Demographic Details

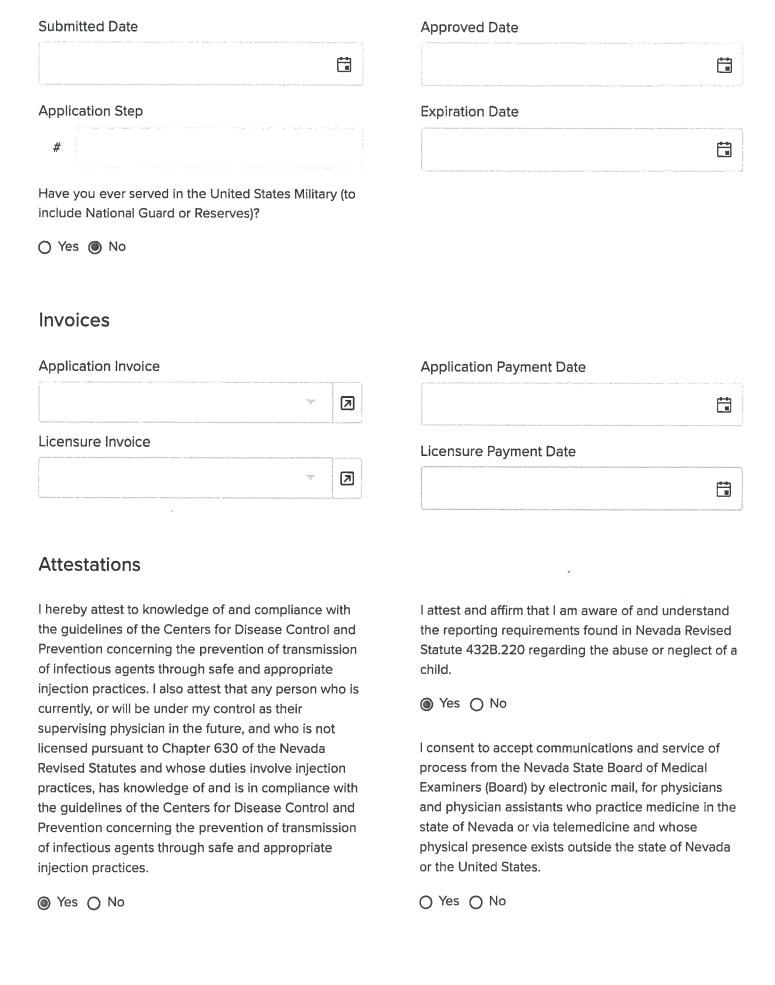
First Name	Gender	
Tyler	Male	7
Middle Name	Date of Birth	an ang magaintain an ang a
Paul	1-1984	
	Name Suffix	
Last Name *	A plant of all the company of the desirability and a graph desirability	
HEEREN	Analysis are a great and a description of the providence of the second and the se	AND THE PERSON NAMED IN
Previous Name(s)	City of Birth	No. organize spp Sphort in an
For all, \$100,000 and the second seco	Place of Birth	pti filologi ili di Varia ir 40°00°
Social Security Number	USA	
	Autorization and unknown waveless by engages as when consists and account of the consistency of the consiste	Marie with states before the
Tax Identification Number	Weight (in Ibs)	ngy direksis-a s sprintsisinasi (mm) et
As plants of a discrete indicated by the final part and delivery and d		,2.21
	Eye Color	in transport for the first first
Height	process a sealered difference of the St. (by take, and discourance and at all and a fine the St. (b) t	
	Comments (non-public information)	September 1997 September 1997
Hair Color	Comments (non-public information)	
	Public Information	
Is this person deceased?		
O Yes ● No		
Date Deceased		
Do you have a Nevada Business License in your individual name?		
○ Yes ○ No		
Nevada BIN		

Historical File Number	
The substitution of the su	
Military Detail	
Have you ever served in the United States Militar	ry (to include National Guard or Reserves)?
○ Yes ③ No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ Yes ○ No
	Date of SPL Issuance
	ä
Contact Information	
Primary Phone	Secondary Phone
#	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
	7 2
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
2105 S Buffalo Dr	89117

Address Line 2	State / Province		
	Nevada		
City	Country		
Las Vegas	United States		
County	Is your physical address different from your mailing address?		
Clark	○ Yes ③ No		
	Public Phone		
9	# (702) 217-7408		
Mailing Address			
Street Address	City (Mailing)		
Address Line 2	State / Province (Mailing)		
ZIP / Postal Code (Mailing)	County (Mailing)		
	y 2		
	County (Mailing)		
Online Service			
Last Login Date	Security Question #1		
ä			
Authentication Failures	Security Answer #1		
# O			
	Security Question #2		
	ndP		

Application Status

Applicant * Applic		Application Status	
HEEREN, Tyler Paul	7	Pending Review by the Board	
Application Number	a 10 Marina ya sa katalanda	Assigned To	
		▼ 1	
License Issued?		Manual Paper Application?	
○ Yes ○ No		○ Yes No	
		License ID Card Conditions (max 120 characters)	
License Details (Pre-Approval)			
License Category		Credentials / Degree Suffix (Enter before	
Medical Doctor	7	approval!)	
Obtained By	gggggggggggggggggggggggggggggggggggggg	M.D.	
USMLE	7	Expected Expiration Date	
Expected Issue Date	ac timbrilla a accesso a minimator timb		
	allatan kantinganang g $_{ij}$ apa $_{ij}$ α_{ij}		
Application Details			
Application Type		Reviewed Date	
Medical Doctor - Active			
Application Date *		Decision Date	
This is not intelligent to the second of 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.

Yes O 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 O 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

7

Yes ○ No

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

Examinations

Licensee / Applicant	Examination Type	*	Attended Date †	T
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	

Licensee / Applicant *	Examination Type
HEEREN, Tyler Paul	United States Medical Licensing Examination (USML된)
Attended Date	Other Exam
Jun-26-2013	
Number of Attempts	Are you currently certified?
# 2	○ Yes ○ No
Application	Steps
Application HEEREN, Tyler Paul	1
Location	Certificate Number
Reno and Las Vegas	
Result	Exam Date
Fail (174)	
	Expiration Date

Licensee / Applicant *	Examination Type
HEEREN, Tyler Paul	United States Medical Licensing Examination (USMLED
Attended Date	Other Exam
Sep-24-2013	
Number of Attempts	Are you currently certified?
# 2	○ Yes ○ No
Application	Steps
Application HEEREN, Tyler Paul 🗵	1
Location	Certificate Number
Result	Exam Date
190	
	Expiration Date

Licensee / Applicant *	Examination Type
HEEREN, Tyler Paul	United States Medical Licensing Examination (USML日河
Attended Date	Other Exam
Nov-09-2015	
Number of Attempts	Are you currently certified?
# 2	○ Yes ○ No
Application	Steps
Application - HEEREN, Tyler Paul 🗵	2 CK
Location	Certificate Number
Las Vegas, NV and St. George, Utah	
Result	Exam Date
Fail (200)	
	Expiration Date
	e e

Licensee / Applicant *	Examination Type
HEEREN, Tyler Paul	United States Medical Licensing Examination (USMLE)
Attended Date	Other Exam
Mar-01-2016	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application - HEEREN, Tyler Paul	2 CS
Location	Certificate Number
California	
Result	Exam Date
Pass	
And the color and and an experience from any an experience of providing to the second behalf of the color of	Expiration Date

Licensee / Applicant *	Examination Type
HEEREN, Tyler Paul	United States Medical Licensing Examination (USML日)
Attended Date	Other Exam
Apr-05-2016	
Number of Attempts	Are you currently certified?
# 2	○ Yes ○ No
Application	Steps
Application HEEREN, Tyler Paul	2 CK
Location	Certificate Number
Result	Exam Date
220	
	Expiration Date

Licensee / Applicant *	Examination Type
HEEREN, Tyler Paul	United States Medical Licensing Examination (USML日)
Attended Date	Other Exam
Aug-29-2019	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application - HEEREN, Tyler Paul	3
Location	Certificate Number
St. George, Utah	
Result	Exam Date
211	
	Expiration Date
8	

Education

Licensee/Applican	Education Type	Name of School	Degree Attained	Date From ▼	Date To ↑ ▼	Graduation Da व्ह
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 *	g villed gall uggarge vill that it days high high public size which it is no	Name of School		
HEEREN, Tyler Paul	7	University of Nevada SOM / Reno, NV		
Address		Education Type		
		Medical School	7	
City		Degree Attained	in the desiration of the state	
Reno		Medical Doctor Degree	7	
State / Province		Date From	or adoptive ratios (see to consider that the constraints	
Nevada		Aug-01-2011		
Zip / Postal Code		Date To	vardanardia, ago y associad de la conferencia ago 4 de la varigação de la conferencia ago y	
		May-17-2016	B	
Country		Did you graduate from the program?		
United States	7	Yes O No		
Application		Graduation Date		
Application - HEEREN, Tyle	er Faul 🗷	May-17-2016		
Specialty Type	mill of subscription to a relate of the subscription by	Major Program		
	7		sounder handers, des a dans les regals régales francés de comment de la	

Postgraduate Training

Licensee / Approant Name of School or Institution

The Specialty Type

Date From The Program Type

Program Type

The Specialty Type

The Special Type

The Spe

HEEREN, Tyler Paul University of Nevada Las Vegas, School of Medicine Internal Medicine Jul-01-2017 Jun-30-2020 Internship/Residency

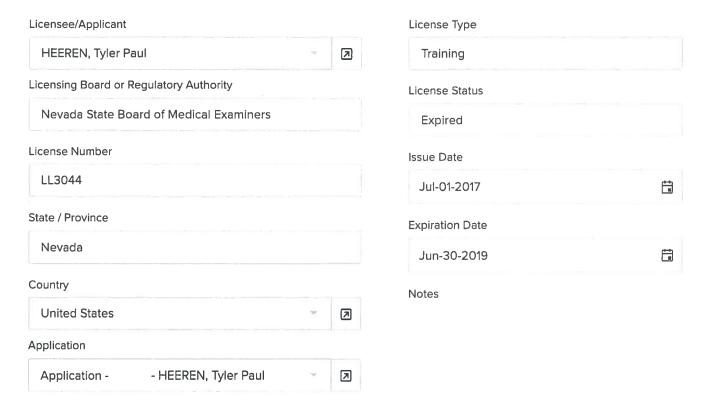
Postgraduate Training Details

Licensee / Applicant *	Training Status *	•	h halphangherjenna di di dasarrindikiliki li "listik keri dalik j	
HEEREN, Tyler Paul 🔻 🗵			79	7
Program Type *	Accreditation Ty	pe		
Internship/Residency	ACGME (Acc	reditation Council for Graduate Medi	cal Educati	OID
Date From	Date To		alauma-ummay asak provided the shake have been been as the shake t	de de versiones autories destruer
Jul-01-2017 🛗	Jun-30-2020		o kalamah, dakeeska sali, koolong arra,any eno open Arif (SARFA)	
Name of School or Institution	Application			
University of Nevada La	Application -	HEEREN, Tyler Paul	ermone on the last and the second of the best mode of the first mode of the first mode.	7
Specialty Type	Historical Major	Program	ta suurpaulassa vala-tuvointi olivoit onviritoinen, van osi maismast	densemb televisional and comment and 3
Internal Medicine 🔻 🗵			, valle stättestavaltala med ses ervenni selavani halannikkila täisiegistende	
Other (Specialty)	Historical Degre	e Attained	ngangalahangan di dalah plansari mesir dikal helalah dimend	rrokensk soudsvaksvakskalistiskalistiskalis
			egyperegenelesinkjussessätävässässäässäässäässäässäässäässääss	
Location Details				
City		Street Address 1	garapagayan kalayar kur ajawa kakaka kalla kabuwa da estin kaliba kabuwa da estin kaliba kabuwa da estin kalib	
			unallistandista suvera suventulajo haliplijansu-brika Virusan-destribista eshalandista	
State / Province		Zip / Postal Code		
Nevada	ativida principi ca puntir esta plantina anticini. Alla Peri di Stravanto di succione di con 1996 della Peri s			
County		Country		
	~ 2		-47"	2

Other Licenses

Licensee/Applicant	7	License Number	7	License Type	T	Issue Date	T	Expiration Date	7	State / Province
HEEREN, Tyler Paul		LL3044		Training		Jul-01-2017		Jun-30-2019		Nevada

Other License Details

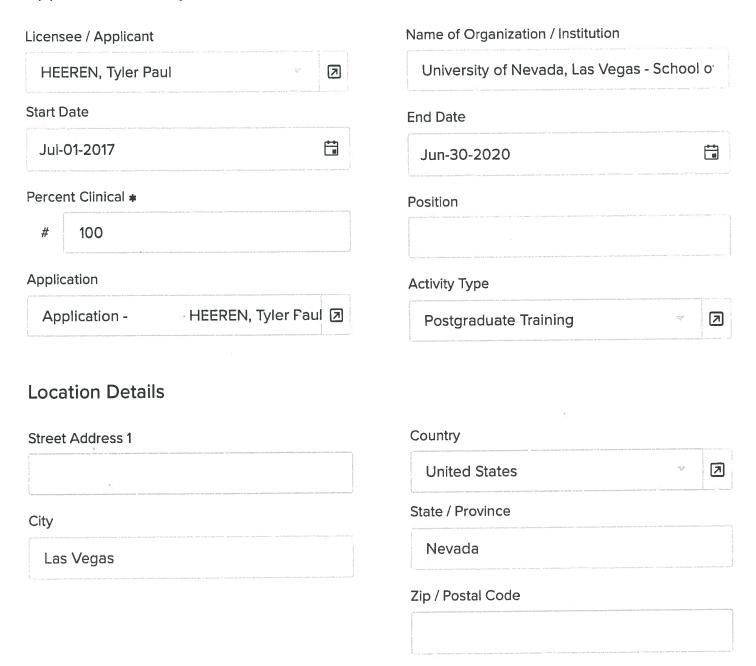


Chronology of Activities

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

Licensee / Applicant	Name of Organization / Institut	tion
HEEREN, Tyler Paul	HS Pharmaceuticals	man hand government to full state of the sta
Start Date	End Date	
Apr-01-2016	Sep-07-2016	
Percent Clinical *	Position	na manda P chandidasanakan andah disi. An dinamanan 1 km2 dinamanan andah ya ada di dinamanan ang
# O		in Numberland data Supplementers anno 18 756 deset annotation of the Supplementer and Supplementers an
Application	Activity Type	
Application - HEEREN, Tyler Paul 🗵	Non-Medical	₩ 🗷
Location Details		
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	United States	V
City	State / Province	TOTAL THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PRO
Lafayette	California	
	Zip / Postal Code	ndandand samanan kan kan dan dan kan kan dan dan dan dan dan dan dan dan dan d
	Transport of the Control of the Cont	

Licensee / Applicant		Name of Organization / Institution				
HEEREN, Tyler Paul	7			Antonio and antonio		
Start Date	to an our owners,	End Date				
Sep-08-2016		Jun-30-2017		the manufacture of		
Percent Clinical *	construction and the	Position				
# O			orbanismosporks arbitralisms and that its property of my protects of depth and by Table (Section 2).			
Application		Activity Type				
Application HEEREN, Tyler Faul (7	Vacation	7	Ð		
Location Details						
Street Address 1	лого млагичногом.	Country	kuja unkassainingalanna kulkusunomiakida da sa-rasinalikin santikalang ya ya 1 k			
		United States	7 (2	Ð		
City		State / Province	anne dillomormo disse mall sondata la del er di ili li monocidamico è envita fo	a stratery		
Las Vegas		Nevada	Augustus Augustus (Augustus Augustus Au	-		
		Zip / Postal Code				



Licensee / Applicant		Name of Organization / Institution	as for ass, yet need writer allow it may a supervisor to the	
HEEREN, Tyler Paul	The state of the s		e manger varen, ministração apresa Silvane do Ambrillando de Vento.	going physics or start and all all all all all all all all all al
Start Date	nama dan sistembra di Pantili kin dalag	End Date		
Jul-01-2020		Jan-17-2023	guille di villigelifeliatamentationementalija (fil. 14), 14, 17, 17, 17, 17, 17, 17, 17, 17, 17, 17	
Percent Clinical *	general W. A print of A bolleton	Position		
# O	The second secon		alliness appear appearance of the story is a secretary and a secretary of the first best of the second	
Application		Activity Type		
Application HEEREN, Tyler Fau	1 7	Vacation	e man e e samo mano que manente del de viso monte en como en com	7
Location Details				
Street Address 1		Country	ngerdag at gerrang diadawah san John Villa (diada India)	-
	And income on the confidence of the confidence o	United States	w.	7
City	us-quadrin us,	State / Province		on two where we derive Art. Morrodall
Las Vegas		Nevada	alasak - Majaha ya naya yang kendanya me mengeli Afrikan dali Amerika	di consideratione de la consid
	g). In communication with	Zip / Postal Code	ddardanttinay valadadanin 1921, f diffidaniyati disabinsisinini	
				1

Specialty

DECLARATION QUESTIONS

Ordinal †	▼ Licensee/Applicant	The Declaration Question The Answer The Answ	er Details
1	Tyler HEEREN	MD, PA – Q1 – Medical Condition Impair Safe Practice	
2	Tyler HEEREN	MD, PA = Q2 - Medical Condition Field of Practice	
3	Tyler HEEREN	MD, PA – Q3 – Chemical Substances Impair Safe Practice	
4	Tyler HEEREN	MD, PA, LL – Q4 – Performance of Public Service Requirement	
5	Tyler HEEREN	ALL – Q5 – Named Defendant Respond to Legal Action	
6	Tyler HEEREN	ALL – Q6 – Malpractice Claim Paid No	
7	Tyler HEEREN	ALL – Q7 – Arrest Question	
8	Tyler HEEREN	MD - Q8 - Denied License / Permission to Practice Medicine	
9	Tyler HEEREN	MD – Q9 – Medical License Revoked	
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.	
N/A	Tyler HEEREN	MD, PA, CCP, Hospital Privileges Denled, Suspended.	

Declaration Licensee/Applicant HEEREN, Tyler Paul **7 Declaration Question** MD, Previously applied for licensure in Nevada. 7 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)

Renewal

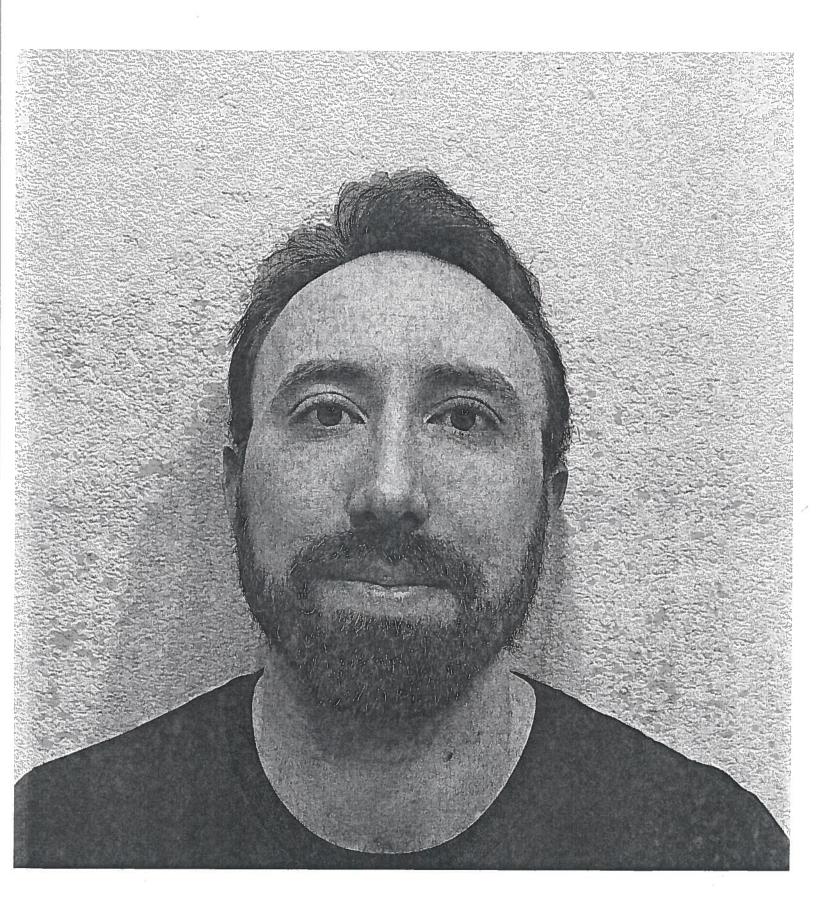
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HEEREN, Tyler Paul 3

Related To

Application -

Application



FEB 17 2023

ATTENTION APPLICANT!

RESPONSIBILITY STATEMENT

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Please sign and return this statement with your application for licensure to: The Nevada State Board of Medical Examiners 9600 Gateway Drive Reno, NV 89521

Because you are applying for the privilege of practicing medicine, perfusion or respiratory care in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal - criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU - NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY - ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have any questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

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

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.