Demographic Details

First Name	Gender	
Morton	Male	- A
Middle Name	Date of Birth	
Isaac	1949	ä
Last Name ≠	Name Suffix	
HYSON		
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 information)	
Is this person deceased? O Yes No		
Date Deceased		
Do you have a Nevada Business License in your individual name? • Yes • No		
Nevada BIN		
Historical File Number		

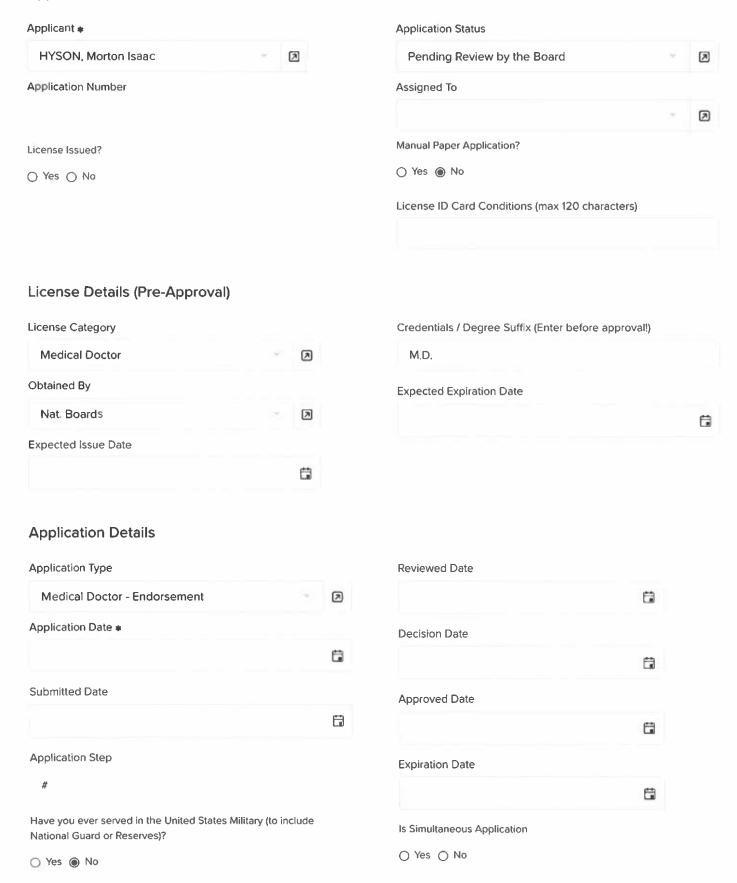
Military Detail

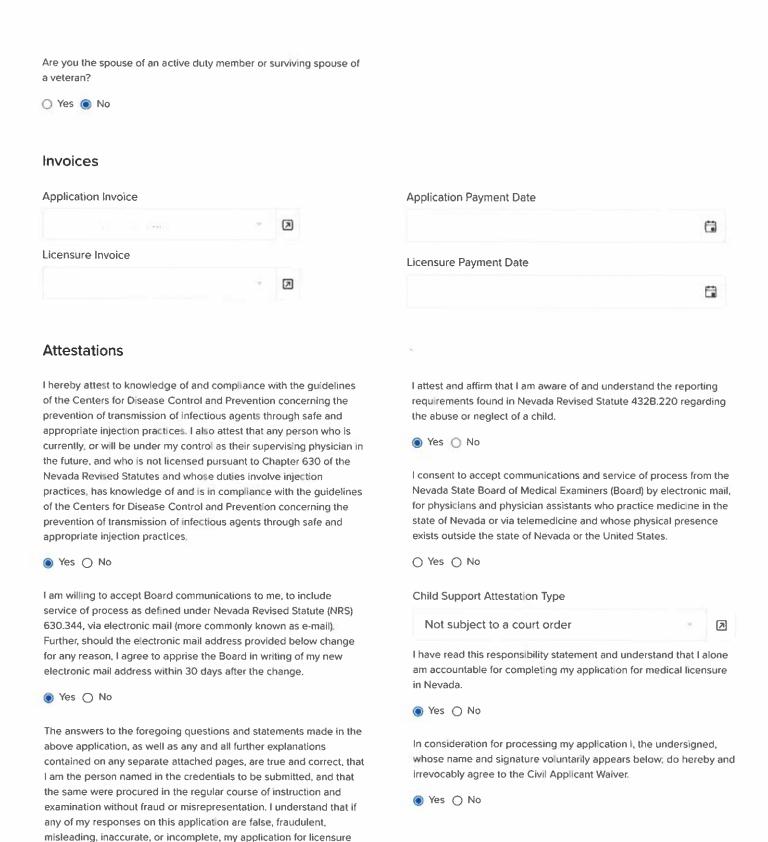
Have you ever served in the United States Military (to include National G	Guard or Reserves)?		
○ Yes No			
Discipline / SPL			
Disciplinary Action?	SPL?		
○ Yes ○ No	○ Yes ○ No		
	Date of SPL Issuance		
		(3)	
Contact Information			
Primary Phone	Secondary Phone		
#	#		
Primary Phone Extension	Secondary Phone Extension		
Primary E-mail Address	Mail should be directed to		
		-	2
Cell Phone	Fax		
#			
Public Address			
Street Address	ZIP / Postal Code		
Pebble Hills Ct.	89141-6080		
Address Line 2	State / Province		
	Nevada		
City	Country		
Las Vegas	United States		7
County	Is your physical address different from your mailing	address?	
Clark	○ Yes No		
	Public Phone		
	# (702) 400-7460		

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	7 3
	County (Mailing)

Application Status



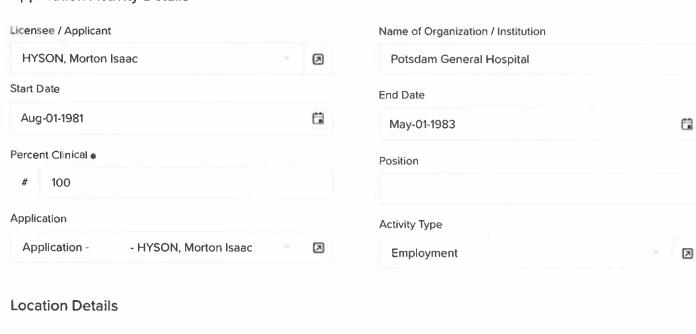


medicine in the state of Nevada.

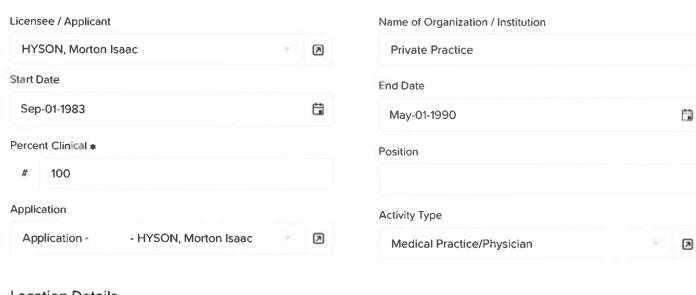
will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date 1	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

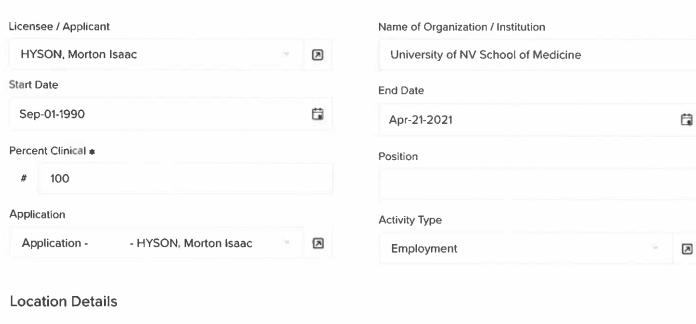


Street Address 1	Country	
	United States	7
City	State / Province	
Potsdam	New York	
	Zip / Postal Code	

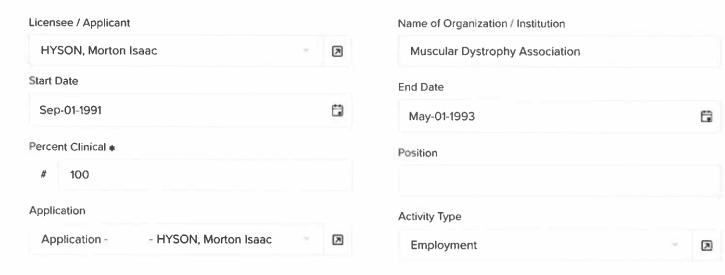


Location Details









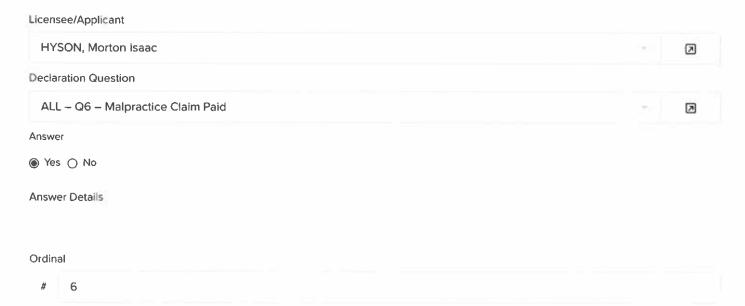
Location Details



Declarations

Ordinal † Ţ	Licensee/Applicant T	Declaration Question	7	Answer	7	Answer Details
6	Morton Hyson	MD, PA – O1 – 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, Morton 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 Iccensure in Nevada.		No		
9	Morton Hysan	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, Morton Isaac	MD – Q9 – Medical License Revoked		Yes		
12	Morton Hyson	MD – Qtt – Voluntarity Surrendered a License		No		
13	Marton Hyson	MD - Q12 - Denied Membership		No		
14	HYSON, Morton Isaac	MD – Q13 – Investigation – Respond To/Notify Of		No		
15	HYSON, Morton Isaac	MD, PA = Q10 - Controlled Substance Registration		No		
16	N/A, N/A N/A	MD, PA, CCP, Hospital Privileges Denied, Suspended.		No		

Declaration



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



Declaration

Application -

- HYSON, Morton Isaac

Licensee/Applicant HYSON, Morton Isaac 2 **Declaration Question** MD - Q9 - Medical License Revoked Ø 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 Renewal

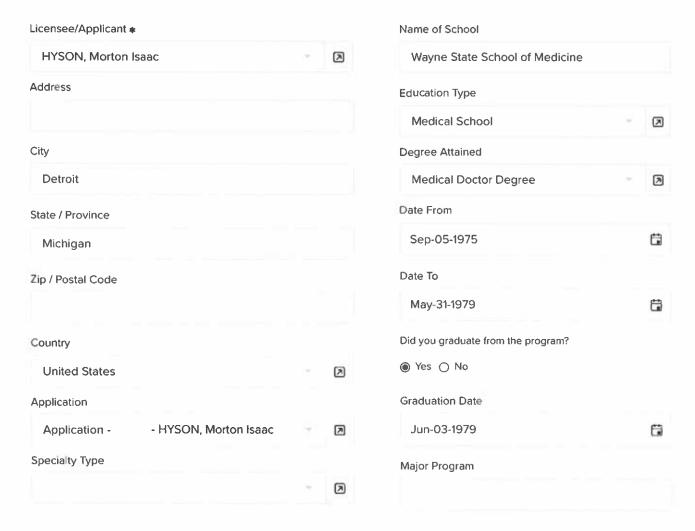
A

Z

Education

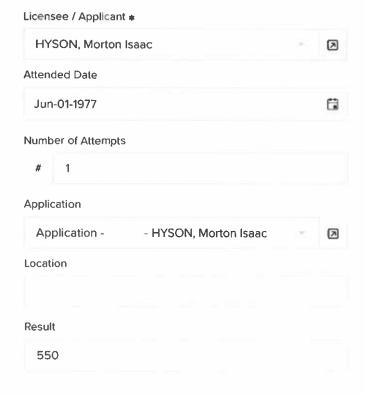
Licensee/Applicant	۳	Education Type	7	Name of School	T	Degree Attained	Ŧ	Date From T	Date To †	T	Graduation Date
HYSON, Morton Isaac		Medical School		Wayne State School of Medicine		Medical Doctor Degree		Sep-05-1975	May-31-1979		Jun-03-1979

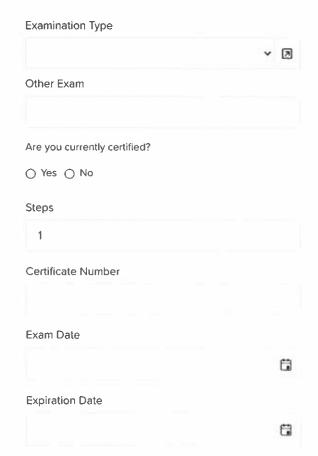
Education Details



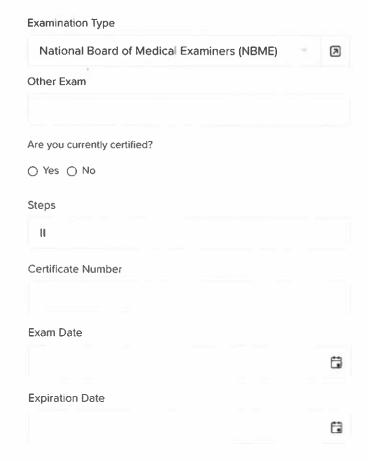
Examinations

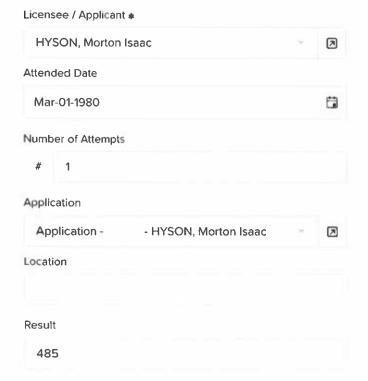
Licensee / Applicant	Ŧ	Examination Type	T	Attended Date †
HYSON, Morton Isaac		National Board of Medical Examiners (NBME)		Jun-01-1977
HYSON, Morton Isaac		National Board of Medical Examiners (NBME)		Sep-01-1978
HYSON, Morton Isaac		National Board of Medical Examiners (NBME)		Mar-01-1980
HYSON, Marton Isaac		Federation Licensing Examination (FLEX)		Jun-01.1983

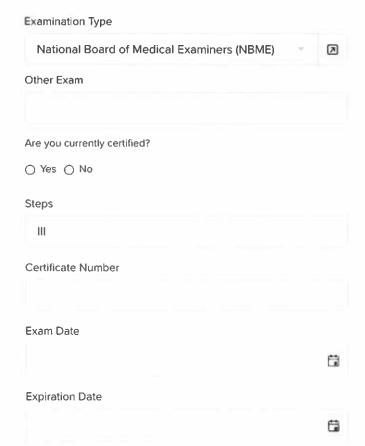


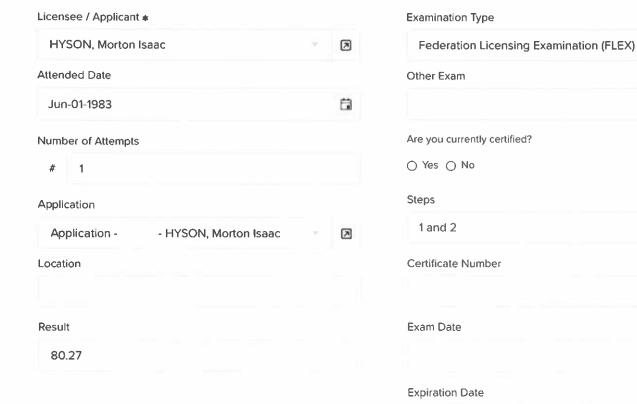


Licensee / Applicant * HYSON, Morton Isaac Attended Date Sep-01-1978 Number of Attempts # 1 Application Application - HYSON, Morton Isaac Location Result 505





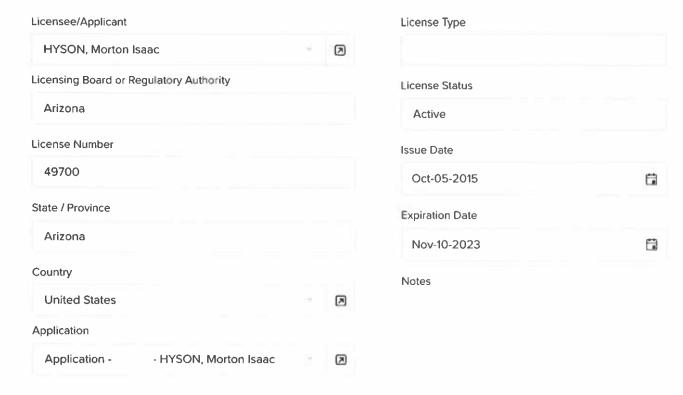


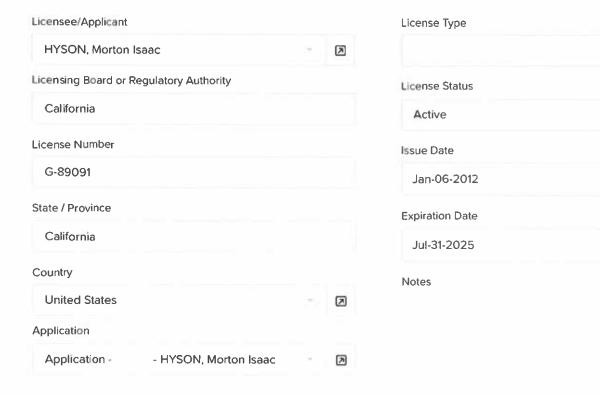


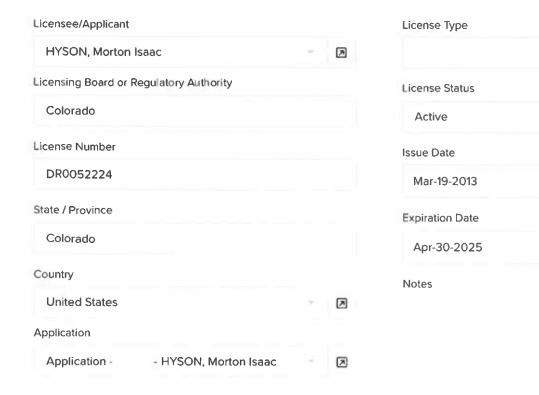
Z

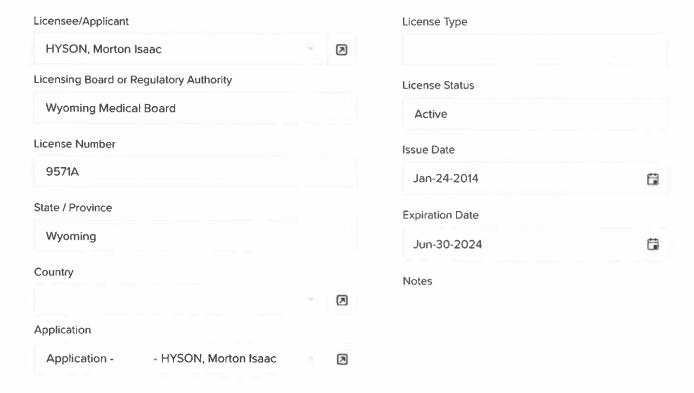
Other Licenses

Licensee/Applicant	•	License Number	Ŧ	License Type	т	Issue Date	T	Expiration Date	Ŧ	State / Province †
HY\$ON, 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 Islac		9571A		N/A		Jan-24-2014		Jun-30-2024		Wyoming









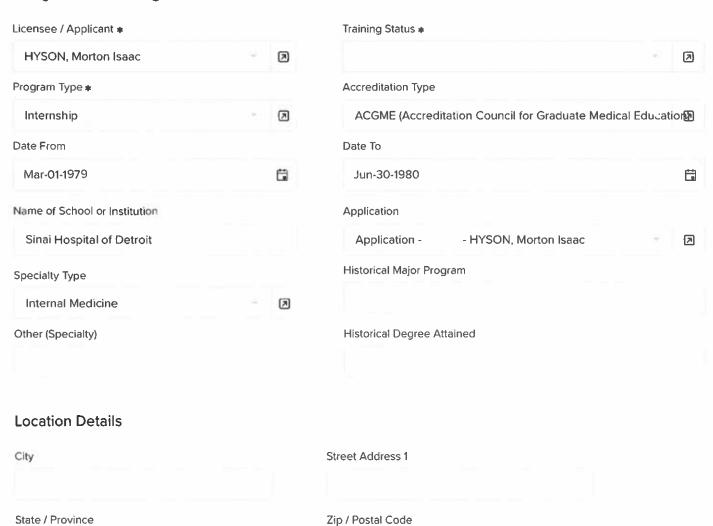
Postgraduate Training

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

Postgraduate Training Details

Michigan

County

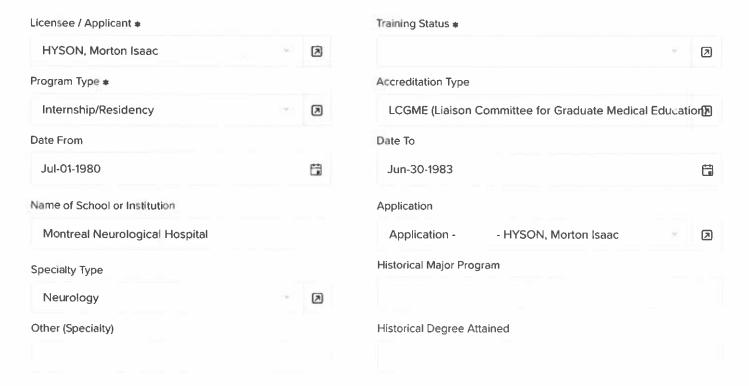


Country

2

1

Postgraduate Training Details



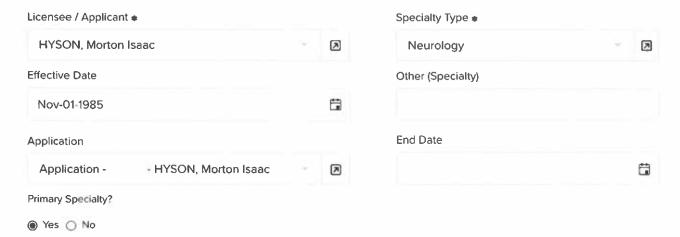
Location Details



Specialties

Licensee / Applicant	T	Specialty Type	7	Primary Specialty?	Ŧ	Effective Date	Ŧ	End Date	
HYSON, Morton Isaac		Neuralogy		Yel		Nov 01 1985		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.

	0	0	0	0	0		
I have read this responsible application for medical	onsibility staten licensure in Ne	nent and uevada.	ınderstar	nd that I a	alone am a	eccountable fo	r completing m
Print your name 40	ton Hyan	M.D					
Sign your name							
Date 10/19/23							
Note: It is your respon	sibility to keep	the Board	informe	d of any c	ircumstanc	e or event tha	t would require

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

