Demographic Details

First Name	Gender	
Sergey	Male	7
Middle Name	Date of Birth	
	1951	i i
Last Name *	Name Suffix	
SHUSHUNOV		
Previous Name(s)	City of Birth	
Sergey Alexandrovich Shushunov		
Social Security Number	Place of Birth	
	RUSSIA	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public informa	ition)
	Public Information	
Is this person deceased?		
○ Yes ⑥ 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 (t	o include National Guard or Reserves)?
Yes No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ 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
	7
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
Appletree Ct	60089
Address Line 2	State / Province
	Illinois
City	Country
Buffalo Grove	United States
County	Is your physical address different from your mailing address?
Lake	○ Yes ③ No
	Public Phone
	# (847) 962-1858

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	County (Mailing)

Application Status

Applicant *			Application Status		
SHUSHUNOV, Sergey N/A	7		Pending Review by the Board	~	7
Application Number			Assigned To		
				7	7
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 approval!)		
Medical Doctor	7		M.D.		
Obtained By			Expected Expiration Date		
F.L.E.X.	7				
Expected Issue Date					
Application Details					
Application Type			Reviewed Date		
Medical Doctor - Active	77	7	♣		
Application Date *			Decision Date		
Submitted Date			Approved Date		
Application Step			Expiration Date		
#			Expiration Date		
Have you ever served in the United States Military (t	to include				
National Guard or Reserves)?			Is Simultaneous Application		
○ Yes No			○ Yes ○ No		

Are you the spouse of an active duty member or surviving spo a veteran?	puse of
○ Yes ○ No	
Invoices	
Application Invoice	Application Payment Date
· 2	○
Licensure Invoice	
2	Licensure Payment Date
Attestations	
I hereby attest to knowledge of and compliance with the guid of the Centers for Disease Control and Prevention concerning prevention of transmission of infectious agents through safe a	the requirements found in Nevada Revised Statute 432B.220 regarding
appropriate injection practices. I also attest that any person w currently, or will be under my control as their supervising phys	∇os
the future, and who is not licensed pursuant to Chapter 630 of Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the gui of the Centers for Disease Control and Prevention concerning prevention of transmission of infectious agents through safe appropriate injection practices.	of the I consent to accept communications and service of process from the idelines Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the
Yes No	○ Yes ○ No
I am willing to accept Board communications to me, to include	
service of process as defined under Nevada Revised Statute 630.344, via electronic mail (more commonly known as e-mai	I). Not subject to a court order
Further, should the electronic mail address provided below of for any reason, I agree to apprise the Board in writing of my n electronic mail address within 30 days after the change.	t to compare the transport of the compare and compared and the first page.
	● Yes ○ No
The answers to the foregoing questions and statements madabove application, as well as any and all further explanations contained on any separate attached pages, are true and correlation that the person named in the credentials to be submitted, and the same were procured in the regular course of instruction at examination without fraud or misrepresentation. I understand any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licer will be denied. I am responsible to keep the Board informed to	In consideration for processing my application I, the undersigned, ect, that whose name and signature voluntarily appears below; do hereby and d that irrevocably agree to the Civil Applicant Waiver. Ind that if Yes No No No
circumstance or event that would require a change to my initi responses provided to the Board in my application for licensu	

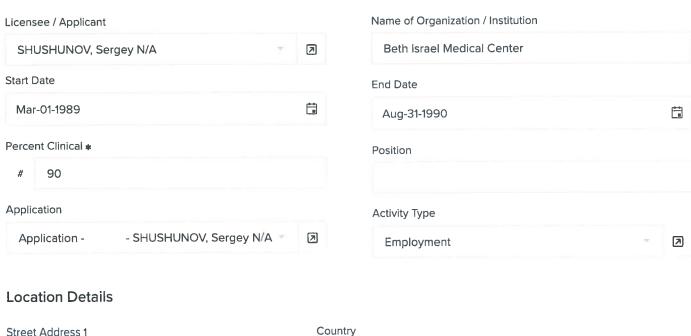
which occurs prior to my being granted licensure to practice

medicine in the state of Nevada.

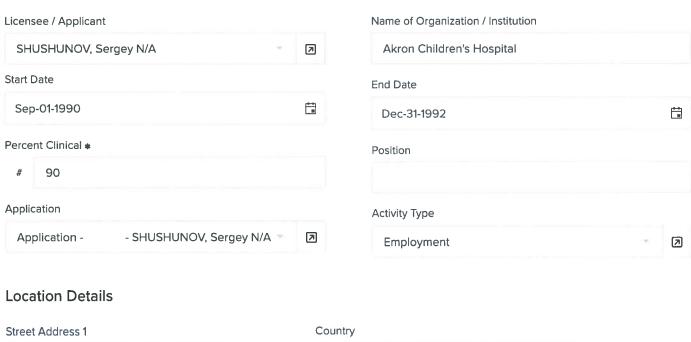
Yes ○ No

Activities

Licensee / Applicant Y	Name of Organization / Institution	r	Start Date †	Ŧ	End Date	T	Percent Clinical
Sergey SHUSHUNOV	Beth Israel Medical Center		Mar+01-1989		Aug-31-1990		90
Sergey SHUSHUNOV	Akron Children's Hospital		Sep-01-1990		Dec-31-1992		90
Sergey SHUSHUNOV	Aultman Hospital		Jan-01-1993		May-15-1996		100
Sergey SHUSHUNOV	St. Alexius Medical Center		May-01-1996		Jul-31-1997		90
Sergey SHUSHUNOV	Illinois Masonic Medial Center		Jul-01:1997		Nov-30-2006		80
Sergey SHUSHUNOV	Children's Hospital of Illinois		Aug-01-1997		Aug-31-2005		90
Sergey SHUSHUNOV	St Alexius Medical center		Nov-01-2006		Nov-30-2008		80
Sergey SHUSHUNOV	University of Kansas Medical Center		May-01-2008		Jun:30:2012		70
Sergey SHUSHUNOV	Advanced Arlington Medial Center		Aug-01-2012		Aug-30-2014		100
Sergey SHUSHUNOV	Lyndon B Johnson Tropical Medical Center		Sep-30-2015		Sep-30-2016		100
Sergey SHUSHUNOV	Vietnam Family Medicine Practice		Mar-01-2016		Sep-30-2018		100
Sergey SHUSHUNOV	North Sheridan Family Medicine		Dec-15-2018		Dec-22-2022		100



Street Address 1	Country	
	United States	7
City	State / Province	
Newark	New Jersey	
	Zip / Postal Code	





City

Canton

Licensee / Applicant		Name of Organization / Instituti	ion	
SHUSHUNOV, Sergey N/A	2	Aultman Hospital		
Start Date		End Date		
Jan-01-1993	***	May-15-1996		
Percent Clinical *		Position		
# 100				
Application		Activity Type		
Application SHUSHUNOV, Sergey N/A	7	Employment		7
Location Details				
Street Address 1	Country			
	Unite	ed States	7	

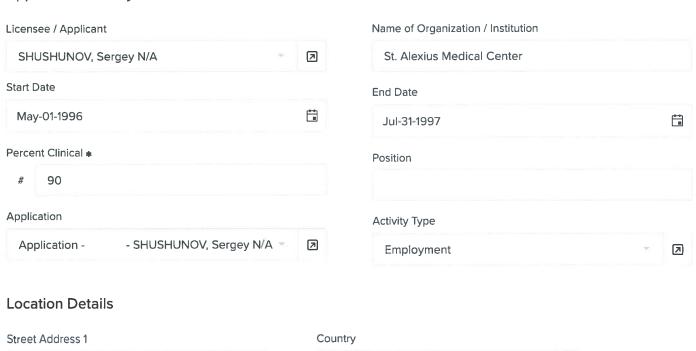
State / Province

Zip / Postal Code

Ohio

City

Hoffman Estates



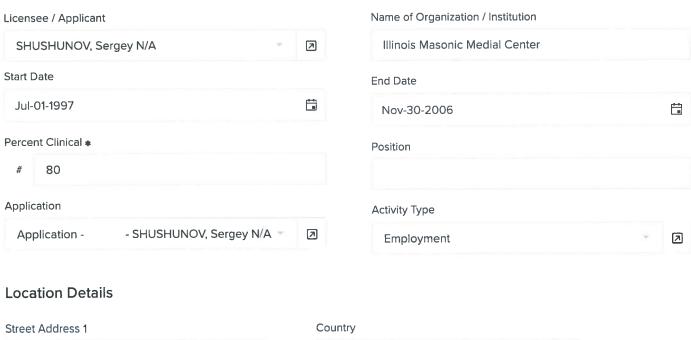
United States

State / Province

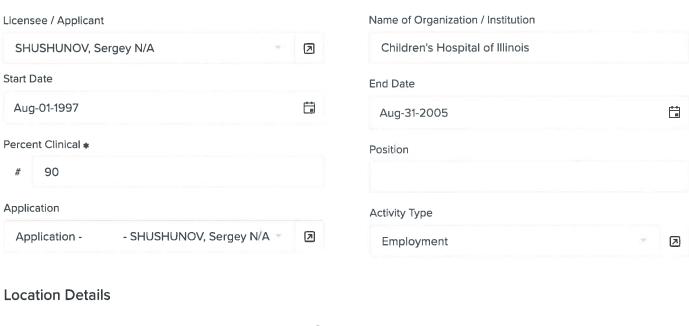
Zip / Postal Code

Illinois

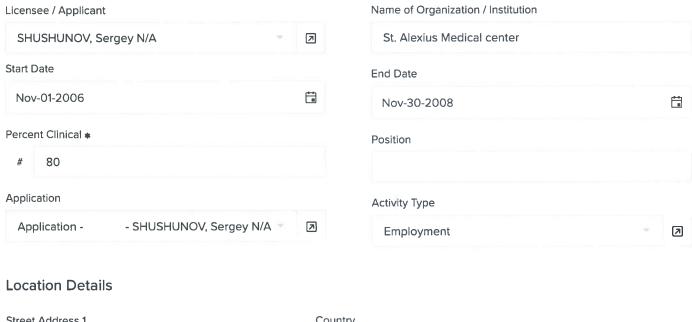
7



Street Address 1	Country	
	United States	7
City	State / Province	
Chicago	Illinois	
	Zip / Postal Code	



Street Address 1	Country	
	United States	7
City	State / Province	
Peoria	Illinois	
	Zip / Postal Code	



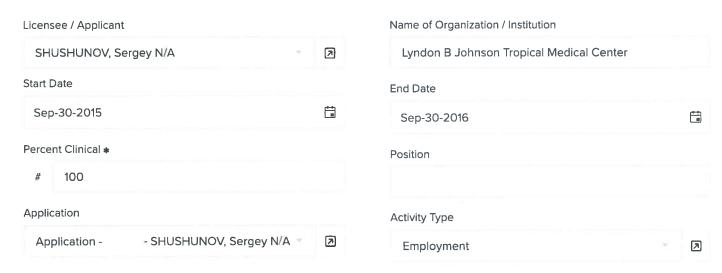
Street Address 1	Country	
	United States	7
City	State / Province	
Hoffman Estates	Illinois	
	Zip / Postal Code	



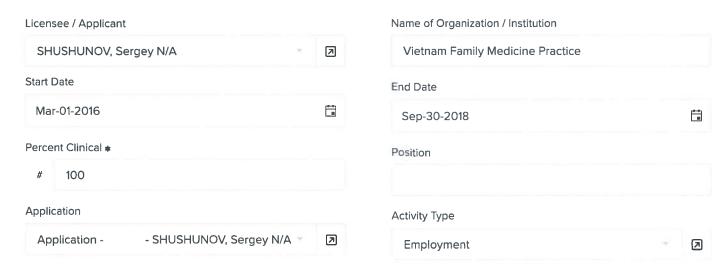
Street Address 1	Country	
	United States	7
City	State / Province	
Kansas City	Kansas	
	Zip / Postal Code	



Street Address 1	Country		
	United States	7	7
City	State / Province		
Buffalo Grove	Illinois		
	Zip / Postal Code		



Street Address 1	Country	
	American Samoa	7
City	State / Province	
Pago Pago	Pago Pago	
	Zip / Postal Code	



Street Address 1	Country	
	Vietnam	7
City	State / Province	
Hanoi	Hanoi	
	Zip / Postal Code	



Street Address 1	Country	
	United States	7
City	State / Province	
Highland Park	Illinois	
	Zip / Postal Code	

Declarations

Ordinal † T	Licensee/Applicant	Declaration Question	•	nswer T Answer Details	
1	Sergey SHUSHUNOV	MD, PA – Q1 – Medical Condition Impair Safe Practice		do	
2	Sergey SHUSHUNOV	MD, PA – Q2 – Medical Condition Field of Practice		io	
3	Sergey SHUSHUNOV	MD, PA – Q3 – Chemical Substances Impair Safe Practice		40	
4	Sergey SHUSHUNOV	MD, PA, LL – Q4 – Performance of Public Service Requirement		io	
5	Sergey SHUSHUNOV	ALL – Q5 – Named Defendant Respond to Legal Action		io	
6	Sergey SHUSHUNOV	ALL – Q6 – Malpractice Claim Paid		do	
7	Sergey SHUSHUNOV	ALL - Q7 - Arrest Question		res	
В	Sergey SHUSHUNOV	MD, Previously applied for licensure in Nevada		4o	
9	Sergey SHUSHUNOV	MD – Investigation Disciplinary during Training Program		40	
10	Sergey SHUSHUNOV	MD – Q8 – Denied License / Permission to Practice Medicine		No	
11	Sergey SHUSHUNOV	MD – Q9 – Medical License Revoked		ries	
12	Sergey SHUSHUNOV	MD – Q11 – Voluntarily Surrendered a License		No .	
13	Sergey SHUSHUNOV	MD – Q12 – Denied Membership		No	
14	Sergey SHUSHUNOV	MD – Q13 – Investigation – Respond To/Notify Of		No	
15	Sergey SHUSHUNOV	MD, PA – Q10 – Controlled Substance Registration		res	
16	Sergey SHUSHUNOV	MD, PA, CCP, Hospital Privileges Denied, Suspended		No	

Declaration

Licensee/Applicant			
SHUSHUNOV, Ser	rgey N/A		7
Declaration Question			
ALL – Q7 – Arrest	Question		7
Answer			
Answer Details			
Ordinal			
# 7			
Declaration Text			
	rrested, investigated for, charged with, convicted o		
	Iniform Code of Military Justice), state or local law, or iolation of the Uniform Code of Military Justice, or s		
	g in control of a motor vehicle while under the influ ny offense which is related to the manufacture, dist		
	e ANY investigation or arrest, including those where		
		*	
Related To			
Application		Renewal	
Application -	- SHUSHUNOV, Sergey N/A		7

Declaration

Licensee/Applicant	
SHUSHUNOV, Sergey N/A	7
Declaration Question	
MD – Q9 – Medical License Revoked	7
Answer	
Answer Details	
Ordinal	
# 11	
Declaration Text Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or results. territory?	stricted in any state, country or
Related To	
Application Renewal	
Application SHUSHUNOV, Sergey N/A 🔻 🗵	7

Declaration

Licensee/Applicant SHUSHUNOV, Sergey N/A 7 **Declaration Question** MD, PA - Q10 - Controlled Substance Registration 7 Answer Yes O No **Answer Details** Ordinal 15 **Declaration Text** Have you EVER surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? Related To Application Renewal Application -- SHUSHUNOV, Sergey N/A 7 7

Education

Licensee/Applicant Teducation Type † Name of School Teducation Typ

Education Details

Licensee/Applicant 	•			Name of School			
SHUSHUNOV, Sergey N/A				St. Petersburg State Pediatric-Medical Universit			
Address				Education Type			
				Medical School	7	7	
City				Degree Attained			
St. Petersburg				Medical Doctor Degree	170	7	
State / Province				Date From			
				Sep-01-1971			
Zip / Postal Code				Date To			
				Jun-29-1977			
Country				Did you graduate from the program?			
Russia		÷	7	Yes No			
Application				Graduation Date			
Application -	- SHUSHUNOV, Sergey N/A	300	7	Jun-29-1977			
Specialty Type				Major Program			
		~	7				

Examinations

Licensee / Applicant	۳	Examination Type	۲	Attended Date †
SHUSHUNOV, Sergey N/A		Federation Licensing Examination (FLEX)		Jun-15-1982
SHUSHUNOV; Sergey N/A		Federation Licensing Examination (FLEX)		Jun-15-1982
SHUSHUNOV, Sergey N/A		ECFMG		Jan-05-1984

Examination Details

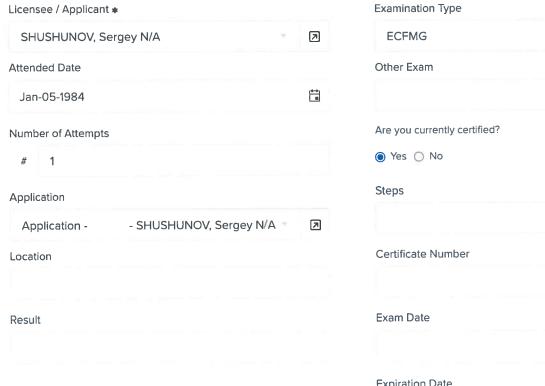
Licensee / Applicant *			
SHUSHUNOV, Serge	y N/A	÷	7
Attended Date			
Jun-15-1982			
Number of Attempts			
# 1			
Application			
Application -	- SHUSHUNOV, Sergey N/A	×	7
Location			
Result			
81.01			

90	7

Examination Details

Licensee / Applicant *		Examination Type		
SHUSHUNOV, Sergey N/A	7	Federation Licensing Examination (FLEX)	* 2	J
Attended Date		Other Exam		
Jun-15-1982				
Number of Attempts		Are you currently certified?		
# 1		○ Yes ○ No		
Application		Steps		
Application SHUSHUNOV, Sergey N/A	7	Comp 1		
Location		Certificate Number		
IA				
Result		Exam Date		
78.28			Ė	
		Expiration Date		
			Ė	•

Examination Details

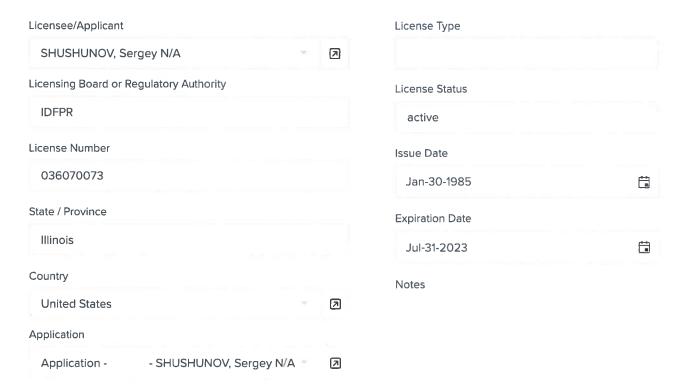


Examination Type	
ECFMG	7
Other Exam	
Are you currently certified?	
Steps	
Certificate Number	
Exam Date	
Expiration Date	
	Ħ

Other Licenses

Licensee/Applicant	*	License Number	•	License Type	•	Issue Date	7	Expiration Date	•	State / Province †
SHUSHUNOV Sergey N/A		125015562		Training		Jun-15-1983		Jul-01-1985		Illinois
SHUSHUNOV, Sergey N/A		036070073		N/A		Jan-30-1985		Jul-31-2023		Illinois
SHUSHUNOV, Sergey N/A		01061249A		N/A		Aug-31-2005		Oct-31-2023		Indiana
SHUSHUNOV, Sergey N/A		4-29772		N/A		Aug-17-2002		Jul-31-2023		Kansas
SHUSHUNOV, Sergey N/A		31587		N/A		Nov-10-2001		Oct-31-2004		Minnesota
SHUSHUNOV, Sergey N/A		25MA05312300		N/A		May-12-1989		Jun:30-1991		New Jersey
SHUSHUNOV, Sergey N/A		35 60839		N/A		Nov-16-1990		Jan-01-2008		Ohio
SHUSHUNOV, Sergey N/A		38332		N/A		Feb-09-2004		Oct-31-2023		Tennessee
SHUSHUNOV, Sergey N/A		43110		N/A		Dec-16-2003		Oct-31-2004		Washington
SHUSHUNOV, Sergey N/A		44757-020		N/A		Jul-25-2002		Oct-31-2007		Wisconsin

Licensee/Applicant				License Type	
SHUSHUNOV, Serge	ey N/A	×1	7	Training	
Licensing Board or Regu	latory Authority			License Status	
IDFPR				Expired	
License Number				Issue Date	
125015562				Jun-15-1983	
State / Province				Expiration Date	
Illinois				Jul-01-1985	
Country				Notes	
United States		*:	Ø		
Application					
Application -	- SHUSHUNOV, Sergey N/A	~	7		



Licensee/Applicant		License Type	
SHUSHUNOV, Sergey N/A	7		
Licensing Board or Regulatory Autl	hority	License Status	
IPLA		active	
License Number		Issue Date	
01061249A		Aug-31-2005	9
State / Province		Expiration Date	
Indiana		Oct-31-2023	**************************************
Country		Notes	
United States	7		
Application			
Application SHUSHU	JNOV, Sergey N/A		

Licensee/Applicant			License Type	
SHUSHUNOV, Ser	gey N/A	7		
Licensing Board or Re	gulatory Authority		License Status	
KSBHA			inactive	
License Number			Issue Date	
4-29772			Aug-17-2002	
State / Province			Expiration Date	
Kansas			Jul-31-2023	
Country			Notes	
United States	₹:	7		
Application				
Application -	- SHUSHUNOV, Sergey N/A	7		

Licensee/Applicant			License Type	
SHUSHUNOV, Sergey N/A	~	7		
Licensing Board or Regulatory Authority			License Status	
MBMP			expired	
License Number			Issue Date	
31587			Nov-10-2001	9
State / Province			Expiration Date	
Minnesota			Oct-31-2004	
Country			Notes	
United States	¥.	7		
Application				
Application SHUSHUNOV, Sergey N/A	V ~	7		

Licensee/Applicant			License Type	
SHUSHUNOV, Sergey	N/A	7		
Licensing Board or Regulat	tory Authority		License Status	
NJSBME			expired	
License Number			Issue Date	
25MA05312300			May-12-1989	<u> </u>
State / Province			Expiration Date	
New Jersey			Jun-30-1991	==
Country			Notes	
United States	*	7		
Application				
Application S	SHUSHUNOV, Sergey N/A	7		

Licensee/Applicant			License Type	
SHUSHUNOV, Serg	gey N/A	7		
Licensing Board or Reg	gulatory Authority		License Status	
SMBO			revoked	
License Number			Issue Date	
35.60839			Nov-16-1990	
State / Province			Expiration Date	
Ohio			Jan-01-2008	ä
Country			Notes	
United States	*	7		
Application				
Application -	- SHUSHUNOV, Sergey N/A	7		

Other License Details

Licensee/Applicant			License Type	
SHUSHUNOV, Serg	gey N/A	7		
Licensing Board or Reg	gulatory Authority		License Status	
TBME			active	
License Number			Issue Date	
38332			Feb-09-2004	Ë
State / Province			Expiration Date	
Tennessee			Oct-31-2023	=
Country			Notes	
United States		7		
Application				
Application -	- SHUSHUNOV, Sergey N/A	7		

Other License Details

Licensee/Applicant			License Type	
SHUSHUNOV, Sergey N/A	-	7		
Licensing Board or Regulatory Authority			License Status	
WMC			expired	
License Number			Issue Date	
43110			Dec-16-2003	•
State / Province			Expiration Date	
Washington			Oct-31-2004	
Country			Notes	
United States	¥:	7		
Application				
Application SHUSHUNOV, Sergey N/A	~	7		

Other License Details

Licensee/Applicant		License Type	
SHUSHUNOV, Sergey N/A	7		
Licensing Board or Regulatory Authority		License Status	
WMEB		expired	
License Number		Issue Date	
44757-020		Jul-25-2002	<u>**</u>
State / Province		Expiration Date	
Wisconsin		Oct-31-2007	
Country		Notes	
United States	7		
Application			
Application SHUSHUNOV, S	ergey N/A		

Postgraduate Training

Licensee / Applicant	Name of School or Institution	۳	Specialty Type	۳	Date From	۲	Date To †	•	Program Type
SHUSHUNOV, Sergey N/A	University of Illinois College of Medicine at Chicago		Pediatrics		Jul-01-1983		Jun-30-1985		Internship/Residency
SHUSHUNOV, Sergey N/A	Illinois Masonic Medical Center		Pediatrics		Jul-01-1985		Jun-30-1986		Residency
SHUSHUNOV, Sergey N/A	University of Florida Health Science Center		Pediatric, Critical Care		Jul-01-1986		Jul-01-1987		Fellowship
SHUSHUNOV, Sergey N/A	University of Minnesota		Pediatric, Critical Care		Jul-01-1987		Dec-30-1988		Fellowship

Licensee / Applicant *		Training Status *		
SHUSHUNOV, Sergey N/A	- 7			7
Program Type *		Accreditation Type		
Internship/Residency	R	ACGME (Accredi	tation Council for Graduate Medical	Educatio個
Date From		Date To		
Jul-01-1983	*** ■	Jun-30-1985		**
Name of School or Institution		Application		
University of Illinois College of Med	dicine at Chica	Application -	- SHUSHUNOV, Sergey N/A	7
Specialty Type		Historical Major Pro	gram	
Pediatrics	7			
Other (Specialty)		Historical Degree A	ttained	
Location Details				
City		Street Address 1		
State / Province		Zip / Postal Code		
Illinois				
County		Country		
	7		7	

County

Licensee / Applicant *		Training Status *	
SHUSHUNOV, Sergey N/A	7		7
Program Type *		Accreditation Type	
Residency	7	ACGME (Accreditation Council for Graduate Medical Ed	ducation
Date From		Date To	
Jul-01-1985		Jun-30-1986	<u> </u>
Name of School or Institution		Application	
Illinois Masonic Medical Center		Application SHUSHUNOV, Sergey N/A	7
Specialty Type		Historical Major Program	
Pediatrics	7 7		
Other (Specialty)		Historical Degree Attained	
Location Details			
City		Street Address 1	
State / Province		Zip / Postal Code	
Illinois			

Country

7

7

Licensee / Applicant *			Training Status *	
SHUSHUNOV, Sergey N/A	8	7	¥.	7
Program Type *			Accreditation Type	
Fellowship	~	7	Not Accredited	7
Date From			Date To	
Jul-01-1986		m	Jul-01-1987	••
Name of School or Institution			Application	
University of Florida Health Science Center			Application SHUSHUNOV, Sergey N/A	7
Specialty Type			Historical Major Program	
Pediatric, Critical Care	ÿ	7		
Other (Specialty)			Historical Degree Attained	
Location Details				
City		Street	Address 1	

State / Province Zip / Postal Code

Florida

County

Country

SHUSHUNOV, Sergey N/A Program Type ★ Accreditation Type Fellowship Not Accredited Date From Date To Dec-30-1988 Name of School or Institution University of Minnesota Specialty Type Accreditation Type Accreditation Type Accreditation Type Not Accredited Application Application Application Historical Major Program	Licensee / Applicant ∗		Training Status *		
Fellowship Date From Date To Jul-01-1987 Dec-30-1988 Application University of Minnesota Not Accredited Application Application - SHUSHUNOV, Sergey N/A Application - SHUSHUNOV, Sergey N/A	SHUSHUNOV, Sergey N/A	7		¥	7
Date From Jul-01-1987 Dec-30-1988 Application University of Minnesota Date To Dec-30-1988 Application Application - SHUSHUNOV, Sergey N/A	Program Type *		Accreditation Type		
Jul-01-1987 Dec-30-1988 Name of School or Institution Application University of Minnesota Application - SHUSHUNOV, Sergey N/A 7	Fellowship	7	Not Accredited	*	7
Name of School or Institution University of Minnesota Application - SHUSHUNOV, Sergey N/A Application - SHUSHUNOV, Sergey N/A Application - SHUSHUNOV, Sergey N/A	Date From		Date To		
University of Minnesota Application SHUSHUNOV, Sergey N/A - A	Jul-01-1987		Dec-30-1988		n n
Listovical Major Dragues	Name of School or Institution		Application		
Specialty Type Historical Major Program	University of Minnesota		Application -	- SHUSHUNOV, Sergey N/A	7
	Specialty Type		Historical Major Prog	gram	
Pediatric, Critical Care	Pediatric, Critical Care	7			
Other (Specialty) Historical Degree Attained	Other (Specialty)		Historical Degree At	tained	

Location Details

City		Street Address 1	
State / Province		Zip / Postal Code	
Minnesota			
County		Country	
	7		7

Specialties

Licensee / Applicant	T	Specialty Type	Ŧ	Primary Specialty?	7	Effective Date	•	End Date
SHUSHUNOV, Sergey N/A		Pediatrics		Yes		N/A		N/A
SHUSHUNOV, Sergey N/A		Pediatric, Critical Care		No		N/A		N/A

Specialty Details

Licensee / Applicant *			Specialty Type *	
SHUSHUNOV, Serge	y N/A	7	Pediatrics	7
Effective Date			Other (Specialty)	
Application			End Date	
Application -	- SHUSHUNOV, Sergey N/A	7		
Primary Specialty?				
No. Ves O No.				

Specialty Details

Licensee / Applicant *			Specialty Type *			
SHUSHUNOV, Sergey N/A		7	Pediatric, Critical Care	7		
Effective Date			Other (Specialty)			
Application			End Date			
Application -	- SHUSHUNOV, Sergey N/A	7				
Primary Specialty?						
O Yes No						

RECEIVED MAR 1 0 2023

NEVADA STATE BOTH

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	Sergey	SHUSTEUN OL
Sign your name		
Date	3/5/2023	

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.

