

## Demographic Details

First Name

Daniel

Middle Name

James

Last Name \*

Kenan

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes  No

Date Deceased

Gender

Male 

Date of Birth

-1959 

Name Suffix

City of Birth

Durham

Place of Birth

North Carolina, USA

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

Yes  No

Nevada BIN

Historical File Number

## Military Detail

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

Yes  No

## Discipline / SPL

Disciplinary Action?

Yes  No

SPL?

Yes  No

Date of SPL Issuance

## Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to

Cell Phone

#

Fax

#

## Public Address

Street Address

10810 Executive Center Drive

ZIP / Postal Code

72211

Address Line 2

Suite 100

State / Province

Arkansas

City

Little Rock

Country

United States



County

Pulaski

Is your physical address different from your mailing address?

Yes  No

Public Phone

#

(501) 604-2695

## Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

## Application Status

Applicant \*

Kenan, Daniel James



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 – Endorsement



Application Date \*



Reviewed Date



Decision Date



Submitted Date

Approved Date

Application Step

#

Expiration Date

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

Yes  No

## 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

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Licensee / Applicant	Examination Type	Attended Date ↑
Kenan, Daniel James	United States Medical Licensing Examination (USMLE)	Sep-27-1995
Kenan, Daniel James	United States Medical Licensing Examination (USMLE)	Mar-05-1996
Kenan, Daniel James	United States Medical Licensing Examination (USMLE)	Dec-03-1996

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## Examination Details

Licensee / Applicant \*

Kenan, Daniel James 

Attended Date

Sep-27-1995 

Number of Attempts

# 1

Application


Application - Kenan, Daniel Jan.es 

Location

Result

239

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 \*

Kenan, Daniel James 

Attended Date

Mar-05-1996 

Number of Attempts

# 1

Application


Application - - Kenan, Daniel James 

Location

Result

218

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 \*

Kenan, Daniel James



Attended Date

Dec-03-1996



Number of Attempts

# 1

Application

Application - Kenan, Daniel James



Location

Result

217

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

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Licensee / Applicant	Y Certifying Board	Y Other Certifying Board	Y Specialty	Y Initial Certification Date	Y Recertification Dat
Kenan, Daniel James	American Board	N/A	Pathology, Anatomic	Nov-13-2012	Jan-01-2023

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## Board Certification Details

Licensee / Applicant

Kenan, Daniel James 

Specialty

Pathology, Anatomic 

Certifying Board

American Board 

Other Certifying Board

Initial Certification Date

Nov-13-2012 

Recertification Date

Jan-01-2023 

Certification Number

12-624

Archive Program

Historical Specialty

## Connected Record

Application

Application - - Kenan, Daniel James 

# Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To †	Graduation Date
Kenan, Daniel James	Medical School	Duke University School of Medicine	Medical Doctor Degree	Aug-22-1983	Dec-19-1995	Dec-30-1995

## Education Details

Licensee/Applicant \*

Kenan, Daniel James



Address

40 Duke Medicine Cir.

City

Durham

State / Province

North Carolina

Zip / Postal Code

27710

Country

United States



Application

Application - Kenan, Daniel James



Specialty Type



Name of School

Duke University School of Medicine

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Aug-22-1983



Date To

Dec-19-1995



Did you graduate from the program?

Yes  No

Graduation Date

Dec-30-1995



Major Program

# Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
Kenan, Daniel James	Duke University Hospital	Pathology,Anatomic	Jan-01-1996	Dec-31-1996	Residency
Kenan, Daniel James	Duke University Hospital	Pathology,Anatomic	Jan-01-1997	Jun-30-1997	Residency
Kenan, Daniel James	Duke University Hospital	Pathology,Anatomic	Jul-01-2009	Dec-31-2009	Residency
Kenan, Daniel James	Duke University Hospital	Pathology,Anatomic	Jan-01-2010	Dec-31-2011	Residency
Kenan, Daniel James	University of North Carolina	Pathology,Renal / Transplant	Jan-01-2012	Jun-30-2014	Fellowship

### Postgraduate Training Details

Licensee / Applicant \*

Kenan, Daniel James



Training Status \*



Program Type \*

Residency



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Jan-01-1996



Date To

Dec-31-1996



Name of School or Institution

Duke University Hospital

Application

Application Kenan, Daniel James



Specialty Type

Pathology,Anatomic



Historical Major Program

Other (Specialty)

Historical Degree Attained

### Location Details

City

Street Address 1

State / Province

North Carolina

Zip / Postal Code

County



Country





### Postgraduate Training Details

Licensee / Applicant \*

Kenan, Daniel James 

Program Type \*

Residency 

Date From

Jan-01-1997 

Name of School or Institution

Duke University Hospital

Specialty Type

Pathology,Anatomic 

Other (Specialty)

Training Status \*


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-1997 

Application

Application - Kenan, Daniel James 

Historical Major Program

Historical Degree Attained

### Location Details

City

State / Province

North Carolina

County



Street Address 1

Zip / Postal Code

Country



### Postgraduate Training Details

Licensee / Applicant \*

Kenan, Daniel James 

Training Status \*



Program Type \*

Residency 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-2009 


Date To

Dec-31-2009 

Name of School or Institution

Duke University Hospital

Application

Application - Kenan, Daniel James 

Specialty Type

Pathology,Anatomic 

Historical Major Program



Other (Specialty)



Historical Degree Attained



### Location Details

City



Street Address 1



State / Province

North Carolina

Zip / Postal Code



County



Country



## Postgraduate Training Details

Licenses / Applicant \*

Kenan, Daniel James



Program Type \*

Residency



Date From

Jan-01-2010



Name of School or Institution

Duke University Hospital

Specialty Type

Pathology,Anatomic



Other (Specialty)

Training Status \*



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date To

Dec-31-2011



Application

Application - Kenan, Daniel James



Historical Major Program

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

North Carolina

Zip / Postal Code

County



Country



## Postgraduate Training Details

Licensee / Applicant \*

Kenan, Daniel James



Program Type \*

Fellowship



Date From

Jan-01-2012



Name of School or Institution

University of North Carolina

Specialty Type

Pathology,Renal / Transplant



Other (Specialty)

Training Status \*

Accreditation Type

Not Accredited

Date To

Jun-30-2014



Application

Application - - Kenan, Daniel James



Historical Major Program

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

North Carolina

Zip / Postal Code

County

Country



# Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Kenan, Daniel James	54129	N/A	Apr-18-2017	Oct-28-2019	Arizona
Kenan, Daniel James	E-10263	N/A	Jan-20-2017	Jun-30-2023	Arkansas
Kenan, Daniel James	T2017-012	Temporary	Jan-13-2017	Feb-03-2017	Arkansas
Kenan, Daniel James	DR.0058124	N/A	Feb-22-2017	Apr-30-2023	Colorado
Kenan, Daniel James	ME131537	N/A	Mar-06-2017	Jan-31-2023	Florida
Kenan, Daniel James	50259	N/A	Jun-15-2017	Feb-28-2019	Kentucky
Kenan, Daniel James	TP861	Temporary	May-10-2017	Nov-10-2017	Kentucky
Kenan, Daniel James	305285	N/A	May-01-2017	Jun-30-2018	Louisiana
Kenan, Daniel James	4301113737	N/A	Sep-20-2017	Jan-31-2021	Michigan
Kenan, Daniel James	2017006908	N/A	Mar-05-2017	Jan-31-2019	Missouri
Kenan, Daniel James	9700307	N/A	Mar-22-1997	Jun-28-2023	North Carolina
Kenan, Daniel James	55802	N/A	Jul-19-2017	Jun-30-2019	Tennessee
Kenan, Daniel James	0101277427	N/A	Dec-19-2022	Jun-30-2024	Virginia

## Other License Details

Licensee/Applicant

Kenan, Daniel James



Licensing Board or Regulatory Authority

Arizona Medical Board

License Number

54129

State / Province

Arizona

Country

United States



Application

Application -

Kenan, Daniel James



License Type

License Status

Expired

Issue Date

Apr-18-2017



Expiration Date

Oct-28-2019



Notes

## Other License Details

Licensee/Applicant

Kenan, Daniel James



Licensing Board or Regulatory Authority

Arkansas board of medicince

License Number

E-10263

State / Province

Arkansas

Country

United States



Application

Application -

Kenan, Daniel James



License Type

License Status

active

Issue Date

Jan-20-2017



Expiration Date

Jun-30-2023



Notes

## Other License Details

Licensee/Applicant

Kenan, Daniel James



Licensing Board or Regulatory Authority

Arkansas Medical Board

License Number

T2017-012

State / Province

Arkansas

Country

United States



Application

Application - - Kenan, Daniel James



License Type

Temporary

License Status

Inactive

Issue Date

Jan-13-2017



Expiration Date

Feb-03-2017



Notes



## Other License Details

### Licensee/Applicant

Kenan, Daniel James 

### Licensing Board or Regulatory Authority

Colorado Board of Medical Examiners

### License Number

DR.0058124


### State / Province

Colorado

### Country

United States 

### Application

Application - i - Kenan, Daniel James 

### License Type

### License Status

active

### Issue Date

Feb-22-2017 

### Expiration Date

Apr-30-2023 

### Notes

## Other License Details

Licensee/Applicant

Kenan, Daniel James 

Licensing Board or Regulatory Authority

Florida board of medical examiners

License Number

ME131537

State / Province

Florida

Country

United States 

Application

Application - Kenan, Daniel James 

License Type

License Status

active

Issue Date

Mar-06-2017 

Expiration Date

Jan-31-2023 

Notes

## Other License Details

Licensee/Applicant

Kenan, Daniel James



Licensing Board or Regulatory Authority

Kentucky Board of Medicine

License Number

50259

State / Province

Kentucky

Country

United States



Application

Application - Kenan, Daniel James



License Type

License Status

Inactive

Issue Date

Jun-15-2017



Expiration Date

Feb-28-2019



Notes

## Other License Details

### Licensee/Applicant

Kenan, Daniel James



### Licensing Board or Regulatory Authority

Kentucky Board of Medical Licensure

### License Number

TP861

### State / Province

Kentucky

### Country

United States



### Application

Application ·

Kenan, Daniel James



### License Type

Temporary

### License Status

Expired

### Issue Date

May-10-2017



### Expiration Date

Nov-10-2017



### Notes

## Other License Details

Licensee/Applicant

Kenan, Daniel James



Licensing Board or Regulatory Authority

Louisiana Board of Medical Examiners

License Number

305285

State / Province

Louisiana

Country

United States



Application

Application - Kenan, Daniel James



License Type

License Status

Inactive

Issue Date

May-01-2017



Expiration Date

Jun-30-2018



Notes

## Other License Details

Licensee/Applicant

Kenan, Daniel James



Licensing Board or Regulatory Authority

Michigan Medical Board

License Number

4301113737

State / Province

Michigan

Country

United States



Application

Application - Kenan, Daniel James



License Type

License Status

Lapsed

Issue Date

Sep-20-2017



Expiration Date

Jan-31-2021



Notes

## Other License Details

Licensee/Applicant

Kenan, Daniel James



Licensing Board or Regulatory Authority

Missouri Board of Medicine

License Number

2017006908

State / Province

Missouri

Country

United States



Application

Application - - Kenan, Daniel James



License Type

License Status

Lapsed

Issue Date

Mar-05-2017



Expiration Date

Jan-31-2019



Notes

## Other License Details

Licensee/Applicant

Kenan, Daniel James 

Licensing Board or Regulatory Authority

North Carolina Medical Board

License Number

9700307

State / Province

North Carolina

Country

United States 

Application

Application - Kenan, Daniel James 

License Type

License Status

active

Issue Date

Mar-22-1997 

Expiration Date

Jun-28-2023 

Notes



## Other License Details

Licensee/Applicant

Kenan, Daniel James



Licensing Board or Regulatory Authority

Tennessee Medical Board

License Number

55802

State / Province

Tennessee

Country

United States



Application

Application - - Kenan, Daniel James



License Type

License Status

Expired

Issue Date

Jul-19-2017



Expiration Date

Jun-30-2019



Notes

## Other License Details

Licensee/Applicant

Kenan, Daniel James



Licensing Board or Regulatory Authority

Virginia Medical Board

License Number

0101277427

State / Province

Virginia

Country

United States



Application

Application

Kenan, Daniel James



License Type

License Status

active

Issue Date

Dec-19-2022



Expiration Date

Jun-30-2024



Notes

# Activities

Licensee / Applicant	Name of Organization / Institution	Start Date ↑	End Date	Percent Clinical
Kenan, Daniel James	Duke University Hospital Program	Jan-01-1996	Jun-30-1997	70
Kenan, Daniel James	Duke University Medical Center	Jul-01-1997	Sep-01-1998	0
Kenan, Daniel James	Duke University Medical Center	Oct-01-1998	Aug-01-2008	0
Kenan, Daniel James	Affinergy, LLC	Sep-01-2008	Jun-01-2009	60
Kenan, Daniel James	Duke Univ. Medical Center	Jul-01-2009	Dec-31-2011	80
Kenan, Daniel James	Univ. of North Carolina at Chapel Hill	Jan-01-2012	Jun-30-2014	80
Kenan, Daniel James	Univ. of North Carolina Dept. of Pathology	Jul-01-2014	Dec-01-2016	80
Kenan, Daniel James	Arkana Laboratories	Jan-01-2017	Jun-01-2018	100
Kenan, Daniel James	Arkana Laboratories	Jun-01-2018	Jan-01-2023	0

### Application Activity Details

Licensee / Applicant

Kenan, Daniel James 

Name of Organization / Institution

Duke University Hospital Program

Start Date

Jan-01-1996 

End Date

Jun-30-1997 

Percent Clinical \*

# 70

Position

Application

Application - Kenan, Daniel James 

Activity Type

Postgraduate Training 

### Location Details

Street Address 1

Country

United States 

City

Durham

State / Province

North Carolina

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Kenan, Daniel James 

Name of Organization / Institution

Duke University Medical Center

Start Date

Jul-01-1997 

End Date

Sep-01-1998 

Percent Clinical \*

# 0

Position

Research Associate

Application

Application - - Kenan, Daniel James 

Activity Type

Employment 

### Location Details

Street Address 1

Country

United States 

City

Durham

State / Province

North Carolina

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Kenan, Daniel James



Name of Organization / Institution

Duke University Medical Center

Start Date

Oct-01-1998



End Date

Aug-01-2008



Percent Clinical \*

# 0

Position

Assistant Professor

Application

Application - - Kenan, Daniel James



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Durham

State / Province

North Carolina

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Kenan, Daniel James



Start Date

Sep-01-2008



Name of Organization / Institution

Affinergy, LLC

End Date

Jun-01-2009



Percent Clinical \*

# 60

Position

Chief Scientific Officer

Application

Application - - Kenan, Daniel James



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Research Triangle

State / Province

North Carolina

Zip / Postal Code

### Application Activity Details

Licensee / Applicant

Kenan, Daniel James 

Name of Organization / Institution

Duke Univ. Medical Center

Start Date

Jul-01-2009 

End Date

Dec-31-2011 

Percent Clinical \*

# 80

Position

Application

Application - - Kenan, Daniel James 

Activity Type

Postgraduate Training 

### Location Details

Street Address 1

Country

United States 

City

Durham

State / Province

North Carolina

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

Kenan, Daniel James



Name of Organization / Institution

Univ. of North Carolina Dept. of Pathology

Start Date

Jul-01-2014



End Date

Dec-01-2016



Percent Clinical \*

# 80

Position

Clinical Associate Professor

Application

Application - - Kenan, Daniel James



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Chapel Hill

State / Province

North Carolina

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Kenan, Daniel James



Name of Organization / Institution

Arkana Laboratories

Start Date

Jan-01-2017



End Date

Jun-01-2018



Percent Clinical \*

# 100

Position

Pathologist

Application

Application - - Kenan, Daniel James



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Little Rock

State / Province

Arkansas

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Kenan, Daniel James



Name of Organization / Institution

Arkana Laboratories

Start Date

Jun-01-2018



End Date

Jan-01-2023



Percent Clinical \*

# 0

Position

Director of Innovation

Application

Application - - Kenan, Daniel James



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Little Rock

State / Province

Arkansas

Zip / Postal Code

# SPECIALTY

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Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Kenan, Daniel James	Pathology, Anatomic	Yes	Nov-13-2012	N/A

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# DECLARATIONS

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



# 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 Daniel James Kenan

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

Date 02/24/2023

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.