

Demographic Details

First Name

Tyler

Middle Name

Paul

Last Name *

HEEREN

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

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

Yes No

Nevada BIN

Gender

Male 

Date of Birth

1-1984 

Name Suffix

City of Birth

Place of Birth

USA

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Historical File Number

Military Detail

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

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

ZIP / Postal Code

Address Line 2

State / Province

City

Country

County

Is your physical address different from your mailing address?

Yes No

Public Phone

#

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)

County (Mailing)

Online Service

Last Login Date



Security Question #1

Authentication Failures

#

Security Answer #1

Security Question #2

Application Status

Applicant *

Application Number

License Issued?

Yes No

Application Status

Assigned To

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

Application Details

Application Type

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

Licensee / Applicant	▼	Examination Type	▼	Attended Date ↑	▼
HEEREN, Tyler Paul		United States Medical Licensing Examination (USMLE)		Jun-26-2013	
HEEREN, Tyler Paul		United States Medical Licensing Examination (USMLE)		Sep-24-2013	
HEEREN, Tyler Paul		United States Medical Licensing Examination (USMLE)		Nov-09-2015	
HEEREN, Tyler Paul		United States Medical Licensing Examination (USMLE)		Mar-01-2016	
HEEREN, Tyler Paul		United States Medical Licensing Examination (USMLE)		Apr-05-2016	
HEEREN, Tyler Paul		United States Medical Licensing Examination (USMLE)		Aug-29-2019	

Examination Details

Licensee / Applicant *

HEEREN, Tyler Paul



Attended Date

Jun-26-2013



Number of Attempts

2

Application

Applicator

HEEREN, Tyler Paul



Location

Reno and Las Vegas

Result

Fail (174)

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

HEEREN, Tyler Paul



Attended Date

Sep-24-2013



Number of Attempts

2

Application

Application

HEEREN, Tyler Paul



Location

Result

190

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

HEEREN, Tyler Paul



Attended Date

Nov-09-2015



Number of Attempts

2

Application

Application -

HEEREN, Tyler Paul



Location

Las Vegas, NV and St. George, Utah

Result

Fail (200)

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

2 CK

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

HEEREN, Tyler Paul



Attended Date

Mar-01-2016



Number of Attempts

1

Application

Application - HEEREN, Tyler Paul



Location

California

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

2 CS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

HEEREN, Tyler Paul



Attended Date

Apr-05-2016



Number of Attempts

2

Application

Application · HEEREN, Tyler Paul



Location

Result

220

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

2 CK

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

HEEREN, Tyler Paul



Attended Date

Aug-29-2019



Number of Attempts

1

Application

Application -

HEEREN, Tyler Paul



Location

St. George, Utah

Result

211

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

3

Certificate Number

Exam Date



Expiration Date



Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
HEEREN, Tyler Paul	Undergraduate	University of Nevada, Las Vegas	Bachelor of Science	Jun-01-2005	Dec-11-2010	Dec-11-2010
HEEREN, Tyler Paul	Medical School	University of Nevada SOM / Reno, NV	Medical Doctor Degree	Aug-01-2011	May-17-2016	May-17-2016

Education Details

Licensee/Applicant *

Address

City

State / Province

Zip / Postal Code

Country

Application

Specialty Type

Name of School

Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Postgraduate Training

Licensee / Applicant Name of School or Institution	Specialty Type	Date From	Date To	Program Type
HEEREN, Tyler Paul University of Nevada Las Vegas, School of Medicine	Internal Medicine	Jul-01-2017	Jun-30-2020	Internship/Residency

Postgraduate Training Details

Licensee / Applicant *

Training Status *

Program Type *

Accreditation Type

Date From

Date To

Name of School or Institution

Application

Specialty Type

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Zip / Postal Code

County

Country

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
HEEREN, Tyler Paul	LL3044	Training	Jul-01-2017	Jun-30-2019	Nevada

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Chronology of Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical ▼
HEEREN, Tyler Paul	HS Pharmaceuticals	Apr-01-2016	Sep-07-2016	0
HEEREN, Tyler Paul	N/A	Sep-08-2016	Jun-30-2017	0
HEEREN, Tyler Paul	University of Nevada, Las Vegas - School of Medicine	Jul-01-2017	Jun-30-2020	100
HEEREN, Tyler Paul	N/A	Jul-01-2020	Jan-17-2023	0

Application Activity Details

Licensee / Applicant

HEEREN, Tyler Paul



Name of Organization / Institution

HS Pharmaceuticals

Start Date

Apr-01-2016



End Date

Sep-07-2016



Percent Clinical *

0

Position

Application

Application -

HEEREN, Tyler Paul



Activity Type

Non-Medical



Location Details

Street Address 1

Country

United States



City

Lafayette

State / Province

California

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

#

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

HEEREN, Tyler Paul



Start Date

Jul-01-2017



Name of Organization / Institution

University of Nevada, Las Vegas - School o

End Date

Jun-30-2020



Percent Clinical *

100

Position

Application

Application - HEEREN, Tyler Faul



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

Las Vegas

State / Province

Nevada

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

#

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Specialty

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
HEEREN, Tyler Paul	Internal Medicine	Yes	Jan-21-2023	N/A

DECLARATION QUESTIONS

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

Declaration

Licensee/Applicant

HEEREN, Tyler Paul ▼ [↗](#)

Declaration Question

MD, Previously applied for licensure in Nevada. ▼ [↗](#)

Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)

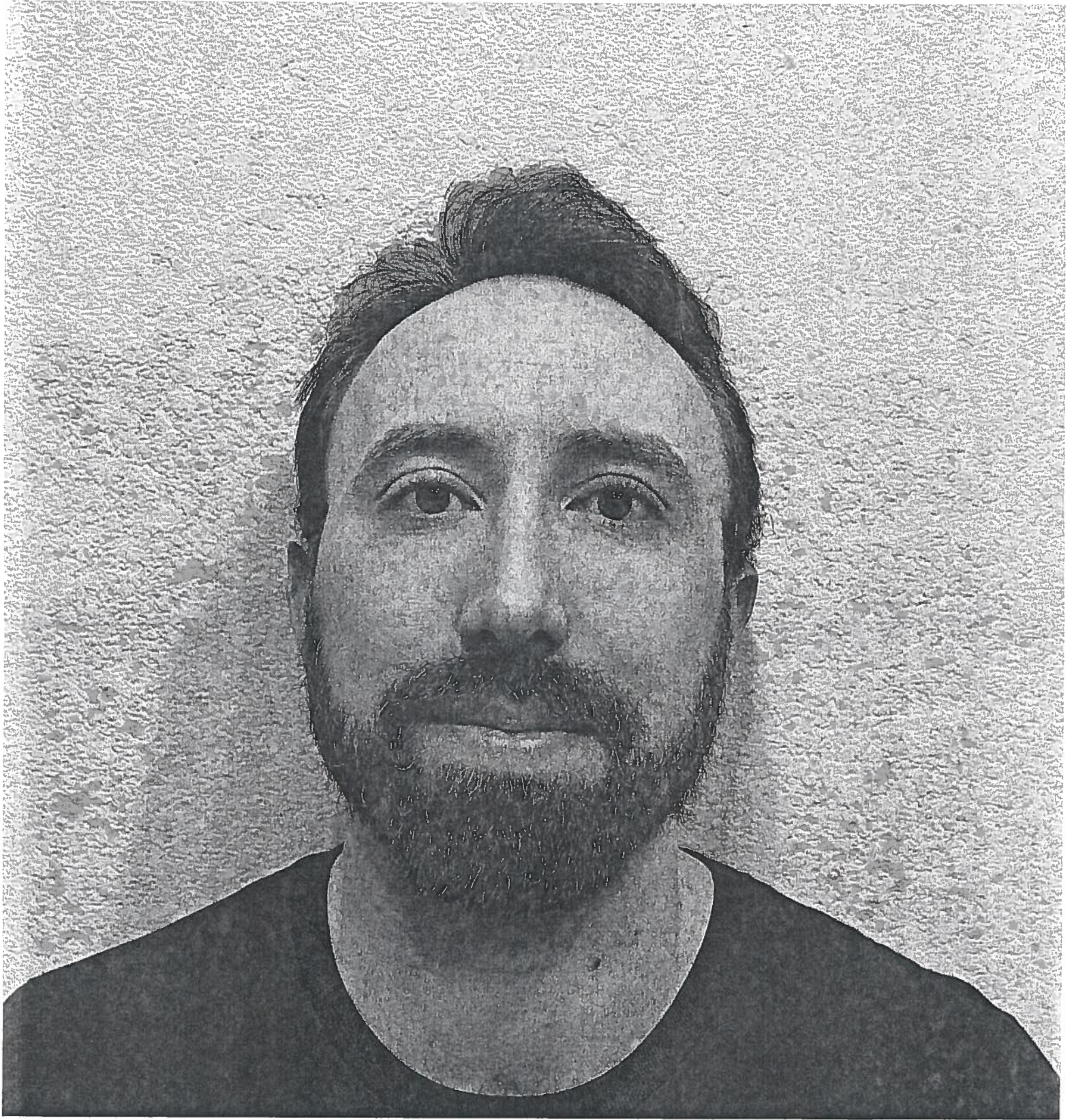
Related To

Application

Application - HEEREN, Tyler Paul [↗](#)

Renewal

▼ [↗](#)



FEB 17 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 Tyler Heeren

Sign your name _____

Date 2/15/2023

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.