

Demographic Details

First Name

James

Middle Name

Michael

Last Name *

MURPHY

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

1957

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

Board Certifications

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
MURPHY, James Michael	American Board	N/A	Anesthesiology	Apr-30-2004	Jan-01-2015
MURPHY, James Michael	American Board	N/A	Peds. Anesthesiology	Sep-24-2016	N/A

Board Certification Details

Licensee / Applicant

MURPHY, James Michael 

Specialty

Anesthesiology 

Certifying Board


American Board 

Other Certifying Board

Initial Certification Date

Apr-30-2004 

Recertification Date

Jan-01-2015 

Certification Number

Archive Program

Historical Specialty


Connected Record

Application

Application - - MURPHY, James Michael 

Board Certification Details

Licensee / Applicant

MURPHY, James Michael 

Specialty

Peds, Anesthesiology 

Certifying Board

American Board 

Other Certifying Board

Initial Certification Date

Sep-24-2016 

Recertification Date




Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - - MURPHY, James Michael 

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
James MURPHY	Portland VA	Jun-01-2002	May-01-2004	100
James MURPHY	University Medical Center	May-01-2004	Jun-30-2009	100
James MURPHY	Sunrise Medical Center	Jun-01-2006	Jun-30-2010	100
James MURPHY	Tuality Healthcare	Jun-15-2008	Feb-15-2010	100
James MURPHY	Providence Healthcare	Jan-30-2010	Jul-30-2013	100
MURPHY, James Michael	Womack Army Medical Center	Jun-30-2014	Apr-30-2016	100
MURPHY, James Michael	Oregon Health Sciences University	Nov-01-2016	Apr-01-2020	0
MURPHY, James Michael	Fed ex	Apr-30-2020	Feb-02-2023	0

Application Activity Details

Licensee / Applicant

MURPHY, James Michael



Name of Organization / Institution

Portland VA

Start Date

Jun-01-2002



End Date

May-01-2004



Percent Clinical *

100

Position

Application

Application - - MURPHY, James Michael



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Portland

Country

United States



City

Oregon

State / Province

Oregon

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MURPHY, James Michael



Name of Organization / Institution

University Medical Center

Start Date

May-01-2004



End Date

Jun-30-2009



Percent Clinical *

100

Position

Application

Application - - MURPHY, James Michael



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Las Vegas

State / Province

Nevada

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MURPHY, James Michael



Name of Organization / Institution

Sunrise Medical Center

Start Date

Jun-01-2006



End Date

Jun-30-2010



Percent Clinical *

100

Position

Application

Application - - MURPHY, James Michael



Activity Type

Employment



Location Details

Street Address 1

Country

United States



City

Las Vegas

State / Province

Nevada

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MURPHY, James Michael

Start Date

Jun-15-2008

Percent Clinical *

100

Application

Application - - MURPHY, James Michael

Name of Organization / Institution

Tuality Healthcare

End Date

Feb-15-2010

Position

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

City

Hillsboro

Country

United States



State / Province

Oregon

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MURPHY, James Michael  

Start Date

Jan-30-2010 

Percent Clinical *

100

Application

Application - - MURPHY, James Michael  

Name of Organization / Institution

Providence Healthcare

End Date

Jul-30-2013 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Hood River

Country

United States  



State / Province

Oregon

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MURPHY, James Michael  



Start Date

Jun-30-2014 

Percent Clinical *

100

Application

Application - MURPHY, James Michael  

Name of Organization / Institution

Womack Army Medical Center

End Date

Apr-30-2016 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Ft Bragg

Country

United States  

State / Province

North Carolina

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MURPHY, James Michael



Name of Organization / Institution

Oregon Health Sciences University

Start Date

Nov-01-2016



End Date

Apr-01-2020



Percent Clinical *

0

Position

Application

Application - - MURPHY, James Michael



Activity Type

Research/Observership



Location Details

Street Address 1

3181 Sam Jackson Park Rd

Country

United States



City

Portland

State / Province



Oregon

Zip / Postal Code

97239

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

Declaration

Licensee/Applicant

MURPHY, James Michael	
-----------------------	---

Declaration Question

ALL – Q7 – Arrest Question	
----------------------------	---

Answer

Yes No

Answer Details

Ordinal


7

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

Related To

Application

Application -	- MURPHY, James Michael	
---------------	-------------------------	---

Renewal

		
--	--	---

Declaration

Licensee/Applicant

MURPHY, James Michael	
-----------------------	---

Declaration Question

MD, Previously applied for licensure in Nevada.	
---	---

Answer

Yes No

Answer Details

Ordinal

#	8
---	---

Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)

Related To

Application

Application -	- MURPHY, James Michael	
---------------	-------------------------	---

Renewal


		
--	--	---

Declaration

Licensee/Applicant

MURPHY, James Michael	
-----------------------	---

Declaration Question

MD – Q9 – Medical License Revoked	
-----------------------------------	---

Answer

Yes No

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 restricted in any state, country or U.S. territory?

Related To

Application

Application -	- MURPHY, James Michael	
---------------	-------------------------	---

Renewal

		
--	--	---

Declaration

Licensee/Applicant

MURPHY, James Michael	
-----------------------	---

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 -	- MURPHY, James Michael	
---------------	-------------------------	---

Renewal

		
--	--	---

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
James MURPHY	College/University	SONOMA STATE UNIVERSITY	Bachelor of Arts	Sep-05-1986	Aug-30-1991	Aug-30-1991
MURPHY, James Michael	Medical School	Ross University	Transferred	Nov-12-1992	Aug-24-1995	N/A
MURPHY, James Michael	Medical School	Saba University School of Medicine	Medical Doctor Degree	Sep-04-1995	Jun-01-1996	Jun-01-1996

Education Details

Licensee/Applicant *

MURPHY, James Michael



Address

City

ROHNERT PARK

State / Province

California

Zip / Postal Code

Country

United States



Application

Application - MURPHY, James Michael



Specialty Type

Name of School

SONOMA STATE UNIVERSITY

Education Type

College/University



Degree Attained

Bachelor of Arts



Date From

Sep-05-1986



Date To

Aug-30-1991



Did you graduate from the program?

Yes No

Graduation Date

Aug-30-1991



Major Program

Education Details

Licensee/Applicant *

MURPHY, James Michael



Address

City

Dominica

State / Province

West Indies

Zip / Postal Code

Country

Barbados



Application

Application - MURPHY, James Michael



Specialty Type



Name of School

Ross University

Education Type

Medical School



Degree Attained

Transferred



Date From

Nov-12-1992



Date To

Aug-24-1995



Did you graduate from the program?

Yes No

Graduation Date



Major Program

Education Details

Licensee/Applicant *

MURPHY, James Michael 

Address

City

Bottoms

State / Province

Saba

Zip / Postal Code

Country

Netherlands Antilles 

Application

Application - - MURPHY, James Michael 

Specialty Type



Name of School

Saba University School of Medicine

Education Type

Medical School 

Degree Attained

Medical Doctor Degree 

Date From

Sep-04-1995 

Date To

Jun-01-1996 

Did you graduate from the program?

Yes No

Graduation Date

Jun-01-1996 

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
MURPHY, James Michael	United States Medical Licensing Examination (USMLE)	Sep-22-1994
MURPHY, James Michael	United States Medical Licensing Examination (USMLE)	Aug-30-1995
MURPHY, James Michael	ECFMG	Jun-21-1996
MURPHY, James Michael	United States Medical Licensing Examination (USMLE)	May-13-1997

Examination Details

Licensee / Applicant *

MURPHY, James Michael



Attended Date

Sep-22-1994



Number of Attempts

1

Application

Application - - MURPHY, James Michael



Location

Result

212

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

MURPHY, James Michael



Attended Date

Aug-30-1995



Number of Attempts

1

Application

Application - - MURPHY, James Michael



Location

Result

208

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

2 CK

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *

MURPHY, James Michael 

Attended Date

Jun-21-1996 

Number of Attempts

#

Application

Application - MURPHY, James Michael 

Location

Result

Examination Type

ECFMG 

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

MURPHY, James Michael



Attended Date

May-13-1997



Number of Attempts

1

Application

Application - - MURPHY, James Michael



Location

Result

214

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

3

Certificate Number

Exam Date



Expiration Date



Hospitals

Licensee / Applicant	Name of Organization	Start Date ↑	End Date
James MURPHY	Portland VA	May-30-2002	Jun-30-2005
James MURPHY	University Medical Center	May-30-2004	Jun-30-2010
James MURPHY	Summerlin Hospital	Jun-30-2004	Jun-30-2008
James MURPHY	Sunrise Medical Center	May-30-2006	Jun-30-2010
James MURPHY	Providence Healthcare	Jul-01-2009	Apr-01-2014
James MURPHY	US Army	Jun-01-2014	Apr-01-2016

Hospital Details

Licensee / Applicant

MURPHY, James Michael



Application

Application - - MURPHY, James Michael



End Date

Jun-30-2005



Name of Organization

Portland VA

Start Date

May-30-2002



Address Details

Street Address Line 1

SW US Veterans Hospital Rd.

Street Address Line 2

State / Province

Oregon

ZIP / Postal Code

97239

City

Portland

Country

United States



Hospital Details

Licensee / Applicant

MURPHY, James Michael



Name of Organization

University Medical Center

Application

Application - MURPHY, James Michael



Start Date

May-30-2004



End Date

Jun-30-2010



Address Details

Street Address Line 1

Rancho Parkway

State / Province

Nevada

Street Address Line 2

ZIP / Postal Code

89044

City

Las Vegas

Country

United States



Hospital Details

Licensee / Applicant

MURPHY, James Michael



Application

Application - MURPHY, James Michael



End Date

Jun-30-2008



Name of Organization

Summerlin Hospital

Start Date

Jun-30-2004



Address Details

Street Address Line 1

Summerlin

Street Address Line 2

City

Las Vegas

State / Province

Nevada

ZIP / Postal Code

89044


Country

United States



Hospital Details

Licensee / Applicant

MURPHY, James Michael 

Name of Organization

Sunrise Medical Center

Application

Application - - MURPHY, James Michael 

Start Date

May-30-2006 

End Date

Jun-30-2010 

Address Details

Street Address Line 1

Sunrise Ave

State / Province

Nevada

Street Address Line 2

ZIP / Postal Code

89044

City

Las Vegas

Country

United States 

Hospital Details

Licensee / Applicant

MURPHY, James Michael



Name of Organization

Providence Healthcare

Application

Application - - MURPHY, James Michael



Start Date

Jul-01-2009



End Date

Apr-01-2014



Address Details

Street Address Line 1

1125 May St

State / Province

Oregon

Street Address Line 2

N/A

ZIP / Postal Code

97031

City

Hood River



Country

United States



Hospital Details



Licensee / Applicant

MURPHY, James Michael  

Name of Organization

US Army

Application

Application - MURPHY, James Michael  

Start Date

Jun-01-2014 

End Date

Apr-01-2016 

Address Details

Street Address Line 1

Ft Bragg

State / Province

North Carolina

Street Address Line 2

ZIP / Postal Code

28310

City

Ft Bragg

Country


United States  

Military Service

Licensee / Applicant	▼ Branch of Service	▼ Military Occupation Specialty	▼ Start Date	▼ End Date
MURPHY James Michael	U.S. Air Force	Medical Services	Jul 01 2005	Aug 22 2016

Military Service Details


Licensee / Applicant *

MURPHY, James Michael 

Military Occupation Specialty *

Medical Services 

End Date

Aug-22-2016 

Are you still serving?

Yes No

Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?

Yes No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?

Yes No

Branch of Service *

U.S. Air Force 

Start Date *

Jul-01-2005 

Application

Application - - MURPHY, James Michael 

Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Did you separate from service under conditions other than dishonorable?

Yes No

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
MURPHY, James Michael	10812	N/A	Feb-23-2004	Jun-30-2013	Nevada
MURPHY, James Michael	LL10693	Training	Jul-01-2001	Jun-30-2001	Oregon
MURPHY, James Michael	LL08686	Training	Jul-01-1999	Jun-30-1999	Oregon
MURPHY, James Michael	MD23891	N/A	Jul-12-2002	Aug-16-2018	Oregon
MURPHY, James Michael	LL09579	Training	Jul-01-2000	Jun-30-2002	Oregon
MURPHY, James Michael	0116010026	Training	Jul-01-1998	Jun-30-1999	Virginia

Other License Details

Licensee/Applicant

MURPHY, James Michael



Licensing Board or Regulatory Authority

Nevada

License Number

10812

State / Province

Nevada

Country

United States



Application

Application - - MURPHY, James Michael



License Type

License Status

inactive

Issue Date

Feb-23-2004



Expiration Date

Jun-30-2013



Notes

Other License Details

Licensee/Applicant

MURPHY, James Michael 

Licensing Board or Regulatory Authority

License Number


LL10693

State / Province

Oregon

Country

Application

Application - - MURPHY, James Michael 

License Type

Training

License Status

Expired

Issue Date

Jul-01-2001 

Expiration Date

Jun-30-2001 

Notes

Other License Details

Licensee/Applicant

MURPHY, James Michael



Licensing Board or Regulatory Authority

License Number

LL08686

State / Province

Oregon

Country



Application

Application - - MURPHY, James Michael



License Type

Training

License Status

Expired

Issue Date

Jul-01-1999



Expiration Date

Jun-30-1999



Notes

Other License Details

Licensee/Applicant

MURPHY, James Michael



Licensing Board or Regulatory Authority

Oregon

License Number

MD23891

State / Province

Oregon

Country

United States



Application

Application - - MURPHY, James Michael



License Type

License Status

Revoked

Issue Date

Jul-12-2002



Expiration Date

Aug-16-2018



Notes

Other License Details

Licensee/Applicant

MURPHY, James Michael



Licensing Board or Regulatory Authority

License Number

LL09579

State / Province

Oregon

Country



Application

Application - - MURPHY, James Michael



License Type

Training

License Status

Expired

Issue Date

Jul-01-2000



Expiration Date

Jun-30-2002



Notes

Other License Details

Licensee/Applicant

MURPHY, James Michael



Licensing Board or Regulatory Authority

License Number

0116010026

State / Province

Virginia

Country



Application

Application - - MURPHY, James Michael



License Type

Training

License Status

Expired

Issue Date

Jul-01-1998



Expiration Date

Jun-30-1999



Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
MURPHY, James Michael	Sacred Heart Medical Center	Transitional	Jun-24-1996	Jun-22-1997	Internship
MURPHY, James Michael	Charleston Area Medical Center	Surgery, General	Jul-01-1997	Jun-30-1998	Internship
MURPHY, James Michael	Carilion Roanoke Memorial Hospital	Surgery, General	Jul-01-1998	Jun-30-1999	Residency
MURPHY, James Michael	Oregon Health and Sciences University	Anesthesiology	Jul-01-1999	Jan-30-2002	Residency

Postgraduate Training Details

Licensee / Applicant *

MURPHY, James Michael



Program Type *

Internship



Date From

Jun-24-1996



Name of School or Institution

Sacred Heart Medical Center

Specialty Type

Transitional



Other (Specialty)

Training Status *

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-22-1997



Application

Application - - MURPHY, James Michael



Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Washington

Zip / Postal Code

County

Country



Postgraduate Training Details

Licensee / Applicant *

MURPHY, James Michael



Program Type *

Internship



Date From

Jul-01-1997



Name of School or Institution

Charleston Area Medical Center

Specialty Type

Surgery, General



Other (Specialty)

Training Status *

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-1998



Application

Application - - MURPHY, James Michael



Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

West Virginia

Zip / Postal Code

County

Country



Postgraduate Training Details

Licensee / Applicant *

MURPHY, James Michael



Program Type *

Residency



Date From

Jul-01-1998



Name of School or Institution

Carillion Roanoke Memorial Hospital

Specialty Type

Surgery, General



Other (Specialty)

Training Status *



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-1999



Application

Application - - MURPHY, James Michael



Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

Virginia

County



Street Address 1

Zip / Postal Code

Country



Postgraduate Training Details

Licensee / Applicant *

MURPHY, James Michael



Program Type *

Residency



Date From

Jul-01-1999



Name of School or Institution

Oregon Health and Sciences University

Specialty Type

Anesthesiology



Other (Specialty)

Training Status *

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-2002



Application

Application - - MURPHY, James Michael



Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Oregon

Zip / Postal Code

County

Country



Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
James MURPHY	Anesthesiology	Yes	Apr 30-2002	Dec 31-2024

Specialty Details

Licensee / Applicant *

MURPHY, James Michael



Effective Date

Apr-30-2002



Application

Application - - MURPHY, James Michael



Specialty Type *

Anesthesiology



Other (Specialty)

End Date

Dec-31-2024



Primary Specialty?

Yes No

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.

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 JAMES MICHAEL MURPHY

Sign your name _____

Date 11 SEP 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.

RECEIVED
SEP 26 2023
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

