Demographic Details

First Name	Gender	
Charles	Male	7
Middle Name	Date of Birth	
Scott	-1961	ä
Last Name *	Name Suffix	
Needham		
Previous Name(s)	City of Birth	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public information	n)
Is this person deceased?		
○ Yes ○ No		
Date Deceased		
Do you have a Nevada Business License in your individual name?		
○ Yes ○ No		
Nevada BIN		
Historical File Number		

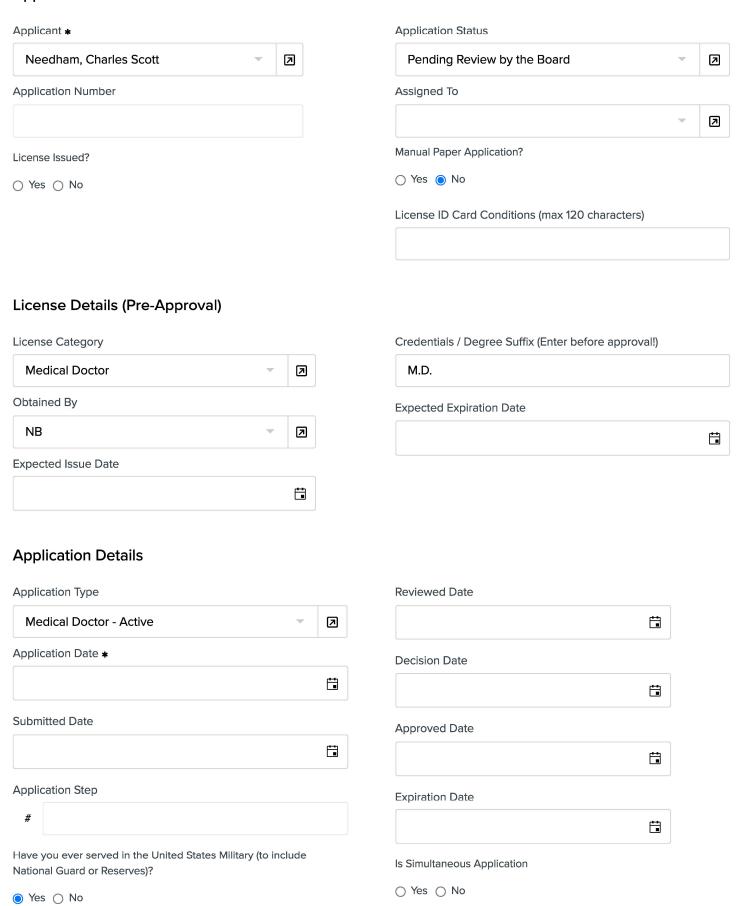
Military Detail

Have you ever served in the United States Military (to include National C	Guard or Reserves)?									
Yes ○ No										
Discipline / SPL										
Disciplinary Action?	SPL?									
○ Yes ○ No	○ Yes ○ No									
	Date of SPL Issuance									
Contact Information										
Primary Phone	Secondary Phone									
#	#									
Primary Phone Extension	Secondary Phone Extension									
Primary E-mail Address	Mail should be directed to									
	▼ ⊼									
Cell Phone	Fax									
#	#									
Public Address										
Street Address	ZIP / Postal Code									
3879 S McKenzie Lane	84780									
Address Line 2	State / Province									
	Utah									
City	Country									
Washington	United States									
County	Is your physical address different from your mailing address?									
Washington	○ Yes No									
	Public Phone									
	# (406) 690-2008									

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	7
	County (Mailing)

Application Status



Are you the spouse of an active duty member or surviving spouse of a veteran?	
○ Yes No	
Invoices	
Application Invoice	Application Payment Date
- Paid in Full	
Licensure Invoice	Licensure Payment Date
— 2	
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.	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
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	Child Support Attestation Type Not subject to a court order
for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.	I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.
	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	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.
the same were procured in the regular course of instruction and	Yes ○ No

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

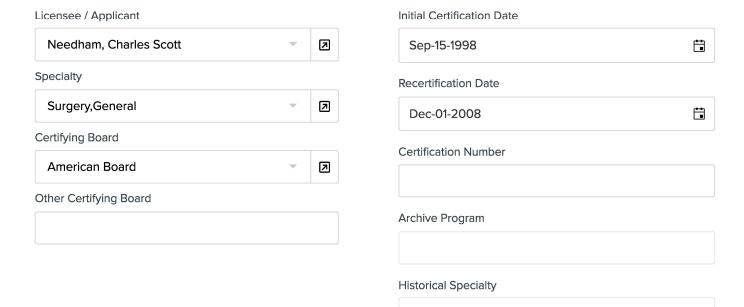
O Yes O No

medicine in the state of Nevada.

Board Certifications

Licensee / Applicant	T	Certifying Board	T	Other Certifying Board	T	Specialty	T	Initial Certification Date †	7	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

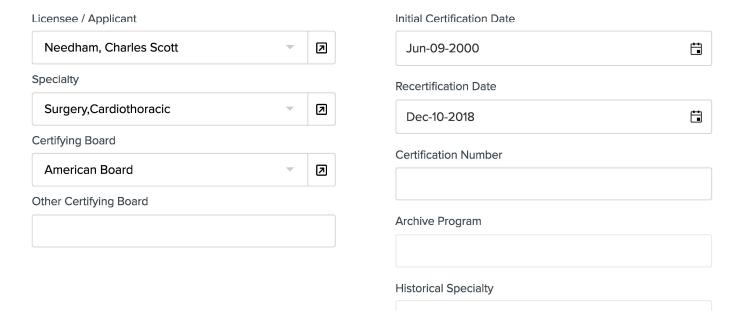


Connected Record

Application



Board Certification Details



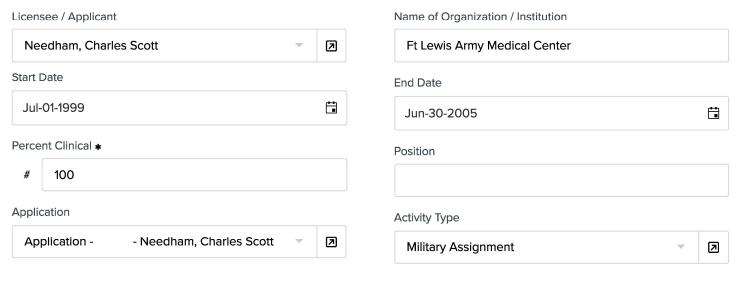
Connected Record

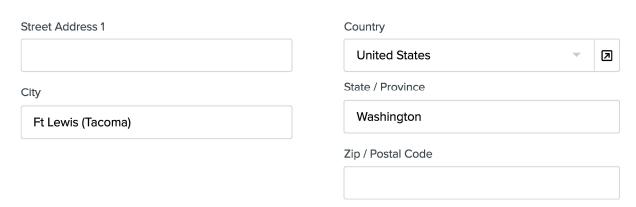
Application

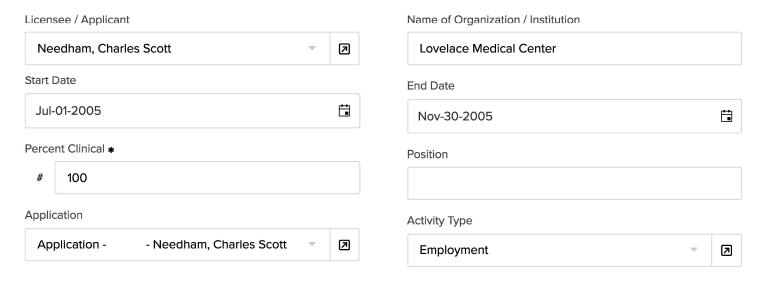


Activities

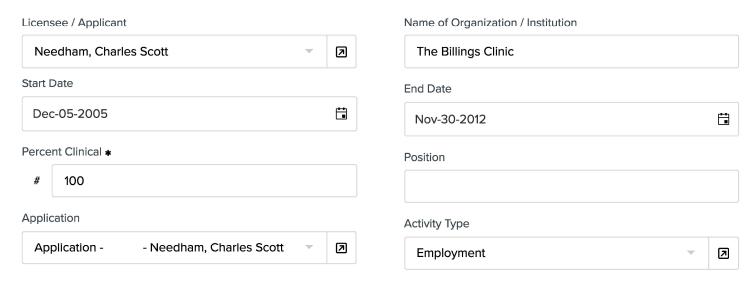
Licensee / Applicant	✓ Name of Organization / Institution ▼	Start Date †	End Date	Percent Clinical
Charles Needham	Ft Lewis Army Medical Center	Jul-01-1999	Jun-30-2005	100
Charles Needham	Lovelace Medical Center	Jul-01-2005	Nov-30-2005	100
Charles Needham	The Billings Clinic	Dec-05-2005	Nov-30-2012	100
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



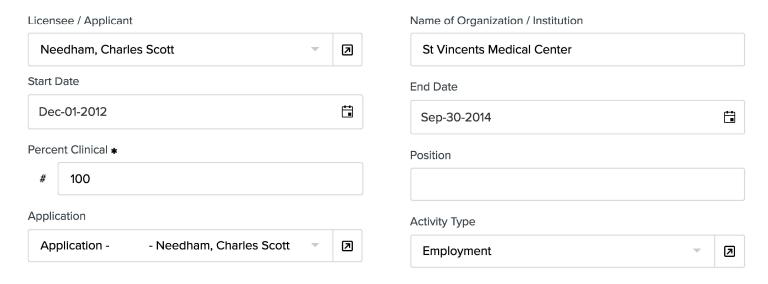




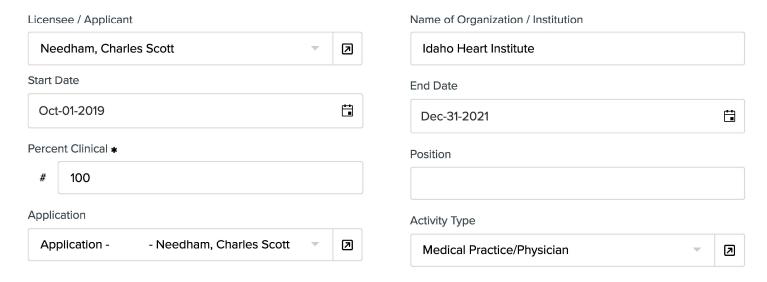




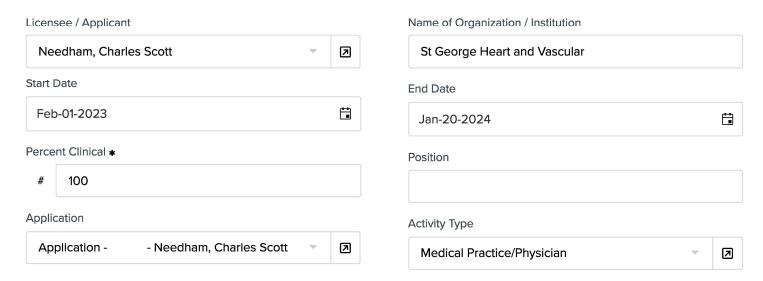


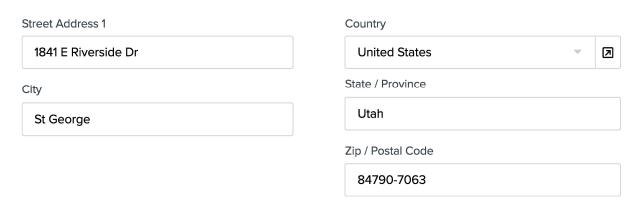










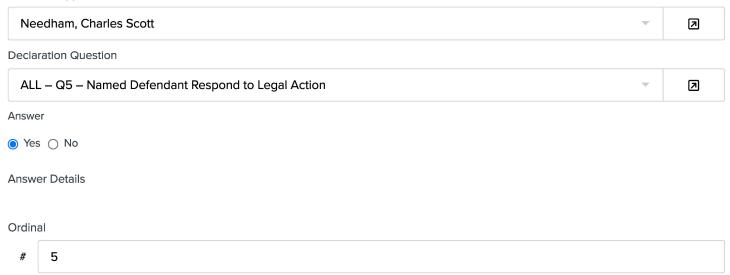


Declarations

Ordinal † T	Licensee/Applicant ▼	Declaration Question	,	Answer	T	Answer Details
Ordinal T T	Licensee/Applicant 9	Decidation guestion		Aliswei	ī	Allswer 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



Declaration Text

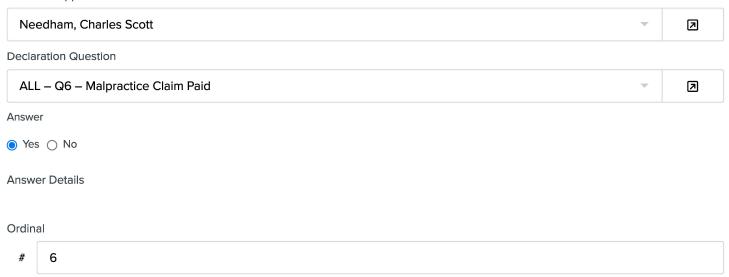
Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To



Declaration

Licensee/Applicant



Declaration Text

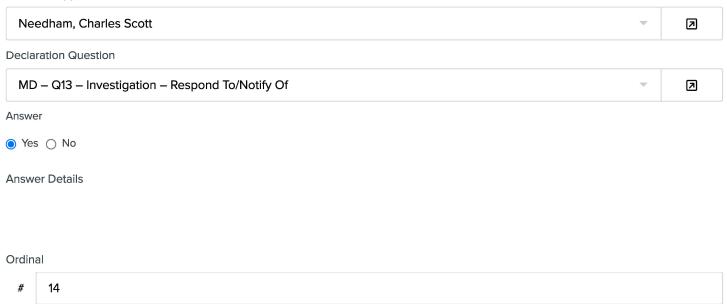
Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To



Declaration

Licensee/Applicant



Declaration Text

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

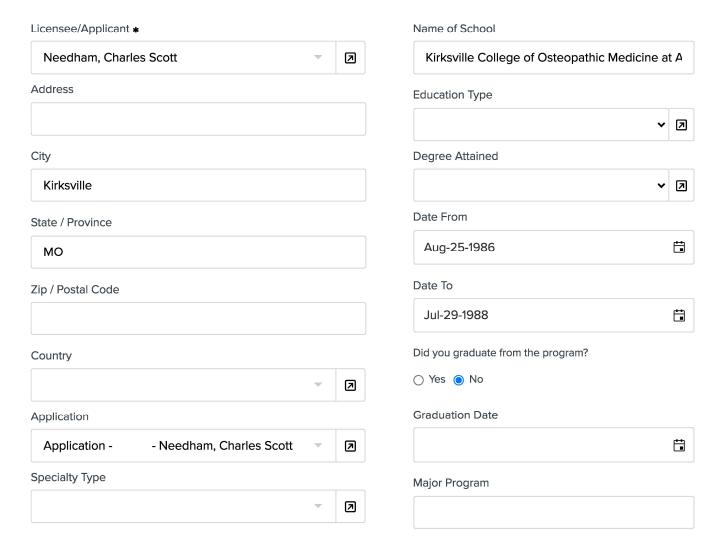
Related To



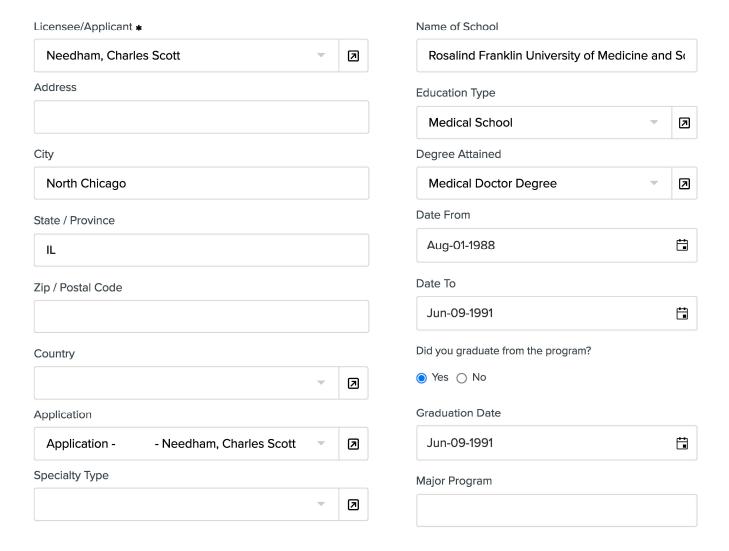
Education

Licensee/Applicant	Education Type	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



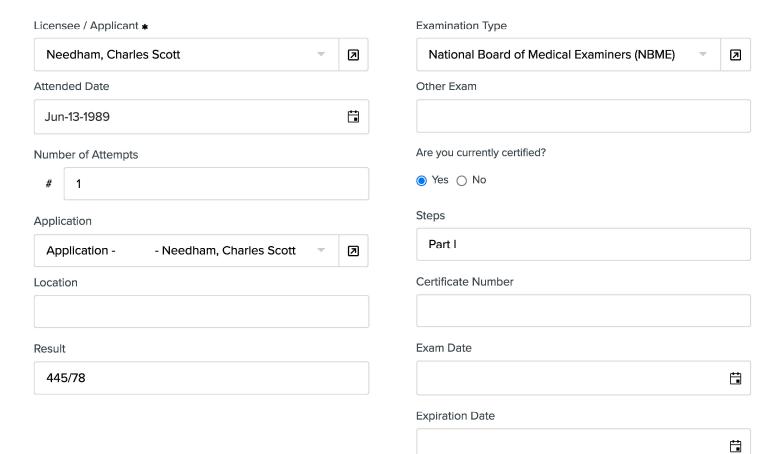
Education Details



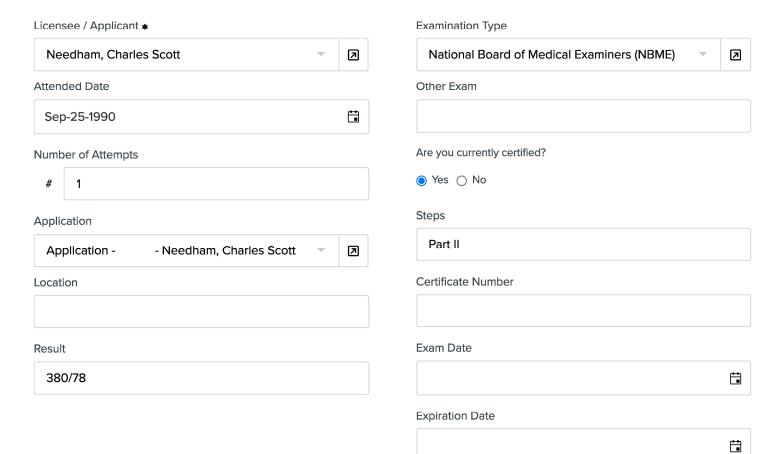
Examinations

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

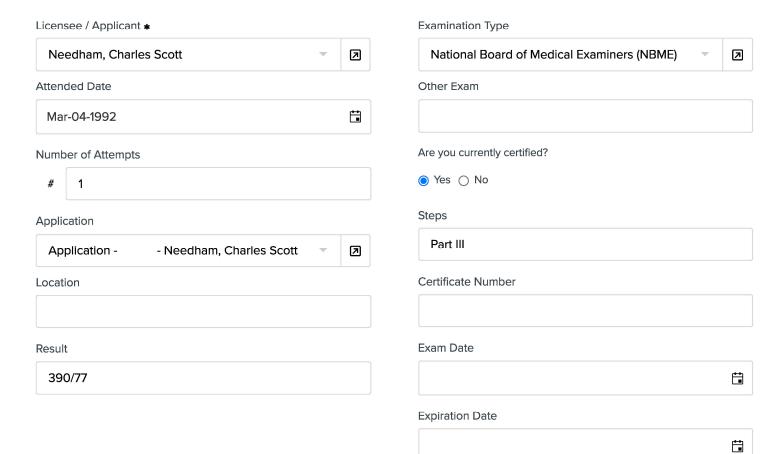
Examination Details



Examination Details



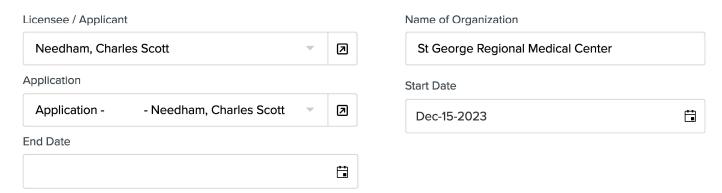
Examination Details



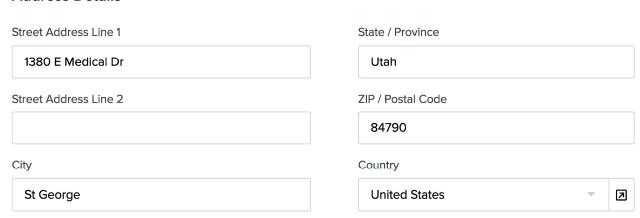
Hospitals

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

Hospital Details



Address Details



Military Service

Licensee / Applicant	Ŧ	Branch of Service	T	Military Occupation Specialty	T	Start Date	7	End Date
Charles Needham		U.S. Air Force		Medical Services		Jul-01-2012		Jun-01-2018

Military Service Details

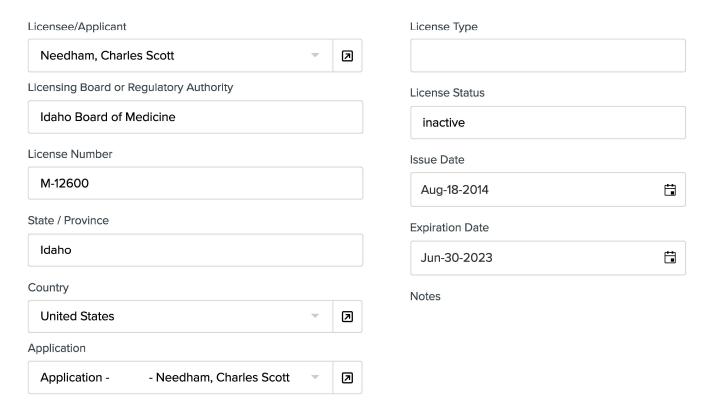
the United States?

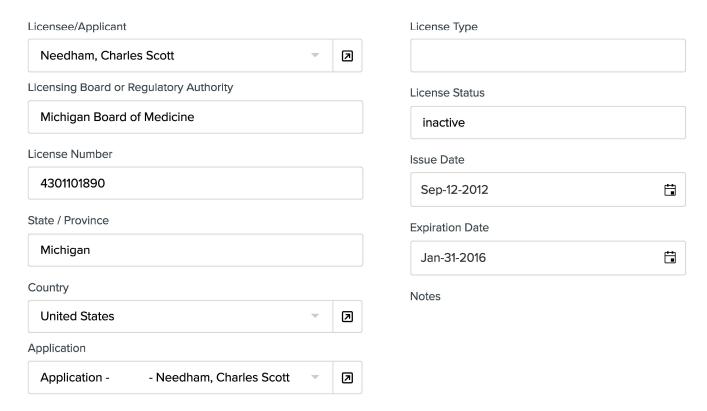
O Yes O No

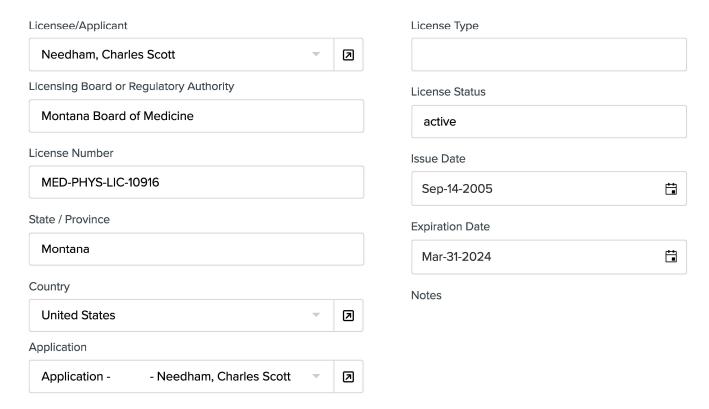
Licensee / Applicant * Branch of Service * Needham, Charles Scott **7** U.S. Air Force **2** Military Occupation Specialty * Start Date * **Medical Services** Ø Jul-01-2012 **End Date** Application Jun-01-2018 - Needham, Charles Scott Application -7 Are you still serving? Have you ever served on active duty in the Armed Forces of the **United States?** ○ Yes ○ No 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 Did you separate from service under conditions other than Forces of the United States? dishonorable? O Yes O No O Yes O 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

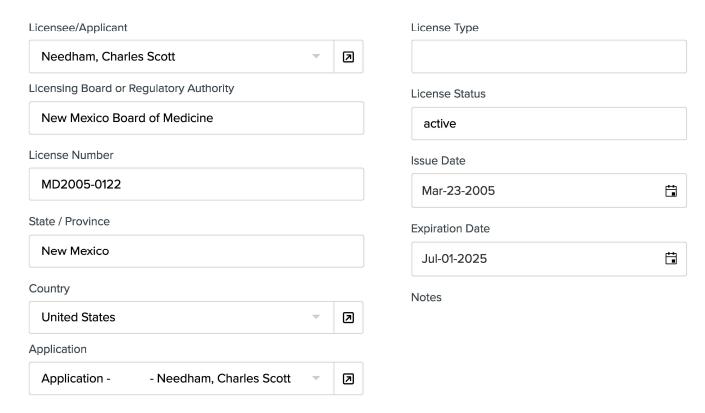
Other Licenses

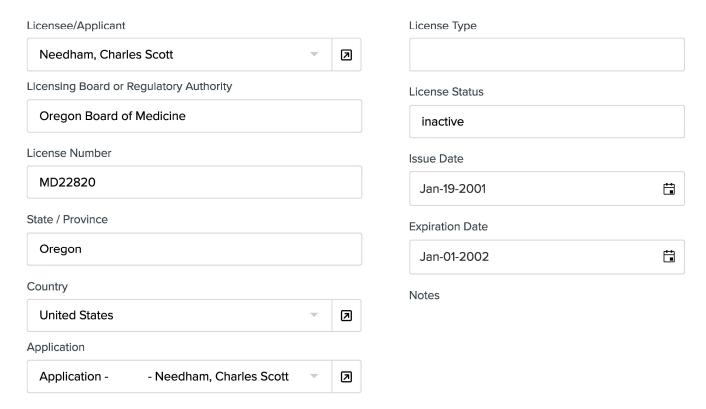
Licensee/Applicant	License Number	License Type ▼	Issue Date	Expiration Date	State / Province †
Needham, Charles Scott	M-12600	N/A	Aug-18-2014	Jun-30-2023	ldaho
Needham, Charles Scott	4301101890	N/A	Sep-12-2012	Jan-31-2016	Michigan
Charles Needham	MED-PHYS-LIC-10916	N/A	Sep-14-2005	Mar-31-2024	Montana
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

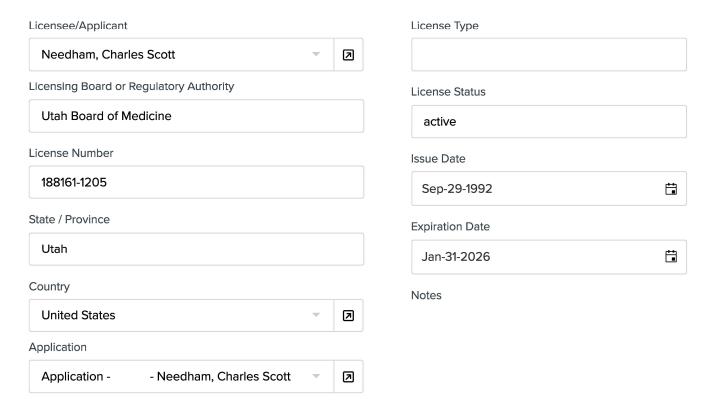


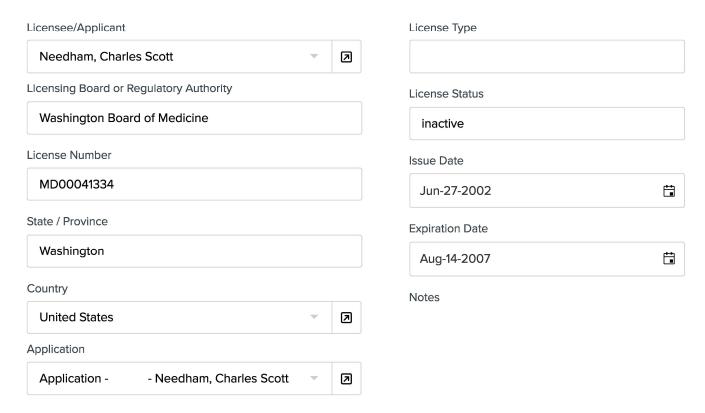


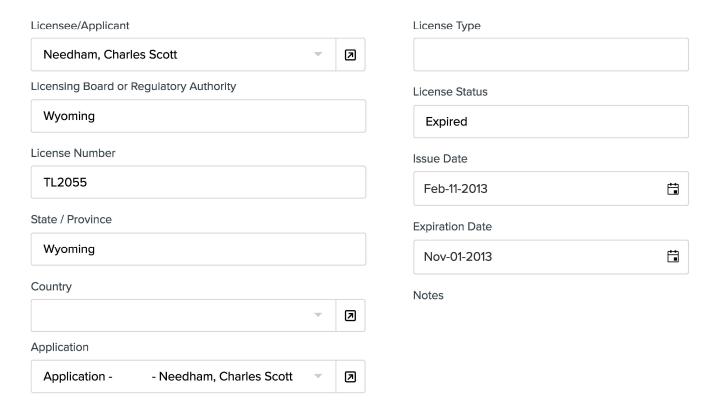


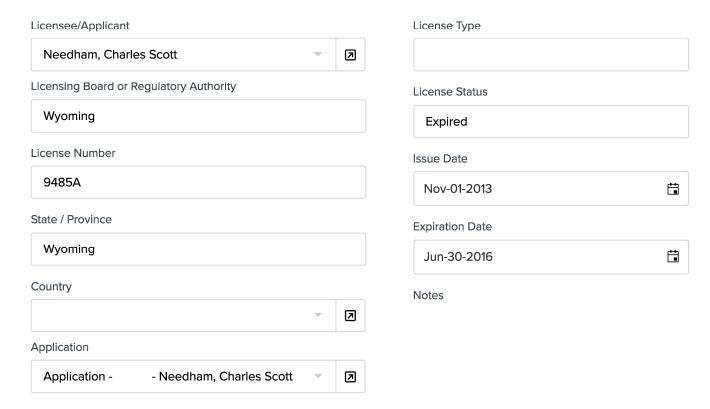








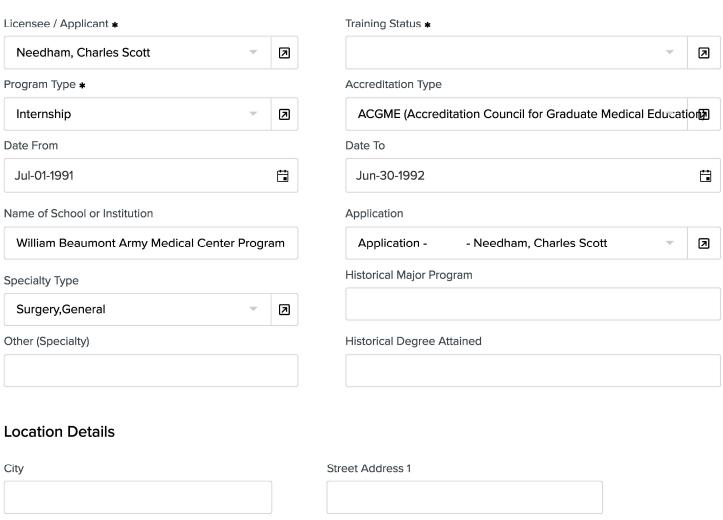


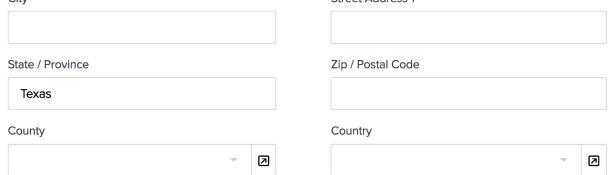


Postgraduate Training

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



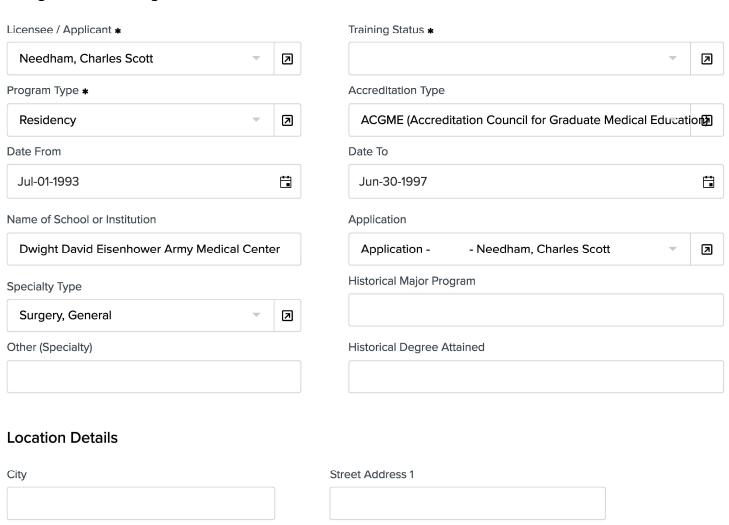


Postgraduate Training Details

State / Province

Georgia

County



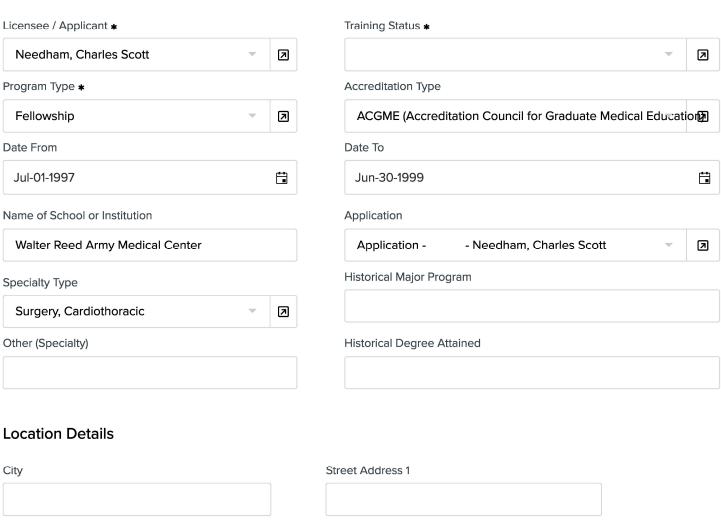
Zip / Postal Code

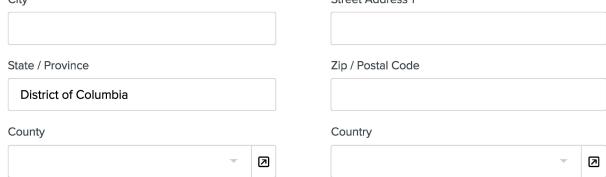
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Country

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Postgraduate Training Details

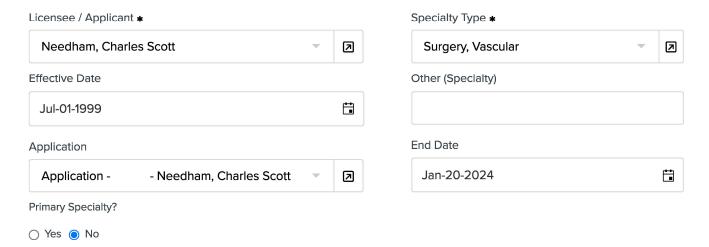




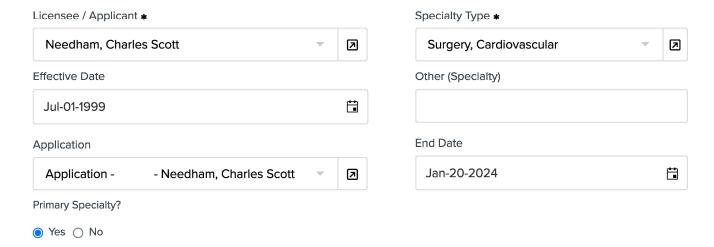
Specialties

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

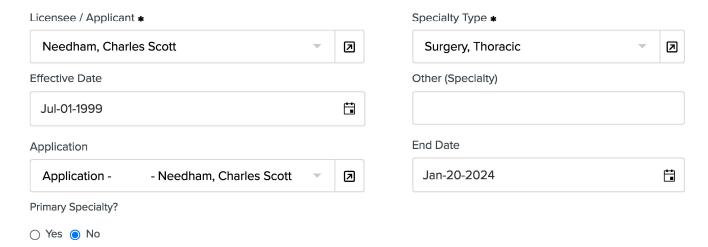
Specialty Details



Specialty Details



Specialty Details



FEB 26 2024

ATTENTION APPLICANT!

NEVADA STATE BOARD OF MEDICAL EXAMINERS

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.

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<i>Print</i> your nan	ne CHANLES	SLOTT A	JEEDHAM	
S <i>ign</i> your nam	ne			
Date	2/22/2024			

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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.

