

## Demographic Details

First Name

Roy

Middle Name

Christian

Last Name \*

Gan

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

Gender

Male  

Date of Birth

1983 

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to

Fax

#

## Public Address

Street Address

6480 Living Place,

ZIP / Postal Code

15206

Address Line 2

City

County

State / Province

Country

Public Phone

#

## 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 \*

Reviewed Date

Decision Date

Submitted Date

Mar-20-2022



Approved Date



Application Step

# 20

Expiration Date

Mar-20-2023



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

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 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

## Examination Details

Licensee / Applicant #

Gan, Roy Christian



Attended Date

Sep-30-2009



Number of Attempts

# 1

Application

Application - - Gan, Roy Christian



Location

New York, New York

Result

235

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes  No

Steps

Step 1

Certificate Number

0-778-595-9

Exam Date

Sep-30-2009



Expiration Date



## Examination Details

Licensee / Applicant #

Gan, Roy Christian



Examination Type

United States Medical Licensing Examination (USMLE)



Attended Date

Jul-14-2010



Other Exam

Number of Attempts

# 1

Are you currently certified?

Yes  No

Application

Application - - Gan, Roy Christian



Steps

Step 2 Clinical Skills

Location

Chicago, Illinois

Certificate Number

0-778-595-9

Result

Pass

Exam Date

Jul-14-2010



Expiration Date





## Examination Details

Licensee / Applicant \*

Gan, Roy Christian



Attended Date

Aug-15-2010



Number of Attempts

# 1

Application

Application - Gan, Roy Christian



Location

New York, New York

Result

224

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes  No

Steps

Step 2 Clinical Knowledge

Certificate Number

0-778-595-9

Exam Date

Aug-15-2010



Expiration Date



## Examination Details

Licensee / Applicant #

Gan, Roy Christian



Attended Date

Jul-08-2011



Number of Attempts

#

Application

Application - Gan, Roy Christian



Location

Certificate Number

0-778-595-9

Result

Valid Indefinitely

Exam Date

Jul-08-2011



Expiration Date



Examination Type

Other



Other Exam

ECFMG

Are you currently certified?

Yes  No

Steps

Application

Application - Gan, Roy Christian



Location

Certificate Number

0-778-595-9

Result

Valid Indefinitely

Exam Date

Jul-08-2011



Expiration Date



## Examination Details

Licensee / Applicant \*

Gan, Roy Christian



Attended Date

Jul-05-2018



Number of Attempts

# 1

Application

Application - Gan, Roy Christian



Location

Brooklyn, New York

Result

212

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes  No

Steps

Step 3

Certificate Number

0-778-595-9

Exam Date

Jul-05-2018



Expiration Date



## Education Details

Licensee/Applicant #	Gan, Roy Christian	Name of School	Poznan University of Medical Sciences
Address	41 Jackowskiego	Education Type	Medical School
City	Poznan	Degree Attained	Medical Doctor Degree
State / Province	Poznan	Date From	Oct-01-2005
Zip / Postal Code	60-512	Date To	May-23-2011
Country	Poland	Did you graduate from the program?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Application	Application - Gan, Roy Christian	Graduation Date	May-23-2011
Specialty Type		Major Program	

## Postgraduate Training Details

Licensee / Applicant \*

Gan, Roy Christian 

Training Status \*

Completed 


Program Type \*

Internship 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-2013 


Date To

Jun-30-2016 


Name of School or Institution

Maimonides Medical C

Application

Application - ' - Gan, Roy Christian 

Specialty Type

Surgery,General 

Historical Major Program

Other (Specialty)

Historical Degree Attained

## Location Details

City

Brooklyn

Street Address 1


State / Province

New York

Zip / Postal Code

County

Country

United States 

## Postgraduate Training Details


Licensee / Applicant \*

Gan, Roy Christian 

Program Type \*

Residency 


Date From

Jul-01-2016 

Name of School or Institution

Maimonides Medical C

Specialty Type


Surgery, General 

Other (Specialty)

Training Status \*

Completed 


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2021 

Application

Application - - Gan, Roy Christian 

Historical Major Program

Historical Degree Attained

## Location Details

City

Brooklyn

State / Province

New York

County



Street Address 1

Zip / Postal Code

Country

United States 

## Postgraduate Training Details

Licensee / Applicant \*

Gan, Roy Christian



Program Type \*

Fellowship



Date From

Aug-01-2021



Name of School or Institution

University of Pittsburgh Medical Center

Specialty Type

Surgery, Bariatric / Laproscopic



Other (Specialty)

Training Status \*

In Training



Accreditation Type

Not Accredited



Date To

Jul-31-2022



Application

Application - - Gan, Roy Christian



Historical Major Program

Historical Degree Attained

## Location Details

City

Pittsburgh

State / Province

Pennsylvania

County



Street Address 1

Zip / Postal Code

Country

United States



## Other License Details

Licensee/Applicant	Gan, Roy Christian <input type="checkbox"/>	License Type	Medical Physician and Surgeon
Licensing Board or Regulatory Authority	Pennsylvania State Board of Medicine	License Status	Active
License Number	MD473359	Issue Date	Mar-15-2021 <input type="checkbox"/>
State / Province	Pennsylvania	Expiration Date	Dec-31-2022 <input type="checkbox"/>
Country	United States <input type="checkbox"/>	Notes	
Application	Application - Gan, Roy Christian <input type="checkbox"/>		



## Chronology of Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Gan, Roy Christian	Poznan University of Medical Sciences Department of Anesthesiology and Intensive Care	Jul-01-2011	Apr-30-2012	0
Gan, Roy Christian	Metropolitan Dental Associates (Dental Practice)	May-01-2012	Apr-30-2013	0
Gan, Roy Christian	Weill Cornell Medical College Department of Endocrine Surgery	Jun-01-2012	Mar-30-2013	0
Gan, Roy Christian	Preparing to start surgical residency	Apr-01-2013	Jun-30-2013	0
Gan, Roy Christian	Maimonides Medical Center	Jul-01-2013	Jun-30-2021	100
Gan, Roy Christian	Preparing to start surgical fellowship, moved from New York to Pittsburgh	Jul-01-2021	Jul-31-2021	0
Gan, Roy Christian	University of Pittsburgh Medical Center	Aug-01-2021	Jul-31-2022	100

## Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Gan, Roy Christian	Poznan University of Medical Sciences Department of Anest
Start Date	End Date
Jul-01-2011	Apr-30-2012
Percent Clinical #	Position
# 0	Observer/Volunteer
Application	Activity Type
Application - - Gan, Roy Christian	Non-Medical

## Location Details

Street Address 1	Country
41 Jackowskiego Street	Poland
City	State / Province
Poznan	Poznan
	Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Gan, Roy Christian

Start Date

May-01-2012

Percent Clinical \*

# 0

Application

Application - - Gan, Roy Christian

Name of Organization / Institution

Metropolitan Dental Associates (Dental Practice)

End Date

Apr-30-2013

Position

Medical Biller and Coder

Activity Type

Employment

## Location Details

Street Address 1

City

New York

Country

United States

State / Province

New York

Zip / Postal Code

### Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Gan, Roy Christian	Weill Cornell Medical College Department of Endocrine Surg
Start Date	End Date
Jun-01-2012	Mar-30-2013
Percent Clinical #	Position
# 0	Research Assistant/Volunteer
Application	Activity Type
Application - Gan, Roy Christian	Employment

### Location Details

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

## Application Activity Details

Licensee / Applicant

Gan, Roy Christian



Start Date

Apr-01-2013



Percent Clinical \*

# 0

Application

Application - - Gan, Roy Christian



Name of Organization / Institution

Preparing to start surgical residency

End Date

Jun-30-2013



Position

Activity Type

Non-Medical



## Location Details

Street Address 1

Country

United States



State / Province

New York

City

New York

Zip / Postal Code

## Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Gan, Roy Christian	Maimonides Medical Center
Start Date	End Date
Jul-01-2013	Jun-30-2021
Percent Clinical #	Position
100	Intern/Resident
Application	Activity Type
Application - Gan, Roy Christian	Postgraduate Training

## Location Details

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

## Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Gan, Roy Christian	Preparing to start surgical fellowship, moved from New York
Start Date	End Date
Jul-01-2021	Jul-31-2021
Percent Clinical #	Position
# 0	
Application	Activity Type
Application - Gan, Roy Christian	Non-Medical

## Location Details

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

## Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Gan, Roy Christian	University of Pittsburgh Medical Center
Start Date	End Date
Aug-01-2021	Jul-31-2022
Percent Clinical #	Position
# 100	Fellow
Application	Activity Type
Application - Gan, Roy Christian	Postgraduate Training

## Location Details

Street Address 1	Country
	United States
City	State / Province
Pittsburgh	Pennsylvania
	Zip / Postal Code



# Declarations

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

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Gan, Roy Christian	Surgery, Abdominal	No	N/A	N/A
Gan, Roy Christian	Surgery, Colon / Rectal	No	N/A	N/A
Gan, Roy Christian	Surgery, Bariatric / Laproscopic	No	N/A	N/A
Gan, Roy Christian	Surgery, General	Yes	N/A	N/A
Gan, Roy Christian	Breast Surgery	No	N/A	N/A

Specialty

Roy Christian Gan, M.D.

Applicant Photograph



## 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 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 ROY CHRISTIAN GAN

Sign your name

Date April 12<sup>th</sup>, 2020

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.