Demographic Details

First Name	Gender	
Estrada	Male	~ 1
Middle Name	Date of Birth	
Jefferson	-1960	G
Last Name *	Name Suffix	
Bernard	Jr.	
Previous Name(s)	City of Birth	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public inform	nation)
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		

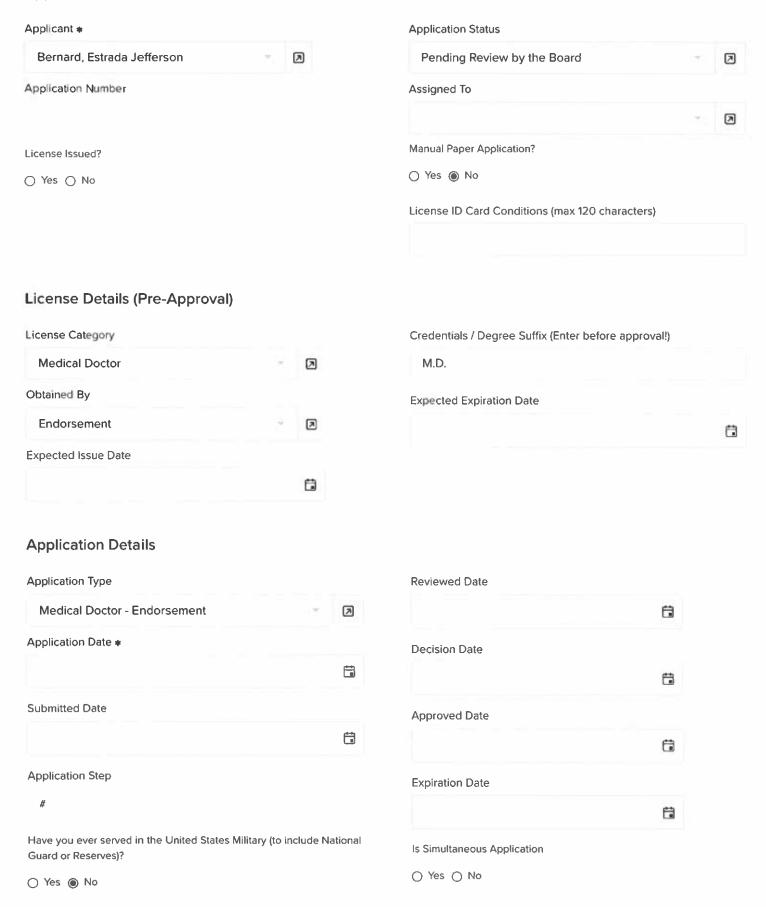
Military Detail

Have you ever served in the United States Military (to in	nclude 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
	- Z
Cell Phone	Fax
#	
Public Address	
Street Address	ZIP / Postal Code
Villa Rica Drive	89052
Address Line 2	State / Province
	Nevada
City	Country
Henderson	United States
County	Is your physical address different from your mailing address?
Clark	○ Yes No
	Public Phone
	# (907) 229-2779

Mailing Address

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

Application Status



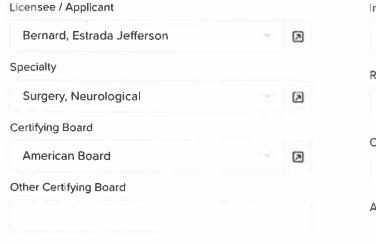
Are you the spouse of an active duty member or su veteran?	arviving spouse of a		
○ Yes ○ No			
Invoices			
Application Invoice		Application Payment Date	
7.	2		ä
Licensure Invoice		Licensure Payment Date	
×	7		
Attestations			
I hereby attest to knowledge of and compliance with the Centers for Disease Control and Prevention corprevention of transmission of infectious agents through appropriate injection practices. I also attest that any currently, or will be under my control as their superithe future, and who is not licensed pursuant to Chain Nevada Revised Statutes and whose duties involve has knowledge of and is in compliance with the guit Centers for Disease Control and Prevention concert of transmission of infectious agents through safe and injection practices. (a) Yes (b) No I am willing to accept Board communications to meet of process as defined under Nevada Revised Statut via electronic mail (more commonly known as e-main the electronic mail address provided below change agree to apprise the Board in writing of my new elected address within 30 days after the change.	ough safe and by person who is vising physician in apter 630 of the enjection practices, idelines of the rning the prevention appropriate e, to include service ate (NRS) 630,344, ail). Further, should be for any reason, I	I attest and affirm that I am aware of and underst requirements found in Nevada Revised Statute 4 the abuse or neglect of a child. Yes No I consent to accept communications and service Nevada State Board of Medical Examiners (Board for physicians and physician assistants who practicate of Nevada or via telemedicine and whose exists outside the state of Nevada or the United Yes No Child Support Attestation Type Not subject to a court order I have read this responsibility statement and uncam accountable for completing my application for Nevada.	e of process from the d) by electronic mail, ctice medicine in the physical presence States.
The answers to the foregoing questions and statemabove application, as well as any and all further exponents of the contained on any separate attached pages, are true among the person named in the credentials to be submarked where procured in the regular course of instruence examination without fraud or misrepresentation. It is any of my responses on this application are false, find in the misleading, inaccurate, or incomplete, my application be denied. It am responsible to keep the Board information circumstance or event that would require a change responses provided to the Board in my application which occurs prior to my being granted licensure to in the state of Nevada.	planations le and correct, that I mitted, and that the lection and leaderstand that if fraudulent, lon for licensure will lect omy initial lectoricensure, and	In consideration for processing my application I, whose name and signature voluntarily appears to irrevocably agree to the Civil Applicant Waiver. (a) Yes (b) No	

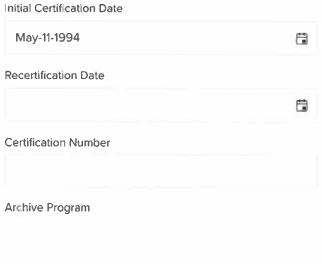
Yes
 No

Board Certifications

Licensee / Applicant	Certifying Board	▼ Other Certifying Board	T	Specialty	Ŧ	Initial Certification Date	Ŧ	Recertification Date
Bernard, Estrada Jefferson	American Board	N/A		Surgery, Neurological		May-11-1994		N/A

Board Certification Details





Historical Specialty

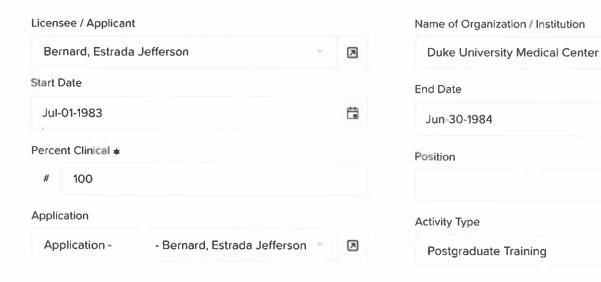
Connected Record

Application

Application - Bernard, Estrada Jefferson

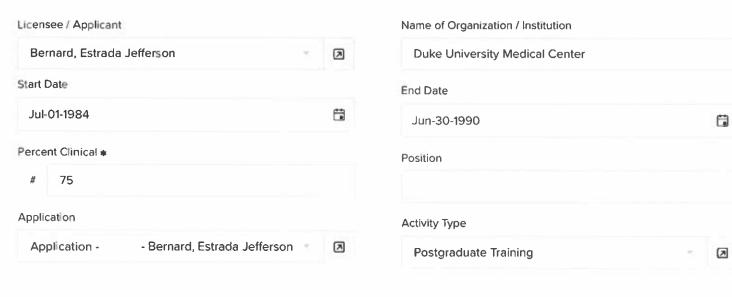
Activities

Licensee / Applicant	T	Name of Organization / Institution	•	Start Date †	▼	End Date	T	Percent Clinical
Estrada, Bernard N/A		Duke University Medical Center		Jul-01-1983		Jun-30-1984		100
Estrada, Bernard N/A		Duke University Medical Center		Jul-01-1984		Jun-30-1990		75
Estrada, Bernard N/A		National Institutes of Health/Medical Neurology Branch		Jul-01-1987		Jun-30-1988		0
Estrada, Bernard N/A		University of North Carolina-Chapel Hill		Jul-01-1990		Dec-30-2004		66
Estrada, Bernard N/A		N/A		Dec-31-2004		Feb-01-2005		0
Estrada, Bernard N/A		Anchorage Neurological Associates, Inc.		Feb-01-2005		Dec-15-2021		90

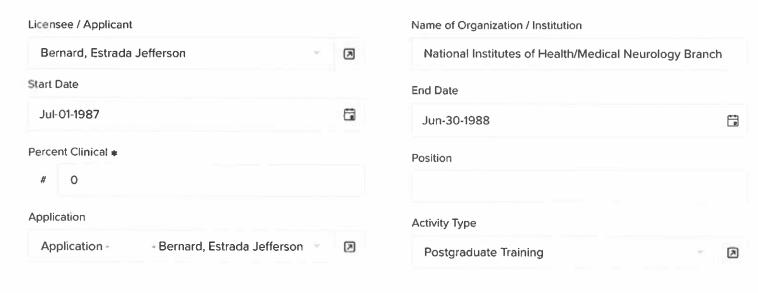


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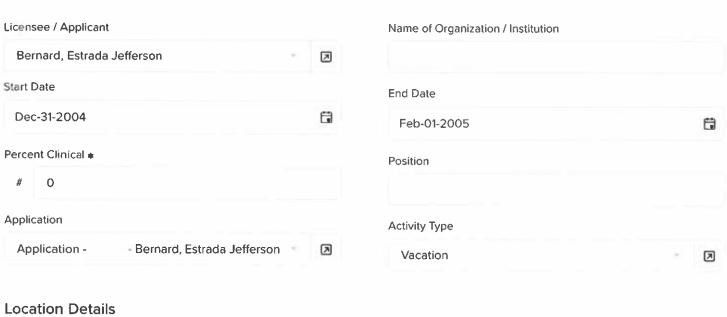




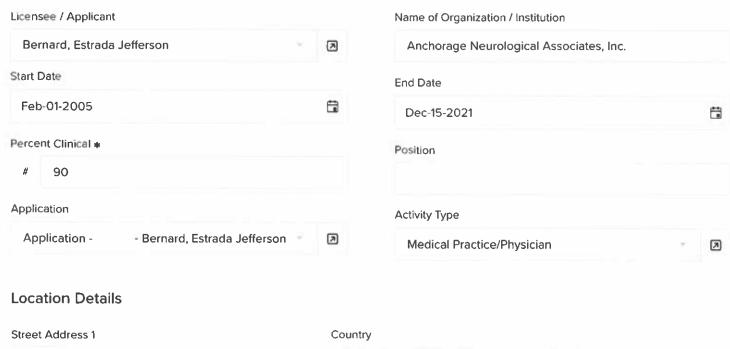








Street Address 1	Country	
	United States	- 2
City	State / Province	
Anchorage	Alaska	
	Zip / Postal Code	



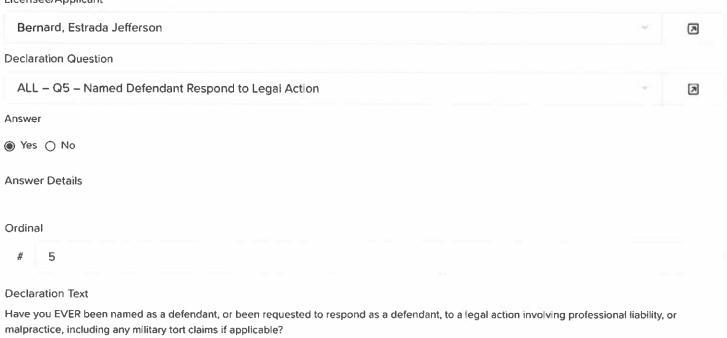


Declarations

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

Declaration

Licensee/Applicant



Related To



Declaration

Application -

- Bernard, Estrada Jefferson

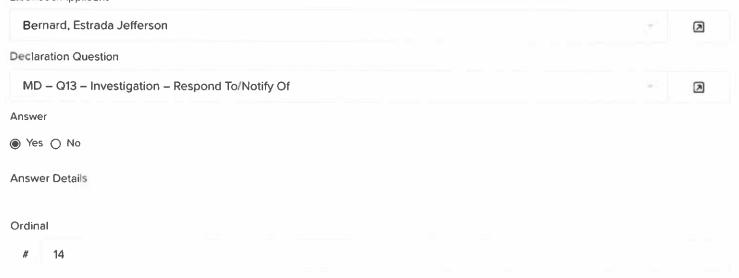
Licensee/Applicant Bernard, Estrada Jefferson 2 **Declaration Question** ALL - Q6 - Malpractice Claim Paid 7 Answer Yes ○ No **Answer Details** Ordinal 6 **Declaration Text** Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable? Related To Application Renewal

B

Z

Declaration

Licensee/Applicant



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?

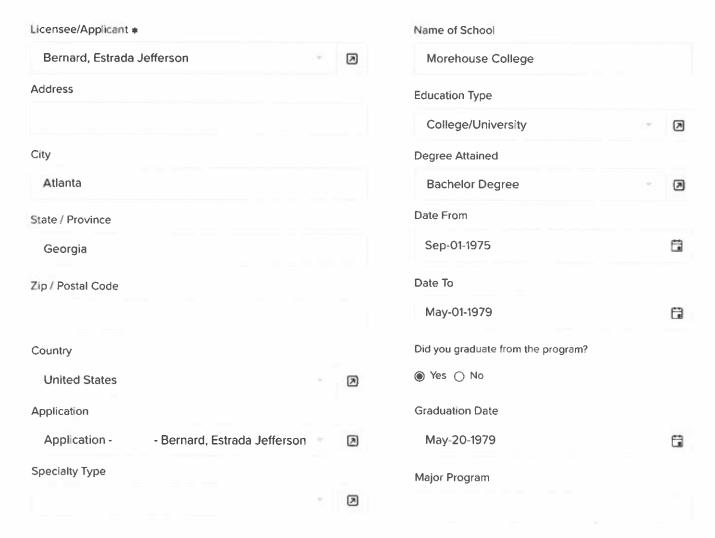
Related To



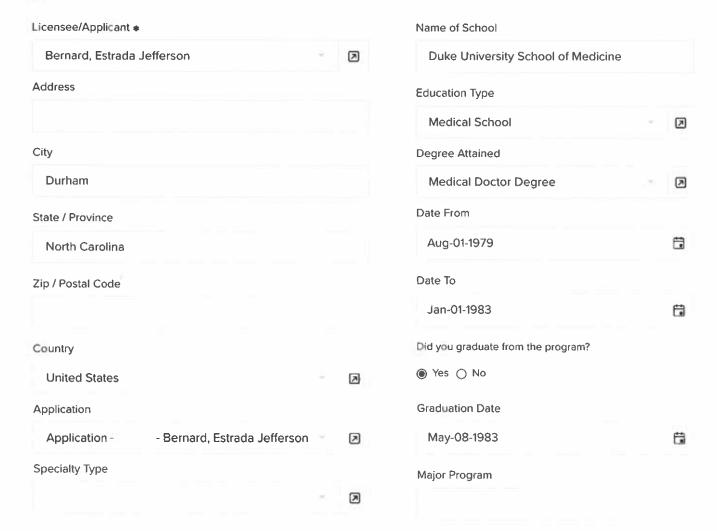
Education

Licensee/Applicant	•	Education Type	Ŧ	Name of School	7	Degree Attained 🔻	Oate From	n y	Date To †	•	Graduation Date
Bernard, Estrada Jefferson		College/University		Morehouse College		Bachelor Degree	Sep-01-197	'5	May 01-1979		May-20-1979
Bernard, Estrada Jefferson		Medical School		Duke University School of Medicine		Medical Doctor Degree	Aug-01-19	79	Jan-01-1983		May-08-1983

Education Details



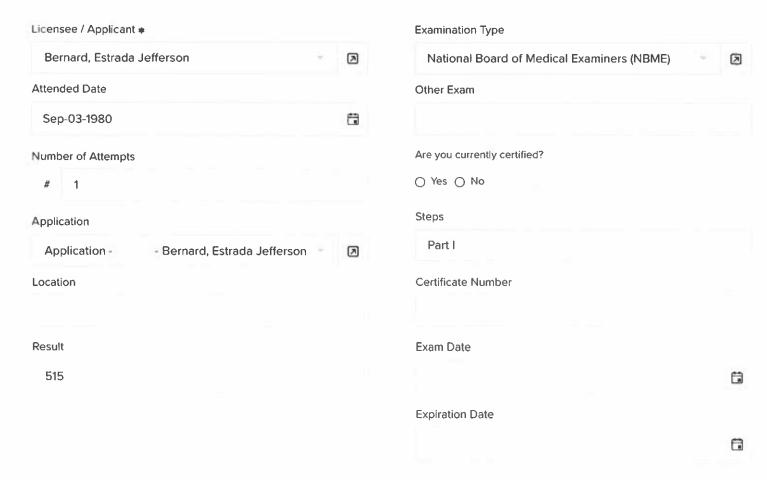
Education Details



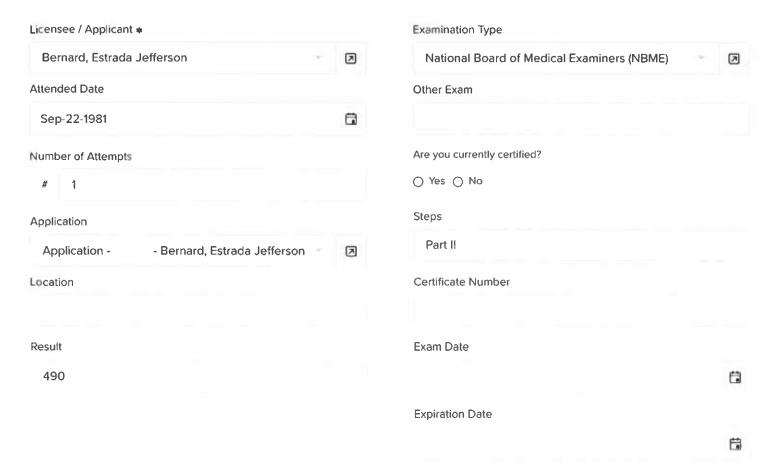
Examinations

Licensee / Applicant	7	Examination Type	Ŧ	Attended Date †
Bernard, Estrada Jefferson		National Board of Medical Examiners (NBME)		Sep-03-1980
Bernard, Estrada Jefferson		National Board of Medical Examiners (NBME)		Sep-22-1981
Bernard, Estrada Jefferson		National Board of Medical Examiners (NBME)		Mar-07-1984

Examination Details



Examination Details



Examination Details

Licensee / Applicar	nt *		Examination Type		
Bernard, Estrad	a Jefferson	Z	National Board of Medical Examiners (NBME)	-	A
Attended Date			Other Exam		
Mar-07-1984					
Number of Attempt	s		Are you currently certified?		
# 1			○ Yes ○ No		
Application			Steps		
Application -	- Bernard, Estrada Jefferson	7	Step III		
Location			Certificate Number		
Result			Exam Date		
470					
			Expiration Date		
					d+

Hospitals

Licensee / Applicant	Ŧ	Name of Organization	T	Start Date †	٣	End Date
Bernard Estrada		Alaska Regional Hospital		Feb-01-2005		Dec-03-2021
Bernard Estrada		Providence Alaska Medical Center		Feb-01-2005		Dec-03-2021
Bernard Estrada		Creekside Ambulatory Surgery Center		Apr-01-2013		Dec-03-2021

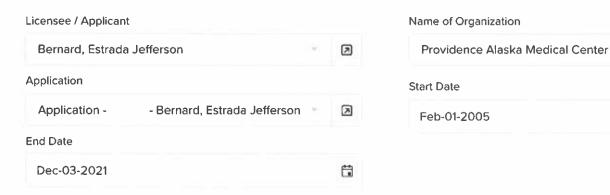
Hospital Details



Address Details



Hospital Details



Address Details



Hospital Details





Address Details

Street Address Line 1

3831 Piper Street

Alaska

Street Address Line 2

#S110

99508

City

Country

Anchorage

United States

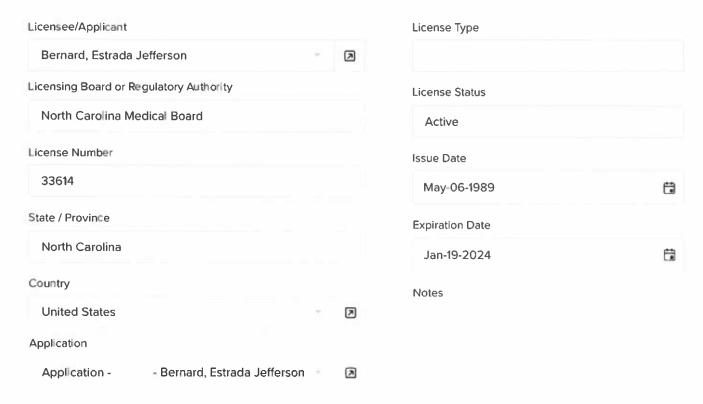
Other Licenses

Licensee/Applicant	T	License Number	T	License Type	T	Issue Date	*	Expiration Date	T	State / Province †
Bernard, Estrada Jefferson		MEDT3221		N/A		Nov-09-2004		May-09-2005		Alaska
Estrada, Bernard Jefferson		MEDS5468		N/A		Apr-25-2005		Dec-31-2022		Alaska
Bernard, Estrada Jefferson		MD-21869		N/A		May-21-2021		Jan-31-2024		Hawaii
Bernard, Estrada Jefferson		33614		N/A		May-06-1989		Jan-19-2024		North Carolina

Licensee/Applicant		License Type				
Bernard, Estrada Jefferson	A					
Licensing Board or Regulatory Authority	License Status					
Alaska State Medical Board		Expired				
License Number		Issue Date				
MEDT3221		Nov-09-2004				
State / Province		Expiration Date				
Alaska		May-09-2005	Ħ			
Country		Notes				
United States	7					
Application						
Application Bernard, Estrada Je	fferson					

Licensee/Applicant License Type Bernard, Estrada Jefferson B Licensing Board or Regulatory Authority License Status Alaska State Medical Board Active License Number Issue Date MEDS5468 Apr-25-2005 State / Province **Expiration Date** Alaska Dec-31-2022 Country Notes **United States** B Application Application -- Bernard, Estrada Jefferson A

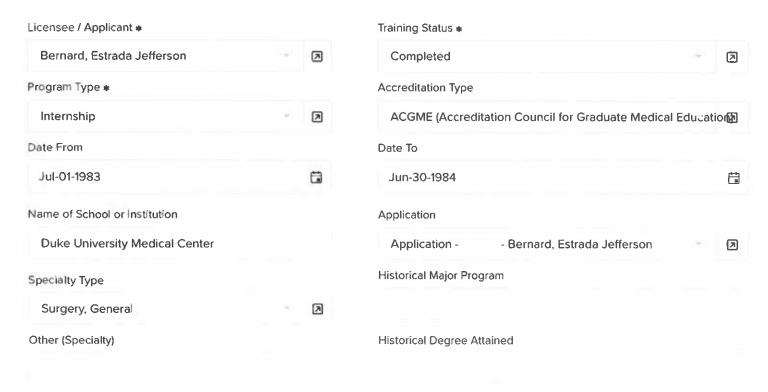
Licensee/Applicant License Type Bernard, Estrada Jefferson A Licensing Board or Regulatory Authority License Status Hawaii Medical Board Active License Number Issue Date MD-21869 May-21-2021 State / Province **Expiration Date** Hawaii Jan-31-2024 Country Notes **United States** \square Application Application -- Bernard, Estrada Jefferson 2



Postgraduate Training

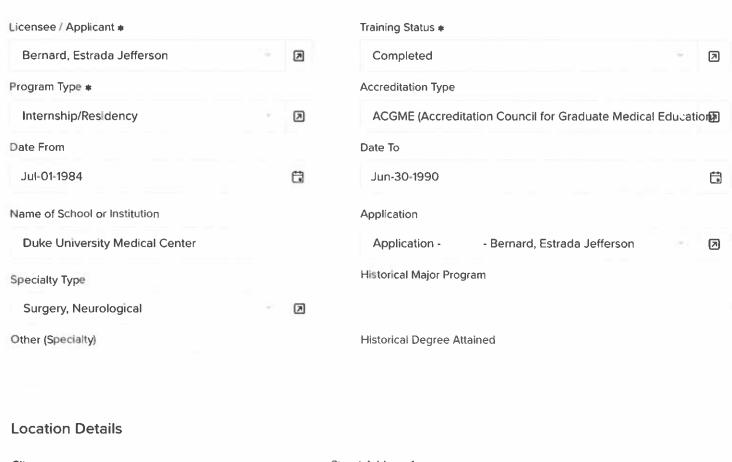
Licensee / Applicant	Name of School or Institution	•	Specialty Type	•	Date From	▼	Date To †	▼	Program Type	7
Bernard, Estrada Jefferson	Duke University Medical Center		Surgery, General		Jul-01-1983		Jun-30-1984		Internship	
Bernard, Estrada Jefferson	Duke University Medical Center		Surgery, Neurological		Jul-01-1984		Jun-30-1990		Internship/Residency	

Postgraduate Training Details





Postgraduate Training Details



City Street Address 1

Durham

State / Province Zip / Postal Code

North Carolina

County Country

Specialties

Licensee / Applicant	Y	Specialty Type	₹	Primary Specialty?	7	Effective Date	Y	End Date	
Bernard, Estrada Jefferson		Surgery, Neurological		Yes		Jut-01-1990		N/A	

Specialty Details

Licensee / Applicant ≠ Specialty Type • 7 Bernard, Estrada Jefferson Surgery, Neurological Ø **Effective Date** Other (Specialty) Jul-01-1990 End Date Application Application -- Bernard, Estrada Jefferson 🐣 2 Primary Specialty? Yes ○ No

RECEIVED

MAR 2 0 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.

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 Estrada J. Bernard Jr.
Sign your name
Date 03/16/2023

0

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.

