

## Demographic Details

First Name

James

Gender

Male



Middle Name

Date of Birth



Last Name \*

Lowery

Name Suffix

Jr.

Previous Name(s)

City of Birth

Social Security Number

Place of Birth

California, USA

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

#

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

New Mexico

City

Country

United States



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)



County (Mailing)

### Application Status

Applicant \*

Lowery, James Edward 

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

Practitioner of Respiratory Care 

Credentials / Degree Suffix (Enter before approval!)

CRT

Obtained By

NBRC 

Expected Expiration Date

Expected Issue Date



### Application Details

Application Type

Practitioner of Respiratory Care 

Reviewed Date



Application Date \*

Jul-01-2021 

Decision Date



Submitted Date

Jul-01-2021 

Approved Date



Application Step

# 16

Expiration Date

Jul-01-2022



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

Yes  No

### Invoices

Application Invoice

016164 - Paid in Full 

Application Payment Date

Jul-01-2021 

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 of 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 physical 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

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Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To †	Graduation Date
Lowery, James Edward	High School	Rancho Cotati High School	High School Diploma	Sep-04-1979	Jun-09-1983	Jun-09-1983
Lowery, James Edward	College/University	San Joaquin Valley College	Associate Degree	Jun-03-2002	Nov-29-2004	Nov-29-2004
Lowery, James Edward	College/University	San Joaquin Valley College	Practitioner of Respiratory Care Degree	Jun-03-2002	Nov-29-2004	Nov-29-2004


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## Examination Details

Licensee / Applicant \*

Lowery, James Edward 

Examination Type

The National Board for Respiratory Care (NBRC) 

Attended Date

Dec-28-2004 

Other Exam

CRT


Number of Attempts

#

Are you currently certified?

Yes  No

Application

Application - Lowery, James Edward 

Steps

Location

Certificate Number

Result

Exam Date

Dec-28-2004 

Expiration Date

Sep-30-2026 

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Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Lowery, James Edward	valley pulmonary services	Dec-20-2004	Jul-06-2009	100
Lowery, James Edward	N/A	Sep-07-2009	Feb-05-2010	100
Lowery, James Edward	N/A	Feb-08-2010	Jul-15-2015	100
Lowery, James Edward	N/A	Sep-01-2015	Aug-31-2017	100
Lowery, James Edward	N/A	Feb-05-2018	Jul-01-2021	100

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Licensee/Applicant	Declaration Question	Answer	Created On
james lowery	ALL – Q6 – Malpractice Claim Paid	No	Jul-01-2021 03:42 PM
Lowery, James Edward	ALL – Q5 – Named Defendant Respond to Legal Action	No	Jul-01-2021 03:42 PM
james lowery	RT – Q15 – Medical Condition Impair Safe Practice	No	Jul-01-2021 03:42 PM
james lowery	RT – Q20 – Voluntarily Surrendered License / Certificate	Yes	
james lowery	RT – Q19 – Certificate / License Revoked	No	Jul-01-2021 03:42 PM
james lowery	RT – Q17 – Substances Impair Safe Practice	No	Jul-01-2021 03:42 PM
james lowery	ALL – Q7 – Arrest Question	No	Jul-01-2021 03:42 PM
james lowery	RT – Q18 – Denied License / Permission to Provide Services	No	Jul-01-2021 03:42 PM
james lowery	RT – Q23 – Investigation Respond To / Notify Of	No	Jul-01-2021 03:42 PM
james lowery	RT, Have you previously applied for an allied health license in Nevada?	No	Jul-01-2021 03:42 PM
james lowery	RT – Q16 – Medical Condition Field of Practice	No	Jul-01-2021 03:42 PM
james lowery	RT – Q22 – Registration / Certification Revoked	No	Jul-01-2021 03:42 PM
james lowery	RT – Q21 - Failed NBRC Examination	No	Jul-01-2021 03:42 PM

## 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

Lowery, James Edward



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

Lowery, James Edward



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?

3}

**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

Lowery, James Edward



Declaration Question

ALL – Q7 – Arrest Question



Answer

Yes  No

## 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

Lowery, James Edward



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

Lowery, James Edward



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

Lowery, James Edward



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

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### Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Lowery, James Edward



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

Lowery, James Edward



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

Lowery, James Edward



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

Lowery, James Edward



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

Lowery, James Edward



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

Lowery, James Edward



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

Lowery, James Edward



Declaration Question

RT – Q23 – Investigation Respond To / Notify Of



Answer

Yes  No

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Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Lowery, James Edward	044973	N/A	May-18-2021	Nov-18-2021	Arizona
Lowery, James Edward	24537	N/A	Aug-12-2005	Jun-30-2018	California

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## Military Service Details

Licensee / Applicant \*

Lowery, James Edward



Branch of Service \*

U.S. Navy



Military Occupation Specialty \*

Communications



Start Date \*

Nov-21-1994



End Date

Nov-11-1998



Application

Application -

Lowery, James Edward

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?

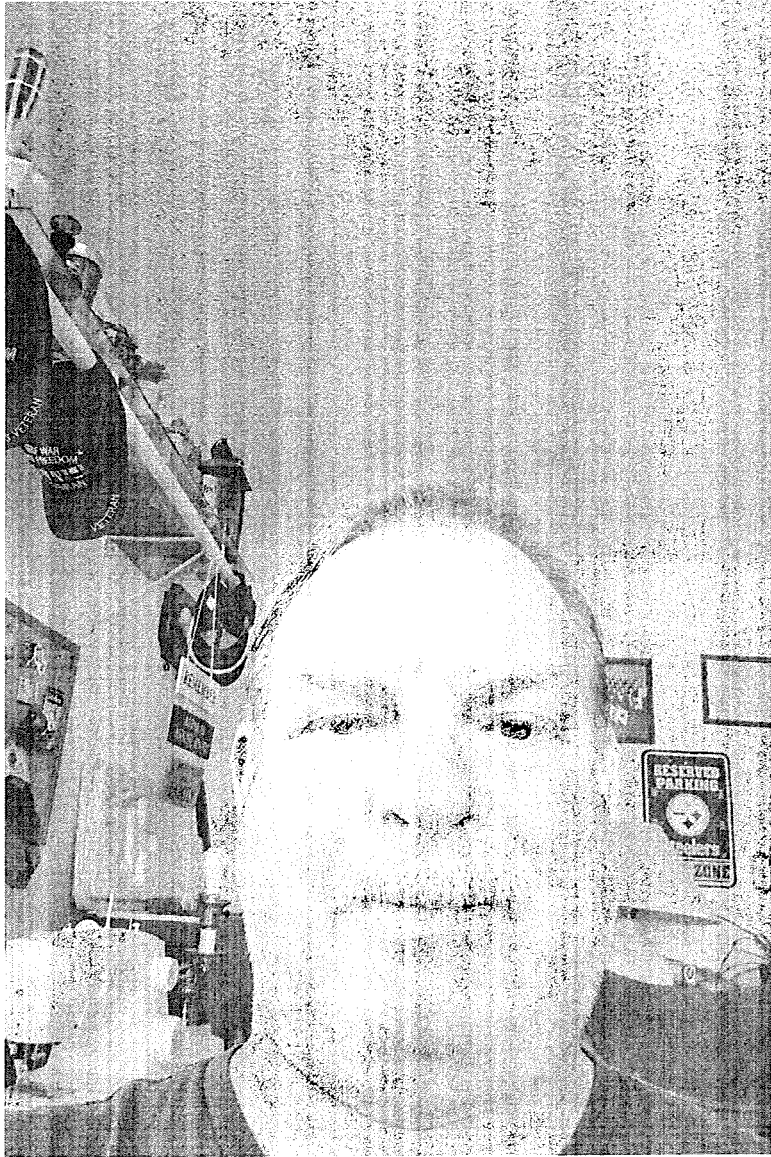
Yes  No

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



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

**RECEIVED**  
**OCT 18 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, 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 James Howery

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

Date 14<sup>th</sup> OCT 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.