Demographic Details

First Name	Gender	
Charles	Male	× 3
Middle Name	Date of Birth	
Denis	1951	
Last Name *	Name Suffix	
Howard		
Previous Name(s)	City of Birth	
Charles Denis Howard Reiber		
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public informatio	n)
	Public Information	
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		

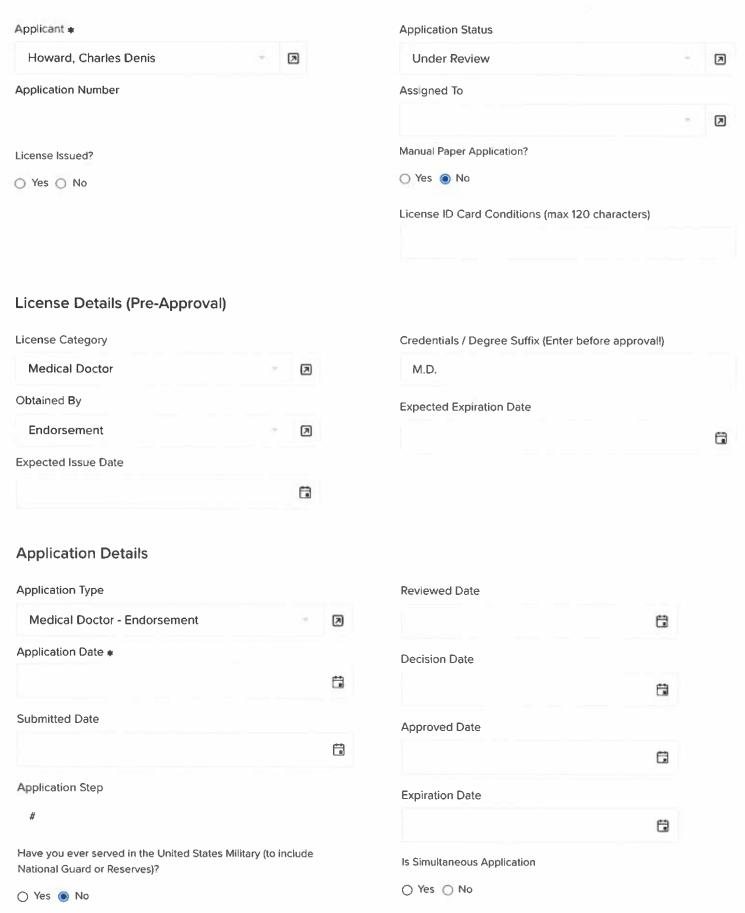
Military Detail

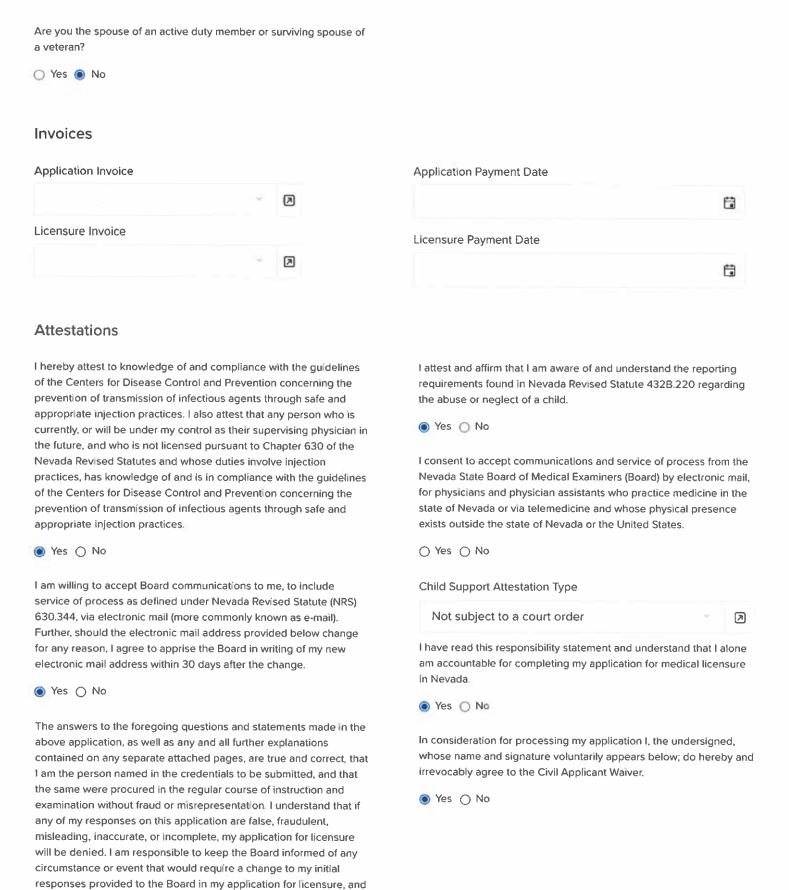
Have you ever served in the United States Military (to include National	Guard or Reserves)?
○ Yes No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ Yes ○ No
	Date of SPL Issuance
	ä
Contact Information	
Primary Phone	Secondary Phone
#	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
	- D
Cell Phone	Fax
#	,
Public Address	
Street Address	ZIP / Postal Code
3585 NE 207th St	33280
Address Line 2	State / Province
Ste C9 #801235	Florida
City	Country
Miami	United States
	Is your physical address different from your mailing address?
County Miami-Dade	Yes No
maini-Dade	Public Phone
	# (786) 539-3340

Mailing Address

Street Address	City (Mailing)	
Address Line 2	State / Province (Mailing)	
ZIP / Postal Code (Mailing)	County (Mailing)	Ø
	County (Mailing)	6

Application Status



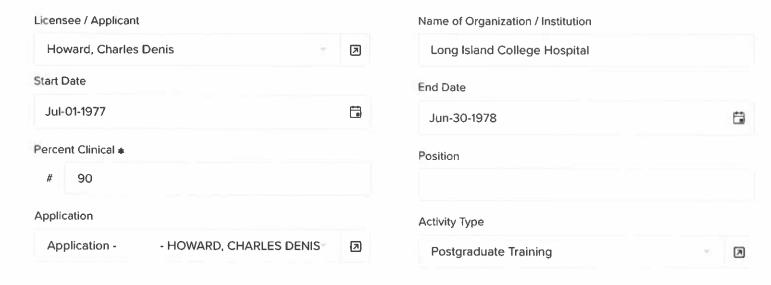


medicine in the state of Nevada.

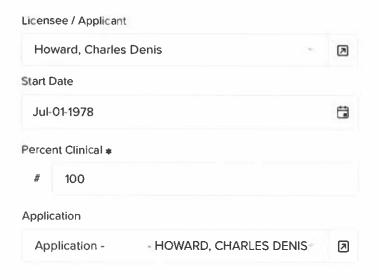
which occurs prior to my being granted licensure to practice

Activities

Licensee / Applicant	Name of Organization / Institution	T I	Start Date †	T	End Date	7	Percent Clinical
CHARLES HOWARD	Long Island College Hospital		Jul-01-1977		Jun-30-1978		90
CHARLES HOWARD	University of Tennessee College of Medicine		Jul-01-1978		Jun-30-1981		100
CHARLES HOWARD	Tufts Medical Center		Jul-01-1981		Jun-30-1982		100
CHARLES HOWARD	Charles D. Howard, MD (Private Solo Practice - Ophthalmology)		Jul-01-1982		Dec-31-2004		90
CHARLES HOWARD	US Department of Justice, Federal Bureau of Prisons Federal Medical Center		Nov-01-2002		Dec-31-2016		90
HOWARD, CHARLES DENI	S US Department of Justice, Federal Bureau of Prisons Federal Detention Center		Dec-19-2016		Nov-30-2022		70
HOWARD, CHARLES DENI	S Barry University		Jan-01-2019		May-31-2023		0
HOWARD, CHARLES DENI	S Federal Bureau of Prisons		Nov-01-2022		Dec-31-2022		0
HOWARD, CHARLES DENI	S MedAvise Consultants, LLC		Jan-01-2023		Dec-31-2023		100
HOWARD, CHARLES DENI	S Barry University		May-01-2023		Dec-31-2023		40

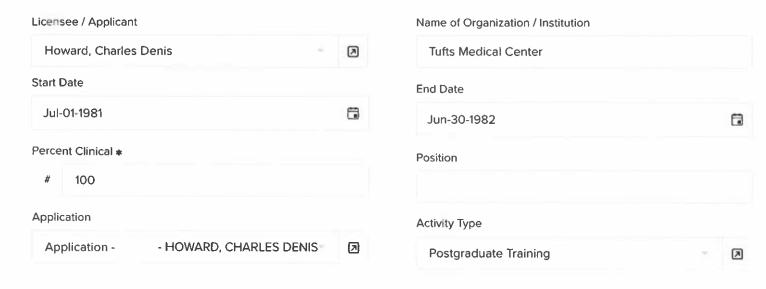












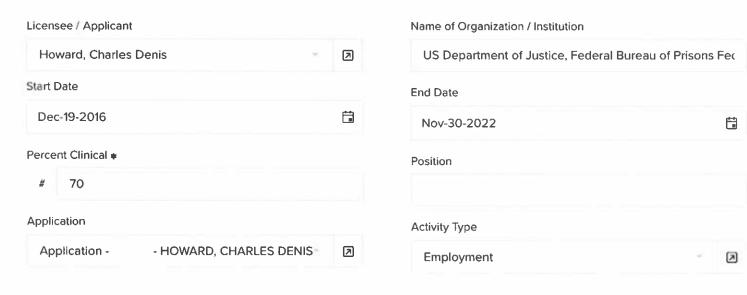




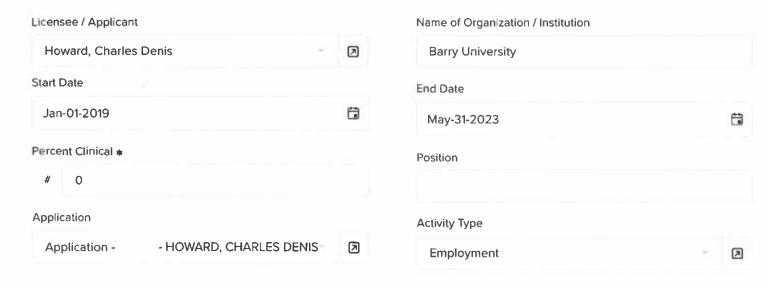




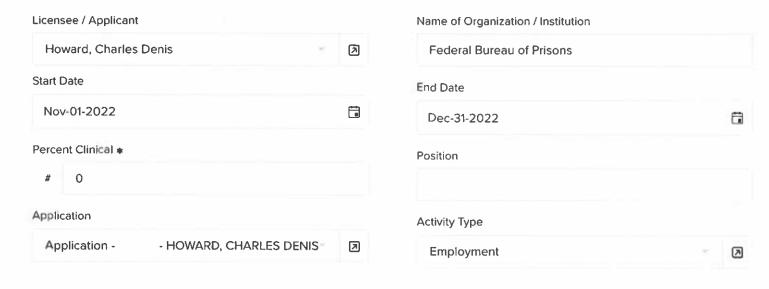




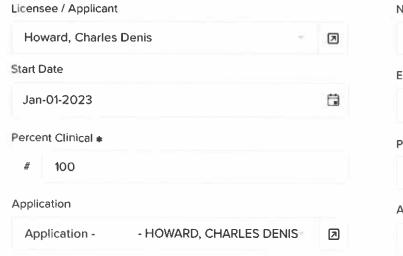






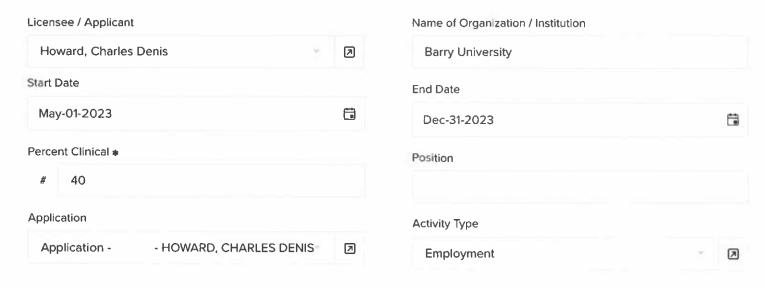












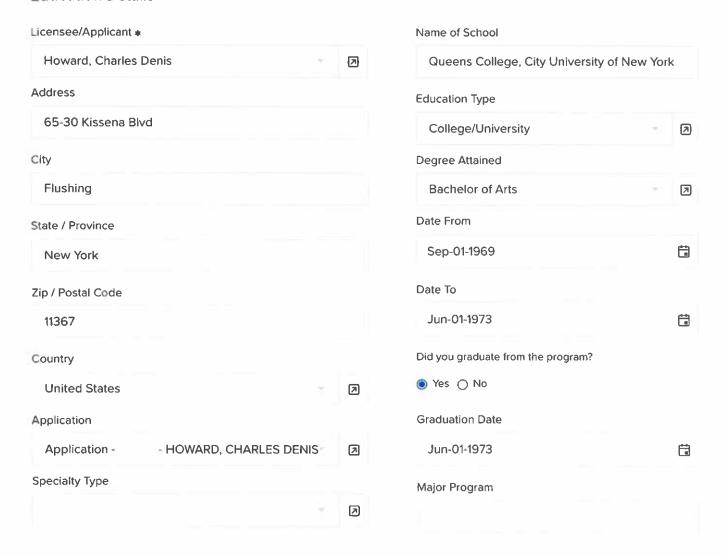


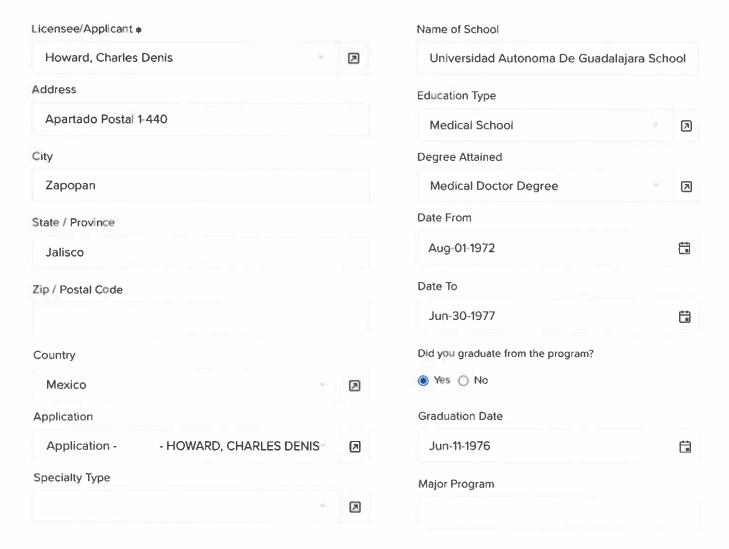
Declarations

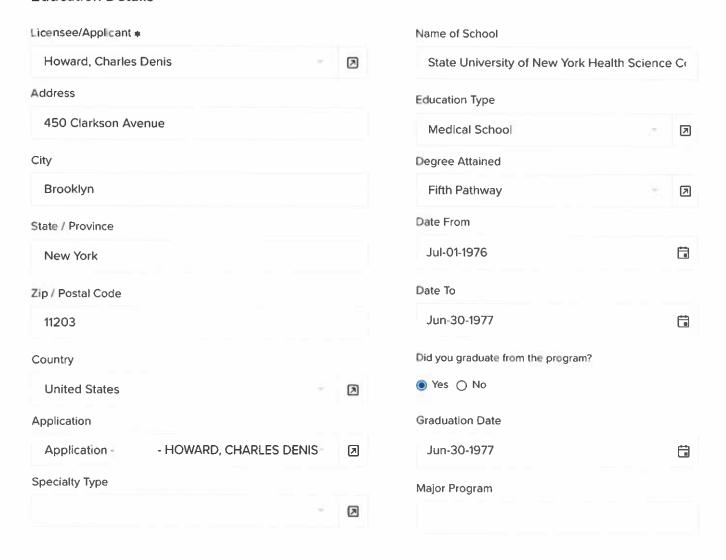
Ordinal †	T	Licensee/Applicant	Declaration Question	•	Answer	•	Answer Details
1		CHARLES HOWARD	MD, PA = Q1 = Medical Condition Impair Safe Practice		No		
2		CHARLES HOWARD	MD, PA = Q2 = Medical Condition Field of Practice		No		
3		CHARLES HOWARD	MD, PA – Q3 – Chemical Substance: Impair Safe Practice		No		
4		CHARLES HOWARD	MD, PA, LL – Q4 – Performance of Public Service Requirement		No		
5		CHARLES HOWARD	ALL = Q5 = Named Defendant Respond to Legal Action		No		
6		CHARLES HOWARD	ALL = Q6 = Malpractice Claim Paid		No		
7		CHARLES HOWARD	ALL = Q7 = Arrest Question		No		
8		CHARLES HOWARD	MD. Previously applied for licensure in Nevada		No		
9		CHARLES HOWARD	MD = Investigation Disciplinary during Training Program		No		
10		CHARLES HOWARD	MD = Q8 = Denied License / Permission to Practice Medicine		No		
-11		CHARLES HOWARD	MD – Q9 – Medical License Revoked		No		
12		CHARLES HOWARD	MD – G11 – Voluntarily Surrendered a License		No		
13		CHARLES HOWARD	MD = Q12 = Denied Membership		No		
14		HOWARD, CHARLES DENIS	MD – Q13 – Investigation – Respond To/Notify Of		No		
15		CHARLES HOWARD	MD, PA – Q10 – Controlled Substance Registration		No		
16		CHARLES HOWARD	MD, PA, CCP, Hospital Privileges Denied, Suspended		No		

Education

Licensee/Applicant Y	Education Type T	Name of School	Degree Attained 🔻	Date From † *	Date To ↑ ▼	Graduation Date
HOWARD, CHARLES DENIS	College/University	Queens College, City University of New York	Bachelor of Arts	Sep-01-1969	Jun-01-1973	Jun-01-1973
HOWARD, CHARLES DENIS	Medical School	Universidad Autonoma De Guadalajara School of Medicine	Medical Doctor Degree	Aug-01-1972	Jun-30-1977	Jun-11-1976
HOWARD, CHARLES DENIS	Medical School	State University of New York Health Science Center	Fifth Pathway	Jul-01-1976	Jun 30-1977	Jun-30-1977
HOWARD, CHARLES DENIS	Graduate	Carnegle Melton University - Heinz College	Master's Degree	Aug-01-2000	Aug-01-2001	Aug-01-2001





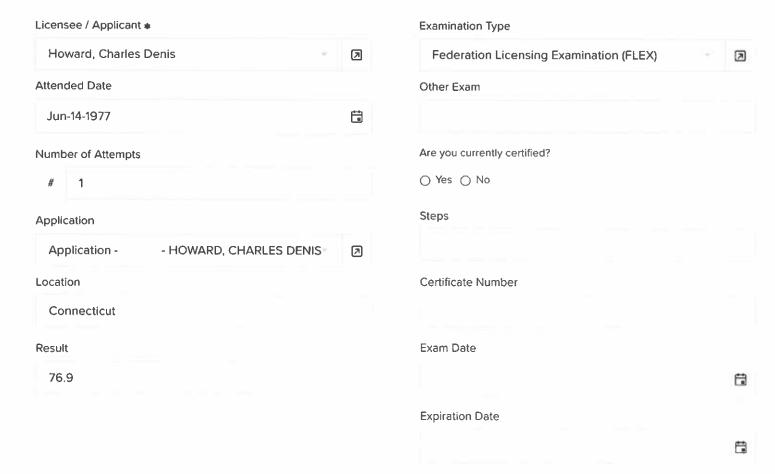


Licensee/Applicant *				Name of School			
Howard, Charles I	Denis	Carnegie Mellon University - Heinz College					
Address				Education Type			
5000 Forbes Ave				Graduate	2		
City				Degree Attained			
Pittsburgh				Master's Degree	7		
State / Province				Date From			
Pennsylvania				Aug-01-2000	<u> </u>		
Zip / Postal Code				Date To			
15213				Aug-01-2001			
Country				Did you graduate from the program?			
United States	*	Į,	A	Yes No			
Application				Graduation Date			
Application -	- HOWARD, CHARLES DENIS		7	Aug-01-2001			
Specialty Type				Major Program			
	į.		Z				

Examinations

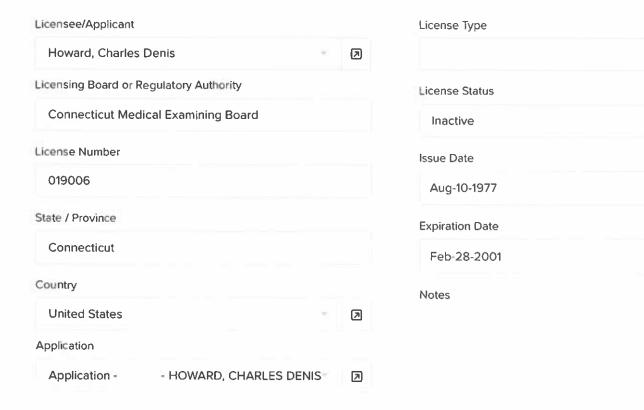
Licensee / Applicant	T	Examination Type	T	Attended Date	(4.5%	600
HOWARD, CHARLES DENIS		Federation Licensing Examination (FLEX)		Jun-14-1977		

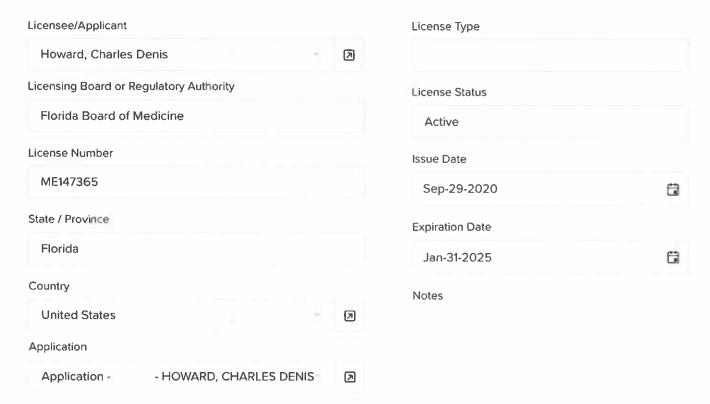
Examination Details

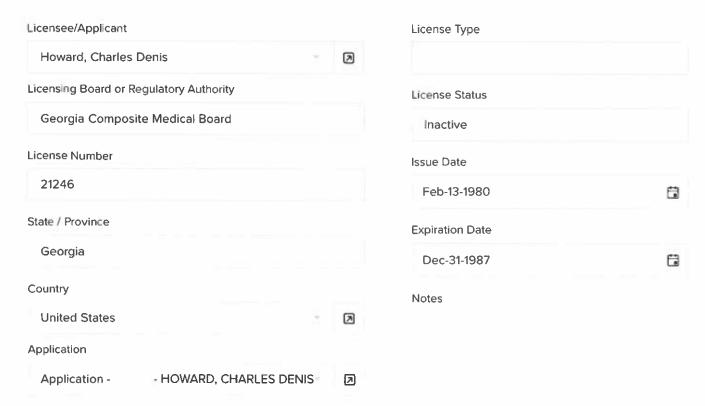


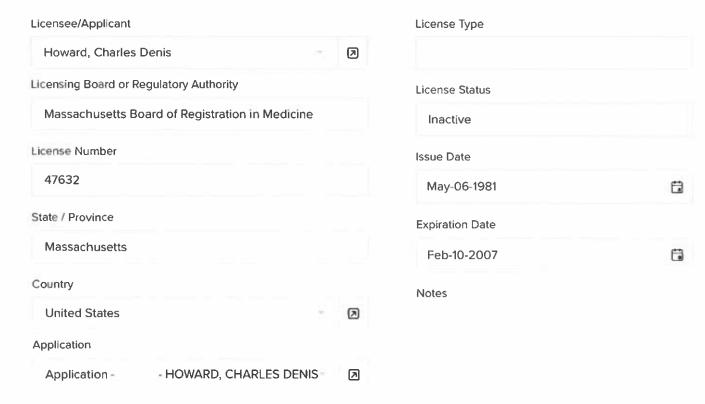
Other Licenses

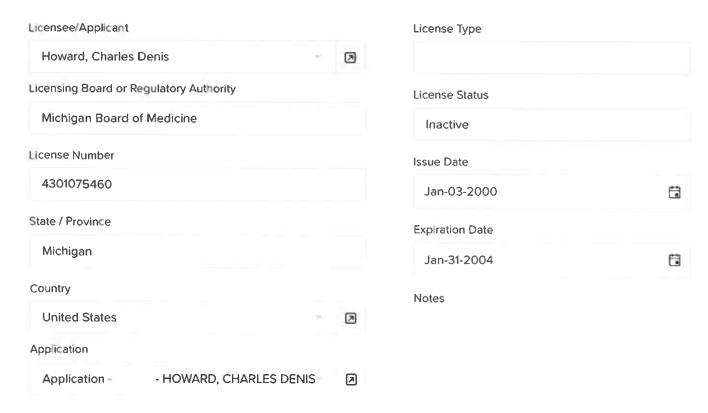
Licensee/Applicant	T	License Number	₹	License Type	•	Issue Date	T	Expiration Date	Ŧ	State / Province †
HOWARD, CHARLES DENIS		019006		N/A		Aug-10-1977		Feb-28-2001		Connecticut
HOWARD, CHARLES DENIS		ME147365		N/A		Sep-29-2020		Jan-31-2025		Florida
HOWARD, CHARLES DENIS		21246		N/A		Feb-13-1980		Dec-31-1987		Georgia
HOWARD, CHARLES DENIS		47632		N/A		May-06-1981		Feb-10-2007		Massachusetts
HOWARD, CHARLES DENIS		4301075460		N/A		Jan-03-2000		Jan-31-2004		Michigan
HOWARD, CHARLES DENIS		6544		N/A		Jun-24-1982		Jun-30-2024		New Hampshire
HOWARD, CHARLES DENIS		134087		N/A		Mar-24-1978		Mar-24-1978		New York
HOWARD, CHARLES DENIS		6233		N/A		Nov-22-1991		Dec-31-2002		North Dakota
HOWARD, CHARLES DENIS		11328		N/A		Jul-31-1978		Dec-31-1990		Tennessee

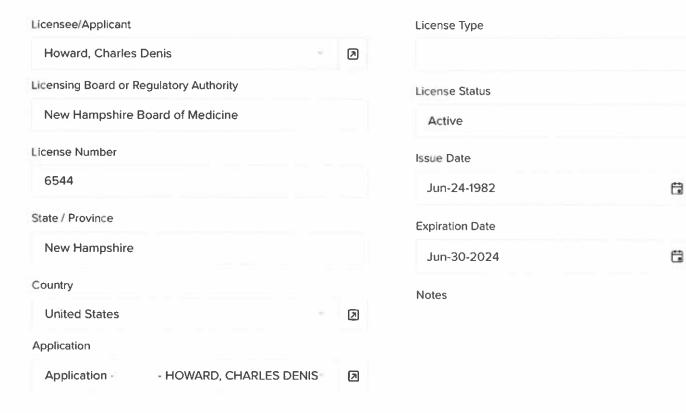


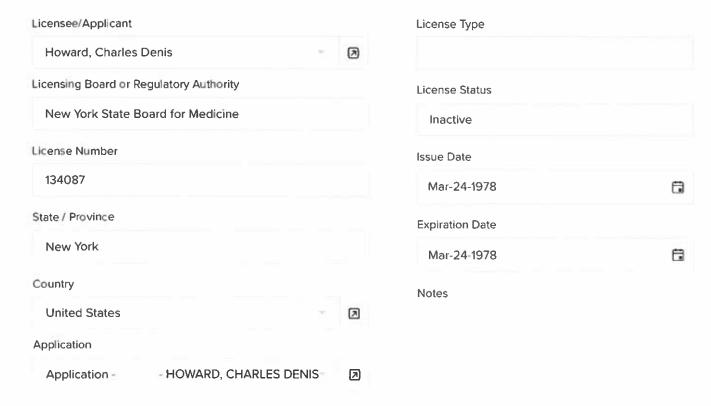


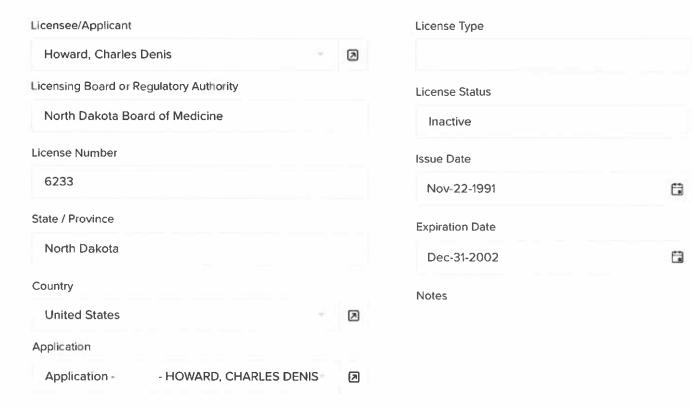


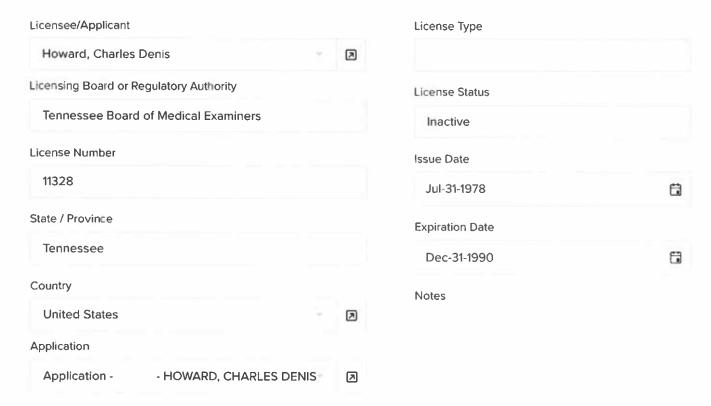












Postgraduate Training

Licensee / Applicant	Name of School or Institution	Ť	Specialty Type	Ŧ	Date From †	Ť	Date To †	T	Program Type
HOWARD, CHARLES DENIS	The Long Island College Hospital		Internal Medicine		Jul-01-1977		Jun-30-1978		Internship
HOWARD, CHARLES DENIS	University of Tennessee College of Medicine		Ophthalmology		Jul-01-1978		Jun-30-1981		Residency
HOWARD, CHARLES DENIS	Tufts Medical Center Program		Other		Jul-01-1981		Jul-30-1982		Fellowship

Postgraduate Training Details

County

Licensee / Applicant *		Training Status *
Howard, Charles Denis	7	
Program Type *		Accreditation Type
Internship	· A	ACGME (Accreditation Council for Graduate Medical Education)
Date From		Date To
Jul-01-1977		Jun-30-1978
Name of School or Institution		Application
The Long Island College Hospital		Application - HOWARD, CHARLES DENIS
Specialty Type		Historical Major Program
Internal Medicine	~ 3	
Other (Specialty)		Historical Degree Attained
Location Details		
City		Street Address 1
State / Province		Zip / Postal Code
New York		

Country

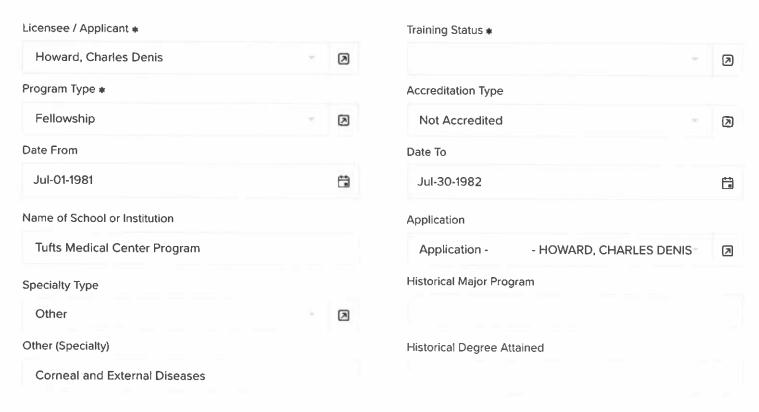
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Postgraduate Training Details

Licensee / Applicant *		Training Status *
Howard, Charles Denis	2	A
Program Type *		Accreditation Type
Residency	2	ACGME (Accreditation Council for Graduate Medical Education)
Date From		Date To
Jul-01-1978	•	Jun-30-1981
Name of School or Institution		Application
University of Tennessee College of Medicine		Application - HOWARD, CHARLES DENIS
Specialty Type		Historical Major Program
Ophthalmology	7	
Other (Specialty)		Historical Degree Attained
Location Details		
City		Street Address 1
State / Province		Zip / Postal Code
Tennessee		
County		Country
- 12	a	· [7]

Postgraduate Training Details

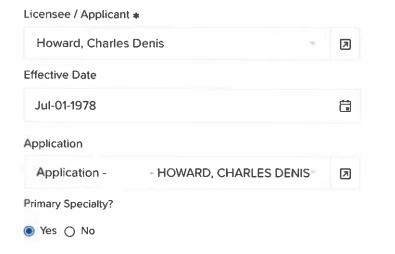


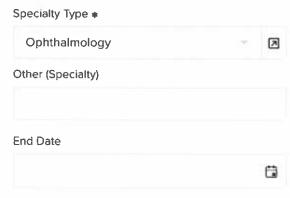


Specialties

Licensee / Applicant T	Specialty Type	Ŧ	Primary Specialty?	7	Effective Date	Ŧ	End Date
CHARLES HOWARD	Ophthalmology		Yes		Jul-01-1978		N/A

Specialty Details





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	Charles Denis Howard, MD, MMM	RECEIVED
Sign your name		NOV 06 2023
Date	5/20/2023	NEVADA STATE BOARD OF MEDICAL EXAMINERS

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.

