

Demographic Details

First Name

Luke

Middle Name

Travis

Last Name *

Babcock

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

Historical File Number

Gender

Male  

Date of Birth

1993 

Name Suffix

City of Birth

Place of Birth

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

Address Line 2

City

County

ZIP / Postal Code

State / Province

Country

Is your physical address different from your mailing address?

Yes No

Public Phone

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
Luke Babcock	Halifax Health Family Medicine Program	Jun-15-2020	Sep-01-2023	80

Application Activity Details

Licensee / Applicant

Babcock, Luke Travis



Name of Organization / Institution

Halifax Health Family Medicine Program

Start Date

Jun-15-2020



End Date

Sep-01-2023



Percent Clinical *

80

Position

Application

Application - - Babcock, Luke Travis



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

Daytona Beach

State / Province

Florida

Zip / Postal Code

Declarations

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

Declaration

Licensee/Applicant

Babcock, Luke Travis 

Declaration Question

MD – Investigation Disciplinary during Training Program 

Answer

Yes No

Answer Details

Ordinal


9

Declaration Text

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?

Related To

Application

Application - - Babcock, Luke Travis 

Renewal



Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Babcock, Luke Travis	College/University	University of West Florida	Bachelor of Science	Sep-01-2011	May-01-2015	May-02-2015
Babcock, Luke Travis	Medical School	Florida State University College of Medicine	Medical Doctor Degree	May-26-2015	May-15-2020	May-16-2020

Education Details

Licensee/Applicant *

Babcock, Luke Travis

Address

11000 University Pkwy

City

Pensacola

State / Province

Florida

Zip / Postal Code

32514

Country

United States

Application

Application - Babcock, Luke Travis

Specialty Type

Name of School

University of West Florida

Education Type

Degree Attained

Date From

Sep-01-2011

Date To

May-01-2015

Did you graduate from the program?

Yes No

Graduation Date

May-02-2015

Major Program

Education Details

Licensee/Applicant *

Babcock, Luke Travis 

Address

1115 W Call St

City

Tallahassee

State / Province

Florida


Zip / Postal Code

32304

Country

United States 

Application

Application - Babcock, Luke Travis 


Specialty Type




Name of School

Florida State University College of Medicine

Education Type

Medical School 

Degree Attained

Medical Doctor Degree 

Date From

May-26-2015 

Date To

May-15-2020 

Did you graduate from the program?

Yes No

Graduation Date

May-16-2020 

Major Program



Examinations

Licensee / Applicant	Examination Type	Attended Date †
Babcock, Luke Travis	United States Medical Licensing Examination (USMLE)	Apr-12-2017
Babcock, Luke Travis	United States Medical Licensing Examination (USMLE)	Jun-05-2019
Babcock, Luke Travis	United States Medical Licensing Examination (USMLE)	Jul-09-2019
Babcock, Luke Travis	United States Medical Licensing Examination (USMLE)	Jun-16-2021

Examination Details

Licensee / Applicant *

Babcock, Luke Travis 


Attended Date

Apr-12-2017 

Number of Attempts

1

Application


Application - Babcock, Luke Travis 

Location

Result

248

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 *

Babcock, Luke Travis 


Attended Date

Jun-05-2019 

Number of Attempts

1

Application


Application - - Babcock, Luke Travis 

Location

Result

249

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 *

Babcock, Luke Travis



Attended Date

Jul-09-2019



Number of Attempts

1

Application

Application - - Babcock, Luke Travis



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 *

Babcock, Luke Travis 


Attended Date

Jun-16-2021 

Number of Attempts

1

Application

Application - Babcock, Luke Travis 

Location

Result

225

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

Licensee / Applicant	▼ Name of Organization	▼ Start Date	▼ End Date
Luke Babcock	Halifax Health Medical Center	Jun-15-2020	N/A



Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ↑	Expiration Date ▼	State / Province ▼
Luke Babcock	ME 154036	N/A	Dec-07-2021	Jan-31-2024	Florida

Other License Details

Licensee/Applicant

Babcock, Luke Travis 

Licensing Board or Regulatory Authority

Florida Department of Health

License Number

ME 154036

State / Province

Florida

Country

United States 

Application

Application - - Babcock, Luke Travis 

License Type

License Status

CLEAR/ACTIVE

Issue Date

Dec-07-2021 

Expiration Date

Jan-31-2024 

Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
Babcock, Luke Travis	Halifax Health Family Medicine Residency	Family Medicine	Jul-01-2020	Sep-03-2023	Residency

Postgraduate Training Details

Licensee / Applicant *

Babcock, Luke Travis 

Program Type *

Residency 

Date From

Jul-01-2020 

Name of School or Institution

Halifax Health Family Medicine Residency

Specialty Type


Family Medicine 

Other (Specialty)

Training Status *

Completed 


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Sep-03-2023 

Application

Application - - Babcock, Luke Travis 

Historical Major Program

Historical Degree Attained

Location Details

City

Daytona Beach

State / Province

Florida

County



Street Address 1

Zip / Postal Code

Country



Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Luke Babcock	Family Medicine	Yes	N/A	N/A

Specialty Details

Licensee / Applicant *

Babcock, Luke Travis 

Effective Date



Application

Application - - Babcock, Luke Travis 

Primary Specialty?

Yes No

Specialty Type *

Family Medicine 

Other (Specialty)

End Date



RECEIVED

AUG 08 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 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 your 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 Luke Babcock

Sign your name _____

Date 8/8/23

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.

