

## Demographic Details

First Name

Ronald

Middle Name

Last Name \*

Lewis

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes  No

Date Deceased



Gender

Male



Date of Birth

1966



Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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Do you have a Nevada Business License in your individual name?

Yes  No

Nevada BIN

Historical File Number

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### 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

#

Open Regulate

Fax

#

### Public Address

Street Address

Address Line 2

City

Deerfield

County

Lake

ZIP / Postal Code

State / Province

Illinois

Country

United States



Is your physical address different from your mailing address?

Yes  No

Public Phone

# (224) 240-6801

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### Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)



County (Mailing)

### Application Status

Applicant \*

Lewis, Ronald N/A



Application Number

License Issued?

Yes  No

Application Status

Pending Review by the Board



Assigned To



Manual Paper Application?

Yes  No

License ID Card Conditions (max 120 characters)

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### License Details (Pre-Approval)

License Category

Medical Doctor



Obtained By

Nat. Boards



Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date



### Application Details

Application Type

Medical Doctor - Active



Application Date \*

Sep-16-2021



Submitted Date

Nov-05-2021



Application Step

# 20

Reviewed Date



Decision Date



Approved Date



Expiration Date

Nov-05-2022



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 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

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

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

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MEDICAL EXAMINERS

### Examination Details

Licensee / Applicant \*

Lewis, Ronald N/A



Attended Date

Jun-11-1991



Number of Attempts

# 1

Application

Application - Lewis, Ronald N/A



Location

Result

206/83

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

Are you currently certified?

Yes  No

Steps

Part 1

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Certificate Number

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

Exam Date



Expiration Date



### Examination Details

Licensee / Applicant \*

Lewis, Ronald N/A



Attended Date

Sep-24-1992



Number of Attempts

# 1

Application

Application - Lewis, Ronald N/A



Location

Result

198 Pass

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes  No

Steps

Step 2 (CK)

Certificate Number

Exam Date



Expiration Date



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### Examination Details

Licensee / Applicant \*

Lewis, Ronald N/A



Attended Date

Mar-02-1994



Number of Attempts

#

Application

Application - - Lewis, Ronald N/A



Location

Result

365/76

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

Are you currently certified?

Yes  No

Steps

Part 3

Certificate Number

Exam Date



Expiration Date



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### Board Certification Details

Licensee / Applicant

Lewis, Ronald N/A



Initial Certification Date

Jul-12-2001



Specialty

Surgery,Orthopaedic



Recertification Date

Jan-01-2012



Certifying Board

American Board



Certification Number

659070

Other Certifying Board

Archive Program

Historical Specialty

### Connected Record

Application

Application - - Lewis, Ronald N/A



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Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From ↑	Date To ↑
Lewis, Ronald N/A	College/University	Yale University	Bachelor of Science	Aug-30-1985	May-30-1989
Lewis, Ronald N/A	Medical School	State University of New York at Stony Brook	Medical Doctor Degree	Sep-01-1989	May-23-1993

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### Education Details

Licensee/Applicant \*

Lewis, Ronald N/A



Name of School

Yale University

Address

Education Type

College/University



City

New Haven

Degree Attained

Bachelor of Science



State / Province

Connecticut

Date From

Aug-30-1985



Zip / Postal Code

06520

Date To

May-30-1989



Country

United States



Did you graduate from the program?

Yes  No

Application

Application

- Lewis, Ronald N/A



Graduation Date

May-30-1989



Specialty Type



Major Program

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### Education Details

Licensee/Applicant \*

Lewis, Ronald N/A



Name of School

State University of New York at Stony Brook

Address

100 Nicolls Rd

Education Type

Medical School



City

Stony Brook

Degree Attained

Medical Doctor Degree



State / Province

New York

Date From

Sep-01-1989



Zip / Postal Code

11794

Date To

May-23-1993



Country

United States



Did you graduate from the program?

Yes  No

Application

Application · Lewis, Ronald N/A



Graduation Date

May-23-1993



Specialty Type



Major Program

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### Postgraduate Training Details

Licensee / Applicant \*

Lewis, Ronald N/A



Training Status \*

Completed



Program Type \*

Residency



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Jul-01-1993



Date To

Jun-30-1994



Name of School or Institution

State University of New York at Stony Brook

Application

Application - Lewis, Ronald N/A



Specialty Type

Surgery, General



Historical Major Program

Other (Specialty)

Historical Degree Attained

### Location Details

City

Stony Brook

Street Address 1

State / Province

New York

Zip / Postal Code

County



Country

United States

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### Postgraduate Training Details

Licensee / Applicant \*

Lewis, Ronald N/A



Training Status \*

Completed



Program Type \*

Residency



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Jul-30-1994



Date To

Jul-30-1998



Name of School or Institution

State University of New York at Stony Brook

Application

Application - Lewis, Ronald N/A



Specialty Type

Surgery,Orthopaedic



Historical Major Program

Other (Specialty)

Historical Degree Attained

### Location Details

City

Stony Brook

Street Address 1

State / Province

New York

Zip / Postal Code

County

Country

United States



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### Postgraduate Training Details

Licensee / Applicant \*

Lewis, Ronald N/A



Training Status \*

Completed



Program Type \*

Fellowship



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Aug-01-1998



Date To

Jul-31-1999



Name of School or Institution

University of Cincinnati College of Medicine

Application

Application - Lewis, Ronald N/A



Specialty Type

Peds, Orthopedic Surgery



Historical Major Program

Other (Specialty)

Historical Degree Attained

### Location Details

City

Cincinnati

Street Address 1

State / Province

Ohio

Zip / Postal Code

County

Country

United States

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Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Lewis, Ronald N/A	ME97943	Medical Doctor	Feb-09-2007	Jan-31-2023	Florida
Lewis, Ronald N/A	209462	N/A	Feb-03-1998	Nov-30-2021	New York
Lewis, Ronald N/A	35.074271	Doctor of Medicine (MD)	Apr-27-1998	Jul-01-2000	Ohio
Lewis, Ronald N/A	37398	Medical Doctor	Sep-22-2014	Jun-30-2023	South Carolina

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Licensee / Applicant	▼ Name of Organization	▼ Start Date ↑	▼ End Date	▼
Lewis, Ronald N/A	ProHealth Care Associates	May-30-2011	Aug-30-2017	
Lewis, Ronald N/A	Nemours Children's Specialty Care Clinic	Oct-30-2017	Oct-30-2019	
Lewis, Ronald N/A	Pediatric Orthopaedics of Charleston	May-30-2019	Feb-28-2021	
Lewis, Ronald N/A	AIM Specialty Health	Dec-30-2020	Sep-17-2021	

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Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Lewis, Ronald N/A	Stony Brook University of New York	Jul-30-1993	Jun-30-1994	100
Lewis, Ronald N/A	Stony Brook University of New York	Jul-30-1994	Jul-30-1998	100
Lewis, Ronald N/A	Children's Hospital Medical Center of Cincinnati	Aug-30-1998	Jul-30-1999	100
Lewis, Ronald N/A	Schneider Children's Hospital	Aug-30-1999	Aug-30-2001	100
Lewis, Ronald N/A	Winthrop University Hospital	Sep-30-2001	May-30-2010	100
Lewis, Ronald N/A	Stony Brook University of New York	Jan-30-2003	Sep-17-2021	100
Lewis, Ronald N/A	Pediatric Orthopaedic Club of New York	Jan-30-2007	Jan-30-2013	100
Lewis, Ronald N/A	ProHealth Care Associates, LLP	May-30-2011	Aug-30-2017	100
Lewis, Ronald N/A	Nemours Children's Specialty Clinic	Oct-30-2017	Apr-30-2019	100
Lewis, Ronald N/A	Trident Health Care	Apr-30-2019	Sep-17-2021	100
Lewis, Ronald N/A	Pediatric Orthopaedics of Charleston	May-30-2019	Feb-28-2021	100
Lewis, Ronald N/A	Aim Specialty Health	Dec-30-2020	Sep-17-2021	100

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### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Stony Brook University of New York

Start Date

Jul-30-1993



End Date

Jun-30-1994



Percent Clinical \*

# 100

Position

Application

Application - Lewis, Ronald N/A



Activity Type

Postgraduate Training



### Location Details

Street Address 1

Country

United States

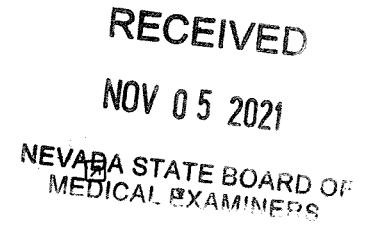
City

Stony Brook

State / Province

New York

Zip / Postal Code



### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Stony Brook University of New York

Start Date

Jul-30-1994



End Date

Jul-30-1998



Percent Clinical \*

# 100

Position

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Application

Application

Lewis, Ronald N/A



Activity Type

Postgraduate Training

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS



### Location Details

Street Address 1

Country

United States



City

State / Province

New York

Stony Brook

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Children's Hospital Medical Center of Cincinnati

Start Date

Aug-30-1998



End Date

Jul-30-1999



Percent Clinical \*

# 100

Position

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Application

Application - [redacted] - Lewis, Ronald N/A



Activity Type

Postgraduate Training



### Location Details

Street Address 1

Country

United States



City

State / Province

Ohio

Cincinnati

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Schneider Children's Hospital

Start Date

Aug-30-1999



End Date

Aug-30-2001



Percent Clinical \*

# 100

Position

Application

Application - Lewis, Ronald N/A



Activity Type

Employment



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### Location Details

Street Address 1

Country

United States



City

State / Province

New Hyde Park

New York

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Winthrop University Hospital

Start Date

Sep-30-2001



End Date

May-30-2010



Percent Clinical \*

# 100

Position

Application

Application

Lewis, Ronald N/A



Activity Type

Employment



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### Location Details

Street Address 1

Country

United States



City

State / Province

New York

Mineola

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Stony Brook University of New York

Start Date

Jan-30-2003



End Date

Sep-17-2021



Percent Clinical \*

# 100

Position

Application

Application - Lewis, Ronald N/A



Activity Type

Employment



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MEDICAL EXAMINERS

### Location Details

Street Address 1

Country

United States



City

Stony Brook

State / Province

New York

Zip / Postal Code



### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Pediatric Orthopaedic Cub of New York

Start Date

Jan-30-2007



End Date

Jan-30-2013



Percent Clinical \*

# 100

Position

Application

Application - Lewis, Ronald N/A



Activity Type

Employment



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### Location Details

Street Address 1

Country

United States



City

State / Province

New York

New York City

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

ProHealth Care Associates, LLP

Start Date

May-30-2011



End Date

Aug-30-2017



Percent Clinical \*

# 100

Position

Application

Applicator - Lewis, Ronald N/A



Activity Type

Employment



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### Location Details

Street Address 1

Country

United States



City

State / Province

New York

Zip / Postal Code

Huntington

### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Nemours Children's Specialty Clinic

Start Date

Oct-30-2017



End Date

Apr-30-2019



Percent Clinical \*

# 100

Position

Application

Application

Lewis, Ronald N/A



Activity Type

Employment



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### Location Details

Street Address 1

Country

United States



City

State / Province

Florida

Pensacola

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Trident Health Care

Start Date

Apr-30-2019



End Date

Sep-17-2021



Percent Clinical \*

# 100

Position

Application

Application · Lewis, Ronald N/A



Activity Type

Employment



### Location Details

Street Address 1

Country

United States

City

State / Province

South Carolina

Summerville

Zip / Postal Code

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### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Pediatric Orthopaedics of Charleston

Start Date

May-30-2019



End Date

Feb-28-2021



Percent Clinical \*

# 100

Position

Application

Application - Lewis, Ronald N/A



Activity Type

Employment



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### Location Details

Street Address 1

Country

United States



City

State / Province

South Carolina

Charleston

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Lewis, Ronald N/A



Name of Organization / Institution

Aim Specialty Health

Start Date

Dec-30-2020



End Date

Sep-17-2021



Percent Clinical \*

# 100

Position

Application

Application - Lewis, Ronald N/A



Activity Type

Employment



### Location Details

Street Address 1

Country

United States

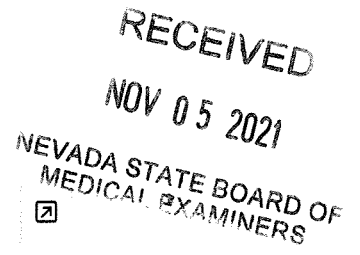
City

State / Province

South Carolina

Charleston

Zip / Postal Code



### Specialty Details

Licensee / Applicant \*

Lewis, Ronald N/A



Specialty Type \*

Surgery,Orthopaedic



Effective Date

May-23-1993



Other (Specialty)

Application

Application - Lewis, Ronald N/A



End Date



Primary Specialty?

Yes  No

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

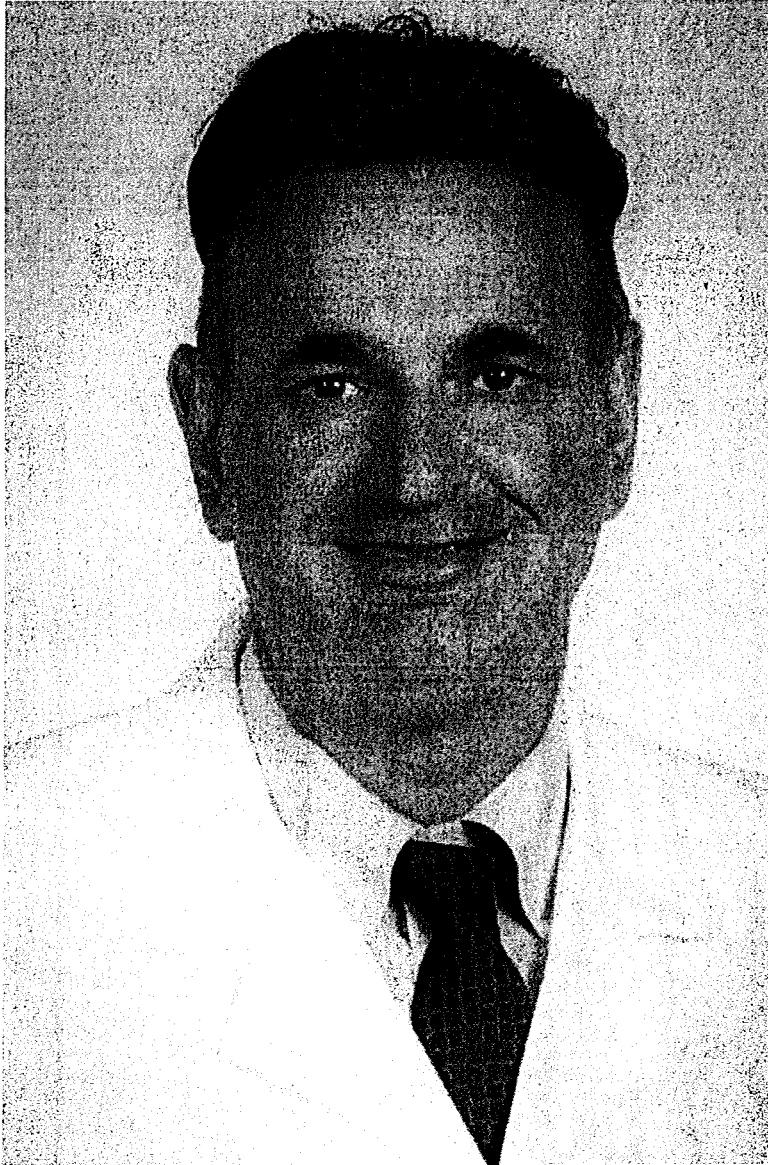
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## ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

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.

○ ○ ○ ○ ○

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 RONALD Lewis

Sign your name \_\_\_\_\_

Date 1/17/22

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.