

## Demographic Details

First Name

Eric

Middle Name

Jacques

Last Name \*

KEYSER

Previous Name(s)

Jacques Antoine Eric Keyser-Gauvin

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

Gender

Male

Date of Birth

1967

Name Suffix

City of Birth

CANADA

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to

Fax

#

## Public Address

Street Address

Santa Ana St.

Address Line 2

City

Laguna Beach

County

Orange County

ZIP / Postal Code

92651-3825

State / Province

California

Country

United States

Is your physical address different from your mailing address?

Yes  No

Public Phone

# (949) 338-8786

## Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)



County (Mailing)

### Application Status

Applicant \*


KEYSER, Eric Jacques 

Application Number

License Issued?

Yes  No

Application Status

Pending Review by the Board 

Assigned To



Manual Paper Application?

Yes  No

License ID Card Conditions (max 120 characters)

### License Details (Pre-Approval)

License Category

Medical Doctor 

Obtained By

USMLE 

Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date



### Application Details

Application Type

Medical Doctor - Active 

Application Date \*



Reviewed Date



Decision Date



Submitted Date



Application Step

#

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

Yes  No

Approved Date



Expiration Date



### Invoices

Application Invoice



Licensure Invoice



Application Payment Date



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

# Examinations

---

Licensee / Applicant	Examination Type ↑	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 \*

KEYSER, Eric Jacques



Attended Date

Oct-14-1994



Number of Attempts

# 1

Application

Application - - KEYSER, Eric Jacques



Location

Result

195

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

Step 1

Certificate Number

Exam Date



Expiration Date





### Examination Details

Licensee / Applicant \*

KEYSER, Eric Jacques 

Attended Date

Aug-25-1998 

Number of Attempts

# 1

Application

Application      KEYSER, Eric Jacques 

Location

Result

211

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes  No

Steps

Step 2 CK

Certificate Number

Exam Date




Expiration Date



### Examination Details

Licensee / Applicant \*

KEYSER, Eric Jacques 

Attended Date

May-11-1999 

Number of Attempts

# 1

Application


Application      KEYSER, Eric Jacques 

Location

Result

202

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes  No

Steps

Step 3

Certificate Number

Exam Date



Expiration Date



# Board 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

---

### Board Certification Details


Licensee / Applicant

KEYSER, Eric Jacques 

Specialty

Surgery, Cardiothoracic 

Certifying Board

American Board Subboard 

Other Certifying Board

American Board of Thoracic Surgery

Initial Certification Date

Jun-02-2006 

Recertification Date

Dec-15-2015 

Certification Number


7188

Archive Program

Historical Specialty

### Connected Record

Application

Application **KEYSER, Eric Jacques** 

Education

---

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
KEYSER, Eric Jacques	High School	Centennial Academy	High School Diploma	Aug-01-1979	May-31-1984	May-31-1984
KEYSER, Eric 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

---

## Education Details

Licensee/Applicant \*

KEYSER, Eric Jacques



Address

3641 Prud'homme Avenue

City

Montréal

State / Province

Quebec

Zip / Postal Code

H4A 3H6

Country

Canada



Application

Application - - KEYSER, Eric Jacques



Specialty Type



Name of School

Centennial Academy

Education Type

High School



Degree Attained

High School Diploma



Date From

Aug-01-1979



Date To

May-31-1984



Did you graduate from the program?

Yes  No

Graduation Date

May-31-1984



Major Program

## Education Details

Licensee/Applicant \*

KEYSER, Eric Jacques 

Address

845 Sherbrooke Street West

City

Montréal

State / Province

Quebec

Zip / Postal Code

H3A 3R1

Country

Canada 

Application

Application - KEYSER, Eric Jacques 

Specialty Type




Name of School

McGill University

Education Type

College/University 

Degree Attained

Bachelor of Science 

Date From

Aug-01-1986 

Date To

Jun-30-1990 

Did you graduate from the program?

Yes  No

Graduation Date

Jun-30-1990 

Major Program

## Education Details

Licensee/Applicant \*

KEYSER, Eric Jacques



Address

3655 Promenade Sir William Osler

City

Montréal

State / Province

Quebec

Zip / Postal Code

H3G 1Y6

Country

Canada



Application

Application - - KEYSER, Eric Jacques



Specialty Type



Name of School

McGill University

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Aug-27-1990



Date To

May-06-1994



Did you graduate from the program?

Yes  No

Graduation Date

May-31-1994



Major Program



## Education Details

Licensee/Applicant \*

KEYSER, Eric Jacques



Address

845 Sherbrooke Street West, Rm. 400

City

Montréal

State / Province

Quebec

Zip / Postal Code

H3A 2T5

Country

Canada



Application

Application - KEYSER, Eric Jacques



Specialty Type



Name of School

McGill University

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



Major Program

*Postgraduate Training*

Licensee / Applicant	Name of School or Institution	Specialty Type	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

### Postgraduate Training Details


Licensee / Applicant \*

KEYSER, Eric Jacques 

Training Status \*

Completed 

Program Type \*

Residency 

Accreditation Type

RCPSC (The Royal College of Physicians and Surgeons of Canada) 

Date From

Jul-01-1994 

Date To

Jun-30-1998 

Name of School or Institution

McGill University Medica

Application

Application - KEYSER, Eric Jacques 

Specialty Type

Surgery, General 

Historical Major Program

Other (Specialty)

Historical Degree Attained

### Location Details

City

Montreal

Street Address 1

State / Province

Quebec

Zip / Postal Code

County

Country

Canada  

### Postgraduate Training Details

Licensee / Applicant \*

KEYSER, Eric Jacques 

Training Status \*

Completed 

Program Type \*

Research 

Accreditation Type

RCPSC (The Royal College of Physicians and Surgeons of Canada) 

Date From

Jul-01-1998 

Date To

Jun-30-1999 

Name of School or Institution

McGill University Medica

Application

Application - KEYSER, Eric Jacques 

Specialty Type

Surgery,General 

Historical Major Program

Other (Specialty)

Historical Degree Attained

### Location Details

City

Montreal

Street Address 1

State / Province

Quebec

Zip / Postal Code

County



Country

Canada 

## Postgraduate Training Details

Licensee / Applicant \*

KEYSER, Eric Jacques



Training Status \*



Program Type \*

Residency



Accreditation Type

RCPSC (The Royal College of Physicians and Surgeons of Canada)



Date From

Jul-01-1999



Date To

Jun-30-2000



Name of School or Institution

McGill University Medica

Application

Application - KEYSER, Eric Jacques



Specialty Type

Surgery,General



Historical Major Program

Other (Specialty)

Historical Degree Attained

## Location Details

City

Montreal

Street Address 1

State / Province

Quebec

Zip / Postal Code

County



Country

Canada



### Postgraduate Training Details


Licensee / Applicant \*

KEYSER, Eric Jacques 


Training Status \*



Program Type \*

Fellowship 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-2000 


Date To

Jun-30-2001 

Name of School or Institution

University of California (S

Application

Application - - KEYSER, Eric Jacques 

Specialty Type

Surgery, Cardiothoracic 

Historical Major Program

Other (Specialty)

Historical Degree Attained

### Location Details

City

Street Address 1

State / Province

California

Zip / Postal Code

County



Country



## Postgraduate Training Details

Licensee / Applicant \*

KEYSER, Eric Jacques



Training Status \*

Completed



Program Type \*

Fellowship



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Jul-01-2002



Date To

Jul-30-2004



Name of School or Institution

Zucker School of Medicir

Application

Application - KEYSER, Eric Jacques



Specialty Type

Surgery, Thoracic



Historical Major Program

Other (Specialty)

Historical Degree Attained

## Location Details

City

New Hyde Park

Street Address 1

State / Province

New York

Zip / Postal Code

County



Country

United States



### Postgraduate Training Details

Licensee / Applicant \*

KEYSER, Eric Jacques  

Program Type \*

Fellowship  

Date From

Feb-21-2007 

Name of School or Institution

Massachusetts General Hospital Program

Specialty Type

Surgery,General  

Other (Specialty)

Training Status \*

Completed  

Accreditation Type

Not Accredited  

Date To

Jun-30-2007 

Application

Application - -KEYSER, Eric Jacques 

Historical Major Program

Historical Degree Attained

### Location Details

City

Boston

State / Province

Massachusetts

County

Street Address 1

Zip / Postal Code

Country

United States  



Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	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

## Other License Details

Licensee/Applicant

KEYSER, Eric Jacques 

Licensing Board or Regulatory Authority

Medical Board of California

License Number

A-73867

State / Province

California

Country

United States 

Application

Application - KEYSER, Eric Jacques 

License Type

License Status

Active

Issue Date

Feb-01-2001 

Expiration Date

Mar-31-2024 

Notes

## Other License Details

Licensee/Applicant

KEYSER, Eric Jacques 

Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

ME115298

State / Province

Florida

Country

United States 

Application

Application - - KEYSER, Eric Jacques 

License Type

License Status

Inactive

Issue Date

Feb-27-2013 

Expiration Date

Jan-31-2019 

Notes

## Other License Details

Licensee/Applicant

KEYSER, Eric Jacques



Licensing Board or Regulatory Authority

Massachusetts Board of Registration in Medi

License Number

230429

State / Province

Massachusetts

Country

United States



Application

Application - - KEYSER, Eric Jacques



License Type

License Status

Inactive

Issue Date

Jan-10-2007



Expiration Date

Jun-30-2007



Notes

## Other License Details

Licensee/Applicant

KEYSER, Eric Jacques



Licensing Board or Regulatory Authority

Massachusetts Board of Registration in Medi

License Number

215435

State / Province

Massachusetts

Country

United States



Application

Application - - KEYSER, Eric Jacques



License Type

License Status

Issue Date

Jul-11-2007



Expiration Date

Mar-19-2016



Notes

## Other License Details

Licensee/Applicant

KEYSER, Eric Jacques



License Type

Licensing Board or Regulatory Authority

New York State Board for Medicine

License Status

Inactive

License Number

257008

Issue Date

May-05-2010



State / Province

New York

Expiration Date

Feb-28-2014



Country

United States



Notes

Application

Application - - KEYSER, Eric Jacques



## Other License Details

Licensee/Applicant

KEYSER, Eric Jacques



Licensing Board or Regulatory Authority

New York State Board for Medicine

License Number

002978

State / Province

New York

Country

United States



Application

Application - KEYSER, Eric Jacques



License Type

Limited

License Status

Inactive

Issue Date

Nov-16-2007



Expiration Date

Nov-01-2010



Notes

## Other License Details

Licensee/Applicant

KEYSER, Eric Jacques



Licensing Board or Regulatory Authority

North Dakota Board of Medicine

License Number

9855

State / Province

North Dakota

Country

United States



Application

Application - - KEYSER, Eric Jacques



License Type

License Status

Inactive

Issue Date

Nov-19-2004



Expiration Date

Mar-19-2017



Notes



## Other License Details

Licensee/Applicant

KEYSER, Eric Jacques



Licensing Board or Regulatory Authority

College des Mediciens da Quebec

License Number

01-462

State / Province

Quebec

Country

Canada



Application

Application - KEYSER, Eric Jacques



License Type

License Status

Active

Issue Date

Dec-11-2001



Expiration Date



Notes

Hospitals

Licensee / Applicant	Name of Organization	Start Date	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 / Applicant

KEYSER, Eric Jacques 

Name of Organization

Sir Mortimer B. Davis, Jewish General Hospital

Application

Application - KEYSER, Eric Jacques 

Start Date

Dec-01-2001 

End Date

Jul-28-2002 

### Address Details

Street Address Line 1

3755 Chemin Cote Ste.

State / Province

Quebec

Street Address Line 2

Catherine Cote-des-Neiges

ZIP / Postal Code

H3T 1E2

City

Montréal

Country

Canada 

### Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization

Altru Health System

Application

Application - KEYSER, Eric Jacques



Start Date

Nov-01-2004



End Date

Aug-01-2006



### Address Details

Street Address Line 1

1000 South Columbia Road

State / Province

North Dakota

Street Address Line 2

ZIP / Postal Code

58206

City

Grand Forks

Country

United States



### Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization

Erie County Medical Center

Application

Applicator

KEYSER, Eric Jacques



Start Date

Oct-11-2007



End Date

Sep-30-2009



### Address Details

Street Address Line 1

462 Grider Street

State / Province

New York

Street Address Line 2

ZIP / Postal Code

14215

City

Buffalo

Country

United States



### Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization

Niagara Falls Memorial Medical Center, The Heart

Application

Application

KEYSER, Eric Jacques



Start Date

Oct-01-2009



End Date

Jun-19-2011



### Address Details

Street Address Line 1

271 10th Street

State / Province

New York

Street Address Line 2

ZIP / Postal Code

14301

City

Niagra Falls

Country

United States



### Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization

Essentia Health

Application

Applicator - KEYSER, Eric Jacques



Start Date

Jun-20-2011



End Date

Nov-30-2012



### Address Details

Street Address Line 1

3000 32nd Ave S

State / Province

North Dakota

Street Address Line 2

ZIP / Postal Code

58103

City

Fargo

Country

United States



### Hospital Details


Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization

Cardiac Surgical Associates, LLP

Application

Application - - KEYSER, Eric Jacques 

Start Date

Mar-01-2013 

End Date

Jul-18-2014 

### Address Details

Street Address Line 1

1805 SE 16th Ave.

State / Province

Florida

Street Address Line 2

Bldg #1200, Suite 1201

ZIP / Postal Code

34471

City

Ocala

Country

United States 



### Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques



Application

Applicator - KEYSER, Eric Jacques



End Date

Jun-15-2015



Name of Organization

Chaparral Medical Group, Inc.

Start Date

Aug-01-2014



### Address Details

Street Address Line 1

840 Towne Center Drive

State / Province

California

Street Address Line 2

ZIP / Postal Code

91767

City

Pomona

Country

United States



### Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization

Cardiac Surgical Associates of Southern California

Application

Applicator

- KEYSER, Eric Jacques



Start Date

Jun-27-2015



End Date

Aug-11-2017



### Address Details

Street Address Line 1

991 Santa Ana Street

State / Province

California

Street Address Line 2

ZIP / Postal Code

92651

City

Laguna Beach

Country

United States



### Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization

Stanford University School of Medicine

Application

Application

- KEYSER, Eric Jacques



Start Date

Aug-17-2017



End Date

Feb-14-2019



### Address Details

Street Address Line 1

300 Pasteur Drive

State / Province

California

Street Address Line 2

Falk Building, 2nd Floor

ZIP / Postal Code

94305-5407

City

Palo Alto

Country

United States



### Hospital Details


Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization

Dignity Health Dignity Health Medical Foundation

Application

Application - t - KEYSER, Eric Jacques 

Start Date

Mar-05-2019 

End Date

Sep-24-2020 

### Address Details

Street Address Line 1

3400 Data Drive

State / Province

California

Street Address Line 2

ZIP / Postal Code

95670

City

Rancho Cordova

Country

United States 

### Hospital Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization

Stanford University School of Medicine

Application

Application

- KEYSER, Eric Jacques



Start Date

Sep-24-2020



End Date

Oct-21-2022



### Address Details

Street Address Line 1

300 Pasteur Drive

State / Province

California

Street Address Line 2

Falk Building, 2nd Floor

ZIP / Postal Code

94305-5407

City

Palo Alto

Country

United States



## Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
KEYSER, Eric Jacques	McGill 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, Eric 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	Erie County Medical Center	Oct-11-2007	Sep-30-2009	80
KEYSER, Eric Jacques	Niagara Falls Memorial Medical Center The Heart Center of Niagara	Oct-01-2009	Jun-19-2011	80
KEYSER, Eric Jacques	Essentia Health	Jun-20-2011	Nov-30-2012	80
KEYSER, Eric Jacques	Moving, Florida Medical Licensure Application, Vacation	Dec-01-2012	Feb-28-2013	0
KEYSER, Eric Jacques	Cardiac Surgical Associates, LLP	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	Aug-11-2017	Feb-14-2019	80
KEYSER, Eric Jacques	Dignity Health Medical Foundation	Mar-05-2019	Sep-24-2020	80
KEYSER, Eric Jacques	Stanford University School of Medicine Department of Cardiothoracic Surgery	Sep-24-2020	Sep-09-2022	80

### Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization / Institution

McGill University Health Center

Start Date

Jul-01-1994 

End Date

Jun-30-2000 

Percent Clinical \*

# 80

Position

Application

KEYSER, Eric Jacques 

Activity Type

Postgraduate Training 

### Location Details

Street Address 1

1650 Cedar Avenue, L9.424

Country

Canada 

City

Montreal

State / Province

Quebec

Zip / Postal Code

H3G 1A4

### Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques 

Start Date

Jul-01-2000 

Percent Clinical \*

# 80

Application

KEYSER, Eric Jacques 

Name of Organization / Institution

University of California (San Diego) Medical Center Progi

End Date

Jul-18-2001 

Position

Activity Type

Postgraduate Training 

### Location Details

Street Address 1

9500 Gilman Dr

City

La Jolla

Country

United States 

State / Province

California

Zip / Postal Code

92093



### Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date

Percent Clinical \*

#

Position

Application

Activity Type

### Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date

Percent Clinical \*

#

Position

Application

Activity Type

### Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date

Percent Clinical \*

#

Position

Application

Activity Type

### Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date

Percent Clinical \*

#

Position

Application

Activity Type

### Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date

Percent Clinical \*

#

Position

Application

Activity Type

### Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date

Percent Clinical \*

#

Position

Application

Activity Type

### Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization / Institution

Moving, Work Visa Application, New York Licensure, Vac 

Start Date

Jul-01-2007 

End Date

Oct-10-2007 

Percent Clinical \*

# 0

Position

Application

Application - - KEYSER, Eric Jacques 

Activity Type

Non-Medical 

### Location Details

Street Address 1

Country

United States 

City

Buffalo

State / Province

New York

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical \*


#

Position

Application

Application -  

Activity Type



### Location Details

Street Address 1

Country



City

State / Province

Zip / Postal Code



## Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization / Institution

Niagara Falls Memorial Medical Center The Heart Center

Start Date

Oct-01-2009



End Date

Jun-19-2011



Percent Clinical \*

# 80

Position

Attending Cardiothoracic Surgeon

Application

Application - - KEYSER, Eric Jacques



Activity Type

Employment



## Location Details

Street Address 1

271 10th Street

Country

United States



City

Niagra Falls

State / Province

New York

Zip / Postal Code

14301

## Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization / Institution

Essentia Health

Start Date

Jun-20-2011



End Date

Nov-30-2012



Percent Clinical \*

# 80

Position

Attending Surgeon / Clinical Director

Application

Application - - KEYSER, Eric Jacques



Activity Type

Employment



## Location Details

Street Address 1

3000 32nd Ave S

Country

United States



City

Fargo

State / Province

North Dakota

Zip / Postal Code


58103

### Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization / Institution

Moving, Florida Medical Licensure Application, Vacation 

Start Date

Dec-01-2012 

End Date

Feb-28-2013 

Percent Clinical \*

# 0

Position

Application

Application - - KEYSER, Eric Jacques 

Activity Type

Non-Medical 

### Location Details

Street Address 1

Country

United States 

City

Ocala

State / Province

Florida

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization / Institution

Cardiac Surgical Associates, LLP

Start Date

Mar-01-2013 

End Date

Jul-18-2014 

Percent Clinical \*

# 80

Position

Application

Application - KEYSER, Eric Jacques 

Activity Type

Employment 

### Location Details

Street Address 1

1805 SE 16th Ave. Bldg #1200, Suite 1201

Country

United States 

City

Ocala

State / Province

Florida

Zip / Postal Code

34471

### Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization / Institution

Chaparral Medical Group, Inc.

Start Date

Aug-01-2014 

End Date

Jun-15-2015 

Percent Clinical \*

# 80

Position

Attending Surgeon / Clinical Director

Application

Application - KEYSER, Eric Jacques 

Activity Type

Employment 

### Location Details

Street Address 1

840 Towne Center Drive

Country

United States 

City

Pomona

State / Province

California

Zip / Postal Code

91767

### Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization / Institution

Cardiac Surgical Associates of Southern California, LLC

Start Date

Jun-27-2015 

End Date

Aug-11-2017 

Percent Clinical \*

# 80

Position

Locum Tenens Cardiothoracic Surgeon / President and C

Application

Application - - KEYSER, Eric Jacques 

Activity Type

Employment 

### Location Details

Street Address 1

991 Santa Ana Street

Country

United States 

City

Laguna Beach

State / Province

California

Zip / Postal Code

92651

## Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques



Name of Organization / Institution

Stanford University School of Medicine Department of C

Start Date

Aug-11-2017



End Date

Feb-14-2019



Percent Clinical \*

# 80

Position

Clinical Assistant Professor

Application

Application - KEYSER, Eric Jacques



Activity Type

Employment



## Location Details

Street Address 1

300 Pasteur Drive, Falk Building, 2nd Floor

Country

United States



City

Palo Alto

State / Province

California

Zip / Postal Code

94305-5407

### Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization / Institution

Dignity Health Medical Foundation

Start Date

Mar-05-2019 

End Date

Sep-24-2020 

Percent Clinical \*

# 80

Position

Director of Cardiothoracic Surgery at Mercy Medical Cen

Application

Application - · KEYSER, Eric Jacques 

Activity Type

Employment 

### Location Details

Street Address 1

3400 Data Drive

Country

United States 

City

Rancho Cordova

State / Province

California

Zip / Postal Code

95670



### Application Activity Details

Licensee / Applicant

KEYSER, Eric Jacques 

Name of Organization / Institution

Stanford University School of Medicine Department of C

Start Date

Sep-24-2020 

End Date

Sep-09-2022 


Percent Clinical \*

# 80


Position

Clinical Associate Professor

Application

Application - KEYSER, Eric Jacques 

Activity Type

Employment 

### Location Details

Street Address 1

300 Pasteur Drive, Falk Building, 2nd Floor

Country

United States 

City

Palo Alto

State / Province

California

Zip / Postal Code

94305-5407

*Specialty*

---

Licensee / Applicant	Specialty Type	Primary Specialty?	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	Eric 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



RECEIVED

FEB 15 2023

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 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.