

Demographic Details

First Name

James

Gender

Male



Middle Name

Richard

Date of Birth



Last Name *

Munns

Name Suffix

Previous Name(s)

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

(309) 407-5549

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

1 Tall Oaks Drive

ZIP / Postal Code

61550

Address Line 2

State / Province

Illinois

City

Morton

Country

United States



County

Tazewell

Is your physical address different from your mailing address?

Yes No

Public Phone

(309) 407-5549

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

0

Security Answer #1

Security Question #2



Application Status

Applicant *

Munns, James Richard



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

F.L.E.X.



Credentials / Degree Suffix (Enter before approval!)

M.D.

Application Details

Application Type

Medical Doctor - Active



Application Date *

Aug-24-2021



Submitted Date

Sep-07-2021



Reviewed Date



Decision Date



Approved Date



Application Step

20

Expiration Date

Sep-07-2022



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

Yes No

Invoices

Application Invoice

[Invoice details for Application Invoice]



Licensure Invoice

[Invoice details for Licensure Invoice]



Application Payment Date

[Payment date details for Application Invoice]



Licensure Payment Date

[Payment date details for Licensure Invoice]



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 *

Munns, James Richard



Address

1216 MERF

City

Iowa City

State / Province

Iowa

Zip / Postal Code

52242-2600

Country

United States



Application

ard



Name of School

University of Iowa Carver College of Medi

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Sep-11-1967



Date To

May-28-1971



Did you graduate from the program?

Yes No

Graduation Date


May-28-1971



Major Program

Postgraduate Training Details

Licensee / Applicant *

Munns, James Richard 

Training Status *

Completed 

Program Type *

Internship 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jun-24-1971 

Date To

Jun-24-1972 

Name of School or Institution

Hennepin Healthcare

Application



Specialty Type

Surgery, General 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Minneapolis

Street Address 1

State / Province

Minnesota

Zip / Postal Code


County

Country



Postgraduate Training Details

Licensee / Applicant *

Munns, James Richard 


Training Status *

Completed 

Program Type *

Residency 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 


Date From

Jul-01-1972 

Date To


Jun-30-1976 

Name of School or Institution

University of Iowa Hospital 

Application

Specialty Type

Surgery, General 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Iowa City

Street Address 1

State / Province

Iowa

Zip / Postal Code

County

Country



Postgraduate Training Details

Licensee / Applicant *

Munns, James Richard



Program Type *

Residency



Date From

Jul-01-1980



Name of School or Institution

Medical College of Wisconsin Affiliated H

Specialty Type

Surgery, Cardiothoracic



Other (Specialty)

Intergrated

Training Status *

Completed



Accreditation Type



Date To

Jun-30-1982



Application



Historical Major Program

Historical Degree Attained

Location Details

City

Milwaukee

State / Province

Wisconsin

County



Street Address 1

Zip / Postal Code

Country



Military Service Details

Licensee / Applicant *

Munns, James Richard



Branch of Service *

U.S. Army



Military Occupation Specialty *

Medical Services



Start Date *

Jan-01-1972



End Date

Jan-30-1980



Application



Are you still serving?

Yes No

Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?

Yes No

Did you separate from service under conditions other than dishonorable?

Yes No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?

Yes No

Examination Details

Licensee / Applicant *

Munns, James Richard



Attended Date

Jun-15-1971



Number of Attempts

1

Application



Location

IA State Board Exam 1971= FLEX exam, when

Result

76.70

Examination Type

Federation Licensing Examination (FLEX)

Other Exam

Are you currently certified?

Yes No

Steps

IA State Board Exam 1971= FLEX exam, when

Certificate Number

Exam Date

Jun-15-1971



Expiration Date



Board Certification Details

Licensee / Applicant

Munns, James Richard



Initial Certification Date

Jun-04-1983



Specialty

Surgery, Cardiothoracic



Recertification Date

Nov-22-2021



Certifying Board

American Board



Certification Number

Other Certifying Board

Archive Program

Historical Specialty

Connected Record

Application



Application Activity Details

Licensee / Applicant

Munns, James Richard



Start Date

Mar-23-1983



Name of Organization / Institution

End Date

Dec-31-2023



Percent Clinical *

100

Position

Application



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Peoria

State / Province

Illinois

Zip / Postal Code

Other License Details

Licensee/Applicant

Munns, James Richard



License Type

Unlimited

Licensing Board or Regulatory Authority

Medical Board of AR

License Status

Active

License Number

E-14624

Issue Date

Aug-06-2021



State / Province

Arkansas

Expiration Date

Dec-31-2022



Country

United States



Notes

Application

Other License Details

Licensee/Applicant

Munns, James Richard



License Type

Licensing Board or Regulatory Authority

Medical Board of FL

License Status

Active

License Number

ME135187

Issue Date

Feb-06-2018



State / Province

Florida

Expiration Date

Jan-31-2022



Country

United States



Notes

Application



Other License Details

Licensee/Applicant

Munns, James Richard



License Type

Licensing Board or Regulatory Authority

Medical Board of HI

License Status

Active

License Number

MD-19009-0

Issue Date

Mar-09-2017



State / Province

Hawaii

Expiration Date

Jan-31-2024



Country

United States



Notes

Application

rd 

Other License Details

Licensee/Applicant

Munns, James Richard



Licensing Board or Regulatory Authority

Medical Board of IL

License Number

036.064426

State / Province

Illinois

Country

United States



Application



License Type

Endorsement

License Status

Active

Issue Date

Jun-01-1982



Expiration Date

Jul-31-2023



Notes

Other License Details

Licensee/Applicant

Munns, James Richard



License Type

Permanent

Licensing Board or Regulatory Authority

Medical Board of IA

License Status

Relinquished

License Number

MD-18661

Issue Date

Jul-06-1972



State / Province

Iowa

Expiration Date

Dec-01-2004



Country

United States



Notes

Application



Other License Details

Licensee/Applicant

Munns, James Richard



License Type

Permanent

Licensing Board or Regulatory Authority

Medical Board of IA

License Status

Active

License Number

MD-44641

Issue Date

Oct-04-2017



State / Province

Iowa

Expiration Date

Dec-01-2022



Country

United States



Notes

Application



Other License Details

Licensee/Applicant

Munns, James Richard



License Type

Endorsement

Licensing Board or Regulatory Authority

Medical Board of WI

License Status

Expired

License Number

22726-20

Issue Date

Oct-19-1979



State / Province

Wisconsin

Expiration Date

Oct-31-2005



Country

United States



Notes

Application

ard



Hospital Details

Licensee / Applicant

Munns, James Richard



Application



End Date



Name of Organization

General Leonard Wood Army Hospital

Start Date

Sep-16-1977



Address Details

Street Address Line 1

4430 Missouri Ave.

Street Address Line 2

City

Fort Leonard Wood

State / Province

Missouri

ZIP / Postal Code

65473

Country

United States



Hospital Details

Licensee / Applicant

Munns, James Richard



Application



End Date



Name of Organization

UnityPoint Health Methodist

Start Date

Jun-29-1982



Address Details

Street Address Line 1

221 NE Glen Oak Ave.

Street Address Line 2

City

Peoria

State / Province

Illinois

ZIP / Postal Code

61636

Country

United States



Hospital Details

Licensee / Applicant

Munns, James Richard



Name of Organization

Pekin Hospital

Application

Start Date

Jul-01-1982



End Date



Address Details

Street Address Line 1

600 S. 13th Street

State / Province

Illinois

Street Address Line 2

ZIP / Postal Code

61554

City

Pekin

Country

United States



Hospital Details

Licensee / Applicant

Munns, James Richard



Application



End Date



Name of Organization

UnityPoint Health Proctor Hospital

Start Date

Mar-23-1983



Address Details

Street Address Line 1

5409 N Knoxville Ave.

State / Province

Illinois

Street Address Line 2

ZIP / Postal Code

61614

City

Peoria

Country

United States



Hospital Details

Licensee / Applicant

Munns, James Richard



Name of Organization

OSF St Francis Medical Center

Application

Start Date

Jan-01-1986



End Date



Address Details

Street Address Line 1

530 NE Glen Oak Ave.

State / Province

Illinois

Street Address Line 2

ZIP / Postal Code

61637

City

Peoria

Country

United States



Specialty Details

Licensee / Applicant *

Munns, James Richard



Specialty Type *

Surgery,Thoracic



Effective Date

Jul-01-1982



Other (Specialty)

Application

rd

End Date

Dec-31-2023



Primary Specialty?

Yes No

Licensee/Applicant	Declaration Question	Answer	Created On	Updated On
James Munns	ALL – Q5 – Named Defendant Respond to Legal Action	Yes	Aug-25-2021 11:46 AM	Aug-25-2021 11:46 AM
James Munns	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD – Investigation Disciplinary during Training Program	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD – Q11 – Voluntarily Surrendered a License	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD – Q9 – Medical License Revoked	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD – Q12 – Denied Membership	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD – Q13 – Investigation – Respond To/Notify Of	Yes	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	ALL – Q6 – Malpractice Claim Paid	Yes	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD, PA – Q2 – Medical Condition Field of Practice	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	ALL – Q7 – Arrest Question	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD – Q8 – Denied License / Permission to Practice Medicine	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD, PA – Q10 – Controlled Substance Registration	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM
James Munns	MD, Previously applied for licensure in Nevada.	No	Aug-25-2021 11:44 AM	Aug-25-2021 11:44 AM

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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD, PA – Q1 – Medical Condition Impair Safe Practice



Answer

Yes No

Answer Details

Related To

Application



Renewal



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD, PA – Q2 – Medical Condition Field of Practice



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration Question

Name

MD, PA – Q3 – Chemical Substances Impair

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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD, PA – Q3 – Chemical Substances Impair Safe Practice



Answer

Yes No

Answer Details

Related To

Application

Renewal



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

Declaration

Licensee/Applicant

Munns, James Richard 

Declaration Question

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

Answer

Yes No

Answer Details

Related To

Application

Renewal

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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes No

Answer Details

Related To

Application

Renewal



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes No

Answer Details

Related To

Application

Renewal

rd



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

ALL – Q7 – Arrest Question



Answer

Yes No

Answer Details

Related To

Application

Renewal



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine



Answer

Yes No

Answer Details

Related To

Application

Renewal



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD – Q9 – Medical License Revoked



Answer

Yes No

Answer Details

Related To

Application

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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD, PA – Q10 – Controlled Substance Registration



Answer

Yes No

Answer Details

Related To

Application

Renewal

}



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

Section Ordinal

11

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

Munns, James Richard



Declaration Question

MD – Q11 – Voluntarily Surrendered a License



Answer

Yes No

Answer Details

Related To

Application

Renewal

Application - 57542 - Munns, James Richard



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD – Q12 – Denied Membership



Answer

Yes No

Answer Details

Related To

Application



Renewal



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of



Answer

Yes No

Answer Details

Placeholder for answer details content.

Related To

Application

Renewal



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD – Investigation Disciplinary during Training Program



Answer

Yes No

Answer Details

Related To

Application

Renewal



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

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



Answer

Yes No

Answer Details

Related To

Application

Renewal



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

Declaration

Licensee/Applicant

Munns, James Richard



Declaration Question

MD, Previously applied for licensure in Nevada.



Answer

Yes No

Answer Details

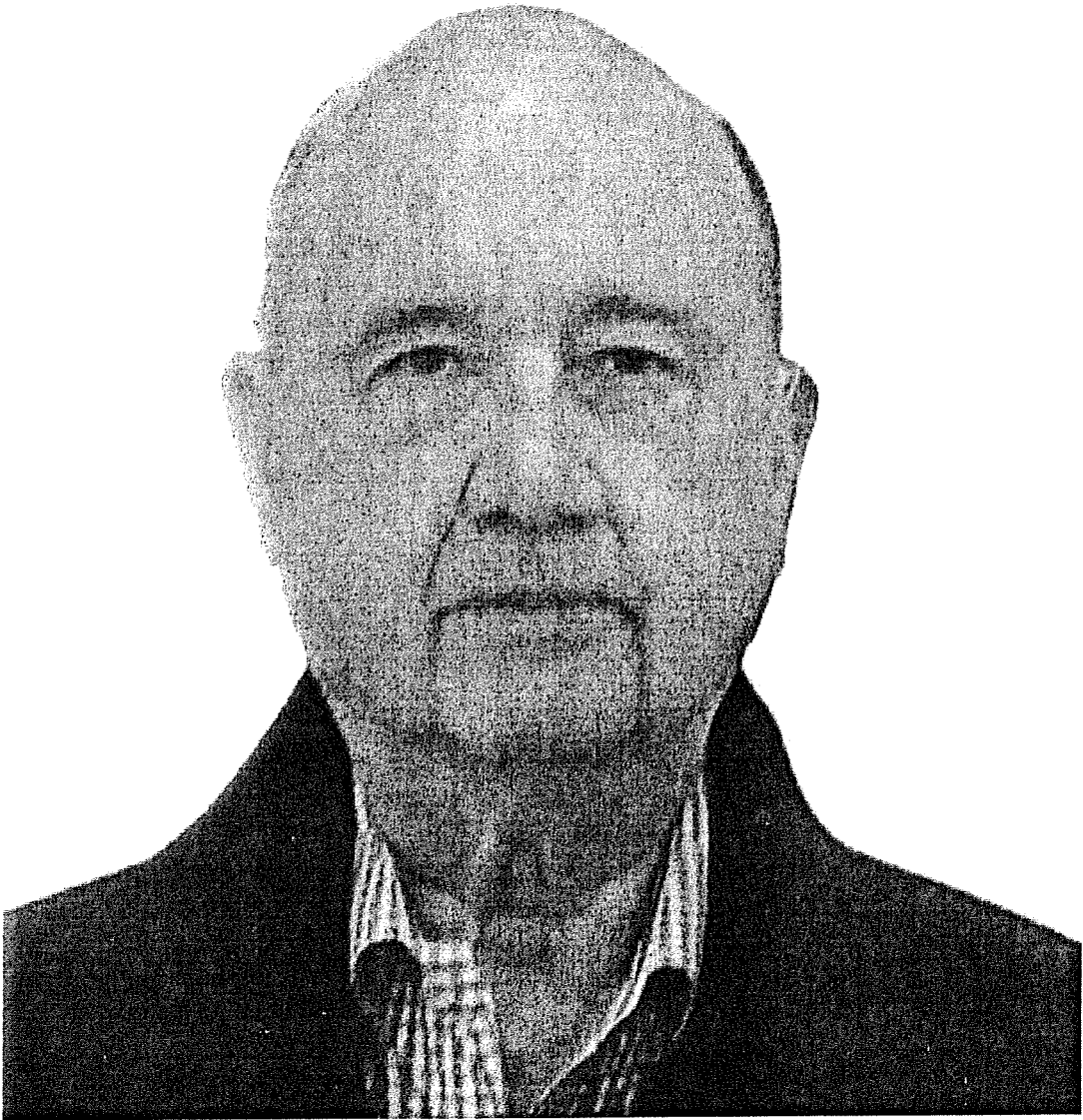
Related To

Application



Renewal





ATTENTION APPLICANT!
RESPONSIBILITY STATEMENT

RECEIVED
OCT 22 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 James Richard Mewis

Sign your name _____

Date 10/10/2021

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.