

Demographic Details

First Name

Aaron

Middle Name

Last Name *

KUEHL

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

North Dakota, USA

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

Yes No

Nevada BIN

Historical File Number

Military Detail

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

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address

✉

Mail should be directed to

✉

Cell Phone

#

Fax

#

Public Address

Street Address

ZIP / Postal Code

Address Line 2

State / Province

City

Country



County

Is your physical address different from your mailing address?

Yes No

Public Phone

#

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



Application Status

Applicant *

KUEHL, Aaron Harris



Application Status

Pending Requirements



Application Number

Assigned To



License Issued?

Yes No

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Physician Assistant



Credentials / Degree Suffix (Enter before approval!)

PA-C

Obtained By

NCCPA



Expected Expiration Date

Expected Issue Date



Application Details

Application Type

Physician Assistant



Reviewed Date



Application Date *

Jun-23-2021



Decision Date



Submitted Date

Approved Date

Sep-20-2021



Application Step

Expiration Date

16

Sep-20-2022



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

Yes No

Invoices

Application Invoice

Application Payment Date

017780 - Paid in Full



Sep-20-2021



Licensure Invoice

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

Licensee/Applicant	Education Type	Degree Attained	Name of School	Date From	Date To †	Graduation Date
KUEHL, Aaron Harris	Undergraduate	Undergraduate (No Degree)	North Dakota State University	Jun-03-1994	Aug-16-1994	N/A
KUEHL, Aaron Harris	Undergraduate	Undergraduate (No Degree)	University of North Dakota	Jan-07-1993	May-18-1995	N/A
KUEHL, Aaron Harris	Undergraduate	Undergraduate (No Degree)	University of Minnesota	Jun-02-1995	Mar-16-1996	N/A
KUEHL, Aaron Harris	College/University	Physician Assistant Degree	Augsburg University	May-30-1995	Aug-31-1997	Aug-31-1997

Examination Details

Licensee / Applicant *

KUEHL, Aaron Harris



Attended Date

Oct-15-1997



Number of Attempts

1

Application

Application - KUEHL, Aaron Harris



Location

Augsburg College / Name changed to Augsbu

Result

455

Examination Type

Other



Other Exam

NCCPA PANCE

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

KUEHL, Aaron Harris



Attended Date

Aug-31-2004



Number of Attempts

1

Application

Application . KUEHL, Aaron Harris



Location

Pearson VUE Testing Center, San Diego, CA

Result

424

Examination Type

Other



Other Exam

NCCPA PANRE

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

KUEHL, Aaron Harris 

Attended Date

Sep-13-2021 

Number of Attempts

1

Application

Application KUEHL, Aaron Harris 


Location

Pearson VUE Testing Center, Las Vegas, NV

Result

415

Examination Type

National Commission On Certification Of Physician Assistants (NCCPA) 

Other Exam

Are you currently certified?

Yes No

Steps

Test was taken on 09/07/2021


Certificate Number

1036640

Exam Date



Expiration Date

Dec-31-2023 

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Aaron Kuehl	N/A	Sep-01-1997	Jan-07-1998	0
Aaron Kuehl	San Diego Sports Medicine	Jan-08-1998	Mar-17-1998	100
Aaron Kuehl	Scripps Clinic Medical Group	Jan-10-1998	Mar-07-1998	100
Aaron Kuehl	HealthSouth / Now Encompass Health	Mar-18-1998	May-30-1998	100
Aaron Kuehl	HealthSouth / Now Encompass Health	Jul-20-1998	Jun-03-2001	100
Aaron Kuehl	U.S. Healthworks / Now Concentra	Jul-28-2001	Nov-04-2001	100
Aaron Kuehl	William L. Shoemaker D.O.	Nov-05-2001	Feb-14-2002	100
Aaron Kuehl	N/A	Feb-15-2002	May-04-2002	0
Aaron Kuehl	U.S. Healthworks / Now Concentra	May-05-2002	Apr-21-2003	100
Aaron Kuehl	N/A	Apr-22-2003	Jul-27-2004	0
Aaron Kuehl	Integrity Chrysler Jeep and Dodge	Jul-28-2004	Dec-05-2008	0
Aaron Kuehl	N/A	Dec-06-2008	Jun-13-2009	0
Aaron Kuehl	Findlay Toyota	Jun-14-2009	Sep-27-2009	0
Aaron Kuehl	N/A	Sep-28-2009	Feb-17-2010	0
Aaron Kuehl	Desert BMW of Las Vegas	Feb-18-2010	Nov-01-2010	0
Aaron Kuehl	N/A	Nov-02-2010	Jan-01-2011	0
Aaron Kuehl	Ed Bozarth Chevrolet	Jan-02-2011	Jan-22-2012	0
Aaron Kuehl	N/A	Jan-23-2012	Mar-14-2012	0
Aaron Kuehl	Lloyd Anderson Group of Companies	Mar-15-2012	Nov-21-2013	0
Aaron Kuehl	N/A	Nov-22-2013	Jul-31-2014	0
Aaron Kuehl	Grand Pacific Resorts	Aug-01-2014	Jan-02-2015	0
Aaron Kuehl	N/A	Jan-03-2015	Mar-07-2015	0
Aaron Kuehl	Weik Resorts	Mar-08-2015	Mar-09-2017	0
Aaron Kuehl	N/A	Mar-10-2017	Apr-06-2017	0
Aaron Kuehl	Diamond Resorts International	Apr-07-2017	Jun-21-2018	0

Other License Details

Licensee/Applicant

KUEHL, Aaron Harris



Licensing Board or Regulatory Authority

Physician Assistant Board

License Number

PA14224

State / Province

California

Country

United States



Application

Application · KUEHL, Aaron Harris

License Type

License Status

Expired

Issue Date

Jan-06-1998



Expiration Date

Mar-31-2004



Notes

Military Service Details

Licensee / Applicant *

KUEHL, Aaron Harris



Military Occupation Specialty *

Medical Services



End Date

Dec-04-1992



Are you still serving?

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

Have you ever served the Commissioned Corps of the United States Public Health Service or the Comissioned 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

Branch of Service *

U.S. Army



Start Date *

Jun-14-1990



Application

Application KUEHL, Aaron Harris



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

Yes No

Did you separate from service under conditions other than dishonorable?

Yes No

Licensee/Applicant	Declaration Question	Answer	Answer Details	Created On
KUEHL, Aaron Harris	PA – Q28 – Investigation Respond To / Notify Of	Yes		
KUEHL, Aaron Harris	PA, Previously applied for physician assistant licensure in Nevada?	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	PA – Q26 – Voluntarily Surrendered License Or Certificate	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	PA – Q27– Failed NCCPA Examination	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	MD, PA, LL – Q4 – Performance of Public Service Requirement	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	MD, PA – Q10 – Controlled Substance Registration	Yes		
KUEHL, Aaron Harris	PA – Q25 – Certificate / License Revoked	Yes		
KUEHL, Aaron Harris	PA – Q24 – Denied License or Permission to Practice	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	MD, PA – Q2 – Medical Condition Field of Practice	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	MD, PA – Q1 – Medical Condition Impair Safe Practice	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	ALL – Q5 – Named Defendant Respond to Legal Action	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	ALL – Q6 – Malpractice Claim Paid	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	ALL – Q7 – Arrest Question	No		Sep-14-2021 06:38
KUEHL, Aaron Harris	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No		Sep-14-2021 06:38

Declaration Question

Name

MD, PA – Q1 – Medical Condition Impair Sa

Section Ordinal

#

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

KUEHL, Aaron Harris



Declaration Question

MD, PA – Q1 – Medical Condition Impair Safe Practice



Answer

Yes No

Answer Details

Related To

Application

Renewal

Application - KUEHL, Aaron Harris



Declaration Question

Name

Section Ordinal

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

KUEHL, Aaron Harris



Declaration Question

MD, PA – Q2 – Medical Condition Field of Practice



Answer

Yes No

Answer Details

Related To

Application

Application

KUEHL, Aaron Harris



Renewal



Declaration Question

Name

Section Ordinal

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

Visible To

Application Process

Yes No

Renewal Process

Yes No

Declaration

Licensee/Applicant

KUEHL, Aaron Harris



Declaration Question

MD, PA – Q3 – Chemical Substances Impair Safe Practice



Answer

Yes No

Answer Details

Related To

Application

Renewal

Application -

KUEHL, Aaron Harris



Declaration Question

Name

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

#

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

KUEHL, Aaron Harris



Declaration Question

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



Answer

Yes No

Answer Details

Related To

Application

Renewal

Application -

- KUEHL, Aaron Harris



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

KUEHL, Aaron Harris



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes No

Answer Details

Related To

Application

Renewal

Application -

- KUEHL, Aaron Harris



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

Licensee/Applicant

KUEHL, Aaron Harris



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes No

Answer Details

Related To

Application

Application - KUEHL, Aaron Harris



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

KUEHL, Aaron Harris



Declaration Question

MD, PA – Q10 – Controlled Substance Registration



Answer

Yes No

Answer Details

Related To

Application

Renewal

Application - - KUEHL, Aaron Harris



Declaration Question

Name

PA, Previously applied for physician assista

Declaration Text

Have you previously applied for physician assistant licensure in Nevada?

(If "Yes," provide an explanation.)

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

KUEHL, Aaron Harris



Declaration Question

ALL – Q7 – Arrest Question



Answer

Yes No

Answer Details

Related To

Application

Renewal

Application - KUEHL, Aaron Harris



Declaration Question

Name

PA – Q24 – Denied License or Permission t

Declaration Text

Have your ever been denied a license or certificate to practice as a physician Assistant, or in any other healing art, or permission to take an examination to Practice as a physician assistant or in any other healing art(s) 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

KUEHL, Aaron Harris



Declaration Question

PA – Q24 – Denied License or Permission to Practice



Answer

Yes No

Answer Details

Related To

Application

Renewal

Application -

KUEHL, Aaron Harris



Declaration Question

Name

PA – Q25 – Certificate / License Revoked

Declaration Text

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

No explanation required (only has one answer)

Yes No

Visible To

Application Process

Yes No

Renewal Process

Yes No

Declaration

Licensee/Applicant

KUEHL, Aaron Harris



Declaration Question

PA – Q25 – Certificate / License Revoked



Answer

Yes No

Answer Details

Related To

Application

Application - - KUEHL, Aaron Harris

Renewal



Declaration Question

Name

PA – Q26 – Voluntarily Surrendered Licens

Declaration Text

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

No explanation required (only has one answer)

Yes No

Visible To

Application Process

Yes No

Renewal Process

Yes No

Declaration

Licensee/Applicant

KUEHL, Aaron Harris



Declaration Question

PA – Q26 – Voluntarily Surrendered License Or Certificate



Answer

Yes No

Answer Details

Related To

Application

Application

- KUEHL, Aaron Harris



Renewal



Declaration Question

Name

PA – Q27– Failed NCCPA Examination

Declaration Text

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

No explanation required (only has one answer)

Yes No

Visible To

Application Process

Yes No

Renewal Process


Yes No

Declaration

Licensee/Applicant

KUEHL, Aaron Harris 

Declaration Question

PA – Q27– Failed NCCPA Examination 


Answer

Yes No

Answer Details

Related To

Application

Application - KUEHL, Aaron Harris 

Renewal

Renewal 

Declaration Question

Name

PA – Q28 – Investigation Respond To / Noti

Declaration Text

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

No explanation required (only has one answer)

Yes No

Visible To

Application Process

Yes No

Renewal Process


Yes No

Declaration

Licensee/Applicant

KUEHL, Aaron Harris 

Declaration Question

PA – Q28 – Investigation Respond To / Notify Of 


Answer

Yes No

Answer Details

Related To

Application

Application - - KUEHL, Aaron Harris 

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

Visible To

Application Process

Yes No

Renewal Process

Yes No

Declaration

Licensee/Applicant

KUEHL, Aaron Harris



Declaration Question

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



Answer

Yes No

Answer Details

Related To

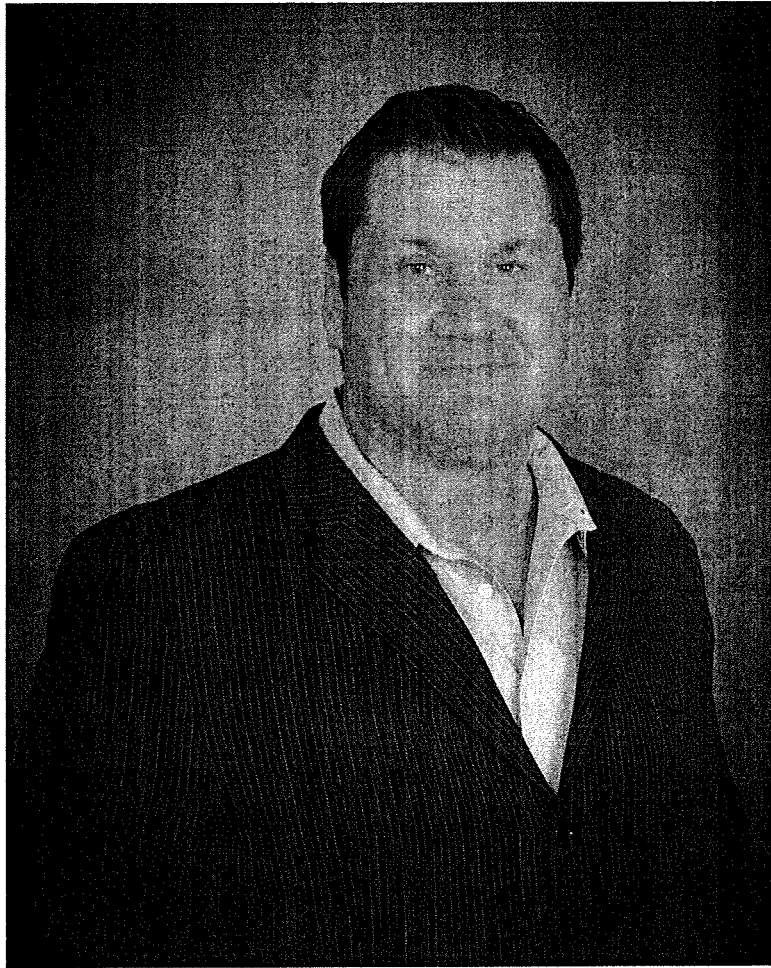
Application

Renewal

Application -

KUEHL, Aaron Harris





RECEIVED

SEP 24 2021

NEVADA STATE BOARD OF MEDICAL EXAMINERS

ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Because you are applying for the privilege of practicing medicine, perfusion or respiratory care in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have any questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

○ ○ ○ ○ ○

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name Aaron Kuehl

Sign your name _____

Date 9.16.21

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.