

Demographic Details

First Name

Estrada

Middle Name

Jefferson

Last Name *

Bernard

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

-1960

Name Suffix

Jr.

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

Villa Rica Drive

Address Line 2

City

Henderson

County

Clark

ZIP / Postal Code

89052

State / Province

Nevada

Country

United States 

Is your physical address different from your mailing address?

Yes No

Public Phone

(907) 229-2779

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

Board Certifications

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

Board Certification Details

Licensee / Applicant

Bernard, Estrada Jefferson  

Specialty

Surgery, Neurological  

Certifying Board

American Board  

Other Certifying Board

Initial Certification Date

May-11-1994 

Recertification Date




Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - - Bernard, Estrada Jefferson  

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date †	End Date	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

Application Activity Details

Licensee / Applicant

Bernard, Estrada Jefferson



Name of Organization / Institution

Duke University Medical Center

Start Date

Jul-01-1983



End Date

Jun-30-1984



Percent Clinical *

100

Position

Application

Application - Bernard, Estrada Jefferson



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

Durham



State / Province

North Carolina

Zip / Postal Code

Application Activity Details


Licensee / Applicant

Bernard, Estrada Jefferson  

Name of Organization / Institution

Duke University Medical Center

Start Date

Jul-01-1984 

End Date

Jun-30-1990 

Percent Clinical *

75

Position

Application

Application - - Bernard, Estrada Jefferson  

Activity Type

Postgraduate Training  

Location Details

Street Address 1

Country

United States  

City

Durham

State / Province

North Carolina

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Bernard, Estrada Jefferson



Start Date

Jul-01-1987



Percent Clinical *

0

Application

Application - Bernard, Estrada Jefferson



Name of Organization / Institution

National Institutes of Health/Medical Neurology Branch

End Date

Jun-30-1988



Position

Activity Type

Postgraduate Training



Location Details

Street Address 1

City

Bethesda

Country

United States



State / Province

Maryland

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Bernard, Estrada Jefferson



Name of Organization / Institution

University of North Carolina-Chapel Hill

Start Date

Jul-01-1990



End Date

Dec-30-2004



Percent Clinical *

66

Position

Application

Application - - Bernard, Estrada Jefferson



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Chapel Hill


State / Province

North Carolina

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Bernard, Estrada Jefferson  



Start Date

Dec-31-2004 

Percent Clinical *

0

Application

Application - - Bernard, Estrada Jefferson  

Name of Organization / Institution

End Date

Feb-01-2005 

Position

Activity Type

Vacation  

Location Details

Street Address 1

City

Anchorage

Country

United States  


State / Province

Alaska

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Bernard, Estrada Jefferson 

Name of Organization / Institution

Anchorage Neurological Associates, Inc.

Start Date

Feb-01-2005 

End Date


Dec-15-2021 

Percent Clinical *

90

Position

Application

Application - - Bernard, Estrada Jefferson 

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

Country

United States 

City

Anchorage

State / Province

Alaska

Zip / Postal Code

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
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 Practice	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 Paid	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 - Q11 - 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

Bernard, Estrada Jefferson



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes No

Answer Details

Ordinal

5

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To

Application

Application - - Bernard, Estrada Jefferson



Renewal



Declaration

Licensee/Applicant

Bernard, Estrada Jefferson



Declaration Question

ALL – Q6 – Malpractice Claim Paid



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

Application -

- Bernard, Estrada Jefferson



Renewal



Declaration

Licensee/Applicant

Bernard, Estrada Jefferson



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

Application - - Bernard, Estrada Jefferson



Renewal



Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To ↑	Graduation Date
Bernard, Estrada Jefferson	College/University	Morehouse College	Bachelor Degree	Sep-01-1975	May-01-1979	May-20-1979
Bernard, Estrada Jefferson	Medical School	Duke University School of Medicine	Medical Doctor Degree	Aug-01-1979	Jan-01-1983	May-08-1983

Education Details

Licensee/Applicant *

Bernard, Estrada Jefferson

Address

City

Atlanta

State / Province

Georgia

Zip / Postal Code

Country

United States

Application

Application - - Bernard, Estrada Jefferson

Specialty Type

Name of School

Morehouse College

Education Type

College/University

Degree Attained

Bachelor Degree

Date From

Sep-01-1975

Date To

May-01-1979

Did you graduate from the program?

Yes No

Graduation Date

May-20-1979

Major Program

Education Details

Licensee/Applicant *

Bernard, Estrada Jefferson



Address

City

Durham

State / Province

North Carolina

Zip / Postal Code

Country

United States



Application

Application - Bernard, Estrada Jefferson



Specialty Type

Name of School

Duke University School of Medicine

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Aug-01-1979



Date To

Jan-01-1983



Did you graduate from the program?

Yes No

Graduation Date

May-08-1983



Major Program

Examinations

Licensee / Applicant	Examination Type	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

Licensee / Applicant *

Bernard, Estrada Jefferson



Attended Date

Sep-03-1980



Number of Attempts

1

Application

Application - Bernard, Estrada Jefferson



Location

Result

515

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

Are you currently certified?

Yes No

Steps

Part I

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Bernard, Estrada Jefferson



Attended Date

Sep-22-1981



Number of Attempts

1

Application

Application - - Bernard, Estrada Jefferson



Location

Result

490

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

Are you currently certified?

Yes No

Steps

Part II

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Bernard, Estrada Jefferson



Attended Date

Mar-07-1984



Number of Attempts

1

Application

Application - Bernard, Estrada Jefferson



Location

Result

470

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

Are you currently certified?

Yes No

Steps

Step III

Certificate Number

Exam Date



Expiration Date



Hospitals

Licensee / Applicant	Name of Organization	Start Date ↑	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

Licensee / Applicant

Bernard, Estrada Jefferson



Name of Organization

Alaska Regional Hospital

Application

Application - - Bernard, Estrada Jefferson



Start Date

Feb-01-2005



End Date

Dec-03-2021



Address Details

Street Address Line 1

2801 DeBarr Road

State / Province

Alaska

Street Address Line 2

ZIP / Postal Code

99508

City

Anchorage

Country

United States



Hospital Details

Licensee / Applicant

Bernard, Estrada Jefferson



Name of Organization

Providence Alaska Medical Center

Application

Application - - Bernard, Estrada Jefferson



Start Date

Feb-01-2005



End Date

Dec-03-2021



Address Details

Street Address Line 1

3200 Providence Drive

State / Province

Alaska

Street Address Line 2

ZIP / Postal Code

99508

City

Anchorage

Country

United States



Hospital Details

Licensee / Applicant

Bernard, Estrada Jefferson



Name of Organization

Creekside Ambulatory Surgery Center

Application

Application - Bernard, Estrada Jefferson



Start Date

Apr-01-2013



End Date

Dec-03-2021



Address Details

Street Address Line 1

3831 Piper Street

State / Province

Alaska

Street Address Line 2

#S110

ZIP / Postal Code

99508

City

Anchorage

Country

United States



Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Bernard, Estrada Jefferson	MEDT3221	N/A	Nov-09-2004	May-09-2005	Alaska
Estrada, Bernard Jefferson	MEDSS468	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

Other License Details

Licensee/Applicant

Bernard, Estrada Jefferson



Licensing Board or Regulatory Authority

Alaska State Medical Board

License Number

MEDT3221

State / Province

Alaska

Country

United States



Application

Application - - Bernard, Estrada Jefferson



License Type

License Status

Expired

Issue Date

Nov-09-2004



Expiration Date

May-09-2005



Notes

Other License Details

Licensee/Applicant

Bernard, Estrada Jefferson



Licensing Board or Regulatory Authority

Alaska State Medical Board

License Number

MEDS5468

State / Province

Alaska

Country

United States



Application

Application - Bernard, Estrada Jefferson



License Type

License Status

Active

Issue Date

Apr-25-2005



Expiration Date

Dec-31-2022



Notes

Other License Details

Licensee/Applicant

Bernard, Estrada Jefferson



Licensing Board or Regulatory Authority

Hawaii Medical Board

License Number

MD-21869

State / Province

Hawaii

Country

United States



Application

Application - Bernard, Estrada Jefferson



License Type

License Status

Active

Issue Date

May-21-2021



Expiration Date

Jan-31-2024



Notes

Other License Details

Licensee/Applicant

Bernard, Estrada Jefferson



Licensing Board or Regulatory Authority

North Carolina Medical Board

License Number

33614

State / Province

North Carolina

Country

United States



Application

Application - Bernard, Estrada Jefferson



License Type

License Status

Active

Issue Date

May-06-1989



Expiration Date

Jan-19-2024



Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
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

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code

Country

Postgraduate Training Details

Licensee / Applicant *

Bernard, Estrada Jefferson 

Program Type *

Internship/Residency 

Date From

Jul-01-1984 

Name of School or Institution

Duke University Medical Center

Specialty Type

Surgery, Neurological 

Other (Specialty)

Training Status *

Completed 


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-1990 

Application

Application - - Bernard, Estrada Jefferson 

Historical Major Program

Historical Degree Attained

Location Details

City

Durham

State / Province

North Carolina

County



Street Address 1

Zip / Postal Code

Country




Specialties

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

Specialty Details

Licensee / Applicant *

Bernard, Estrada Jefferson 

Effective Date

Jul-01-1990 

Application

Application - - Bernard, Estrada Jefferson 

Primary Specialty?

Yes No

Specialty Type *

Surgery, Neurological 

Other (Specialty)

End Date



RECEIVED

MAR 20 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 Estrada J. Bernard Jr.

Sign your name _____

Date 03/16/2023

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.

