

Demographic Details

First Name

Debra

Gender

Female



Middle Name

Lee

Date of Birth

-1961



Last Name *

Weinstein

Name Suffix

Previous Name(s)

N/A

City of Birth

Social Security Number

Place of Birth

Tax Identification Number

Weight (in lbs)

Height

Eye Color

-

Hair Color

Comments (non-public information)

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?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

222 Lakeview Ave PH 7

ZIP / Postal Code

33401

Address Line 2

State / Province

Florida

City

Country

West Palm Beach

United States



County

Is your physical address different from your mailing address?

Yes No

Public Phone

(905) 422-2701

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

Online Service

Last Login Date



Security Question #1



Authentication Failures

Security Answer #1

#

Security Question #2



Examination Details

Licensee / Applicant *

Weinstein, Debra Lee



Examination Type

National Board of Medical Examiners (NBME)

Attended Date

Jun-11-1985



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - - Weinstein, Debra Lee

Steps

Part I

Location

Certificate Number

Result

505

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Weinstein, Debra Lee 

Examination Type

National Board of Medical Examiners (NBME) 

Attended Date

Sep-23-1986 

Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - Weinstein, Debra Lee 

Steps

Part II

Location

Certificate Number

Result

495

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Weinstein, Debra Lee



Examination Type

National Board of Medical Examiners (NBME)

Attended Date

Mar-02-1988



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - (Weinstein, Debra Lee

Steps

Part III

Location

Certificate Number

Result

550

Exam Date



Expiration Date



Education Details

Licensee/Applicant *

Weinstein, Debra Lee



Name of School

University of Pennsylvania

Address

Education Type

College/University



City

Philadelphia

Degree Attained

Bachelor of Science



State / Province

Pennsylvania

Date From

Sep-01-1979



Zip / Postal Code

19104

Date To

Jun-01-1983



Country

United States



Did you graduate from the program?

Yes No

Application

Application - Weinstein, Debra Lee



Graduation Date

Jun-01-1983



Specialty Type



Major Program

Education Details

Licensee/Applicant *

Weinstein, Debra Lee



Name of School

New York University School of Medicine

Address

Education Type

College/University



City

New York

Degree Attained

Medical Doctor Degree



State / Province

New York

Date From

Aug-31-1983



Zip / Postal Code

Date To

May-28-1987



Country

United States



Did you graduate from the program?

Yes No

Application

Graduation Date

Application - - Weinstein, Debra Lee



Jun-05-1987



Specialty Type

Major Program



Postgraduate Training Details

Licensee / Applicant *

Training Status *


Weinstein, Debra Lee 



Program Type *


Accreditation Type

Internship/Residency 

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Date To

Jun-22-1987 

Jun-30-1990



Name of School or Institution

Application

University of Virginia Sch

Application - - Weinstein, Debra Lee



Specialty Type

Historical Major Program

Internal Medicine 

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Zip / Postal Code

Virginia

County

Country



Other License Details

Licensee/Applicant

Weinstein, Debra Lee



License Type

Licensing Board or Regulatory Authority

Florida Department of Health

License Status

ACTIVE

License Number

ME59099

Issue Date

Dec-21-1990



State / Province

Florida

Expiration Date

Jan-31-2024



Country

United States



Notes

Application

Application - - Weinstein, Debra Lee

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Vacation

Start Date

Jun-01-1983



End Date

Aug-01-1983



Percent Clinical *

0

Position

Application

Application - - Weinstein, Debra Lee

Activity Type

Vacation



Location Details

Street Address 1

Country

United States



City

State / Province

California

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

University of Virginia Medical Center

Start Date

Jun-22-1987



End Date

Jun-30-1988



Percent Clinical *

100

Position

Application

Application - - Weinstein, Debra Lee

Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

Charlottesville

State / Province

Virginia

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

University of Virginia Medical Center

Start Date

Jul-01-1988



End Date

Jun-30-1990



Percent Clinical *

100

Position

Application

Application - - Weinstein, Debra Lee

Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

Charlottesville

State / Province

Virginia

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Kron Medical Corporation

Start Date

Jul-01-1990



End Date

Sep-01-1991



Percent Clinical *

100

Position

Application

Application - - Weinstein, Debra Lee

Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Chapel Hill

State / Province

North Carolina

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Vacation

Start Date

Sep-01-1991



End Date

Oct-07-1991



Percent Clinical *

0

Position

Application

Application - : - Weinstein, Debra Lee

Activity Type

Vacation



Location Details

Street Address 1

Country

United States



City

State / Province

California

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Medical Specialists of the Palm Beaches

Start Date

Oct-07-1991



End Date

Jun-30-2008



Percent Clinical *

100

Position

Application

Application - Weinstein, Debra Lee

Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Boynton Beach

State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Atlantic Clinical Research

Start Date

Jul-01-2008



End Date

Sep-30-2017



Percent Clinical *

100

Position

Application

Application - - Weinstein, Debra Lee

Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Boynton Beach

State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Visions Clinical Research Investigator

Start Date

Jul-01-2015



End Date

Jul-31-2015



Percent Clinical *

100

Position

Application

Application - ' - Weinstein, Debra Lee

Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Boynton Beach

State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Science37, INC

Start Date

Oct-02-2017



End Date

Oct-31-2020



Percent Clinical *

100

Position

Application

Application - Weinstein, Debra Lee

Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Culver City

State / Province

California

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Amarin Pharma, INC

Start Date

Feb-01-2018



End Date

Feb-28-2019



Percent Clinical *

100

Position

Application

Application - - Weinstein, Debra Lee

Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

West Palm Beach

State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

DLW, Clinical Consultant LLC

Start Date

May-01-2018



End Date

Jul-19-2022



Percent Clinical *

100

Position

Application

Application - - Weinstein, Debra Lee

Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

West Palm Beach

State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Science37, INC

Start Date

Oct-01-2020



End Date

Oct-01-2021



Percent Clinical *

100

Position

Application

Application - - Weinstein, Debra Lee

Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Culver City

State / Province

California

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Weinstein, Debra Lee



Name of Organization / Institution

Science37, INC

Start Date

Oct-01-2021



End Date

Jul-19-2022



Percent Clinical *

100

Position

Application

Application - Weinstein, Debra Lee

Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Culver City

State / Province

California

Zip / Postal Code

Specialty Details

Licensee / Applicant *

Weinstein, Debra Lee



Specialty Type *

Internal Medicine



Effective Date

Jul-25-2022



Other (Specialty)

Application

Application -

Weinstein, Debra Lee



End Date



Primary Specialty?

Yes No

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

Application Status

Applicant *

Weinstein, Debra Lee



Application Status

Pending Requirements



Application Number

Assigned To



License Issued?

Yes No

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor



Credentials / Degree Suffix (Enter before approval!)

M.D.

Obtained By

Endorsement



Expected Expiration Date

Expected Issue Date



Application Details

Application Type

Medical Doctor - Active



Reviewed Date



Application Date *



Decision Date



Submitted Date



Approved Date



Application Step

#

Expiration Date



Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Invoices

Application Invoice



Application Payment Date



Licensure Invoice



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 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

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

Child Support Attestation Type

Not subject to a court order



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



ATTENTION APPLICANT!

RESPONSIBILITY STATEMENT

**Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9500 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:

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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 Debra Weinstein, MD

Sign your name _____

Date 30 July 2022

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.