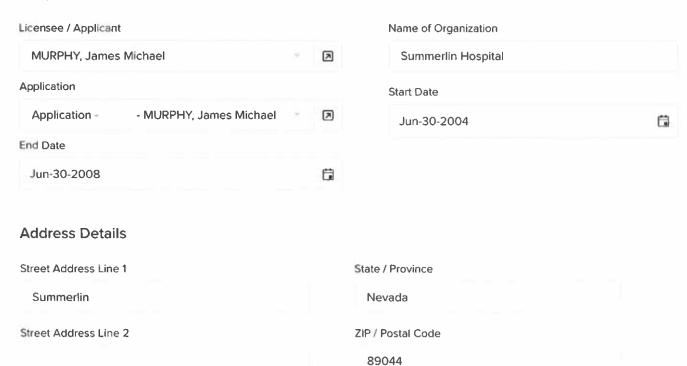


United States

2

City

Las Vegas



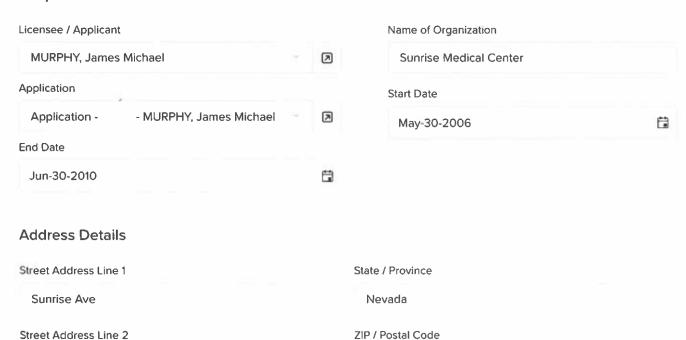
Country

United States

7

City

Las Vegas



89044

United States

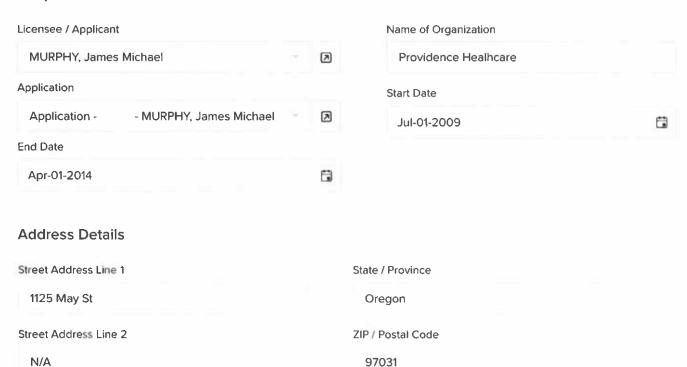
Z

Country

Hospital Details

City

Hood River

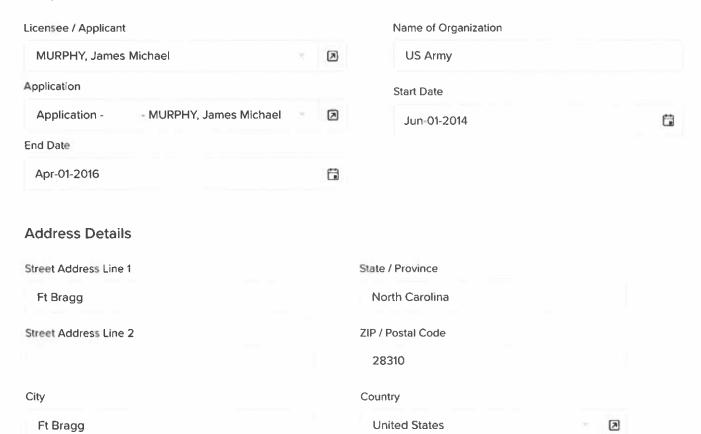


Country

United States

Ø

Hospital Details



Military Service

Licensee / Applicant	Ŧ	Branch of Service	Ŧ	Military Occupation Specialty	•	Start Date	Ť	End Date	
MURPHY, James Michael		U.S Air Force		Medical Services		Jul-01-2005		Aug-22-2016	

Military Service Details

the United States?

O Yes
No

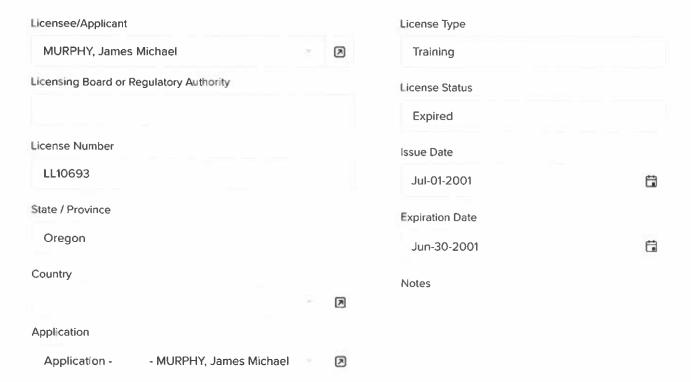
Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of

Licensee / Applicant * Branch of Service # MURPHY, James Michael A U.S. Air Force 7 Military Occupation Specialty * Start Date * **Medical Services** Z Jul-01-2005 **End Date** Application Aug-22-2016 Application -- MURPHY, James Michael 7 Have you ever served on active duty in the Armed Forces of the Are you still serving? **United States?** O Yes No O Yes No Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Did you separate from service under conditions other than Forces of the United States? dishonorable? Yes ○ No Yes No Have you ever served the Commissioned Corps of the United States Public Health Service or the Comissioned Corps of the National

Other Licenses

							_			
Licensee/Applicant	7	License Number	т	License Type	T	Issue Date	T	Expiration Date	T	State / Province †
MURPHY, James Michael		10812		N/A		Feb-23-2004		Jun-30-2013		Nevada
MURPHY, James Michael		LL10693		Training		Jul-01-2001		Jun-30-2001		Oregon
MURPHY, James Michael		LL08686		Training		Jul-01-1999		Jun-30-1999		Oregon
MURPHY, James Michael		MD23891		N/A		Jul-12-2002		Aug-16-2018		Oregon
MURPHY, James Michael		LL09579		Training		Jul-01-2000		Jun-30-2002		Oregon
MURPHY, James Michael		0116010026		Training		Jul-01-1998		Jun-30-1999		Virginia

Licensee/Applicant			License Type	
MURPHY, James Michael	×	7		
Licensing Board or Regulatory Authority			License Status	
Nevada			inactive	
License Number			Issue Date	
10812			Feb-23-2004	
State / Province			Expiration Date	
Nevada			Jun-30-2013	ä
Country			Notes	
United States	77			
Application				
Application MURPHY, James Michael	15	A		



Licensee/Applicant		License Type	
MURPHY, James Michael	_ 2	Training	
Licensing Board or Regulatory Authority		License Status	
		Expired	
License Number		Issue Date	
LL08686		Jul-01-1999	Ci
State / Province		Expiration Date	
Oregon		Jun-30-1999	-
Country		Notes	
	7		
Application			
Application MURPHY, James Mic	hael 🗷		

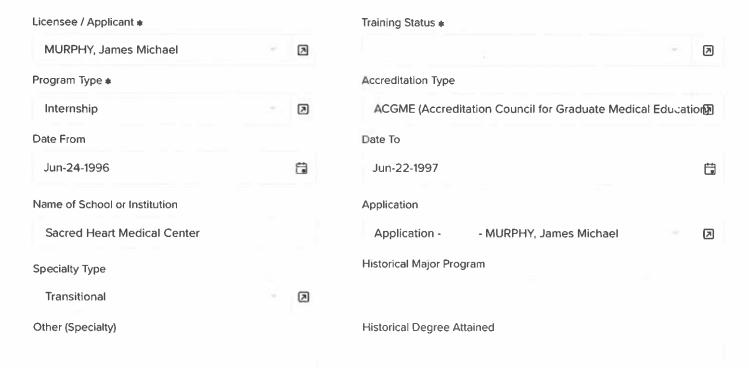
Licensee/Applicant			License Type	
MURPHY, James Michael	-	2		
Licensing Board or Regulatory Authority			License Status	
Oregon			Revoked	
License Number			Issue Date	
MD23891			Jul-12-2002	
State / Province			Expiration Date	
Oregon			Aug-16-2018	G
Country			Notes	
United States	177	7		
Application				
Application MURPHY, James Mic	hael	7		

Licensee/Applicant			License Type	
MURPHY, James Michael	-	2	Training	
Licensing Board or Regulatory Authority			License Status	
			Expired	
License Number			Issue Date	
LL09579			Jul-01-2000	a
State / Province			Expiration Date	
Oregon			Jun-30-2002	
Country			Notes	
	-75	2		
Application				
Application MURPHY, James Michae		7		

Licensee/Applicant			License Type	
MURPHY, James Michael	×	7	Training	
Licensing Board or Regulatory	y Authority		License Status	
			Expired	
License Number			Issue Date	
0116010026			Jul-01-1998	Ê
State / Province			Expiration Date	
Virginia			Jun-30-1999	ä
Country			Notes	
	7	Ø		
Application				
Application MUF	RPHY, James Michael	7		

Postgraduate Training

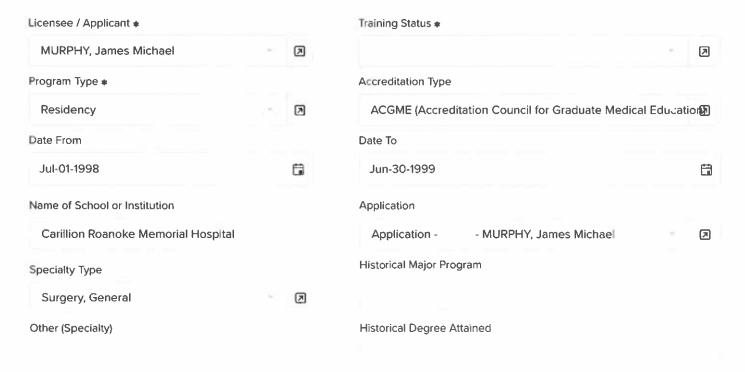
Licensee / Applicant	Name of School or Institution	T	Specialty Type	T	Date From	T	Date To †	T	Program Type
MURPHY James Michael	Sacred Heart Medical Center		Transitional		Jun-24-1996		Jun-22-1997		Internship
MURPHY, James Michael	Charleston Area Medical Center		Surgery, General		Jul-01-1997		Jun-30-1998		Internship
MURPHY, James Michael	Car I on Roanoke Memorial Hospital		Surgery, General		Jul-01-1998		Jun-30-1999		Residency
MURPHY, James Michael	Oregon Health and Sciences University		Anesthesiology		Jul-01-1999		Jun-30-2002		Residency



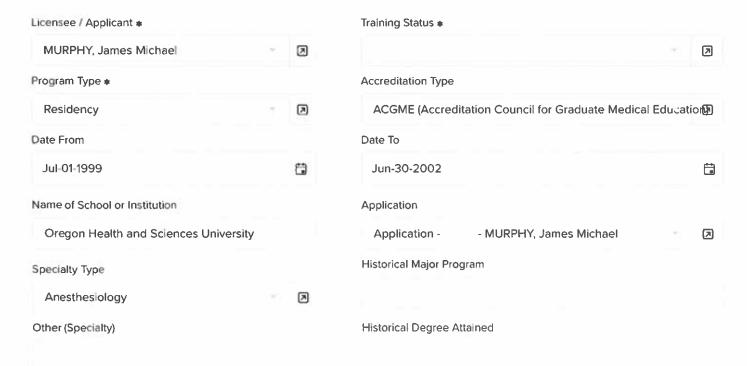
City		Street Address 1	
State / Province		Zip / Postal Code	
Washington			
County		Country	
	7	11	

Licensee / Applicant *			Training Status •	
MURPHY, James Michael	~;	7		2
Program Type *			Accreditation Type	
Internship		7	ACGME (Accreditation Council for Graduate Medical Education	egno
Date From			Date To	
Jul-01-1997			Jun-30-1998	
Name of School or Institution			Application	
Charleston Area Medical Center			Application MURPHY, James Michael	7
Specialty Type			Historical Major Program	
Surgery, General	-	7		
Other (Specialty)			Historical Degree Attained	

City		Street Address 1	
State / Province		Zip / Postal Code	
West Virginia			
County		Country	
	7		- 2







City		Street Address 1	
State / Province		Zip / Postal Code	
Oregon			
County		Country	
	- (3)		a

Specialties

Licensee / Applicant	T	Specialty Type	Ŧ	Primary Specialty?	т	Effective Date	т	End Date	T
James MURPHY		Anesthesiology		Yes		Apr 30-2002		Dec-31-2024	

Specialty Details

Licensee / Applicant * Specialty Type ***** MURPHY, James Michael Ø Anesthesiology 7 Effective Date Other (Specialty) Apr-30-2002 End Date Application Application -Dec-31-2024 - MURPHY, James Michael Z Primary Specialty? Yes ○ No

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.

0 0 0 0

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 JAMES MICHAEL MURPHY										
Sign your name										
Date 11 SEP 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.

RECEIVED

SEP 26 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS

