

Demographic Details

First Name

Charles

Middle Name

Scott

Last Name *

Needham

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

Military Detail

Gender

Male

Date of Birth

-1961

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

3879 S McKenzie Lane

Address Line 2

City

Washington

County

Washington

ZIP / Postal Code

84780

State / Province

Utah

Country

United States



Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

(406) 690-2008

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Needham, Charles Scott

▼



Application Number

License Issued?

☐ Yes ☐ No

Application Status

Pending Review by the Board

▼



Assigned To

▼



Manual Paper Application?

☐ Yes ☒ No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor


▼




Obtained By

NB

▼




Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date



Application Details

Application Type

Medical Doctor - Active

▼



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

- Paid in Full

▼



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

Not subject to a court order

▼



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
Needham, Charles Scott	American Board	N/A	Surgery,General	Sep-15-1998	Dec-01-2008
Needham, Charles Scott	American Board	N/A	Surgery,Cardiothoracic	Jun-09-2000	Dec-10-2018

Board Certification Details

Licensee / Applicant

Needham, Charles Scott

▼

Specialty

Surgery,General

▼

Certifying Board

American Board

▼

Other Certifying Board

Initial Certification Date

Sep-15-1998

Recertification Date

Dec-01-2008

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application -

- Needham, Charles Scott

▼

Board Certification Details

Licensee / Applicant

Needham, Charles Scott

▼

Specialty

Surgery,Cardiothoracic

▼

Certifying Board

American Board

▼

Other Certifying Board

Initial Certification Date

Jun-09-2000

Recertification Date

Dec-10-2018

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application -

- Needham, Charles Scott

▼

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Charles Needham	Ft Lewis Army Medical Center	Jul-01-1999	Jun-30-2005	100
Charles Needham	Lovelace Medical Center	Jul-01-2005	Nov-30-2005	100
Charles Needham	The Billings Clinic	Dec-05-2005	Nov-30-2012	100
Charles Needham	St Vincents Medical Center	Dec-01-2012	Sep-30-2014	100
Charles Needham	Idaho Heart Institute	Oct-01-2019	Dec-31-2021	100
Charles Needham	St George Heart and Vascular	Feb-01-2023	Jan-20-2024	100

Application Activity Details

Licensee / Applicant

Needham, Charles Scott ▼




Name of Organization / Institution

Ft Lewis Army Medical Center

Start Date

Jul-01-1999



End Date

Jun-30-2005



Percent Clinical *

100

Position


Application

Application - - Needham, Charles Scott ▼



Activity Type

Military Assignment ▼



Location Details

Street Address 1

Country

United States ▼



City

Ft Lewis (Tacoma)

State / Province

Washington

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Needham, Charles Scott ▼




Name of Organization / Institution

Lovelace Medical Center

Start Date

Jul-01-2005



End Date

Nov-30-2005



Percent Clinical *

100

Position

Application

Application - - Needham, Charles Scott ▼



Activity Type

Employment ▼



Location Details

Street Address 1

Country

United States ▼



City

Albuquerque

State / Province

New Mexico

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Needham, Charles Scott ▼



Name of Organization / Institution

The Billings Clinic

Start Date

Dec-05-2005



End Date

Nov-30-2012



Percent Clinical *

100

Position


Application

Application - - Needham, Charles Scott ▼



Activity Type

Employment ▼



Location Details

Street Address 1

Country

United States ▼



City

Billings

State / Province

Montana

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Needham, Charles Scott ▼



Name of Organization / Institution

St Vincents Medical Center

Start Date

Dec-01-2012



End Date

Sep-30-2014



Percent Clinical *

100

Position


Application

Application - - Needham, Charles Scott ▼



Activity Type

Employment ▼



Location Details

Street Address 1

Country

United States ▼



City

Billings

State / Province

Montana

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Needham, Charles Scott ▼



Name of Organization / Institution

Idaho Heart Institute

Start Date

Oct-01-2019



End Date

Dec-31-2021



Percent Clinical *

100

Position


Application

Application - - Needham, Charles Scott ▼



Activity Type

Medical Practice/Physician ▼



Location Details

Street Address 1

Country

United States ▼



City

Idaho Falls

State / Province

Idaho

Zip / Postal Code

Application Activity Details

Licensee / Applicant	Name of Organization / Institution
<div>Needham, Charles Scott</div>	<div>St George Heart and Vascular</div>
Start Date	End Date
<div>Feb-01-2023</div>	<div>Jan-20-2024</div>
Percent Clinical *	Position
<div>#100</div>	<div></div>
Application	Activity Type
<div>Application - - Needham, Charles Scott</div>	<div>Medical Practice/Physician</div>

Location Details

Street Address 1	Country
<div>1841 E Riverside Dr</div>	<div>United States</div>
City	State / Province
<div>St George</div>	<div>Utah</div>
	Zip / Postal Code
	<div>84790-7063</div>

Declarations

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

Declaration

Licensee/Applicant

Needham, Charles Scott	▼	
------------------------	---	--

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 -	- Needham, Charles Scott	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Needham, Charles Scott

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 -

- Needham, Charles Scott


Renewal

Declaration

Licensee/Applicant

Needham, Charles Scott ▼	
--------------------------	---

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 -	- Needham, Charles Scott ▼	
---------------	----------------------------	---

Renewal

▼	
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Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ↑ ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Needham, Charles Scott	Medical School	Kirksville College of Osteopathic Medicine at AT Still University	Transferred	Aug-25-1986	Jul-29-1988	N/A
Needham, Charles Scott	Medical School	Rosalind Franklin University of Medicine and Science	Medical Doctor Degree	Aug-01-1988	Jun-09-1991	Jun-09-1991

Education Details

Licensee/Applicant *

Needham, Charles Scott

▼

Address

City

Kirksville

State / Province

MO

Zip / Postal Code

Country

▼

Application

Application - - Needham, Charles Scott

▼

Specialty Type

▼

Name of School

Kirksville College of Osteopathic Medicine at A

Education Type

▼

Degree Attained

▼

Date From

Aug-25-1986

Date To

Jul-29-1988

Did you graduate from the program?

☐ Yes ☒ No

Graduation Date

Major Program

Education Details

Licensee/Applicant *

Needham, Charles Scott

▼



Address

City

North Chicago

State / Province

IL

Zip / Postal Code

Country

▼



Application

Application - - Needham, Charles Scott

▼



Specialty Type

▼



Name of School

Rosalind Franklin University of Medicine and S

Education Type

Medical School

▼



Degree Attained

Medical Doctor Degree

▼




Date From

Aug-01-1988



Date To

Jun-09-1991



Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Jun-09-1991



Major Program

Examinations

Licensee / Applicant ▼	Examination Type ▼	Attended Date ↑
Needham, Charles Scott	National Board of Medical Examiners (NBME)	Jun-13-1989
Needham, Charles Scott	National Board of Medical Examiners (NBME)	Sep-25-1990
Needham, Charles Scott	National Board of Medical Examiners (NBME)	Mar-04-1992

Examination Details

Licensee / Applicant *

Needham, Charles Scott

▼



Attended Date

Jun-13-1989



Number of Attempts

#

1

Application

Application -

- Needham, Charles Scott

▼



Location


Result

445/78

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 *

Needham, Charles Scott

▼



Attended Date

Sep-25-1990



Number of Attempts

#


1

Application

Application -

- Needham, Charles Scott

▼



Location


Result

380/78

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 *

Needham, Charles Scott

▼



Attended Date

Mar-04-1992



Number of Attempts

#


1

Application

Application -

- Needham, Charles Scott

▼



Location


Result

390/77

Examination Type

National Board of Medical Examiners (NBME)

▼



Other Exam

Are you currently certified?

☒ Yes

☐ No

Steps

Part III

Certificate Number

Exam Date



Expiration Date



Hospitals

Licensee / Applicant	Name of Organization	Start Date	End Date
Charles Needham	St George Regional Medical Center	Dec-15-2023	N/A

Hospital Details

Licensee / Applicant

Needham, Charles Scott

▼



Name of Organization

St George Regional Medical Center

Application

Application -

- Needham, Charles Scott

▼



Start Date

Dec-15-2023



End Date



Address Details

Street Address Line 1

1380 E Medical Dr

State / Province

Utah

Street Address Line 2

ZIP / Postal Code

84790

City

St George

Country

United States

▼



Military Service

Licensee / Applicant	Branch of Service	Military Occupation Specialty	Start Date	End Date
Charles Needham	U.S. Air Force	Medical Services	Jul-01-2012	Jun-01-2018

Military Service Details

Licensee / Applicant *

Needham, Charles Scott

▼

Military Occupation Specialty *

Medical Services

▼

End Date

Jun-01-2018

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 Comissioned 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-01-2012

Application

Application -

- Needham, Charles Scott

▼

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 ↑
Needham, Charles Scott	M-12600	N/A	Aug-18-2014	Jun-30-2023	Idaho
Needham, Charles Scott	4301101890	N/A	Sep-12-2012	Jan-31-2016	Michigan
Charles Needham	MED-PHYS-LIC-10916	N/A	Sep-14-2005	Mar-31-2024	Montana
Charles Needham	MD2005-0122	N/A	Mar-23-2005	Jul-01-2025	New Mexico
Needham, Charles Scott	MD22820	N/A	Jan-19-2001	Jan-01-2002	Oregon
Charles Needham	188161-1205	N/A	Sep-29-1992	Jan-31-2026	Utah
Charles Needham	MD00041334	N/A	Jun-27-2002	Aug-14-2007	Washington
Needham, Charles Scott	TL2055	N/A	Feb-11-2013	Nov-01-2013	Wyoming
Needham, Charles Scott	9485A	N/A	Nov-01-2013	Jun-30-2016	Wyoming

Other License Details

Licensee/Applicant

Needham, Charles Scott

▼



Licensing Board or Regulatory Authority

Idaho Board of Medicine

License Number

M-12600

State / Province

Idaho

Country

United States

▼



Application

Application -

- Needham, Charles Scott

▼




License Type

License Status

inactive

Issue Date

Aug-18-2014



Expiration Date

Jun-30-2023



Notes

Other License Details

Licensee/Applicant

Needham, Charles Scott

▼



Licensing Board or Regulatory Authority

Michigan Board of Medicine

License Number

4301101890

State / Province

Michigan

Country

United States

▼



Application

Application -

- Needham, Charles Scott

▼



License Type

License Status

inactive

Issue Date

Sep-12-2012



Expiration Date

Jan-31-2016



Notes

Other License Details

Licensee/Applicant

Needham, Charles Scott

▼



Licensing Board or Regulatory Authority

Montana Board of Medicine

License Number

MED-PHYS-LIC-10916

State / Province

Montana

Country

United States

▼



Application

Application -

- Needham, Charles Scott

▼




License Type

License Status

active

Issue Date

Sep-14-2005



Expiration Date

Mar-31-2024



Notes

Other License Details

Licensee/Applicant

Needham, Charles Scott

▼



Licensing Board or Regulatory Authority

New Mexico Board of Medicine

License Number

MD2005-0122

State / Province

New Mexico

Country

United States

▼



Application

Application -

- Needham, Charles Scott

▼



License Type

License Status

active

Issue Date

Mar-23-2005



Expiration Date

Jul-01-2025



Notes

Other License Details

Licensee/Applicant

Needham, Charles Scott

▼



Licensing Board or Regulatory Authority

Oregon Board of Medicine

License Number

MD22820

State / Province

Oregon

Country

United States

▼



Application

Application -

- Needham, Charles Scott

▼



License Type

License Status

inactive

Issue Date

Jan-19-2001



Expiration Date

Jan-01-2002



Notes

Other License Details

Licensee/Applicant

Needham, Charles Scott

▼



Licensing Board or Regulatory Authority

Utah Board of Medicine

License Number

188161-1205

State / Province

Utah

Country

United States

▼



Application

Application -

- Needham, Charles Scott

▼



License Type

License Status

active

Issue Date

Sep-29-1992



Expiration Date

Jan-31-2026



Notes

Other License Details

Licensee/Applicant

Needham, Charles Scott

▼



Licensing Board or Regulatory Authority

Washington Board of Medicine

License Number

MD00041334

State / Province

Washington

Country

United States

▼




Application

Application -

- Needham, Charles Scott

▼



License Type

License Status

inactive

Issue Date

Jun-27-2002



Expiration Date

Aug-14-2007



Notes

Other License Details

Licensee/Applicant

Needham, Charles Scott

▼



Licensing Board or Regulatory Authority

Wyoming

License Number

TL2055

State / Province

Wyoming

Country

▼



Application

Application -

- Needham, Charles Scott

▼



License Type

License Status

Expired

Issue Date

Feb-11-2013



Expiration Date

Nov-01-2013



Notes

Other License Details

Licensee/Applicant

Needham, Charles Scott

▼



Licensing Board or Regulatory Authority

Wyoming

License Number

9485A

State / Province

Wyoming

Country

▼



Application

Application -

- Needham, Charles Scott

▼




License Type

License Status

Expired

Issue Date

Nov-01-2013



Expiration Date

Jun-30-2016



Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type
Needham, Charles Scott	William Beaumont Army Medical Center Program	Surgery,General	Jul-01-1991	Jun-30-1992	Internship
Needham, Charles Scott	Dwight David Eisenhower Army Medical Center	Surgery, General	Jul-01-1993	Jun-30-1997	Residency
Needham, Charles Scott	Walter Reed Army Medical Center	Surgery, Cardiothoracic	Jul-01-1997	Jun-30-1999	Fellowship

Postgraduate Training Details

Licensee / Applicant *

Needham, Charles Scott	▼	
------------------------	---	---

Program Type *

Internship	▼	
------------	---	---

Date From

Jul-01-1991	
-------------	---

Name of School or Institution

William Beaumont Army Medical Center Program
--

Specialty Type

Surgery,General	▼	
-----------------	---	---


Other (Specialty)

--


Training Status *

	▼	
--	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-1992	
-------------	---

Application

Application -	- Needham, Charles Scott	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

Texas

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code

--

Country


	▼	
--	---	---

Postgraduate Training Details


Licensee / Applicant *

Needham, Charles Scott	▼	
------------------------	---	---

Program Type *

Residency	▼	
-----------	---	---

Date From

Jul-01-1993	
-------------	---

Name of School or Institution

Dwight David Eisenhower Army Medical Center

Specialty Type

Surgery, General	▼	
------------------	---	---


Other (Specialty)

--

Training Status *

	▼	
--	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-1997	
-------------	---

Application

Application -	- Needham, Charles Scott	▼	
---------------	--------------------------	---	---

Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

Georgia

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code

--

Country

	▼	
--	---	---

Postgraduate Training Details

Licensee / Applicant *

Needham, Charles Scott	▼	
------------------------	---	---

Program Type *

Fellowship	▼	
------------	---	---

Date From

Jul-01-1997	
-------------	---

Name of School or Institution

Walter Reed Army Medical Center

Specialty Type

Surgery, Cardiothoracic	▼	
-------------------------	---	---


Other (Specialty)

--

Training Status *

	▼	
--	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-1999	
-------------	---

Application

Application -	- Needham, Charles Scott	▼	
---------------	--------------------------	---	---

Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

District of Columbia

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code

--

Country

	▼	
--	---	---

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Charles Needham	Surgery, Vascular	No	Jul-01-1999	Jan-20-2024
Charles Needham	Surgery, Cardiovascular	Yes	Jul-01-1999	Jan-20-2024
Charles Needham	Surgery, Thoracic	No	Jul-01-1999	Jan-20-2024

Specialty Details

Licensee / Applicant *

Needham, Charles Scott

▼



Effective Date

Jul-01-1999



Application

Application -

- Needham, Charles Scott

▼



Primary Specialty?

☐ Yes ☒ No

Specialty Type *

Surgery, Vascular

▼



Other (Specialty)

End Date

Jan-20-2024



Specialty Details

Licensee / Applicant *

Needham, Charles Scott

▼

Effective Date

Jul-01-1999

Application

Application -

- Needham, Charles Scott

▼

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Surgery, Cardiovascular

▼

Other (Specialty)

End Date

Jan-20-2024

Specialty Details

Licensee / Applicant *

Needham, Charles Scott

▼



Effective Date

Jul-01-1999



Application

Application -

- Needham, Charles Scott

▼



Primary Specialty?

☐ Yes ☒ No

Specialty Type *

Surgery, Thoracic

▼



Other (Specialty)

End Date

Jan-20-2024



FEB 26 2024

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, 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 SCOTT NEEDHAM

Sign your name _____

Date 2/22/2024

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.

