FORM C

REQUEST FOR LICENSURE BY ENDORSEMENT VIA NRS 630.1607

(ENDORSEMENT IS NOT THE SAME AS RECIPROCITY)

State your Name, and fill in the state, territory, or District of Columbia in which licensed:

I, _____ , being first duly sworn, do hereby swear or affirm under the penalties of perjury that the statements contained herein are true and correct to the best of my knowledge.

That I am now, and have been continuously, licensed to practice medicine by the licensing agency of

_____ , since _____ .
(state, territory, or District of Columbia) (month / day / year)

That I have never had a license to practice any type of medicine in any jurisdiction, country, state, territory, or District of Columbia, revoked for gross medical negligence. Thant I am an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran. I have not been disciplined and am not currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which I hold a license to practice medicine. I am currently certified by the American Board of Medical Specialties (ABMS), and I have not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States.

That I am the person named in the license to practice medicine in _____ ,
(State, territory, or District of Columbia)
and that said license to practice medicine was obtained by me without fraud or misrepresentation or any mistake of which I am aware, and that all information contained in this application for licensure by Endorsement, and any accompanying materials, are complete and correct.

DATED this _____day of _____ , 2_____.

Signature: _____

Typed or Printed Name: _____

State of_____ County of _____

Subscribed and sworn to before me this _____day of

_____ , 2_____ .

(NOTARY SEAL)

Notary Public for the State of _____

My Commission Expires: _____

Residing at: _____
City State

_____
Signature of Notary

Please return completed form to:

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521