

Demographic Details

First Name

Middle Name

Last Name *

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased



Gender



Date of Birth



Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

2450 Joy Lane

ZIP / Postal Code

86426

Address Line 2

State / Province

Arizona

City

Fort Mohave

Country

United States



County

Mohave County

Is your physical address different from your mailing address?

Yes No

Public Phone

#

(909) 896-1990

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

Application Status

Applicant *

Smith, James Ernest [dropdown arrow] [external link icon]

Application Number

[empty text box]

License Issued?

Yes No

Application Status

Pending Review by the Board [dropdown arrow] [external link icon]

Assigned To

[empty text box] [external link icon]

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

[empty text box]

License Details (Pre-Approval)

License Category

Physician Assistant [dropdown arrow] [external link icon]

Obtained By

NCCPA [dropdown arrow] [external link icon]

Expected Issue Date

[empty date box] [calendar icon]

Credentials / Degree Suffix (Enter before approval!)

PA-C

Expected Expiration Date

[empty date box] [calendar icon]

Application Details

Application Type

Physician Assistant [dropdown arrow] [external link icon]

Application Date *

Oct-31-2021 [calendar icon]

Reviewed Date

[empty date box] [calendar icon]

Decision Date

[empty date box] [calendar icon]

Submitted Date

Mar-22-2022 

Application Step

16

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

Yes No

Invoices

Application Invoice



Licensure Invoice



Approved Date



Expiration Date

Mar-22-2023 

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 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

Subject to a court order and in compliance 

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

Examination Details

Licensee / Applicant *

Smith, James Ernest 


Attended Date

Sep-26-2002 

Number of Attempts

1

Application

Application - Smith, James Ernest 


Location

Diamond Bar, CA

Result

418

Examination Type

National Commission On Certification Of Physician Assistants (NCCPA) 

Other Exam

Are you currently certified?

Yes No

Steps

PANCE

Certificate Number

1055557

Exam Date



Expiration Date

Dec-31-2024 

Examination Details

Licensee / Applicant *

Smith, James Ernest 


Attended Date

Apr-07-2008 

Number of Attempts

1

Application

Application - - Smith, James Ernest 


Location

Orange CA

Result

443

Examination Type

National Commission On Certification Of Physician Assistants (NCCPA) 

Other Exam

Are you currently certified?

Yes No

Steps

PANRE

Certificate Number

1055557

Exam Date



Expiration Date

Dec-31-2024 

Examination Details

Licensee / Applicant *

Smith, James Ernest 


Attended Date

Sep-16-2014 

Number of Attempts

2

Application

Application Smith, James Ernest 


Location

San Dimas, CA

Result

353 (not passed)

Examination Type

National Commission On Certification Of Physician Assistants (NCCPA) 

Other Exam

Are you currently certified?

Yes No

Steps

PANRE

Certificate Number

1055557

Exam Date




Expiration Date

Dec-31-2024 

Examination Details

Licensee / Applicant *

Smith, James Ernest 


Attended Date

Dec-18-2014 

Number of Attempts

2

Application


Application - Smith, James Ernest 

Location

Result

404 (passed)

Examination Type

National Commission On Certification Of Physician Assistants (NCCPA) 

Other Exam

Are you currently certified?

Yes No

Steps

PANRE

Certificate Number

1055557

Exam Date



Expiration Date

Dec-31-2024 

Education Details

Licensee/Applicant *

Address

City


State / Province

Zip / Postal Code

Country

Application

Specialty Type



  

Name of School

Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Education Details

Licensee/Applicant #

Smith, James Ernest  

Address

City

Fullerton, California

State / Province


California

Zip / Postal Code

Country

United States  

Application

Application - Smith, James Ernest 

Specialty Type

Name of School

California State University of Fullerton

Education Type

College/University  

Degree Attained

Bachelor of Arts  

Date From

Sep-01-1994 

Date To

Aug-20-1999 

Did you graduate from the program?

Yes No

Graduation Date

Aug-20-1999 

Major Program

Education Details

Licensee/Applicant *

Smith, James Ernest  

Address

City

Pomona

State / Province


California

Zip / Postal Code

Country

United States  

Application

Application - - Smith, James Ernest 

Specialty Type



Name of School

Western University of Health Sciences

Education Type

Graduate  

Degree Attained

Physician Assistant Degree  

Date From

Aug-01-2000 

Date To

Aug-03-2002 

Did you graduate from the program?

Yes No



Graduation Date

Aug-03-2002 

Major Program

Education Details

Licensee/Applicant *

Address

City


State / Province

Zip / Postal Code

Country

Application

Specialty Type

Name of School

Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Other License Details

Licensee/Applicant

Smith, James Ernest  

Licensing Board or Regulatory Authority

Arizona Physician Assistant Board

License Number

TP7937


State / Province

Arizona

Country

United States  

Application

Application - - Smith, James Ernest 

License Type

Temporary License

License Status

Voluntarily Surrendered

Issue Date

May-26-2020 

Expiration Date

Feb-24-2022 

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country


Application

License Type

License Status

Issue Date



Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Application Activity Details

Licensee / Applicant


Start Date

Percent Clinical *

#

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Smith, James Ernest  

Name of Organization / Institution

Chino Hills Urgent Care

Start Date

Dec-01-2002 

End Date


Feb-01-2003 

Percent Clinical *

100

Position

Application

Application - L - Smith, James Ernest 

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

Country

United States  

City

Chino Hills

State / Province


California

Zip / Postal Code

91709

Application Activity Details

Licensee / Applicant

Smith, James Ernest  


Start Date

Mar-01-2003 

Percent Clinical *

100

Application

Application · Smith, James Ernest 

Name of Organization / Institution



Loma Linda Medical Center, Neurosurgery

End Date

Jun-01-2003 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Loma Linda

Country

United States  

State / Province



California

Zip / Postal Code

92534

Application Activity Details

Licensee / Applicant

Smith, James Ernest  


Start Date

Jun-01-2003 

Percent Clinical *

100

Application

Application - Smith, James Ernest 

Name of Organization / Institution



Clinica Medica of East Los Angeles

End Date

May-01-2007 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

East Los Angeles

Country

United States  

State / Province

California

Zip / Postal Code

90023

Application Activity Details

Licensee / Applicant

Smith, James Ernest  


Start Date

May-01-2007 

Percent Clinical *

100

Application

Application · Smith, James Ernest 

Name of Organization / Institution

Sharp Reese Stealy Medical Centers

End Date

Jul-01-2010 

Position

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

City

San Diego

Country

United States 

State / Province

California

Zip / Postal Code

92101

Application Activity Details

Licensee / Applicant

Smith, James Ernest 


Start Date

Jul-01-2010 

Percent Clinical *

100

Application

Application - Smith, James Ernest 

Name of Organization / Institution

Temecula Valley Cardiology

End Date

Aug-01-2021 

Position

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

City

Murrieta

Country

United States 

State / Province



California

Zip / Postal Code

92562

Application Activity Details

Licensee / Applicant


Start Date

Percent Clinical *

#

Application



Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Smith, James Ernest  


Start Date

Sep-01-2014 

Percent Clinical *

100

Application

Application - Smith, James Ernest 

Name of Organization / Institution

Heart Center of Riverside and Murrieta

End Date

Nov-01-2017 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Riverside

Country

United States  

State / Province

California

Zip / Postal Code

92501

Application Activity Details

Licensee / Applicant

Smith, James Ernest  


Start Date

Nov-01-2017 

Percent Clinical *

100

Application

Application - - Smith, James Ernest 

Name of Organization / Institution



Urgent Care Centers of Riverside County

End Date

Apr-01-2020 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Perris

Country

United States  

State / Province



California

Zip / Postal Code

92570

Application Activity Details

Licensee / Applicant

Smith, James Ernest  



Start Date

Apr-01-2020 

Percent Clinical *

0

Application

Application  - Smith, James Ernest 

Name of Organization / Institution

Not working, relocating to Arizona due to C

End Date

Jun-01-2020 

Position

Activity Type

Non-Medical  

Location Details

Street Address 1

City

Lake Elsinore

Country

United States  

State / Province

California

Zip / Postal Code

92532

Application Activity Details

Licensee / Applicant



Start Date

Percent Clinical *

100

Application



Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country



  

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant


Start Date

Percent Clinical *

#

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Specialty Details


Licensee / Applicant *

Smith, James Ernest  

Effective Date

Mar-22-2022 

Application

Application - Smith, James Ernest 

Primary Specialty?

Yes No

Specialty Type *

Physician Assistant  

Other (Specialty)

End Date



Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
N/A	James Smith	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
N/A	James Smith	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
N/A	James Smith	PA – Q24 – Denied License or Permission to Practice	No	
N/A	James Smith	MD, PA – Q2 – Medical Condition Field of Practice	No	
N/A	James Smith	PA, Previously applied for physician assistant licensure in Nevada?	No	
N/A	James Smith	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
N/A	James Smith	ALL – Q5 – Named Defendant Respond to Legal Action	No	
N/A	James Smith	ALL – Q7 – Arrest Question	Yes	
N/A	James Smith	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	
N/A	James Smith	PA – Q28 – Investigation Respond To / Notify Of	Yes	
N/A	James Smith	PA – Q27– Failed NCCPA Examination	Yes	
N/A	James Smith	ALL – Q6 – Malpractice Claim Paid	No	
N/A	James Smith	PA – Q25 – Certificate / License Revoked	Yes	
N/A	James Smith	PA – Q26 – Voluntarily Surrendered License Or Certificate	Yes	
N/A	James Smith	MD, PA – Q10 – Controlled Substance Registration	No	

Declaration Question

Name

ALL – Q7 – Arrest Question

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances?

Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

No explanation required (only has one answer)

Yes No

Section Ordinal

7

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer


Yes No

Declaration

Licensee/Applicant

Smith, James Ernest	
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Declaration Question

ALL – Q7 – Arrest Question	
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Answer

Yes No


Ordinal

#	
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Declaration Text

Related To

Application

Application - Smith, James Ernest	
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Renewal

	
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Declaration Question

Name

PA – Q25 – Certificate / License Revoked

Declaration Text

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

No explanation required (only has one answer)

Yes No

Section Ordinal

25

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer

Yes No

Declaration

Licensee/Applicant

Smith, James Ernest	
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Declaration Question

PA – Q25 – Certificate / License Revoked	
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Answer

Yes No


Ordinal

#	
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Declaration Text

Related To

Application

Application	Smith, James Ernest	
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Renewal

	
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Declaration Question

Name

PA – Q26 – Voluntarily Surrendered Licens

Declaration Text

Have you EVER voluntarily surrendered a license or certificate to practice as a physician assistant or in any other healing art in any state, country or U.S. territory?

No explanation required (only has one answer)

Yes No

Section Ordinal

26

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer


Yes No

Declaration

Licensee/Applicant

Smith, James Ernest	
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Declaration Question

PA – Q26 – Voluntarily Surrendered License Or Certificate	
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Answer

Yes No


Ordinal

#	
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Declaration Text

Related To

Application

Application :	- Smith, James Ernest	
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Renewal

	
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Declaration Question

Name

PA – Q27– Failed NCCPA Examination

Declaration Text

Have you ever failed the NCCPA examination, or any state or other jurisdiction examination for certification as a physician assistant?

No explanation required (only has one answer)

Yes No

Section Ordinal

27

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer

Yes No

Declaration

Licensee/Applicant

Smith, James Ernest	▼	🔗
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Declaration Question

PA – Q27– Failed NCCPA Examination	▼	🔗
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Answer

Yes No

#

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Declaration Text

Related To

Application

Application -	- Smith, James Ernest	🔗
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Renewal

	▼	🔗
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Declaration Question

Name

PA – Q28 – Investigation Respond To / Noti

Declaration Text

Have you ever been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician assistant by any medical licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners?

No explanation required (only has one answer)

Yes No

Section Ordinal

28

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer


Yes No

Declaration

Licensee/Applicant

Smith, James Ernest	
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Declaration Question

PA – Q28 – Investigation Respond To / Notify Of	
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Answer

Yes No

Ordinal


#

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Declaration Text

Related To

Application

Application -	Smith, James Ernest	
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Renewal

	
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APR 25 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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 James Smith

Sign your name _____

Date 04/23/2022

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.