

Demographic Details

First Name

Lana

Middle Name

Noelle

Last Name *

Renk

Previous Name(s)

Lana Van Dyke, Lana Williamson

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

Female

Date of Birth

-1984

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

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

8863 Sherborne Gate Ave.

ZIP / Postal Code

89148

Address Line 2

State / Province

Nevada

City

Las Vegas

Country

United States



County

Clark

Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

(913) 220-8920

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Renk, Lana Noelle

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

Physician Assistant

Obtained By

NCCPA

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

PA-C

Expected Expiration Date

Application Details

Application Type

Physician Assistant

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

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical
Renk Lana	Studied for PANCE, interviewed for jobs, mother, managed home	May-07-2010	Aug-18-2010	0
Renk Lana	Medi-Weightloss Clinic (Dr. James Mirabile)	Aug-19-2010	Feb-10-2012	95
Renk Lana	The University of Kansas Health System	Nov-01-2011	Mar-09-2018	95
Renk Lana	Prepared to move to a new state, mother, managed home	Mar-10-2018	May-31-2018	0
Renk Lana	Las Vegas Prosthodontics Business Owner and Practice Manager	Jun-01-2018	Sep-04-2023	0
Renk Lana	Preparing to re-enter medical field/apply for license, CME/training courses, mother, manage home	Sep-05-2023	Jan-04-2024	0

Application Activity Details

Licensee / Applicant


Renk, Lana Noelle

▼



Start Date

May-07-2010



Percent Clinical *

#

0

Application

Application -

- Renk, Lana Noelle

▼



Name of Organization / Institution

Studied for PANCE, interviewed for jobs, mother, manage

End Date

Aug-18-2010



Position

Activity Type

Vacation

▼



Location Details

Street Address 1


City

Lenexa

Country

United States

▼



State / Province

Kansas


Zip / Postal Code

Application Activity Details

Licensee / Applicant

Renk, Lana Noelle	▼	
-------------------	---	---

Start Date

Aug-19-2010	
-------------	---

Percent Clinical *

#	95
---	----

Application

Application -	- Renk, Lana Noelle	▼	
---------------	---------------------	---	---

Name of Organization / Institution

Medi-Weightloss Clinic (Dr. James Mirabile)


End Date

Feb-10-2012	
-------------	---

Position

--

Activity Type

Medical Practice/Physician	▼	
----------------------------	---	---

Location Details

Street Address 1

4550 W 109th St Suite 130

City

Overland Park

Country

United States	▼	
---------------	---	---

State / Province

Kansas

Zip / Postal Code


66211

Application Activity Details

Licensee / Applicant

Renk, Lana Noelle	▼	
-------------------	---	---

Start Date

Nov-01-2011	
-------------	---

Percent Clinical *

#	95
---	----

Application

Application -	- Renk, Lana Noelle	▼	
---------------	---------------------	---	---

Name of Organization / Institution

The University of Kansas Health System
--


End Date

Mar-09-2018	
-------------	---

Position

--

Activity Type

Medical Practice/Physician	▼	
----------------------------	---	---

Location Details

Street Address 1

7405 Renner Road

City

Shawnee

Country

United States	▼	
---------------	---	---

State / Province

Kansas

Zip / Postal Code

66217

Application Activity Details

Licensee / Applicant

Renk, Lana Noelle	▼	
-------------------	---	---

Start Date

Mar-10-2018	
-------------	---

Percent Clinical *

#	0
---	---

Application

Application -	- Renk, Lana Noelle	▼	
---------------	---------------------	---	---

Name of Organization / Institution

Prepared to move to a new state, mother, managed hom
--


End Date

May-31-2018	
-------------	---

Position

--

Activity Type

Non-Medical	▼	
-------------	---	---

Location Details

Street Address 1

--

City

Lenexa

Country

United States	▼	
---------------	---	---

State / Province

Kansas

Zip / Postal Code


66227

Application Activity Details

Licensee / Applicant

Renk, Lana Noelle	▼	
-------------------	---	---

Start Date

Jun-01-2018	
-------------	---

Percent Clinical *

#	0
---	---

Application

Application -	- Renk, Lana Noelle	▼	
---------------	---------------------	---	---

Name of Organization / Institution

Las Vegas Prosthodontics Business Owner and Practice
--

End Date

Sep-04-2023	
-------------	---

Position

--

Activity Type

Employment	▼	
------------	---	---

Location Details

Street Address 1

851 South Rampart Boulevard, Suite 250
--

City

Las Vegas

Country

United States	▼	
---------------	---	---

State / Province

Nevada

Zip / Postal Code

89145

Application Activity Details

Licensee / Applicant	Name of Organization / Institution
<div>Renk, Lana Noelle</div>	<div>Preparing to re-enter medical field/apply for license, CMI</div>
Start Date	End Date
<div>Sep-05-2023</div>	<div>Jan-04-2024</div>
Percent Clinical *	Position
<div># 0</div>	<div></div>
Application	Activity Type
<div>Application - - Renk, Lana Noelle</div>	<div>Non-Medical</div>

Location Details

Street Address 1	Country
<div></div>	<div>United States</div>
City	State / Province
<div>Las Vegas</div>	<div>Nevada</div>
	Zip / Postal Code
	<div></div>

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer
1	Renk Lana	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
2	Renk Lana	MD, PA – Q2 – Medical Condition Field of Practice	No
3	Renk Lana	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
4	Renk Lana	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
5	Renk Lana	ALL – Q5 – Named Defendant Respond to Legal Action	No
6	Renk Lana	ALL – Q6 – Malpractice Claim Paid	No
7	Renk Lana	ALL – Q7 – Arrest Question	No
8	Renk Lana	PA, Previously applied for physician assistant licensure in Nevada?	No
9	Renk Lana	PA – Q24 – Denied License or Permission to Practice	No
10	Renk Lana	PA – Q25 – Certificate / License Revoked	No
11	Renk Lana	PA – Q26 – Voluntarily Surrendered License Or Certificate	No
12	Renk Lana	PA – Q27 – Failed NCCPA Examination	No
13	Renk Lana	PA – Q28 – Investigation Respond To / Notify Of	No
14	Renk Lana	MD, PA – Q10 – Controlled Substance Registration	No
15	Renk Lana	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No

Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Renk, Lana Noelle	High School	Shawnee Mission South	High School Diploma	Aug-13-1999	May-28-2003	May-28-2003
Renk, Lana Noelle	College/University	Union College	Bachelor of Health Science	Aug-18-2003	May-09-2008	May-11-2008
Renk, Lana Noelle	College/University	Union College	Physician Assistant Degree	Aug-17-2007	May-06-2010	May-09-2010

Education Details

Licensee/Applicant *

Renk, Lana Noelle

▼

Address

City

Shawnee Mission

State / Province

Kansas

Zip / Postal Code

Country

▼

Application

Application - - Renk, Lana Noelle

▼

Specialty Type

▼

Name of School

Shawnee Mission South

Education Type

High School

▼

Degree Attained

High School Diploma

▼

Date From

Aug-13-1999

Date To

May-28-2003

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

May-28-2003

Major Program

Education Details

Licensee/Applicant *

Renk, Lana Noelle	▼	
-------------------	---	---

Address

3800 South 48th Street

City

Lincoln


State / Province

Nebraska


Zip / Postal Code

68506


Country

United States	▼	
---------------	---	---

Application

Application -	- Renk, Lana Noelle	▼	
---------------	---------------------	---	---

Specialty Type

	▼	
--	---	---


Name of School

Union College

Education Type

College/University	▼	
--------------------	---	---

Degree Attained

Bachelor of Health Science	▼	
----------------------------	---	---

Date From

Aug-18-2003	
-------------	---

Date To

May-09-2008	
-------------	---

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

May-11-2008	
-------------	---

Major Program

--

Education Details

Licensee/Applicant *

Renk, Lana Noelle	▼	
-------------------	---	---

Address

3800 South 48th Street

City

Lincoln

State / Province

Nebraska

Zip / Postal Code

68506

Country

United States	▼	
---------------	---	---

Application

Application -	- Renk, Lana Noelle	▼	
---------------	---------------------	---	---


Specialty Type

	▼	
--	---	---


Name of School

Union College

Education Type

College/University	▼	
--------------------	---	---


Degree Attained

Physician Assistant Degree	▼	
----------------------------	---	---

Date From

Aug-17-2007	
-------------	---


Date To

May-06-2010	
-------------	---

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

May-09-2010	
-------------	---

Major Program

--

Examinations

Licensee / Applicant	Examination Type	Attended Date
Renk, Lana Noelle	National Commission On Certification Of Physician Assistants (NCCPA)	Jul-01-2010

Examination Details

Licensee / Applicant *

Renk, Lana Noelle

Attended Date

Jul-01-2010

Number of Attempts

#

1

Application

Application -

- Renk, Lana Noelle

Location

PANCE

Result

553

Examination Type

National Commission On Certification Of Physician Assistants (NCCPA)

Other Exam

Are you currently certified?

☒ Yes

☐ No

Steps

Certificate Number

Exam Date

Expiration Date

Dec-31-2024

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Renk, Lana Noelle	15-01391	N/A	Aug-03-2010	Jan-31-2025	Kansas

Other License Details

Licensee/Applicant

Renk, Lana Noelle

Licensing Board or Regulatory Authority

Kansas State Board of Healing Arts

License Number

15-01391

State / Province

Kansas

Country

United States

Application

Application - - Renk, Lana Noelle

License Type

License Status

Inactive

Issue Date

Aug-03-2010

Expiration Date

Jan-31-2025

Notes

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Renk, Lana N/A	Physician Assistant	Yes	Jul-01-2010	N/A

Specialty Details

Licensee / Applicant *

Renk, Lana Noelle

▼

Effective Date

Jul-01-2010

Application

Application -

- Renk, Lana Noelle

▼

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Physician Assistant

▼

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.

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 Lana Renk

Sign your name _____

Date 12-26-23

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

FEB 22 2024

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

