

Demographic Details

First Name

Jaime

Middle Name

Nicole

Last Name *

Stewart

Previous Name(s)

Sandefur

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

Gender

Female



Date of Birth

-1981



Name Suffix

City of Birth

Place of Birth

CA, USA

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

580 W 5th St

Address Line 2

City

Reno

County

Washoe County

ZIP / Postal Code

89503

State / Province

Nevada

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

(775) 786-4673

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)



County (Mailing)

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 *

Submitted Date

Application Step

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

Yes No

Reviewed Date

Decision Date

Approved Date

Expiration Date

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

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

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ▼	End Date ↑ ▼	Percent Clinical ▼
Stewart, Jaime Nicole	N/A	Dec-09-2008	Mar-01-2009	0
Stewart, Jaime N/A	Cornell Scott Hill Health Center	Mar-01-2009	Apr-30-2010	100
Stewart, Jaime N/A	N/A	May-01-2010	Aug-01-2010	0
Stewart, Jaime N/A	Willamette Valley Endocrinology	Aug-01-2010	Jul-01-2012	100
Stewart, Jaime N/A	N/A	Jul-01-2012	Oct-01-2012	0
Stewart, Jaime N/A	Providence Medical Group Sherwood	Oct-01-2012	Feb-08-2019	100
Stewart, Jaime Nicole	Riverview Christian Academy	Feb-08-2019	Jun-09-2023	0

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

Stewart, Jaime Nicole



Name of Organization / Institution

Cornell Scott Hill Health Center

Start Date

Mar-01-2009



End Date

Apr-30-2010



Percent Clinical *

100

Position

Application

Application - - Stewart, Jaime Nicole



Activity Type

Employment



Location Details

Street Address 1

285 Main St

Country

United States



City

West Haven

State / Province

Connecticut

Zip / Postal Code

06516

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

Application - 

Activity Type

Employment 

Location Details

Street Address 1

Country

United States 

City

State / Province

Oregon

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

Stewart, Jaime Nicole



Name of Organization / Institution

Providence Medical Group Sherwood

Start Date

Oct-01-2012



End Date

Feb-08-2019



Percent Clinical *

100

Position

Application

Application - - Stewart, Jaime Nicole



Activity Type

Employment



Location Details

Street Address 1

16770 SW Edy Rd

Country

United States



City

Sherwood

State / Province

Oregon

Zip / Postal Code

97140

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

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
N/A	Jaime Stewart	PA, Previously applied for physician assistant licensure in Nevada?	No	
N/A	Jaime Stewart	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
N/A	Jaime Stewart	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
N/A	Jaime Stewart	PA – Q27– Failed NCCPA Examination	No	
N/A	Jaime Stewart	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
N/A	Jaime Stewart	ALL – Q5 – Named Defendant Respond to Legal Action	No	
N/A	Jaime Stewart	ALL – Q7 – Arrest Question	No	
N/A	Jaime Stewart	MD, PA – Q10 – Controlled Substance Registration	No	
N/A	Jaime Stewart	MD, PA – Q2 – Medical Condition Field of Practice	No	
N/A	Jaime Stewart	PA – Q25 – Certificate / License Revoked	No	
N/A	Jaime Stewart	PA – Q26 – Voluntarily Surrendered License Or Certificate	No	
N/A	Jaime Stewart	PA – Q24 – Denied License or Permission to Practice	No	
N/A	Jaime Stewart	ALL – Q6 – Malpractice Claim Paid	No	
N/A	Jaime Stewart	MD, PA, CCP, Hospital Privileges Denied, Suspended	No	
N/A	Jaime Stewart	PA – Q28 – Investigation Respond To / Notify Of	No	

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Stewart, Jaime N/A	College/University	Walla Walla University	Bachelor Degree	Sep-01-1999	Jun-13-2004	Jun-13-2004
Stewart, Jaime Nicole	Graduate	Yale University School of Medicine	Master of Science	Aug-01-2006	Dec-08-2008	Dec-08-2008

Education Details

Licensee/Applicant *

Stewart, Jaime Nicole 

Address

City

College Place

State / Province


Washington

Zip / Postal Code

Country

United States 

Application

Application - - Stewart, Jaime Nicole 

Specialty Type



Name of School

Walla Walla University

Education Type

College/University 

Degree Attained

Bachelor Degree 

Date From

Sep-01-1999 

Date To

Jun-13-2004 

Did you graduate from the program?

Yes No

Graduation Date

Jun-13-2004 

Major Program

Education Details

Licensee/Applicant *

Stewart, Jaime Nicole



Address

City

New Haven

State / Province

Connecticut

Zip / Postal Code

Country

United States



Application

Application - - Stewart, Jaime Nicole



Specialty Type

Name of School

Yale University School of Medicine

Education Type

Graduate



Degree Attained

Master of Science



Date From

Aug-01-2006



Date To

Dec-08-2008



Did you graduate from the program?

Yes No

Graduation Date

Dec-08-2008



Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date
Stewart, Jaime Nicole	National Commission On Certification Of Physician Assistants (NCCPA)	Jan-29-2009

Examination Details

Licensee / Applicant *

Stewart, Jaime Nicole



Attended Date

Jan-29-2009



Number of Attempts

1

Application

Application - - Stewart, Jaime Nicole



Location

Result

Pass

Examination Type

National Commission On Certification Of Physician Assistants (NCCPA)

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

1085736

Exam Date



Expiration Date

Dec-31-2023



Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Stewart, Jaime Nicole	002245	N/A	Mar-05-2009	Aug-31-2010	Connecticut
Stewart, Jaime Nicole	152582	N/A	Aug-09-2010	Dec-31-2021	Oregon

Other License Details

Licensee/Applicant

Stewart, Jaime Nicole



Licensing Board or Regulatory Authority

Connecticut Medical Board

License Number

002245

State / Province

Connecticut

Country

United States



Application

Application - - Stewart, Jaime Nicole



License Type

License Status

Inactive

Issue Date

Mar-05-2009



Expiration Date

Aug-31-2010



Notes

Other License Details

Licensee/Applicant

Stewart, Jaime Nicole 

Licensing Board or Regulatory Authority

Oregon Medical Board

License Number

152582

State / Province

Oregon

Country

United States 

Application

Application - - Stewart, Jaime Nicole 

License Type

License Status

Expired

Issue Date

Aug-09-2010 

Expiration Date

Dec-31-2021 

Notes

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Stewart, Jaime N/A	Physician Assistant	Yes	N/A	N/A

Specialty Details



Licensee / Applicant *

Stewart, Jaime Nicole  

Effective Date



Application

Application - Stewart, Jaime Nicole  

Primary Specialty?

Yes No

Specialty Type *

Physician Assistant  

Other (Specialty)

End Date



RECEIVED

APR 12 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.

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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 Janine Stewart

Sign your name _____

Date 4.6.23

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.

