

Demographic Details

First Name

Morton

Middle Name

Isaac

Last Name *

HYSON

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

1949

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-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

Pebble Hills Ct.

Address Line 2

City

Las Vegas

County

Clark

ZIP / Postal Code

89141-6080

State / Province

Nevada

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

(702) 400-7460

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
Morton Hyson	Potsdam General Hospital	Aug-01-1981	May-01-1983	100
Morton Hyson	Private Practice	Sep-01-1983	May-01-1990	100
HYSON, Morton Isaac	University of NV School of Medicine	Sep-01-1990	Apr-21-2021	100
Morton Hyson	Muscular Dystrophy Association	Sep-01-1991	May-01-1993	100

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

HYSON, Morton Isaac



Start Date

Sep-01-1990



Name of Organization / Institution

University of NV School of Medicine

End Date

Apr-21-2021



Percent Clinical *

100

Position

Application

Application - - HYSON, Morton Isaac



Activity Type

Employment



Location Details

Street Address 1

Country

United States



City

Las Vegas

State / Province

Nevada

Zip / Postal Code

Application Activity Details

Licensee / Applicant

HYSON, Morton Isaac  

Name of Organization / Institution

Muscular Dystrophy Association

Start Date

Sep-01-1991 

End Date

May-01-1993 

Percent Clinical *

100

Position

Application

Application - - HYSON, Morton Isaac  

Activity Type


Employment  

Location Details

Street Address 1

19 Pebble Hills Ct

Country

United States  

City

Las Vegas

State / Province

Nevada

Zip / Postal Code

89141

Declarations

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

Declaration

Licensee/Applicant

HYSON, Morton Isaac



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes No

Answer Details

Ordinal

6

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To

Application

Application - - HYSON, Morton Isaac



Renewal



Declaration

Licensee/Applicant

HYSON, Morton Isaac 

Declaration Question

MD – Q9 – Medical License Revoked 

Answer

Yes No

Answer Details

Ordinal

11

Declaration Text

Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?

Related To

Application

Application - - HYSON, Morton Isaac 

Renewal




Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
HYSON, Morton Isaac	Medical School	Wayne State School of Medicine	Medical Doctor Degree	Sep-05-1975	May-31-1979	Jun-03-1979

Education Details

Licensee/Applicant *

HYSON, Morton Isaac  

Address

City

Detroit

State / Province

Michigan

Zip / Postal Code

Country

United States  

Application

Application - - HYSON, Morton Isaac  

Specialty Type

Name of School

Wayne State School of Medicine

Education Type

Medical School  

Degree Attained

Medical Doctor Degree  

Date From

Sep-05-1975 

Date To

May-31-1979 

Did you graduate from the program?

Yes No

Graduation Date

Jun-03-1979 

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
HYSON, Morton Isaac	National Board of Medical Examiners (NBME)	Jun-01-1977
HYSON, Morton Isaac	National Board of Medical Examiners (NBME)	Sep-01-1978
HYSON, Morton Isaac	National Board of Medical Examiners (NBME)	Mar-01-1980
HYSON, Morton Isaac	Federation Licensing Examination (FLEX)	Jun-01-1983

Examination Details

Licensee / Applicant *

HYSON, Morton Isaac  

Attended Date

Jun-01-1977 

Number of Attempts

1

Application


Application - - HYSON, Morton Isaac  

Location

Result

550

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

HYSON, Morton Isaac 

Attended Date

Sep-01-1978 

Number of Attempts

1

Application

Application - - HYSON, Morton Isaac 

Location

Result

505

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

II

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

HYSON, Morton Isaac 

Attended Date

Mar-01-1980 

Number of Attempts

1

Application


Application - - HYSON, Morton Isaac 

Location

Result

485

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

III

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

HYSON, Morton Isaac



Attended Date

Jun-01-1983



Number of Attempts

1

Application

Application - - HYSON, Morton Isaac



Location

Result

80.27

Examination Type

Federation Licensing Examination (FLEX)



Other Exam

Are you currently certified?

Yes No

Steps

1 and 2

Certificate Number

Exam Date



Expiration Date




Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
HYSON, Morton Isaac	49700	N/A	Oct-05-2015	Nov-10-2023	Arizona
HYSON, Morton Isaac	G-89091	N/A	Jan-06-2012	Jul-31-2025	California
HYSON, Morton Isaac	DR0052224	N/A	Mar-19-2013	Apr-30-2025	Colorado
HYSON, Morton Isaac	9571A	N/A	Jan-24-2014	Jun-30-2024	Wyoming

Other License Details

Licensee/Applicant

HYSON, Morton Isaac  

Licensing Board or Regulatory Authority

Arizona

License Number

49700

State / Province

Arizona

Country

United States  

Application

Application - · HYSON, Morton Isaac  

License Type

License Status

Active

Issue Date

Oct-05-2015 

Expiration Date

Nov-10-2023 

Notes

Other License Details

Licensee/Applicant

HYSON, Morton Isaac 

Licensing Board or Regulatory Authority

California

License Number

G-89091

State / Province

California

Country

United States 

Application

Application - - HYSON, Morton Isaac 

License Type

License Status

Active

Issue Date

Jan-06-2012 

Expiration Date

Jul-31-2025 

Notes

Other License Details

Licensee/Applicant

HYSON, Morton Isaac



Licensing Board or Regulatory Authority

Colorado

License Number

DR0052224

State / Province

Colorado

Country

United States



Application

Application - - HYSON, Morton Isaac



License Type

License Status

Active

Issue Date

Mar-19-2013



Expiration Date

Apr-30-2025



Notes

Other License Details

Licensee/Applicant

HYSON, Morton Isaac 

Licensing Board or Regulatory Authority

Wyoming Medical Board

License Number

9571A

State / Province

Wyoming

Country



Application

Application - - HYSON, Morton Isaac 

License Type

License Status

Active

Issue Date

Jan-24-2014 

Expiration Date

Jun-30-2024 

Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
HYSON, Morton Isaac	Sinai Hospital of Detroit	Internal Medicine	Mar-01-1979	Jun-30-1980	Internship
HYSON, Morton Isaac	Montreal Neurological Hospital	Neurology	Jul-01-1980	Jun-30-1983	Internship/Residency

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

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

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
HYSON, Morton Isaac	Neurology	Yes	Nov 01 1985	N/A

Specialty Details

Licensee / Applicant *

HYSON, Morton Isaac  

Effective Date

Nov-01-1985 

Application

Application - - HYSON, Morton Isaac  

Primary Specialty?

Yes No

Specialty Type *

Neurology  

Other (Specialty)

End Date



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 Martin Hysen M.D

Sign your name _____

Date 10/19/23

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.

RECEIVED

OCT 20 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

