

## Demographic Details

First Name

Jacob

Gender

Male



Middle Name

Blything

Date of Birth

-1981



Last Name \*

Hedden

Name Suffix

Previous Name(s)

Jacob Hedden

City of Birth

/PHILIPPINES

Social Security Number

Place of Birth

Tax Identification Number

Weight (in lbs)

Height

Eye Color

Hair Color

Comments (non-public information)

Is this person deceased?

Yes  No

Date Deceased



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

Yes  No

Nevada BIN

Historical File Number

## Military Detail

Have you ever served in the United States Military (to include 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

1533 SE 74th Ave

ZIP / Postal Code

97215

Address Line 2

State / Province

Oregon

City

Portland

Country

United States



County

Multnomah

Is your physical address different from your mailing address?

Yes  No

Public Phone

# (312) 285-4058

## Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)



## Application Status

Applicant \*

Hedden, Jacob Blything



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 \*



Submitted Date



Application Step

#

Reviewed Date



Decision Date



Approved Date



Expiration Date



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

Yes  No

Is Simultaneous Application

Yes  No

Are you the spouse of an active duty member or surviving spouse of a veteran?

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 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

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

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

## Board Certifications

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Licensee / Applicant	▼ Certifying Board	▼ Other Certifying Board	▼ Specialty	▼ Initial Certification Date	▼ Recertification Date
Hedden, Jacob Blything	American Board	N/A	Anesthesiology	Oct-08-2015	N/A

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## Board Certification Details

Licensee / Applicant

Hedden, Jacob Blything 

Specialty

Anesthesiology 

Certifying Board

American Board 

Other Certifying Board

Initial Certification Date

Oct-08-2015 

Recertification Date



Certification Number

54410

Archive Program

Historical Specialty

## Connected Record

Application

Application - Hedden, Jacob Blything 

## Activities

Licensee / Applicant	Name of Organization / Institution	Start Date ↑	End Date	Percent Clinical
Jacob Hedden	Rockville Anesthesia Group	Sep-01-2014	Sep-30-2016	90
Hedden, Jacob N/A	Ochsner Health System	Oct-07-2016	Dec-21-2018	90
Hedden, Jacob N/A	Oregon Anesthesiology Group	Jan-07-2019	Sep-28-2022	90
Hedden, Jacob N/A	Health Professionals Services Program	Oct-07-2022	Feb-10-2023	0
Hedden, Jacob N/A	Hedden Health	Nov-22-2022	May-22-2023	0



## Application Activity Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization / Institution

Rockville Anesthesia Group

Start Date

Sep-01-2014



End Date

Sep-30-2016



Percent Clinical \*

# 90

Position

Application

Application - Hedden, Jacob Blything



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

Country

United States



City

State / Province

Rockville Centre

New York

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization / Institution

Ochsner Health System

Start Date

Oct-07-2016



End Date

Dec-21-2018



Percent Clinical \*

# 90

Position

Application

Application - Hedden, Jacob Blything



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

Country

United States



City

State / Province

Gretna

Louisiana

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization / Institution

Oregon Anesthesiology Group

Start Date

Jan-07-2019



End Date

Sep-28-2022



Percent Clinical \*

# 90

Position

Application

Application - Hedden, Jacob Blything



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

Country

United States



City

State / Province

Portland

Oregon

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization / Institution

Health Professionals Services Program

Start Date

Oct-07-2022



End Date

Feb-10-2023



Percent Clinical \*

# 0

Position

Application

Application - Hedden, Jacob Blything



Activity Type

Non-Medical



## Location Details

Street Address 1

Country

United States



City

State / Province

Portland

Oregon

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization / Institution

Hedden Health

Start Date

Nov-22-2022



End Date

May-22-2023



Percent Clinical \*

# 0

Position

Application

Application - Hedden, Jacob Blything



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

Country

United States



City

State / Province

Portland

Oregon

Zip / Postal Code

## Declarations

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

## Declaration

Licensee/Applicant

Hedden, Jacob Blything



Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of



Answer

Yes  No

Answer Details

Ordinal

# 14

Declaration Text

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

## Related To

Application

Renewal

Application - Hedden, Jacob Blything



## Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To †	Graduation Date
Jacob Hedden	College/University	University of Oklahoma	Bachelor of Science	Aug-23-1999	May-10-2003	May-10-2003
Jacob Hedden	Graduate	University of Oklahoma	Master of Science	Aug-18-2003	Aug-01-2005	Aug-01-2005
Hedden, Jacob Blything	Medical School	Northwestern University Feinberg School of Medicine	Medical Doctor Degree	Aug-22-2005	May-14-2009	May-14-2009



## Education Details

Licensee/Applicant \*

Hedden, Jacob Blything



Address

City

Norman

State / Province

Oklahoma

Zip / Postal Code

97215

Country

United States



Application

Application - Hedden, Jacob Blything



Specialty Type



Name of School

University of Oklahoma

Education Type

College/University



Degree Attained



Date From

Aug-23-1999



Date To

May-10-2003



Did you graduate from the program?

Yes  No

Graduation Date

May-10-2003



Major Program

## Education Details

Licensee/Applicant \*

Hedden, Jacob Blything



Address

City

Norman

State / Province

Oklahoma

Zip / Postal Code

Country

United States



Application

Application - Hedden, Jacob Blything



Specialty Type



Name of School

University of Oklahoma

Education Type

Graduate



Degree Attained

Master of Science



Date From

Aug-18-2003



Date To

Aug-01-2005



Did you graduate from the program?

Yes  No

Graduation Date

Aug-01-2005



Major Program

## Education Details

Licensee/Applicant \*

Hedden, Jacob Blything



Name of School

Northwestern University Feinberg School of Me

Address

Education Type

Medical School



City

Chicago

Degree Attained

Medical Doctor Degree



State / Province

Illinois

Date From

Aug-22-2005



Zip / Postal Code

Date To

May-14-2009



Country

United States



Did you graduate from the program?

Yes  No

Application

Application - Hedden, Jacob Blything



Graduation Date

May-14-2009



Specialty Type

Major Program



## Examinations

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Licensee / Applicant	Examination Type	Attended Date ↑
Hedden, Jacob Blything	United States Medical Licensing Examination (USMLE)	Jun-18-2007
Hedden, Jacob Blything	United States Medical Licensing Examination (USMLE)	Jul-25-2008
Hedden, Jacob Blything	United States Medical Licensing Examination (USMLE)	Jan-23-2009
Hedden, Jacob Blything	United States Medical Licensing Examination (USMLE)	Jun-23-2010

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## Examination Details

Licensee / Applicant \*

Hedden, Jacob Blything



Attended Date

Jun-18-2007



Number of Attempts

# 1

Application

Application - Hedden, Jacob Blything



Location

Result

211

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 \*

Hedden, Jacob Blything



Attended Date

Jul-25-2008



Number of Attempts

# 1

Application

Application - Hedden, Jacob Blything



Location

Result

213

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 \*

Hedden, Jacob Blything



Attended Date

Jan-23-2009



Number of Attempts

# 1

Application

Application - Hedden, Jacob Blything



Location

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

Step 2 CS

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

Hedden, Jacob Blything



Attended Date

Jun-23-2010



Number of Attempts

# 1

Application

Application - Hedden, Jacob Blything



Location

Result

193

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





## Hospitals

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Licensee / Applicant	Name of Organization	Start Date ↑	End Date
Jacob Hedden	Mercy Medical Center	Sep-01-2014	Sep-30-2016
Jacob Hedden	Ochsner Medical Center - West Bank Campus	Oct-07-2016	Dec-21-2018
Jacob Hedden	Providence Portland Medical Center	Jan-07-2019	Sep-28-2022
Jacob Hedden	Plaza Ambulatory Surgery Center	Mar-15-2021	Sep-28-2022
Jacob Hedden	Columbia River Surgery Center	Mar-15-2021	Sep-28-2022

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## Hospital Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization

Mercy Medical Center

Application

Application - Hedden, Jacob Blything



Start Date

Sep-01-2014



End Date

Sep-30-2016



## Address Details

Street Address Line 1

1000 N Village Ave

State / Province

New York

Street Address Line 2

ZIP / Postal Code

11570

City

Rockville Centre

Country

United States



## Hospital Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization

Ochsner Medical Center - West Bank Campus

Application

Application - Hedden, Jacob Blything



Start Date

Oct-07-2016



End Date

Dec-21-2018



## Address Details

Street Address Line 1

2500 Belle Chase Highway

State / Province

Louisiana

Street Address Line 2

ZIP / Postal Code

70056

City

Gretna

Country

United States



## Hospital Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization

Providence Portland Medical Center

Application

Application -

- Hedden, Jacob Blything



Start Date

Jan-07-2019



End Date

Sep-28-2022



## Address Details

Street Address Line 1

4805 NE Glisan St

State / Province

Oregon

Street Address Line 2

ZIP / Postal Code

97213

City

Portland

Country

United States



## Hospital Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization

Plaza Ambulatory Surgery Center

Application

Application -

- Hedden, Jacob Blything



Start Date

Mar-15-2021



End Date

Sep-28-2022



## Address Details

Street Address Line 1

5050 NE Hoyt St

State / Province

Oregon

Street Address Line 2

Suite 156

ZIP / Postal Code

97213

City

Portland

Country

United States



## Hospital Details

Licensee / Applicant

Hedden, Jacob Blything



Name of Organization

Columbia River Surgery Center

Application

Application - Hedden, Jacob Blything



Start Date

Mar-15-2021



End Date

Sep-28-2022



## Address Details

Street Address Line 1

9820 NE Cascades Pkwy

State / Province

Oregon

Street Address Line 2

ZIP / Postal Code

97220

City

Portland

Country

United States



## Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Jacob Hedden	303394	N/A	Jul-25-2016	Apr-30-2019	Louisiana
Jacob Hedden	267796	N/A	Nov-27-2012	Mar-31-2018	New York
Jacob Hedden	MD187481	N/A	Nov-26-2018	Dec-31-2023	Oregon

## Other License Details

Licensee/Applicant

Hedden, Jacob Blything



License Type

Licensing Board or Regulatory Authority

Louisiana State Board of Medical Examiners

License Status

Expired

License Number

303394

Issue Date

Jul-25-2016



State / Province

Louisiana

Expiration Date

Apr-30-2019



Country

United States



Notes

Application

Application - Hedden, Jacob Blything





## Other License Details

Licensee/Applicant

Hedden, Jacob Blything



License Type

Licensing Board or Regulatory Authority

The University of the State of New York

License Status

Expired

License Number

267796

Issue Date

Nov-27-2012



State / Province

New York

Expiration Date

Mar-31-2018



Country

United States



Notes

Application

Application - Hedden, Jacob Blything



## Other License Details

Licensee/Applicant

Hedden, Jacob Blything 

Licensing Board or Regulatory Authority

Oregon Medical Board

License Number

MD187481

State / Province

Oregon

Country

United States 

Application

Application - Hedden, Jacob Blything 

License Type

License Status

Active

Issue Date

Nov-26-2018 

Expiration Date

Dec-31-2023 

Notes

## Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type ▼
Hedden, Jacob Blything	State University of New York Health Science Center at Brooklyn	Anesthesiology	Jul-01-2009	Jun-30-2013	Internship/Residency
Hedden, Jacob Blything	Hospital for Special Surgery, New York-Presbyterian Hospital	Other	Jul-01-2013	Jul-01-2014	Fellowship

## Postgraduate Training Details

Licensee / Applicant \*

Hedden, Jacob Blything



Training Status \*



Program Type \*

Internship/Residency



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date From

Jul-01-2009



Date To

Jun-30-2013



Name of School or Institution

State University of New York Health Science Cen

Application

Application - Hedden, Jacob Blything



Specialty Type

Anesthesiology



Historical Major Program

Other (Specialty)

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

New York

Zip / Postal Code

County



Country



## Postgraduate Training Details

Licensee / Applicant \*

Hedden, Jacob Blything



Training Status \*



Program Type \*

Fellowship



Accreditation Type

Not Accredited



Date From

Jul-01-2013



Date To

Jul-01-2014



Name of School or Institution

Hospital for Special Surgery, New York-Presbyterian Hos

Application

Application - Hedden, Jacob Blything



Specialty Type

Other



Historical Major Program

Other (Specialty)

Regional Anesthesia and Acute Pain Medicine

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

New York

Zip / Postal Code

County

Country



## Specialties

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Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Jacob Hedden	Anesthesiology	Yes	Jul-01-2009	N/A

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## Specialty Details

Licensee / Applicant \*

Hedden, Jacob Blything



Effective Date

Jul-01-2009



Application

Application - Hedden, Jacob Blything



Specialty Type \*

Anesthesiology



Other (Specialty)

End Date



Primary Specialty?

Yes  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.

○ ○ ○ ○ ○

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 Jacob Hedden

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

Date 06/23/2023

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.



