Demographic Details

First Name	Gender	
Eric	Male	7
Middle Name	Date of Birth	
Jacques	1967	
Last Name *	Name Suffix	
KEYSER		
Previous Name(s)	City of Birth	
Jacques Antoine Eric Keyser-Gauvin	CANADA	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public information	nation)
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 Nation	al Guard or Reserves)?
○ Yes ⑤ No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ 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
	e 2
Cell Phone	Fax
#	#
Dutalia Addus as	
Public Address	
Street Address	ZIP / Postal Code
Santa Ana St.	92651-3825
Address Line 2	State / Province
	California
City	Country
Laguna Beach	United States
County	Is your physical address different from your mailing address?
Orange County	○ Yes No
	Public Phone
	# (949) 338-8786

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	County (Mailing)

Application Status

Applicant *			Application Status	
KEYSER, Eric Jacques	v	7	Pending Review by the Board	7
Application Number	Managar Park dirik di alim 197 dina te Timina di 1970 dina 19		Assigned To	
				7
License Issued?			Manual Paper Application?	
○ Yes ○ No			Yes No	
			License ID Card Conditions (max 120 ch	naracters)
License Details (Pre-Appr	roval)			
License Category			Credentials / Degree Suffix (Enter before	е
Medical Doctor	787	7	approval!)	
Obtained By	AND New York Start St. A. De se And		M.D.	
USMLE	*	7	Expected Expiration Date	
Expected Issue Date				=
		green van de vergenoons		
	which is always. If you was 44 min 3 of high the way on the con-	· · · · · · · · · · · · · · · · · · ·		
Application Details				
Application Type			Reviewed Date	
Medical Doctor - Active	Lagran	7		
Application Date *		Selfone electricity (III)	Decision Date	
	[3		
The second secon	a state of territorial and an action of territorial and the			

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.

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

Open Regulate

Child Support Attestation Type

Not subject to a court order

 Image: section of the later in the later in

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

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

			Examina	tions
Licensee / Applicant	•	Examination Type †	T	Attended Date †
KEYSER, Eric Jacques		United States Medical Licensing Examination (USMLE)		Oct-14-1994
KEYSER, Eric Jacques		United States Medical Licensing Examination (USMLE)		Aug-25-1998
KEYSER, Eric Jacques		United States Medical Licensing Examination (USMLE)		May-11-1999

Examination Details

Licensee / Applicant *		Examination Type
KEYSER, Eric Jacques	7	United States Medical Licensing Examination (USMLED
Attended Date		Other Exam
Oct-14-1994	<u> </u>	
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application KEYSER, Eri	c Jacques 🗵	Step 1
Location		Certificate Number
Result		Exam Date
195	s 1900 In 8 1906 Print Males at 3 A Whitelet at 270 Male 2004 A	
		Expiration Date

Examination Details

Licensee / Applicant *		Examination Type
KEYSER, Eric Jacques	7	United States Medical Licensing Examination (USMLED
Attended Date		Other Exam
Aug-25-1998		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application	gryper from skyller dynning opposity y oppin, - p-min, - anne - min anne - minima distributed anne -	Steps
Application KEYSER, E	Eric Jacques 🗷	Step 2 CK
Location		Certificate Number
Result		Exam Date
211		
		Expiration Date

Examination Details

Licensee / Applicant *		Examination Type
KEYSER, Eric Jacques	· 7	United States Medical Licensing Examination (USMLED
Attended Date		Other Exam
May-11-1999		
Number of Attempts # 1	hand to reside from the second	Are you currently certified? O Yes O No
Application		Steps
Application	KEYSER, Eric Jacques 🗷	Step 3
Location		Certificate Number
Result		Exam Date
202		÷.
		Expiration Date

Braid Certification

Licensee / Applicant

Certifying Board

▼ Other Certifying Board

Specialty

▼ Initial Certification Date

Recertification Date

KEYSER, Eric Jacques

American Board Subboard

American Board of Thoracic Surgery

Surgery, Cardiothoracic

Jun-02-2006

Dec-15-2015

Historical Specialty

Board Certification Details

Licensee / Applicant		
KEYSER, Eric Jacques	e	7
Specialty		
Surgery, Cardiothoracic	35	7
Certifying Board		
American Board Subboard	*	7
Other Certifying Board		
American Board of Thoracic Surgery		



Connected Record

Application

Application KEYSER, Eric Jacques 7

							Education	YO	
Licensee/Applicant Y	Education Type	Name of School	Degree Attained	7	Date From †	•	Date To	T	Graduation Date
KEYSER, Eric Jacques	High School	Centennial Academy	High School Diploma		Aug-01-1979		May-31-1984		May-31-1984
KEYSER, Erlc Jacques	College/University	McGill University	Bachelor of Science		Aug-01-1986		Jun-30-1990		Jun-30-1990
KEYSER, Eric Jacques	Medical School	McGill University	Medical Doctor Degree		Aug-27-1990		May-06-1994		May-31-1994
KEYSER, Eric Jacques	College/University	McGill University	Master of Science		Jul-01-1996		Jun-30-2001		Jun-30-2001

Licensee/Applicant *		Name of School		
KEYSER, Eric Jacques	7	Centennial Academy		
Address		Education Type		
3641 Prud'homme Avenue		High School	7	7
City	a erfolikeli Sir kalentrikkali Filo e si Yelkanerkania sirang	Degree Attained		
Montréal		High School Diploma	7	7
State / Province		Date From		
Quebec		Aug-01-1979		
Zip / Postal Code	Security of the second second security of the second second security of the second secon	Date To		
H4A 3H6		May-31-1984		*
Country		Did you graduate from the program?		
Canada	7	Yes ○ No		
Application		Graduation Date		
Application KEYSER, Eric J	lacque\$3	May-31-1984		
Specialty Type	or and allowed desired as a second second as a second seco	Major Program		
	7			

Licensee/Applicant *		Name of School	
KEYSER, Eric Jacques	7	McGill University	
Address		Education Type	
845 Sherbrooke Street West		College/University	
City		Degree Attained	
Montréal		Bachelor of Science	 7
State / Province		Date From	
Quebec		Aug-01-1986	
Zip / Postal Code	abbanine esta altinu tra diffundatarilari fund appartul	Date To	
H3A 3R1	The state of the s	Jun-30-1990	
Country		Did you graduate from the program?	
Canada	7	Yes ○ No	
Application	entende e d'acceptant	Graduation Date	
Application - KEYSER, Eric Ja	cque\$7	Jun-30-1990	•
Specialty Type		Major Program	
	7		

Licensee/Applicant *			Name of School				
KEYSER, Eric Jacques		7	McGill University				
Address			Education Type				
3655 Promenade	Sir William Osler	Tomoroodus Wales	Medical School	7			
City		· vellenteriori uniteriori	Degree Attained				
Montréal			Medical Doctor Degree	7			
State / Province			Date From				
Quebec			Aug-27-1990				
Zip / Postal Code			Date To				
H3G 1Y6			May-06-1994				
Country			Did you graduate from the program?				
Canada	ਧਾ	7					
Application			Graduation Date				
Application -	- KEYSER, Eric Jacque	5 7	May-31-1994				
Specialty Type			Major Program				
	sgr	7					
			A D WAST TO STORE OF THE TAX OF THE STORE SHAPE AND IN I I				

McGill University	
Education Type	
College/University	7
Degree Attained	
Master of Science	7
Date From	
Jul-01-1996	
Date To	
Jun-30-2001	
Did you graduate from the program?	
Yes No	
Graduation Date	
Jun-30-2001	
Major Program	
	Education Type College/University Degree Attained Master of Science Date From Jul-01-1996 Date To Jun-30-2001 Did you graduate from the program? Yes No Graduation Date Jun-30-2001

					Postgraduatie:	Training
Licensee / Applicant	Name of School or Institution	Specialty Type	T	Date From †	Date To	Program Type
KEYSER, Eric Jacques	McGill University Medical Center	Surgery, General		Jul-01-1994	Jun-30-1998	Residency
KEYSER, Eric Jacques	McGill University Medical Center	Surgery,General		Jul-01-1998	Jun-30-1999	Research
KEYSER, Eric Jacques	McGill University Medical Center	Surgery,General		Jul-01-1999	Jun-30-2000	Residency
KEYSER, Eric Jacques	University of California (San Diego) Medical Center Program	Surgery, Cardiothoracic		Jul-01-2000	Jun-30-2001	Fellowship
KEYSER. Eric Jacques	Zucker School of Medicine at Hofstra/Northwell Program	Surgery, Thoracic		Jul-01-2002	Jul-30-2004	Fellowship
KEYSER, Eric Jacques	Massachusetts General Hospital Program	Surgery,General		Feb-21-2007	Jun-30-2007	Fellowship

Licensee / Applicant *		Training Status *			
KEYSER, Eric Jacques	2	Completed			7
Program Type *		Accreditation Type			
Residency	7	RCPSC (The Roya	l College of Physicia	ns and Surgeons of C	Canad 🚱
Date From		Date To		140	
Jul-01-1994 [Jun-30-1998	100000000000000000000000000000000000000		
Name of School or Institution	on	Application			
McGill University Medic	a	Application ·	- KEYSER, Eric Ja	cques	7
Specialty Type		Historical Major Progr	ram		
Surgery, General	7				
Other (Specialty)		Historical Degree Atta	ained		
		1			

Location Details

City		Street Address 1		
Montreal				
State / Province		Zip / Postal Code		
Quebec	The state of the s		6649-000	
County		Country		
	2	Canada	7	

Licensee / Applicant *		Training Status *					
KEYSER, Eric Jacques		Completed	Completed				
Program Type *		Accreditation Typ	pe				
Research		RCPSC (The F	Royal College of Physicians and Surge	eons of Canad			
Date From		Date To					
Jul-01-1998		Jun-30-1999	Jun-30-1999				
Name of School or Inst	titution	Application					
McGill University M	ledica	Application	- KEYSER, Eric Jacques	7			
Specialty Type		Historical Major F	Program				
Surgery,General							
Other (Specialty)		Historical Degree	e Attained				
Location Details							
City			Street Address 1				
Monteal							
State / Province			Zip / Postal Code				
Quebec	er pr Velo y ja 4/2	,					
County			Country				
I		7	Canada	7			

Licensee / Applicant *		Training Status *	
KEYSER, Eric Jacques	7		7
Program Type *		Accreditation Type	
Residency	7	RCPSC (The Royal College of Physicians and Surgeons of Canada	9
Date From	an wat 14 th 11 th	Date To	
Jul-01-1999 [Jun-30-2000	
Name of School or Institutio	n	Application	
McGill University Medic	а	Application - KEYSER, Eric Jacques	7
Specialty Type		Historical Major Program	
Surgery,General	7		
Other (Specialty)		Historical Degree Attained	

Location Details

City	Street Address 1	
Montreal		
State / Province	Zip / Postal Code	
Quebec		
County	Country	
	⊘ Canada	A

Licensee / Applicant *	Training Status *
KEYSER, Eric Jacques 🗇	
Program Type *	Accreditation Type
Fellowship	ACGME (Accreditation Council for Graduate Medical Education
Date From	Date To
Jul-01-2000	Jun-30-2001
Name of School or Institution	Application
University of California (Sa	Application KEYSER, Eric Jacques
Specialty Type	Historical Major Program
Surgery, Cardiothoracic	
Other (Specialty)	Historical Degree Attained
Location Details	<
City	Street Address 1
State / Province	Zip / Postal Code
California	
County	Country

7

7

County

Postgraduate Training Details

Licensee / Applicant ∗	Training Status *
KEYSER, Eric Jacques	Completed
Program Type *	Accreditation Type
Fellowship	ACGME (Accreditation Council for Graduate Medical Education例
Date From	Date To
Jul-01-2002	Jul-30-2004
Name of School or Institution	Application
Zucker School of Medicir	Application KEYSER, Eric Jacques
Specialty Type	Historical Major Program
Surgery, Thoracic	
Other (Specialty)	Historical Degree Attained
Location Details	
City	Street Address 1
New Hyde Park	
State / Province	Zip / Postal Code
New York	

Country

United States

a

7

Licensee / Applicant *		Training Status *	
KEYSER, Eric Jacques	7	Completed	7
Program Type *		Accreditation Type	
Fellowship	7	Not Accredited	97 🗷
Date From	ert (mil vi) well some enventament a vi zelan er en lag	Date To	
Feb-21-2007		Jun-30-2007	
Name of School or Institution		Application	
Massachusetts General Hospital	Program	Application KEYSEF	R, Eric Jacques 🗷
Specialty Type		Historical Major Program	
Surgery,General	7		
Other (Specialty)	*****	Historical Degree Attained	
			Hilliania — — — — — (A. a.— —)
Location Details			
City		Street Address 1	
Boston			
State / Province		Zip / Postal Code	
Massachusetts			
County		Country	
	7	United States	

						Other Lic	enses
Licensee/Applicant	License Number	License Type	T	Issue Date	T	Expiration Date	State / Province †
KEYSER, Eric Jacques	A-73867	N/A		Feb-01-2001		Mar-31-2024	California
KEYSER, Eric Jacques	ME115298	N/A		Feb-27-2013		Jan-31-2019	Florida
KEYSER, Eric Jacques	230429	N/A		Jan-10-2007		Jun-30-2007	Massachusetts
KEYSER, Eric Jacques	215435	N/A		Jul-11-2007		Mar-19-2016	Massachusetts
KEYSER, Eric Jacques	257008	N/A		May-05-2010		Feb-28-2014	New York
KEYSER, Eric Jacques	002978	Limited		Nov-16-2007		Nov-01-2010	New York
KEYSER, Eric Jacques	9855	N/A		Nov-19-2004		Mar-19-2017	North Dakota
KEYSER, Eric Jacques	01-462	N/A		Dec-11-2001		N/A	Quebec

Licensee/Applicant		License Type	
KEYSER, Eric Jac	cques		
Licensing Board or I	Regulatory Authority	License Status	
Medical Board o	f California	Active	
License Number		Issue Date	
A-73867		Feb-01-2001	0 • • • • • • • • • • • • • • • • • • •
State / Province		Expiration Date	
California		Mar-31-2024	<u></u>
Country		Notes	4 1 4 4 4 4
United States	7		
Application			
Application	- KEYSER, Eric Jacquesি		

Licensee/Applicant		License Type	
KEYSER, Eric Jacques	7		
Licensing Board or Regulatory Authority		License Status	
Florida Board of Medicine		Inactive	
License Number		Issue Date	
ME115298		Feb-27-2013	
State / Province	There is a first of the same of the same of	Expiration Date	
Florida		Jan-31-2019	•••
Country		Notes	
United States	7 2		
Application			
Application KEYSER, Eric J	acque\$ 7		

Licensee/Applicant	License Type
KEYSER, Eric Jacques	a
Licensing Board or Regulatory Authority	License Status
Massachusetts Board of Registration in Medi	Inactive
License Number	Issue Date
230429	Jan-10-2007
State / Province	Expiration Date
Massachusetts	Jun-30-2007
Country	Notes
United States	0
Application	
Application KEYSER, Eric Jacquesz	

Licensee/Applicant	License Type
KEYSER, Eric Jacques	
Licensing Board or Regulatory Authority	License Status
Massachusetts Board of Registration in Medi	
License Number	Issue Date
215435	Jul-11-2007
State / Province	Expiration Date
Massachusetts	Mar-19-2016
Country	Notes
United States	
Application	
Application KEYSER, Eric Jacques	

Licensee/Applicant		License Type	
KEYSER, Eric Jacques	7		
Licensing Board or Regulatory Authority		License Status	
New York State Board for Medicine		Inactive	
License Number	enter the factor waster a basic of the schooling.	Issue Date	
257008		May-05-2010	g
State / Province		Expiration Date	
New York		Feb-28-2014	
Country		Notes	
United States	7		
Application			
Application KEYSER, Eric J	acque\$7		

Licensee/Applicant		License Type
KEYSER, Eric Jacques	7	Limited
Licensing Board or Regulatory Authority		License Status
New York State Board for Medicine		Inactive
License Number		Issue Date
002978		Nov-16-2007
State / Province		Expiration Date
New York		Nov-01-2010
Country		Notes
United States	7	
Application		
Application - KEYSER, Eric Ja	acque\$3	

Licensee/Applicant	License Type	
KEYSER, Eric Jacques		
Licensing Board or Regulatory Authority	License Status	
North Dakota Board of Medicine	Inactive	
License Number	Issue Date	
9855	Nov-19-2004	•••
State / Province	Expiration Date	
North Dakota	Mar-19-2017	
Country	Notes	
United States		
Application		
Application KEYSER, Eric Jacques 7		

Licensee/Applicant		License Type	
KEYSER, Eric Jacque	es a		
Licensing Board or Regu	ulatory Authority	License Status	
College des Medicin	ıs da Quebec	Active	
License Number	THE WANTED STORE AT THE CONTROL WITH STORE AND A STORE	Issue Date	
01-462		Dec-11-2001	
State / Province		Expiration Date	
Quebec			
Country		Notes	
Canada	7		
Application			
Application	- KEYSER, Eric Jacques 🗷		

			Hospit	-als	
Licensee / Applicant	Name of Organization	T	Start Date ↑	T	End Date
KEYSER, Eric Jacques	Sir Mortimer B. Davis, Jewish General Hospital		Dec-01-2001		Jul-28-2002
KEYSER, Eric Jacques	Altru Health System		Nov-01-2004		Aug-01-2006
KEYSER, Eric Jacques	Erie County Medical Center		Oct-11-2007		Sep-30-2009
KEYSER, Eric Jacques	Niagara Falls Memorial Medical Center, The Heart Center of Niagara		Oct-01-2009		Jun-19-2011
KEYSER, Eric Jacques	Essentia Health		Jun-20-2011		Nov-30-2012
KEYSER, Eric Jacques	Cardiac Surgical Associates, LLP		Mar-01-2013		Jul-18-2014
KEYSER, Eric Jacques	Chaparral Medical Group, Inc.		Aug-01-2014		Jun-15-2015
KEYSER, Eric Jacques	Cardiac Surgical Associates of Southern California, LLC		Jun-27-2015		Aug-11-2017
KEYSER, Eric Jacques	Stanford University School of Medicine		Aug-17-2017		Feb-14-2019
KEYSER, Eric Jacques	Dignity Health Dignity Health Medical Foundation		Mar-05-2019		Sep-24-2020
KEYSER, Eric Jacques	Stanford University School of Medicine		Sep-24-2020		Oct-21-2022

Hospital Details

Licensee / Applicar	nt	
KEYSER, Eric Ja	icques	7
Application		
Application	- KEYSER, Eric Jacques	7 7
End Date		
Jul-28-2002		÷

Address Details



Hospital Details

Grand Forks

Licensee / Applican	t		Name of Organization	
KEYSER, Eric Ja	cques	7	Altru Health System	
Application			Start Date	
Application	- KEYSER, Eric Jacques	A	Nov-01-2004	
End Date				
Aug-01-2006				
Address Detail	s			
Street Address Line	1		State / Province	
1000 South Colu	umbia Road	:	North Dakota	
Street Address Line	2		ZIP / Postal Code	
A-4-Nong 1, w (A) (a) on (1, a)	THE LIMITED FOR LIMITED THE STREET WEST AND A STREET AND	has to suffreezione de mode sof	58206	
City			Country	

United States

7

Hospital Details

Licensee / Applicant	_		
KEYSER, Eric Jac	cques	~	7
Application			
Application	KEYSER, Eric Jacques	77	7
End Date			
Sep-30-2009		the Marchaellane Nov. on	

Name of Organization	
Erie County Medical Center	
Start Date	
Oct-11-2007	Ä

Address Details

Street Address Line 1	State / Province	
462 Grider Street	New York	
Street Address Line 2	ZIP / Postal Code	
	14215	
City	Country	
Buffalo	United States	7

Oct-01-2009

Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques

Application

Application KEYSER, Eric Jacques

End Date

Jun-19-2011

Name of Organization

Niagara Falls Memorial Medical Center, The Heart

Start Date

Street Address Line 1
271 10th Street

Address Details

Street Address Line 2

Niagra Falls

City

State / Province

New York

ZIP / Postal Code

14301

Country

United States

[2]

Hospital Details	Hos	spital	Details
------------------	-----	--------	---------

Licensee / Applicant

KEYSER, Eric Jacques

7

Name of Organization

Essentia Health

Application

End Date

Application

- KEYSER, Eric Jacques

7

Start Date

Jun-20-2011

Address Details

Nov-30-2012

Street Address Line 1

3000 32nd Ave S

Street Address Line 2

City

Fargo

State / Province

North Dakota

ZIP / Postal Code

58103

Country

United States

Hosp	oital	Detai	Is
------	-------	-------	----

Licensee / Applicant

KEYSER, Eric Jacques

2

Application

Application -

- KEYSER, Eric Jacques

2

End Date

Jul-18-2014

Name of Organization

Cardiac Surgical Associates, LLP

Start Date

Mar-01-2013

Address Details

Street Address Line 1

1805 SE 16th Ave.

Street Address Line 2

Bldg #1200, Suite 1201

City

Ocala

State / Province

Florida

ZIP / Postal Code

34471

Country

United States

Hospital Details

Licensee / Applicant		
KEYSER, Eric Jac	ques	7
Application		
Application	- KEYSER, Eric Jacques	7
End Date		
Jun-15-2015		

Name of Organization
Chaparral Medical Group, Inc.

Start Date

Aug-01-2014

Address Details

Street Address Line 1	State / Province	
840 Towne Center Drive	California	
Street Address Line 2	ZIP / Postal Code	
_	91767	
City	Country	
Pomona	United States	7

Hospital	Details
----------	---------

Licensee / Applica	nt		Name of Organization	
KEYSER, Eric Ja	acques	A	Cardiac Surgical Associates of Sou	thern California
Application	- KEYSER, Eric Jacques	7	Start Date Jun-27-2015	### B
Aug-11-2017				

Address Details

Street Address Line 1

Street Address Line 1	State / Province	
991 Santa Ana Street	California	
Street Address Line 2	ZIP / Postal Code	
	92651	
City	Country	
Laguna Beach	United States	7

Hospital Details	S
------------------	---

Licensee / Applicant

KEYSER, Eric Jacques

Application

Application

/- KEYSER, Eric Jacques

7

7

End Date

Feb-14-2019

Name of Organization

Stanford University School of Medicine

Start Date

Aug-17-2017

Address Details

Street Address Line 1

300 Pasteur Drive

Street Address Line 2

Falk Building, 2nd Floor

City

Palo Alto

State / Province

California

ZIP / Postai Code

94305-5407

Country

United States

Hospital	Details
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Licensee / Applicant			
KEYSER, Eric Jac	ques	÷	2
Application			
Application - (- KEYSER, Eric Jacques	T	7
End Date			
Sep-24-2020			

Name of Organization	
Dignity Health Dignity Health Medical Founda	tion
Start Date	
Mar-05-2019	

Address Details

Street Address Line 1	State / Province	
3400 Data Drive	California	
Street Address Line 2	ZIP / Postal Code	
And the same of th	95670	
City	Country	
Rancho Cordova	United States	7

Sep-24-2020

Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques

Application

Application - KEYSER, Eric Jacques

End Date

Name of Organization

Stanford University School of Medicine

Start Date

Address Details

Oct-21-2022

Street Address Line 1

300 Pasteur Drive

California

Street Address Line 2

ZIP / Postal Code

Falk Building, 2nd Floor

Palo Alto

Country

United States

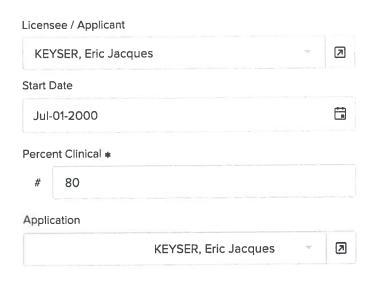
			Ac	t	wities		
Licensee / Applicant	Name of Organization / Institution	T	Start Date †	T	End Date	۲	Percent Clinical
KEYSER, Eric Jacques	McGil University Health Center		Jul-01-1994		Jun-30-2000		80
KEYSER, Eric Jacques	University of California (San Diego) Medical Center Program		Jul-01-2000		Jul-18-2001		80
KEYSER, Eric Jacques	Moving, Quebec Medical Licensure, Vacation		Jul-20-2001		Dec-01-2001		0
KEYSER, Erk Jacques	Jewish General Hospital		Dec-01-2001		Jul-28-2002		80
KEYSER, Eric Jacques	Moving, North Dakota Medical Licensure. Work Visa Application. Vacation		Jul-29-2004		Oct-31-2004		0
KEYSER, Eric Jacques	Altru Health System		Nov-01-2004		Aug-01-2006		80
KEYSER, Eric Jacques	Moving, Massachusetts Medical Licensure, Work Visa Application, Vacation		Aug-02-2006		Feb-22-2007		0
KEYSER, Eric Jacques	Advanced Clinical Fellowship in Complex Adult Cardiac Surgery Massachusetts General Hospital, Harvard Medical School		Feb-21-2007		Jun-30-2007		80
KEYSER, Eric Jacques	Moving, Work Visa Application, New York Licensure, Vacation		Jul-01-2007		Oct-10-2007		0
KEYSER, Eric Jacques	Erle County Medical Center		Oct-11-2007		Sep-30-2009		80
KEYSER, Eric Jocques	Niegara Falls Memorial Medical Center The Heart Center of Niegara	27.7	Oct-01-2009		Jun-19-2011		80
KEYSER, Eric Jacques	Essentia Health		Jun-20-2011		Nav-30-2012		80
KEYSER, Eric Jacques	Maving, Florida Medical Licensure Application, Vacation	1	Dec-01-2012		Feb-28-2013		0
KEYSER, Eric Jacques	Cardiac Surgical Associates, LLP	ı	Mar-01-2013		Jul-18-2014		80
KEYSER, Eric Jacques	Chaparral Medical Group, Inc.	,	Aug-01-2014		Jun-15-2015		80
KEYSER, Eric Jacques	Cardiac Surgical Associates of Southern California, LLC		Jun-27-2015		Aug-11-2017		80
KEYSER, Eric Jacques	Stanford University School of Medicine Department of Cardiothoracic Surgery	A	Aug-11-2017		Feb-14-2019		80
KEYSER, Eric Jacques	Dignity Health Medical Foundation	A	Mar-05-2019		Sep-24-2020		80
KEYSER, Eric Jacques	Stanford University School of Medicine Department of Cardiothoracic Surgery	S	iep-24-2020		Sep-09-2022		80

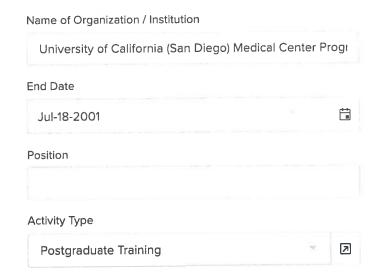
Licens	ee / Applicant			
KE	SER, Eric Jacque	98	7	7
Start [Pate			
Jul-	01-1994			
Perce	nt Clinical *			
#	80			
Applio	ation			
		KEYSER, Eric Jacques	*	7

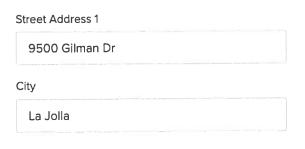
Name of Organization / Institution McGill University Health Center	
End Date	
Jun-30-2000	
Position	
Activity Type	
Postgraduate Training	7







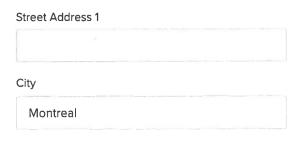






Licensee / Applicant			
KEYSER, Eric Jacque	es	~	7
Start Date			
Jul-20-2001			
Percent Clinical *			
# 0			
Application			
	KEYSER, Eric Jacques	*	7







KE	/SER, Eric Jacques	7	Jewish General Hospital	
Start [Date		End Date	
Dec	:-01-2001		Jul-28-2002	
Perce	nt Clinical *		Position	
#	80		Clinical Assistant Surgeon	
Applic	cation		Activity Type	
	KEYSER, Eric Jacq	ques 🔻 🗷	Employment	7 2



Licensee / Applicant			
KEYSER, Eric Jacque	S	~	2
Start Date			
Jul-29-2004			
Percent Clinical *			
# 0			
Application			
Application -	- KEYSER, Eric Jacques	₩.	7

Name of Organization / Institution	
Moving, North Dakota Medical Licensure, Wo	rk Visa App
End Date	
Oct-31-2004	
Position	
Activity Type	
Non-Medical	A

Street Address 1		
City		
Grand Forks		

Country	
United States	7
State / Province	
North Dakota	
Zip / Postal Code	

Licens	see / Applicant			
KE'	/SER, Eric Jacq	ues	77	7
Start [Date			
Nov	/-01-2004			
Perce	nt Clinical *			
#	80			
Applic	cation			
Ар	olication -	- KEYSER, Eric Jacques	~	7

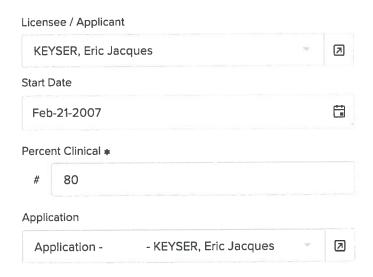


Street Address 1	Country
1000 South Columbia Road	✓ ス
City	State / Province
Grand Forks	North Dakota
	Zip / Postal Code
	58206

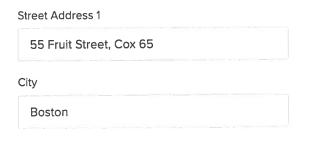
Licensee / Applicant			
KEYSER, Eric Jacque	es	~	7
Start Date			
Aug-02-2006			
Percent Clinical *			
# 0			
Application			
Application -	- KEYSER, Eric Jacques	*	2

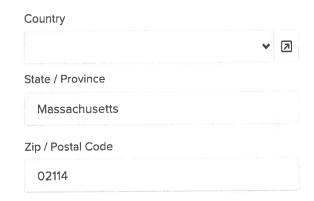
Name of Organization / Institution	
Moving, Massachusetts Medical Lic	censure, Work Visa Ap
End Date	
Feb-22-2007	
Position	
Activity Type	
Non-Medical	











Licensee / Applicant			
KEYSER, Eric Jacqu	es	~	7
Start Date			
Jul-01-2007			
Percent Clinical *			
# 0			
Application			
Application -	- KEYSER, Eric Jacques	-	7



Street Address 1	
City	
Buffalo	



Licensee / Applicant			
KEYSER, Eric Jacque	2 S	~	7
Start Date			
Oct-11-2007			
Percent Clinical *			
# 80			
Application			
Application -	KEYSER, Eric Jacques	*	2

Name of Organization / Institution		
Erie County Medical Center		
End Date		
Sep-30-2009		
Position		
Attending Cardiothoracic Surgeon		
Activity Type		
Employment	*	7

Stre	eet Address 1
4	62 Grider Street
City	1
E	Buffalo











Licensee / Applicant			
KEYSER, Eric Jacques	;	A	7
Start Date			
Jun-20-2011			
Percent Clinical *			
# 80			
Application			
Application	KEYSER, Eric Jacques	w	7

Name of Organization / Institution	
Essentia Health	
End Date	
Nov-30-2012	
Position	
Attending Surgeon / Clinical Director	
Activity Type	
Employment	7

Stre	et Address 1
3	000 32nd Ave S
City	
F	argo

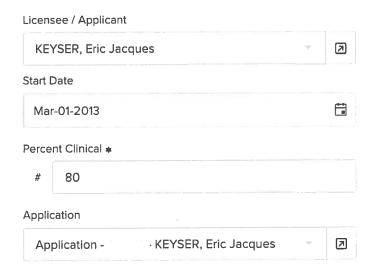


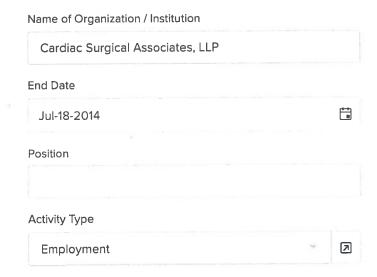
Licensee / Applicant			
KEYSER, Eric Jacqu	es	¥	7
Start Date			
Dec-01-2012			
Percent Clinical *			
# O			
Application			
Application -	- KEYSER, Eric Jacques	~	7

Name of Organization / Institution	
Moving, Florida Medical Licensure A	pplication, Vacation
End Date	
Feb-28-2013	
Position	
Activity Type	
Non-Medical	~

Street Address 1	
City	
Ocala	

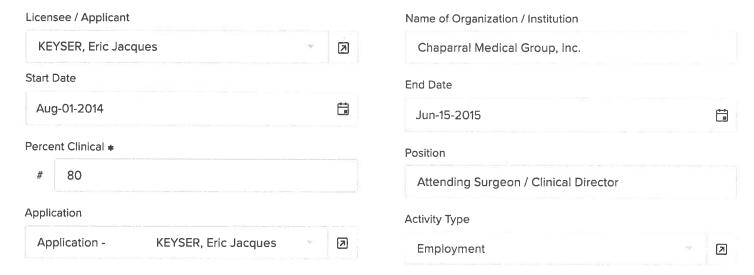
Country	
United States	Z
State / Province	
Florida	
Zip / Postal Code	



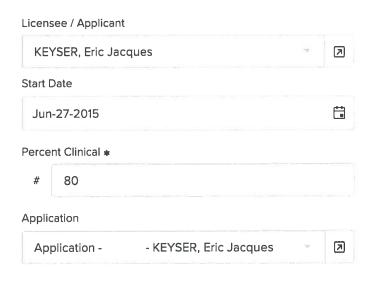


St	reet Address 1
	1805 SE 16th Ave. Bldg #1200, Suite 1201
C	ty
	Ocala





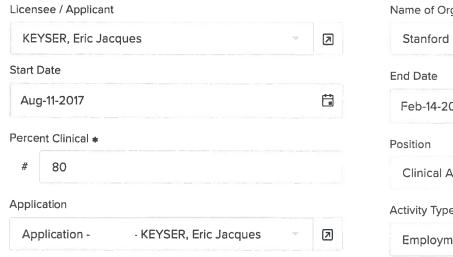


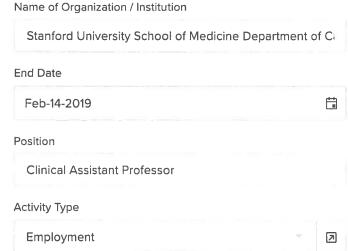


Name of Organization / Institution		
Cardiac Surgical Associates of Southern	n California, L	.LC
End Date		
Aug-11-2017		
Position		
Locum Tenens Cardiothoracic Surgeon	/ President a	nd C
Activity Type		
Employment	~	7

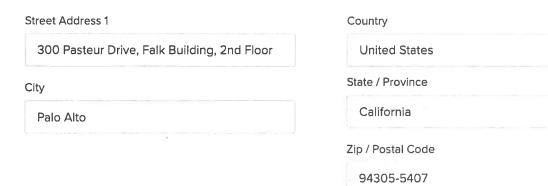
Street Address 1	Country
991 Santa Ana Street	United
City	State / Pr
Laguna Beach	Califor
	Zip / Post

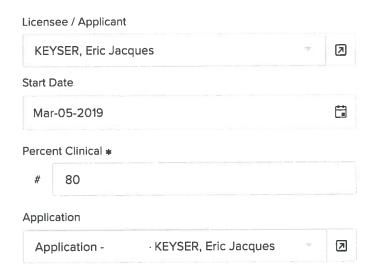






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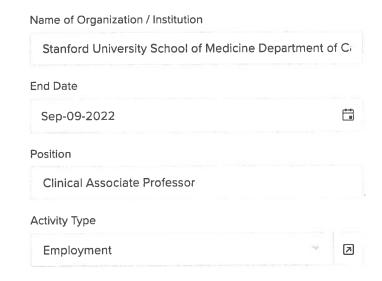


Name of Organization / Institution		
Dignity Health Medical Foundation		
End Date		
Sep-24-2020		
Position		
Director of Cardiothoracic Surgery at Mercy N	Medical	Cen
Activity Type		
Employment	v	7

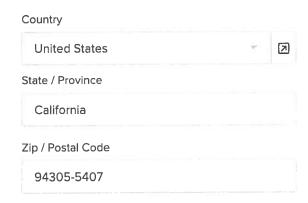
Street Address 1	
3400 Data Drive	
City	
Rancho Cordova	



Ар	plication -	KEYSER, Eric Jacques	v	7
Applio	cation			
#	80			
Perce	nt Clinical *			
Sep	Sep-24-2020			
Start (Date			
KE'	YSER, Eric Jacque	es	~	Z
Licens	see / Applicant			







						Spa	ecialt	N	
Licensee / Applicant	T	Specialty Type	T	Primary Specialty?	T	Effective Date	*	End Date	
KEYSER, Eric Jacques		Surgery, Thoracic		Yes		N/A		N/A	
KEYSER, Eric Jacques		Surgery, General		No		N/A		N/A	

			Declaration Questions
Ordinal †	Licensee/Applicant ↓ ▼	Declaration Question	▼ Answer
1	Erlc Keyser	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
2	Eric Keyser	MD, PA – Q2 – Medical Condition Field of Practice	No
3	Eric Keyser	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
4	Eric Keyser	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
5	Eric Keyser	ALL – Q5 – Named Defendant Respond to Legal Action	No
6	Eric Keyser	ALL - Q6 - Malpractice Claim Paid	No
7	Eric Keyser	ALL – Q7 – Arrest Question	No
8	Eric Keyser	MD, Previously applied for licensure in Nevada	No
9	Eric Keyser	MD – Investigation Disciplinary during Training Program	No
10	Eric Keyser	MD – Q8 – Denied License / Permission to Practice Medicine	No
11	Eric Keyser	MD – Q9 – Medical License Revoked	No
12	Eric Keyser	MD Q11 - Voluntarily Surrendered a License	No
13	Eric Keyser	MD – Q12 – Denied Membership	No
14	Eric Keyser	MD - Q13 - Investigation - Respond To/Notify Of	No
15	Eric Keyser	MD, PA – Q10 – Controlled Substance Registration	No
16	Eric Keyser	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No



FEB 15 2023

ATTENTION APPLICANT!

NEVADA STATE BOARD OF MEDICAL EXAMINERS

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.

0 0 0 0 0

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	ERIC	KEYSER	
Sign your name			
Date	2/10/23		

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.