

## Demographic Details

First Name

John

Middle Name

Kevin

Last Name \*

Ratliff

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



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

# (650) 723-0320

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

## Public Address

Street Address

453 Quarry Rd

Address Line 2

City

Palo Alto

County

Santa Clara County

ZIP / Postal Code

94304

State / Province

California

Country

United States



Is your physical address different from your mailing address?

Yes  No

Public Phone

#

(650) 723-0320

## Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

## Application Status

Applicant \*

Ratliff, John Kevin



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)

## License Details (Pre-Approval)

License Category

Medical Doctor



Obtained By

USMLE



Credentials / Degree Suffix (Enter before approval!)

M.D.

## Application Details

Application Type

Medical Doctor - Active



Application Date \*



Submitted Date



Reviewed Date



Decision Date



Approved Date



Application Step

# 20

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

Yes  No

Invoices

Application Invoice

[Empty field with external link icon]

Licensure Invoice

[Empty field with external link icon]

Expiration Date

Jun-17-2022



Application Payment Date

[Empty field with calendar icon]

Licensure Payment Date

[Empty field with calendar icon]

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

Child Support Attestation Type

Not subject to a court order



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 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

## Education Details

Licensee/Applicant \*

Ratliff, John Kevin



Address

City

New Orleans

State / Province

Louisiana

Zip / Postal Code

Country

United States



Application



Specialty Type



Name of School

Tulane University School of Medicine

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Aug-01-1991



Date To

Jun-03-1995



Did you graduate from the program?

Yes  No

Graduation Date

Jun-06-1995



Major Program

## Postgraduate Training Details

Licensee / Applicant \*

Ratliff, John Kevin



Training Status \*

Completed



Program Type \*

Internship



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Jul-01-1995



Date To

Jun-30-1996



Name of School or Institution

Louisiana State Univer:

Application



Specialty Type

Surgery,General



Historical Major Program

Other (Specialty)

Historical Degree Attained

## Location Details

City

New Orleans

Street Address 1

State / Province

Louisiana

Zip / Postal Code

County



Country





## Postgraduate Training Details

Licensee / Applicant \*

Ratliff, John Kevin



Program Type \*

Residency



Date From

Jul-01-1996



Name of School or Institution

Louisiana State Universit

Specialty Type

Surgery, Neurological



Other (Specialty)

Training Status \*

Completed



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date To

Jun-30-2001



Application



Historical Major Program

Historical Degree Attained

## Location Details

City

New Orleans

State / Province

Louisiana

County



Street Address 1


Zip / Postal Code

Country



## Postgraduate Training Details


Licensee / Applicant \*

Ratliff, John Kevin 

Program Type \*

Fellowship 


Date From

Jul-01-2001 

Name of School or Institution

New York University, Li 

Specialty Type

Surgery,Spine 

Other (Specialty)

Training Status \*

Completed 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2002 

Application

Historical Major Program

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

New York

Zip / Postal Code

County

Country

## Examination Details

Licensee / Applicant \*

Ratliff, John Kevin



Attended Date

Jun-08-1993



Number of Attempts

# 1

Application

^



Location

New Orleans

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

1

Certificate Number

Exam Date

Jun-08-1993



Expiration Date



## Examination Details

Licensee / Applicant \*

Ratliff, John Kevin



Attended Date

Aug-30-1995



Number of Attempts

# 1

Application



Location

New Orleans

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

2

Certificate Number

Exam Date

Aug-30-1995



Expiration Date



## Examination Details

Licensee / Applicant \*

Ratliff, John Kevin



Attended Date

May-14-1996



Number of Attempts

# 1

Application



Location

Result

Pass ( )

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

3

Certificate Number

Exam Date

May-14-1996



Expiration Date



## Board Certification Details

Licensee / Applicant

Ratliff, John Kevin



Specialty

Surgery, Neurological



Certifying Board

American Board



Other Certifying Board

Initial Certification Date

Nov-11-2005



Recertification Date

Jan-01-2016



Certification Number

Archive Program

Historical Specialty

## Connected Record

Application



# CHRONOLOGY OF ACTIVITIES

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Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑	▼	End Date	▼	Percent Clinical	▼
Ratliff, John Kevin	LSU New Orleans	Jul-01-1995		Jun-30-2001		100	
Ratliff, John Kevin	NYU School of Medicine	Jul-01-2001		May-30-2002		100	
Ratliff, John Kevin	Rush University	Jun-01-2002		Jun-30-2005		100	
Ratliff, John Kevin	Thomas Jefferson University	Jul-01-2005		Sep-01-2011		100	
Ratliff, John Kevin	Stanford University	Sep-01-2011		May-28-2021		100	

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## STATE LICENSES

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Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ▼
Ratliff, John Kevin	200200066	N/A	Jan-24-2002	Dec-03-2002	North Carolina
Ratliff, John Kevin	MD.022918	N/A	Jul-10-1996	Oct-31-2001	Louisiana
Ratliff, John Kevin	D54842	N/A	Jun-14-1999	Sep-30-2001	Maryland
Ratliff, John Kevin	MD427462	N/A	Aug-31-2005	Dec-31-2012	Pennsylvania
Ratliff, John Kevin	25MA08035600	N/A	Jan-25-2006	Jun-30-2013	New Jersey
Ratliff, John Kevin	036.106470	N/A	Mar-11-2002	Jul-31-2011	Illinois
Ratliff, John Kevin	C54726	N/A	Jun-10-2011	Nov-30-2022	California
Ratliff, John Kevin	219535	N/A	Oct-19-2000	Sep-30-2002	New York

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# HOSPITALS

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Licensee / Applicant	Name of Organization	Start Date	End Date
Ratliff, John Kevin	Thomas Jefferson University	Jul-01-2005	Sep-01-2011
Ratliff, John Kevin	Stanford Hospital	Sep-01-2011	May-28-2021

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## Specialty Details

Licensee / Applicant \*

Ratliff, John Kevin



Effective Date

Jul-01-2001



Application



Primary Specialty?

Yes  No

Specialty Type \*

Surgery,Spine



Other (Specialty)

End Date



# DECLARATION QUESTIONS

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

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## Declaration Question

Name

MD, PA – Q1 – Medical Condition Impair Sa

Declaration Text

Do you currently have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD, PA – Q1 – Medical Condition Impair Safe Practice



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - Ratliff, John Kevin



## Declaration Question

Name

MD, PA – Q2 – Medical Condition Field of F

Declaration Text

If you currently have a medical condition which in any way impairs or limits your ability to practice medicine, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, the manner in which you have chosen to practice, or by any other reasonable accommodation?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

### Licensee/Applicant

Ratliff, John Kevin



### Declaration Question

MD, PA – Q2 – Medical Condition Field of Practice



### Answer

Yes  No

### Answer Details

## Related To

### Application

Application - [redacted] - Ratliff, John Kevin



### Renewal



## Declaration Question

Name

MD, PA – Q3 – Chemical Substances Impai

Declaration Text

If you currently use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No



## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD, PA – Q3 – Chemical Substances Impair Safe Practice



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

Ratliff, John Kevin



## Declaration Question

Name

MD, PA, LL – Q4 – Performance of Public Service

Declaration Text

Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal government or a state or local government for your medical education?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD, PA, LL – Q4 – Performance of Public Service Requirement



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application

Ratliff, John Kevin



## Declaration Question

Name

ALL – Q5 – Named Defendant Respond to

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

- Ratliff, John Kevin



## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer


Yes  No

Answer Details

## Related To

Application

Renewal

Application - Ratliff, John Kevin 



## Declaration Question

Name

ALL – Q6 – Malpractice Claim Paid

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  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

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No



## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

ALL – Q7 – Arrest Question



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

Ratliff, John Kevin



## Declaration Question

Name

MD – Q8 – Denied License / Permission to

Declaration Text

Have you EVER been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - - Ratliff, John Kevin



## Declaration Question

Name

MD – Q9 – Medical License Revoked

Declaration Text

Have you EVER had a medical license or license to practice 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

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

### Licensee/Applicant

Ratliff, John Kevin



### Declaration Question

MD – Q9 – Medical License Revoked



### Answer

Yes  No

### Answer Details

## Related To

### Application

Application - - Ratliff, John Kevin

### Renewal



## Declaration Question

Name

MD, PA – Q10 – Controlled Substance Regi:

Declaration Text

Have you EVER surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD, PA – Q10 – Controlled Substance Registration



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - : · Ratliff, John Kevin



## Declaration Question

Name

MD, Previously applied for licensure in Nev:

Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program?

(If "Yes," please explain)

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No



## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD, Previously applied for licensure in Nevada.



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

Ratliff, John Kevin



## Declaration Question

Name

MD – Q11 – Voluntarily Surrendered a Licen

Declaration Text

Have you EVER voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of disciplinary action?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD – Q11 – Voluntarily Surrendered a License



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - : - Ratliff, John Kevin



## Declaration Question

Name

MD – Q12 – Denied Membership

Declaration Text

Have you EVER been denied membership, asked to resign, or expelled from a medical society or other professional medical organization?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD – Q12 – Denied Membership



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - Ratliff, John Kevin



## Declaration Question

Name

MD – Q13 – Investigation – Respond To/No

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 by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

Ratliff, John Kevin



## Declaration Question

Name

MD – Investigation Disciplinary during Train

Declaration Text

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No



## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD – Investigation Disciplinary during Training Program



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application

- Ratliff, John Kevin



## Declaration Question

Name

MD, PA, CCP, Hospital Privileges Denied, St

Declaration Text

Have you ever had staff privileges denied, suspended, limited, revoked, or not renewed by the hospital?

(Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attended hospital departmental or staff meetings, or maintain required malpractice Insurance.)

If "YES" List any (All resignations from any medical staff in lieu of disciplinary or administrative action. Include all hospitals, addresses, type of action and dates of action.

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Ratliff, John Kevin



Declaration Question

MD, PA, CCP, Hospital Privileges Denied, Suspended.



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

Ratliff, John Kevin





**ATTENTION APPLICANT!**  
**RESPONSIBILITY STATEMENT**

**RECEIVED**  
**DEC 21 2021**  
**NEVADA STATE BOARD OF**  
**MEDICAL EXAMINERS**

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 your 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 JOHN RATZFF

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

Date 12-17-21

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.