

Demographic Details

First Name

Charles

Middle Name

Denis

Last Name *

Howard

Previous Name(s)

Charles Denis Howard Reiber

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

1951

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

3585 NE 207th St

Address Line 2

Ste C9 #801235

City

Miami

County

Miami-Dade

ZIP / Postal Code

33280

State / Province

Florida

Country

United States 

Is your physical address different from your mailing address?

Yes No

Public Phone

(786) 539-3340

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
CHARLES HOWARD	Long Island College Hospital	Jul-01-1977	Jun-30-1978	90
CHARLES HOWARD	University of Tennessee College of Medicine	Jul-01-1978	Jun-30-1981	100
CHARLES HOWARD	Tufts Medical Center	Jul-01-1981	Jun-30-1982	100
CHARLES HOWARD	Charles D. Howard, MD (Private Solo Practice - Ophthalmology)	Jul-01-1982	Dec-31-2004	90
CHARLES HOWARD	US Department of Justice, Federal Bureau of Prisons Federal Medical Center	Nov-01-2002	Dec-31-2016	90
HOWARD, CHARLES DENIS	US Department of Justice, Federal Bureau of Prisons Federal Detention Center	Dec-19-2016	Nov-30-2022	70
HOWARD, CHARLES DENIS	Barry University	Jan-01-2019	May-31-2023	0
HOWARD, CHARLES DENIS	Federal Bureau of Prisons	Nov-01-2022	Dec-31-2022	0
HOWARD, CHARLES DENIS	MedAdvise Consultants, LLC	Jan-01-2023	Dec-31-2023	100
HOWARD, CHARLES DENIS	Barry University	May-01-2023	Dec-31-2023	40

Application Activity Details

Licensee / Applicant

Howard, Charles Denis



Name of Organization / Institution

Long Island College Hospital

Start Date

Jul-01-1977



End Date

Jun-30-1978



Percent Clinical *

90

Position

Application

Application - - HOWARD, CHARLES DENIS



Activity Type

Postgraduate Training



Location Details

Street Address 1

339 Hicks St

Country

United States



City

Brooklyn

State / Province

New York

Zip / Postal Code

11201

Application Activity Details

Licensee / Applicant

Howard, Charles Denis



Name of Organization / Institution

University of Tennessee College of Medicine

Start Date

Jul-01-1978



End Date

Jun-30-1981



Percent Clinical *

100

Position

Application

Application - HOWARD, CHARLES DENIS



Activity Type

Postgraduate Training



Location Details

Street Address 1

975 East Third Street, PO Box 112

Country

United States



City

Chattanooga

State / Province

Tennessee

Zip / Postal Code

37403

Application Activity Details

Licensee / Applicant

Howard, Charles Denis



Name of Organization / Institution

Tufts Medical Center

Start Date

Jul-01-1981



End Date

Jun-30-1982



Percent Clinical *

100

Position

Application

Application - - HOWARD, CHARLES DENIS



Activity Type

Postgraduate Training



Location Details

Street Address 1

800 Washington Street

Country

United States



City

Boston

State / Province

Massachusetts

Zip / Postal Code

02111

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

Application Activity Details

Licensee / Applicant

Howard, Charles Denis



Name of Organization / Institution

US Department of Justice, Federal Bureau of Prisons Fed

Start Date

Nov-01-2002



End Date

Dec-31-2016



Percent Clinical *

90

Position

Application

Application - - HOWARD, CHARLES DENIS



Activity Type

Employment



Location Details

Street Address 1

42 Patton Road

Country

United States



City

Ayer

State / Province

Massachusetts

Zip / Postal Code

01432

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

Application Activity Details

Licensee / Applicant

Howard, Charles Denis



Name of Organization / Institution

Barry University

Start Date

Jan-01-2019



End Date

May-31-2023



Percent Clinical *

0

Position

Application

Application - - HOWARD, CHARLES DENIS



Activity Type

Employment



Location Details

Street Address 1

11300 NE 2nd Avenue

Country

United States



City

Miami Shores

State / Province

Florida

Zip / Postal Code

33161

Application Activity Details

Licensee / Applicant

Howard, Charles Denis



Name of Organization / Institution

Federal Bureau of Prisons

Start Date

Nov-01-2022



End Date

Dec-31-2022



Percent Clinical *

0

Position

Application

Application - HOWARD, CHARLES DENIS



Activity Type

Employment



Location Details

Street Address 1

33 NE 4th St

Country

United States



City

Miami

State / Province

Florida

Zip / Postal Code

33132

Application Activity Details

Licensee / Applicant

Howard, Charles Denis



Name of Organization / Institution

MedAdvise Consultants, LLC

Start Date

Jan-01-2023



End Date

Dec-31-2023



Percent Clinical *

100

Position

Application

Application - - HOWARD, CHARLES DENIS



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

3585 NE 207th St, Ste C9 #801235

Country

United States



City

Miami

State / Province

Florida

Zip / Postal Code

33280

Application Activity Details

Licensee / Applicant

Howard, Charles Denis



Name of Organization / Institution

Barry University

Start Date

May-01-2023



End Date

Dec-31-2023



Percent Clinical *

40

Position

Application

Application - - HOWARD, CHARLES DENIS



Activity Type

Employment



Location Details

Street Address 1

11300 NE 2nd Avenue

Country

United States



City

Miami Shores

State / Province

Florida

Zip / Postal Code

33161

Declarations

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

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
HOWARD, CHARLES DENIS	College/University	Queens College, City University of New York	Bachelor of Arts	Sep-01-1969	Jun-01-1973	Jun-01-1973
HOWARD, CHARLES DENIS	Medical School	Universidad Autonoma De Guadalajara School of Medicine	Medical Doctor Degree	Aug-01-1972	Jun-30-1977	Jun-11-1976
HOWARD, CHARLES DENIS	Medical School	State University of New York Health Science Center	Fifth Pathway	Jul-01-1976	Jun-30-1977	Jun-30-1977
HOWARD, CHARLES DENIS	Graduate	Carnegie Mellon University - Heinz College	Master's Degree	Aug-01-2000	Aug-01-2001	Aug-01-2001

Education Details

Licensee/Applicant *

Howard, Charles Denis



Address

65-30 Kissena Blvd

City

Flushing

State / Province

New York

Zip / Postal Code

11367

Country

United States



Application

Application - HOWARD, CHARLES DENIS



Specialty Type



Name of School

Queens College, City University of New York

Education Type

College/University



Degree Attained

Bachelor of Arts



Date From

Sep-01-1969



Date To

Jun-01-1973



Did you graduate from the program?

Yes No

Graduation Date

Jun-01-1973



Major Program

Education Details

Licensee/Applicant *

Howard, Charles Denis



Address

Apartado Postal 1-440

City

Zapopan

State / Province

Jalisco

Zip / Postal Code

Country

Mexico



Application

Application - HOWARD, CHARLES DENIS



Specialty Type



Name of School

Universidad Autonoma De Guadalajara School

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Aug-01-1972



Date To

Jun-30-1977



Did you graduate from the program?

Yes No

Graduation Date

Jun-11-1976



Major Program

Education Details

Licensee/Applicant *

Howard, Charles Denis



Address

450 Clarkson Avenue

City

Brooklyn

State / Province

New York

Zip / Postal Code

11203

Country

United States



Application

Application - HOWARD, CHARLES DENIS



Specialty Type



Name of School

State University of New York Health Science C

Education Type

Medical School



Degree Attained

Fifth Pathway



Date From

Jul-01-1976



Date To

Jun-30-1977



Did you graduate from the program?

Yes No

Graduation Date

Jun-30-1977



Major Program

Education Details

Licensee/Applicant *

Howard, Charles Denis



Address

5000 Forbes Ave

City

Pittsburgh

State / Province

Pennsylvania

Zip / Postal Code

15213

Country

United States



Application

Application - HOWARD, CHARLES DENIS *



Specialty Type



Name of School

Carnegie Mellon University - Heinz College

Education Type

Graduate



Degree Attained

Master's Degree



Date From

Aug-01-2000



Date To

Aug-01-2001



Did you graduate from the program?

Yes No

Graduation Date

Aug-01-2001



Major Program



Examinations

Licensee / Applicant	Examination Type	Attended Date
HOWARD, CHARLES DENIS	Federation Licensing Examination (FLEX)	Jun-14-1977

Examination Details

Licensee / Applicant *

Howard, Charles Denis 

Attended Date

Jun-14-1977 

Number of Attempts

1

Application

Application - - HOWARD, CHARLES DENIS 


Location

Connecticut

Result

76.9

Examination Type

Federation Licensing Examination (FLEX) 

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
HOWARD, CHARLES DENIS	019006	N/A	Aug-10-1977	Feb-28-2001	Connecticut
HOWARD, CHARLES DENIS	ME147365	N/A	Sep-29-2020	Jan-31-2025	Florida
HOWARD, CHARLES DENIS	21246	N/A	Feb-13-1980	Dec-31-1987	Georgia
HOWARD, CHARLES DENIS	47632	N/A	May-06-1981	Feb-10-2007	Massachusetts
HOWARD, CHARLES DENIS	4301075460	N/A	Jan-03-2000	Jan-31-2004	Michigan
HOWARD, CHARLES DENIS	6544	N/A	Jun-24-1982	Jun-30-2024	New Hampshire
HOWARD, CHARLES DENIS	134087	N/A	Mar-24-1978	Mar-24-1978	New York
HOWARD, CHARLES DENIS	6233	N/A	Nov-22-1991	Dec-31-2002	North Dakota
HOWARD, CHARLES DENIS	11328	N/A	Jul-31-1978	Dec-31-1990	Tennessee

Other License Details

Licensee/Applicant

Howard, Charles Denis 

Licensing Board or Regulatory Authority

Connecticut Medical Examining Board

License Number

019006

State / Province

Connecticut

Country

United States 

Application

Application - - HOWARD, CHARLES DENIS 

License Type

License Status

Inactive

Issue Date

Aug-10-1977 

Expiration Date

Feb-28-2001 

Notes

Other License Details

Licensee/Applicant

Howard, Charles Denis



Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

ME147365

State / Province

Florida

Country

United States



Application

Application - - HOWARD, CHARLES DENIS



License Type

License Status

Active

Issue Date

Sep-29-2020



Expiration Date

Jan-31-2025



Notes

Other License Details

Licensee/Applicant

Howard, Charles Denis



Licensing Board or Regulatory Authority

Georgia Composite Medical Board

License Number

21246

State / Province

Georgia

Country

United States



Application

Application - - HOWARD, CHARLES DENIS



License Type

License Status

Inactive

Issue Date

Feb-13-1980



Expiration Date

Dec-31-1987



Notes

Other License Details

Licensee/Applicant

Howard, Charles Denis



Licensing Board or Regulatory Authority

Massachusetts Board of Registration in Medicine

License Number

47632

State / Province

Massachusetts

Country

United States



Application

Application - - HOWARD, CHARLES DENIS



License Type

License Status

Inactive

Issue Date

May-06-1981



Expiration Date

Feb-10-2007



Notes

Other License Details

Licensee/Applicant

Howard, Charles Denis



Licensing Board or Regulatory Authority

Michigan Board of Medicine

License Number

4301075460

State / Province

Michigan

Country

United States



Application

Application - - HOWARD, CHARLES DENIS



License Type

License Status

Inactive

Issue Date

Jan-03-2000



Expiration Date

Jan-31-2004



Notes

Other License Details

Licensee/Applicant

Howard, Charles Denis



Licensing Board or Regulatory Authority

New Hampshire Board of Medicine

License Number

6544

State / Province

New Hampshire

Country

United States



Application

Application - HOWARD, CHARLES DENIS



License Type

License Status

Active

Issue Date

Jun-24-1982



Expiration Date

Jun-30-2024



Notes

Other License Details

Licensee/Applicant

Howard, Charles Denis



Licensing Board or Regulatory Authority

New York State Board for Medicine

License Number

134087

State / Province

New York

Country

United States



Application

Application - HOWARD, CHARLES DENIS



License Type

License Status

Inactive

Issue Date

Mar-24-1978



Expiration Date

Mar-24-1978



Notes

Other License Details

Licensee/Applicant

Howard, Charles Denis



Licensing Board or Regulatory Authority

North Dakota Board of Medicine

License Number

6233

State / Province

North Dakota

Country

United States



Application

Application - - HOWARD, CHARLES DENIS



License Type

License Status

Inactive

Issue Date

Nov-22-1991



Expiration Date

Dec-31-2002



Notes

Other License Details

Licensee/Applicant

Howard, Charles Denis



Licensing Board or Regulatory Authority

Tennessee Board of Medical Examiners

License Number

11328

State / Province

Tennessee

Country

United States



Application

Application - - HOWARD, CHARLES DENIS



License Type

License Status

Inactive

Issue Date

Jul-31-1978



Expiration Date

Dec-31-1990




Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
HOWARD, CHARLES DENIS	The Long Island College Hospital	Internal Medicine	Jul-01-1977	Jun-30-1978	Internship
HOWARD, CHARLES DENIS	University of Tennessee College of Medicine	Ophthalmology	Jul-01-1978	Jun-30-1981	Residency
HOWARD, CHARLES DENIS	Tufts Medical Center Program	Other	Jul-01-1981	Jul-30-1982	Fellowship

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 *

Howard, Charles Denis 

Program Type *

Residency 

Date From

Jul-01-1978 

Name of School or Institution

University of Tennessee College of Medicine


Specialty Type

Ophthalmology 

Other (Specialty)

Training Status *


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-1981 

Application

Application - - HOWARD, CHARLES DENIS 

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

Tennessee

County

Street Address 1

Zip / Postal Code

Country

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

Specialties

Licensee / Applicant ▼	Specialty Type ▼	Primary Specialty? ▼	Effective Date ▼	End Date ▼
CHARLES HOWARD	Ophthalmology	Yes	Jul-01-1978	N/A

Specialty Details

Licensee / Applicant *

Howard, Charles Denis 

Effective Date

Jul-01-1978 

Application

Application - - HOWARD, CHARLES DENIS 

Primary Specialty?

Yes No

Specialty Type *

Ophthalmology 

Other (Specialty)

End Date



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 Charles Denis Howard, MD, MMM

Sign your name _____

Date 5/20/2023

RECEIVED

NOV 06 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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.

