

## Demographic Details

First Name

Ping

Middle Name

Last Name \*

LI

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes  No

Date Deceased



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

Yes  No

Nevada BIN

Historical File Number

## Military Detail

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

Yes  No

Gender

Female



Date of Birth



Name Suffix

City of Birth

Place of Birth

Beijing, CHINA

Weight (in lbs)

Eye Color

Comments (non-public information)

Initial CRT NBRC Test Date: 08/09/2004. Initial RRT NBRC Test Date: 02/26/2007.

Public Information

## 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

Henderson

City

Henderson

Country

United States



County

Henderson

Is your physical address different from your mailing address?

Yes  No

Public Phone

#

## Mailing Address

Street Address

City (Mailing)

### Application Status

Applicant \*

LI, Ping N/A



Application Status

Pending Review by the Board

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

Practitioner of Respiratory Care



Credentials / Degree Suffix (Enter before approval!)

RRT

Obtained By

NBRC



Expected Expiration Date

Expected Issue Date



### Application Details

Application Type

Practitioner of Respiratory Care - Endorsement



Reviewed Date



Application Date \*

Aug-26-2021



Decision Date



Submitted Date

Aug-26-2021



Approved Date



Application Step

# 16

Expiration Date

Aug-26-2022



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

Yes  No

### Invoices

Application Invoice

017412 - Paid in Full



Application Payment Date

Aug-26-2021



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 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 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 a 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 ↑
LI, Ping N/A	High School	High School Diploma	Beijing 171 Middle School	Sep-01-1977	Jul-15-1981
LI, Ping N/A	Medical School	Certificate of Completion	Beijing Medical School	Sep-01-1982	Jul-19-1985
LI, Ping N/A	Undergraduate	Undergraduate (No Degree)	Glendale Community College	Sep-01-2001	Jul-01-2003
LI, Ping N/A	Graduate	Certificate of Completion	Hacienda LaPuente Adult Education (Post-Grade 12 School)	Jun-22-2004	
LI, Ping N/A	College/University	Associate Science Degree	Excelsior College	Dec-19-2003	Jul-16-2004

## Examination Details

Licensee / Applicant \*

LI, Ping N/A



Attended Date

Aug-09-2004



Number of Attempts

# 1

Application

Application -

LI, Ping N/A



Location

Result

PASS

Examination Type

The National Board for Respiratory Care (NBRC)



Other Exam

CRT

Are you currently certified?

Yes  No

Steps

Certificate Number

Exam Date



Expiration Date

Feb-28-2022



## Examination Details

Licensee / Applicant \*

LI, Ping N/A



Attended Date

Feb-26-2007



Number of Attempts

# 1

Application

Application

- LI, Ping N/A



Location

CALIFORNIA

Result

PASS

Examination Type

The National Board for Respiratory Care (NBRC)



Other Exam

RRT

Are you currently certified?

Yes  No

Steps

Certificate Number

96425

Exam Date



Expiration Date

Feb-28-2022



## Application Activity Details

Licensee / Applicant

LI, Ping N/A



Start Date

Oct-30-2004



Percent Clinical \*

# 100

Application

Application - - LI, Ping N/A



Name of Organization / Institution

End Date

Aug-26-2021



Position

Activity Type

Employment



## Location Details

Street Address 1

City

COVINA

Country

United States



State / Province

California

Zip / Postal Code

91723



Licensee/Applicant	Declaration Question	Answer	Created	Details
Ping LI	ALL – Q5 – Named Defendant Respond to Legal Action	No	Aug-26-2021 01:34	
Ping LI	RT – Q17 – Substances Impair Safe Practice	No	Aug-26-2021 01:34	
Ping LI	RT, Have you previously applied for an allied health license in Nevada?.	No	Aug-26-2021 01:34	
Ping LI	RT – Q21 - Failed NBRC Examination	No	Aug-26-2021 01:34	
Ping LI	ALL – Q6 – Malpractice Claim Paid	No	Aug-26-2021 01:34	
Ping LI	RT – Q20 – Voluntarily Surrendered License / Certificate	No	Aug-26-2021 01:34	
Ping LI	RT – Q15 – Medical Condition Impair Safe Practice	No	Aug-26-2021 01:34	
Ping LI	RT – Q22 – Registration / Certification Revoked	No	Aug-26-2021 01:34	
Ping LI	ALL – Q7 – Arrest Question	No	Aug-26-2021 01:34	
Ping LI	RT – Q18 – Denied License / Permission to Provide Services	No	Aug-26-2021 01:34	
Ping LI	RT – Q19 – Certificate / License Revoked	No	Aug-26-2021 01:34	
Ping LI	RT – Q23 – Investigation Respond To / Notify Of	No	Aug-26-2021 01:34	
Ping LI	RT – Q16 – Medical Condition Field of Practice	No	Aug-26-2021 01:34	

### Declaration Question

Name

ALL – Q5 – Named Defendant Respond to Legal Action

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

LI, Ping N/A



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes  No

## 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

LI, Ping N/A



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

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

LI, Ping N/A



Declaration Question

ALL – Q7 – Arrest Question



Answer

Yes  No

Answer Details

### Declaration Question

Name

RT, Have you previously applied for an allied health license in Nevada?

Declaration Text

Have you previously applied for an allied health license in Nevada?

(This does not include blood gas licenses) 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

Licensee/Applicant

LI, Ping N/A



Declaration Question

RT, Have you previously applied for an allied health license in Nevada?



Answer

Yes  No

## Declaration Question

Name

RT – Q15 – Medical Condition Impair Safe Practice

Declaration Text

Do you currently have a medical condition that in any way impairs or limits your ability to provide respiratory care services with reasonable skill and safety? (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

Licensee/Applicant

LI, Ping N/A



Declaration Question

RT – Q15 – Medical Condition Impair Safe Practice



Answer

Yes  No

## Declaration Question

Name

RT – Q16 – Medical Condition Field of Practice

Declaration Text

If you currently have a medical condition which in any way impairs or limits your ability to practice as a respiratory therapist, 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? (If "Yes," attach explanation on separate sheet.)

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

LI, Ping N/A



Declaration Question

RT – Q16 – Medical Condition Field of Practice



Answer

Yes  No

### Declaration Question

Name

RT – Q17 – Substances Impair Safe Practice

Declaration Text

If you currently use chemical substances, does your use in any way impair or limit your ability to provide respiratory care services with reasonable skill and safety? (If "Yes," attach explanation on separate sheet.)

No explanation required (only has one answer)

Yes  No

### Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

LI, Ping N/A



Declaration Question

RT – Q17 – Substances Impair Safe Practice



Answer

Yes  No

## Declaration Question

Name

RT – Q18 – Denied License / Permission to Provide Services

Declaration Text

Have you ever been denied a license or certification/registration to provide respiratory care services or permission to practice as a respiratory care therapist or permission to take an examination to practice as a respiratory care therapist or permission to practice 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

LI, Ping N/A



Declaration Question

RT – Q18 – Denied License / Permission to Provide Services



Answer

Yes  No

## Declaration Question

Name

RT – Q19 – Certificate / License Revoked

Declaration Text

Have you ever had a certificate or license to provide respiratory care services or 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

LI, Ping N/A



Declaration Question

RT – Q19 – Certificate / License Revoked



Answer

Yes  No

## Declaration Question

Name

RT – Q20 – Voluntarily Surrendered License / Certificate

Declaration Text

Have you ever voluntarily surrendered a license or certificate to provide respiratory care services 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

LI, Ping N/A



Declaration Question

RT – Q20 – Voluntarily Surrendered License / Certificate



Answer

Yes  No

### Declaration Question

Name

RT – Q21 - Failed NBRC Examination

Declaration Text

Have you ever failed the National Board for Respiratory Care examination, or any state or other jurisdiction examination for certification, licensure or registration? If your answer is "yes", give details regarding how many times you failed, including dates and the reason(s) you believe you failed the examination(s).

No explanation required (only has one answer)

Yes  No

### Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

LI, Ping N/A



Declaration Question

RT – Q21 - Failed NBRC Examination



Answer

Yes  No

## Declaration Question

Name

RT – Q22 – Registration / Certification Revoked

Declaration Text

Have you ever had your registration/certification revoked, suspended and/or limited by the National Board for Respiratory Care?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No



## Declaration

Licensee/Applicant

LI, Ping N/A



Declaration Question

RT – Q22 – Registration / Certification Revoked



Answer

Yes  No

## Declaration Question

Name

RT – Q23 – Investigation Respond To / Notify Of

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

Licensee/Applicant

LI, Ping N/A



Declaration Question

RT – Q23 – Investigation Respond To / Notify Of



Answer

Yes  No



RECEIVED  
OCT 14 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.

o o o o o

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

Print your name PING LI

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.