# **Demographic Details**

First Name	Gender		
Lana	Female	_	7
Middle Name	Date of Birth		
Noelle	-1984		
Last Name *	Name Suffix		
Renk			
Previous Name(s)	City of Birth		
Lana Van Dyke, Lana Williamson			
Social Security Number	Place of Birth		
Tax Identification Number	Weight (in lbs)		
Height	Eye Color		
Hair Color	Comments (non-public information	ition)	
Is this person deceased?	Public Information		
○ Yes ○ No			
Date Deceased			
Do you have a Nevada Business License in your individual name?			
○ Yes ○ No			
Nevada BIN			
Historical File Number			

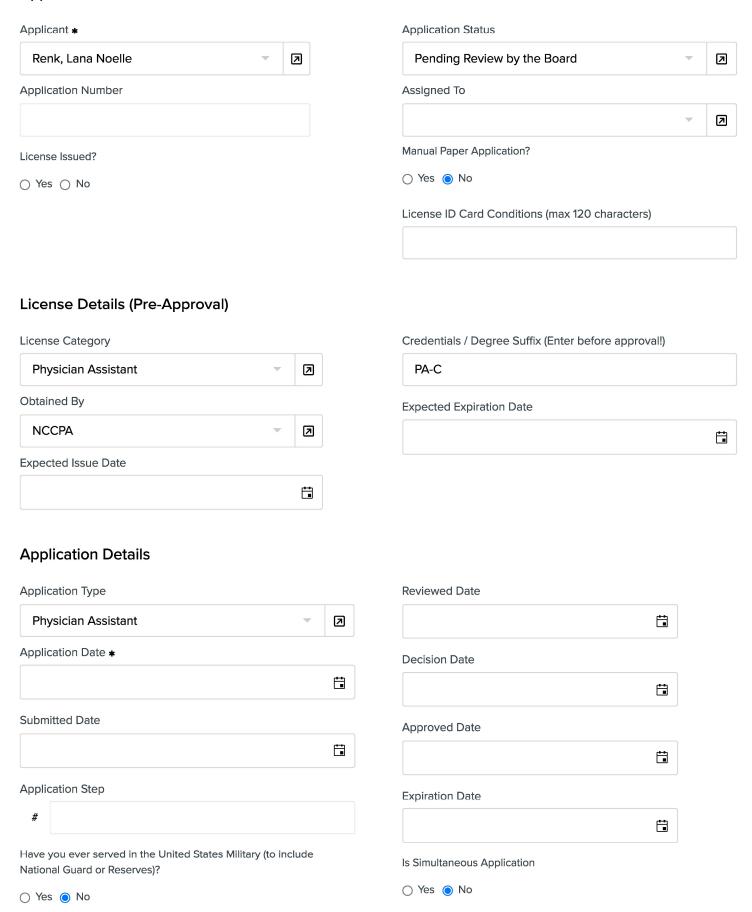
# Military Detail

Primary E-mail Address  Mail should be directed to  Cell Phone  #  Public Address  Street Address  Street Address  ZIP / Postal Code  8863 Sherborne Gate Ave.  89148  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  United States  Is your physical address different from your malling address?  Clark  O Yes  No	Have you ever served in the United States Military (	to include National Guard or Reserves)?
Disciplinary Action?  Yes No Date of SPL Issuance  Contact Information  Primary Phone  #  Secondary Phone  #  Secondary Phone Extension  Secondary Phone Extension  Financy E-mail Address  Mail should be directed to  Fax  #  Public Address  Street Address  Street Address  Street Address  ZIP / Postal Code  89148  Address Line 2  State / Province  Nevada  County  Las Vegas  County  Lis Yegas  United States  Is your physical address different from your mailing address?  Yes No	○ Yes    No	
O Yes O No  Date of SPL Issuance  Contact Information  Primary Phone  #  Primary Phone Extension  Secondary Phone Extension  Mall should be directed to  Fax  #  Public Address  Street Address  Street Address  Street Address  Street Address  Street Address  City  Las Vegas  County  Lis Yegas  County  Lis Your physical address different from your mailing address?  O Yes No	Discipline / SPL	
Date of SPL Issuance  Contact Information  Primary Phone  # Secondary Phone  # Primary Phone Extension  Secondary Phone Extension  Cell Phone  # # Public Address  Street Add	Disciplinary Action?	SPL?
Contact Information  Primary Phone  # # Secondary Phone Extension  Secondary Phone Extension  Frimary Phone Extension    Fax	○ Yes ○ No	○ Yes ○ No
Contact Information  Primary Phone  #  #  #  #  #  #  #  #  #  #  #  #  #		Date of SPL Issuance
Primary Phone # # # # # # # # # # # # # # # # # # #		
# Primary Phone Extension  Secondary Phone Extension  Mail should be directed to  Cell Phone  Fax  #  Public Address  Street Address  Street Address  Street Address  Street Address  Clark  #  Country  Las Vegas  Clark  Primary E-mail Address  Mail should be directed to  Fax  #  #  United States  Is your physical address different from your mailing address?  O Yes  No	Contact Information	
Primary Phone Extension  Secondary Phone Extension  Mail should be directed to  Cell Phone  #  Public Address  Street Address  Street Address  Street Address  Street Address  Street Address  B863 Sherborne Gate Ave.  State / Province  Nevada  City  Country  Las Vegas  Country  Las Vegas  Country  Sizour physical address different from your mailing address?  O Yes  No	Primary Phone	Secondary Phone
Primary E-mail Address  Mail should be directed to  Cell Phone  #  Public Address  Street Address  Street Address  ZIP / Postal Code  8863 Sherborne Gate Ave.  89148  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  United States  Is your physical address different from your malling address?  Clark  O Yes  No	#	#
Primary E-mail Address  Mail should be directed to  Cell Phone  #  Public Address  Street Address  Street Address  ZIP / Postal Code  8863 Sherborne Gate Ave.  89148  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  United States  Is your physical address different from your malling address?  Clark  O Yes  No	Primary Phone Extension	Secondary Phone Extension
Cell Phone # # # #  Public Address  Street Address  Street Address  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  County  United States  Is your physical address different from your mailing address?  O Yes No		
Cell Phone # # # #  Public Address  Street Address  Street Address  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  County  United States  Is your physical address different from your mailing address?  O Yes No	Primary E-mail Address	Mail should be directed to
Cell Phone # # #  Public Address  Street Address  Street Address  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  County  Is your physical address different from your mailing address?  O Yes No		
# # Public Address  Street Address  Street Address  8863 Sherborne Gate Ave.  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  United States  Is your physical address different from your mailing address?  O Yes No	Call Phone	
Public Address  Street Address  ZIP / Postal Code  8863 Sherborne Gate Ave.  89148  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  United States  Is your physical address different from your mailing address?  Clark		#
Street Address  8863 Sherborne Gate Ave.  89148  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  United States  Is your physical address different from your mailing address?  O Yes No		
8863 Sherborne Gate Ave.  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  United States  Is your physical address different from your mailing address?  Clark  Yes  No	Public Address	
8863 Sherborne Gate Ave.  Address Line 2  State / Province  Nevada  City  Country  Las Vegas  United States  Is your physical address different from your mailing address?  Clark  Yes  No	Street Address	7IP / Postal Code
Address Line 2  State / Province  Nevada  City  Country  Las Vegas  United States  Is your physical address different from your mailing address?  Clark  Yes No		
City Country  Las Vegas United States  Sounty  Is your physical address different from your mailing address?  Yes No		State / Dravings
Las Vegas  County  Is your physical address different from your mailing address?  Yes No	Address Line 2	
County  Is your physical address different from your mailing address?  Yes No	City	Country
Clark Yes No	Las Vegas	United States
○ Yes	County	Is your physical address different from your mailing address?
		Yes      No
Public Phone		Public Phone
# (913) 220-8920		# (913) 220-8920

# **Mailing Address**

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

### **Application Status**



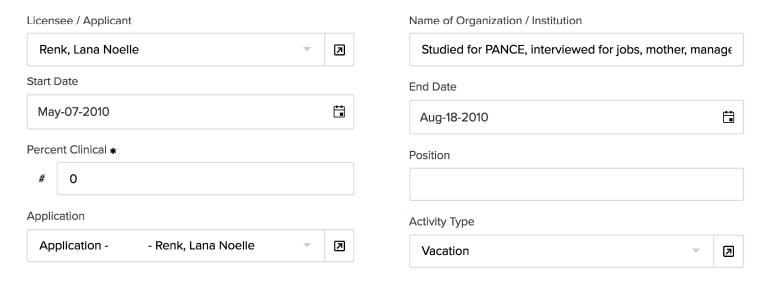
Are you the spouse of an active duty member or surviving spouse of a veteran?	
○ Yes ● No	
Invoices	
Application Invoice	Application Payment Date
- Paid in Full	
Licensure Invoice	Licensure Payment Date
Attestations	
I hereby attest to knowledge of and compliance with the guidelines of the Centers for 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.	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 for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.	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.
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,	<ul> <li>Yes</li></ul>

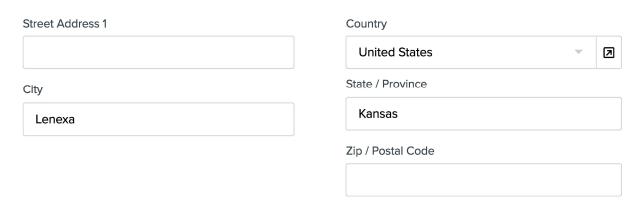
medicine in the state of Nevada.

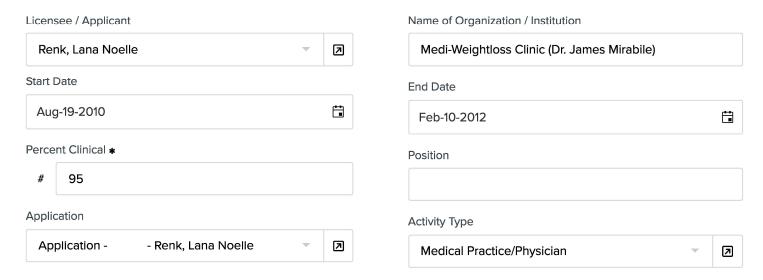
misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice

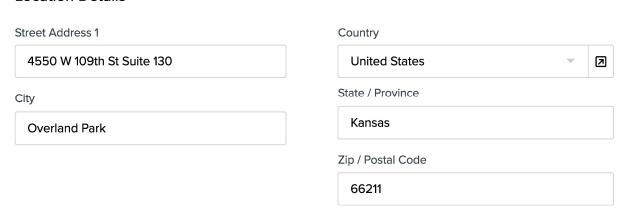
### Activities

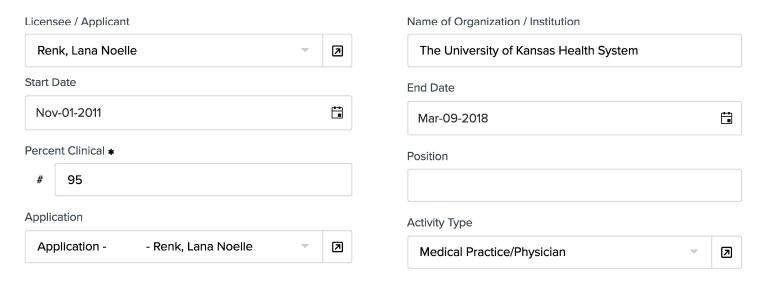
Licensee / Applicant	Name of Organization / Institution	Start Date ↑	▼ End Date	Percent Clinical
Renk Lana	Studied for PANCE, interviewed for jobs, mother, managed home	May-07-2010	Aug-18-2010	0
Renk Lana	Medi-Weightloss Clinic (Dr. James Mirabile)	Aug-19-2010	Feb-10-2012	95
Renk Lana	The University 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

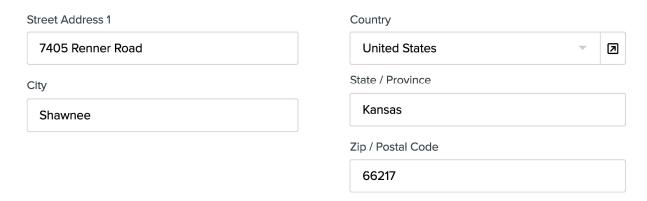


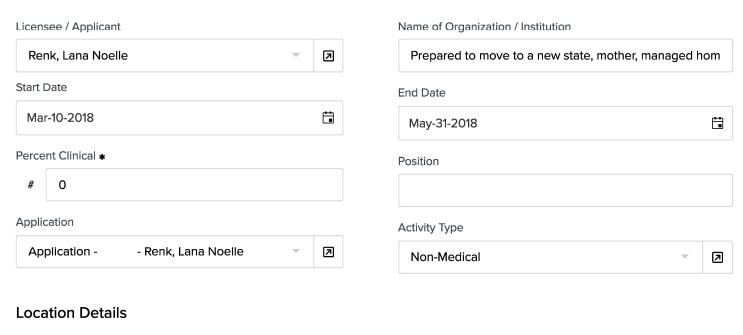


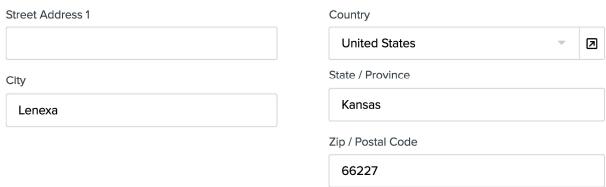


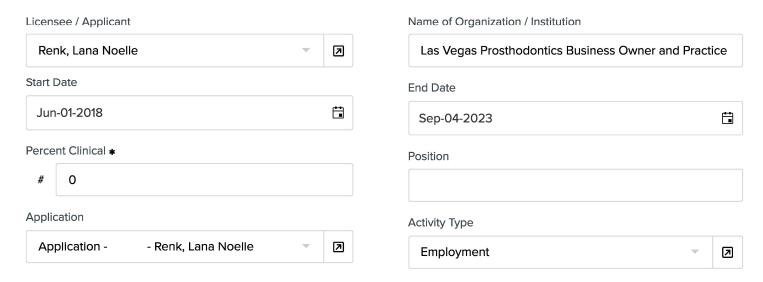




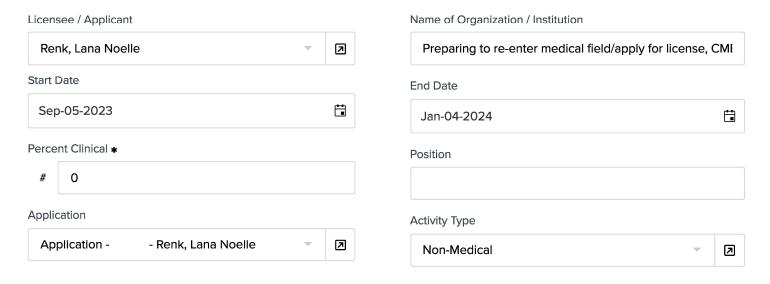














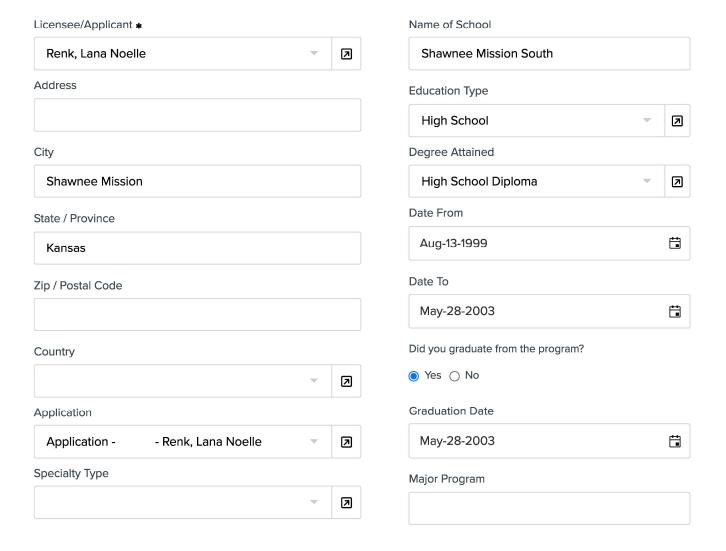
#### Declarations

Ordinal †	•	Licensee/Applicant	<b>T</b>	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

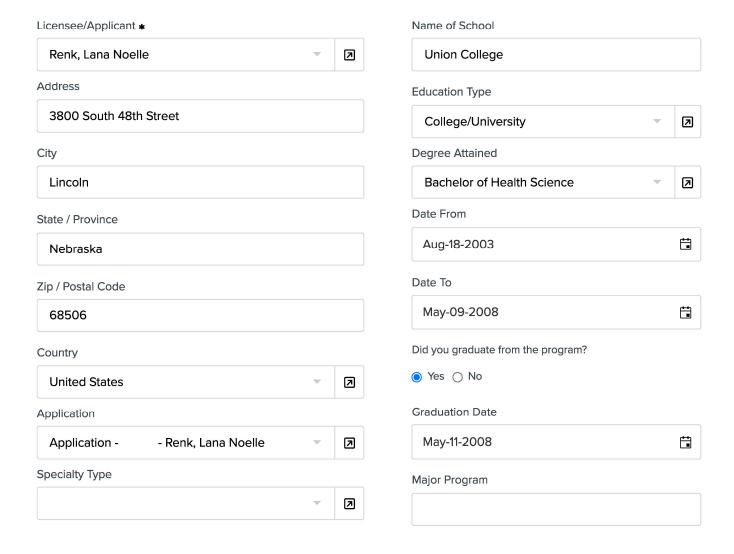
### Education

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

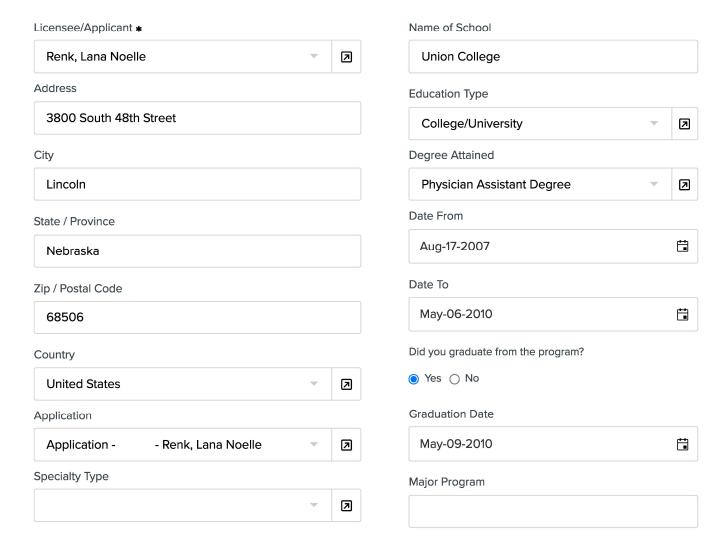
#### **Education Details**



#### **Education Details**



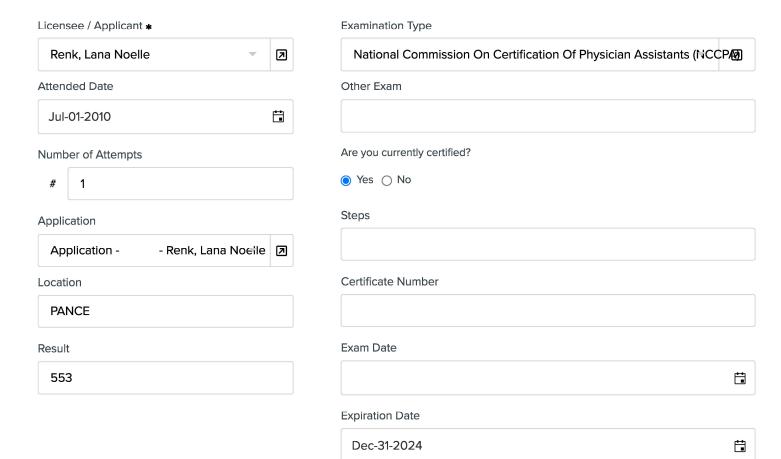
#### **Education Details**



### Examinations

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

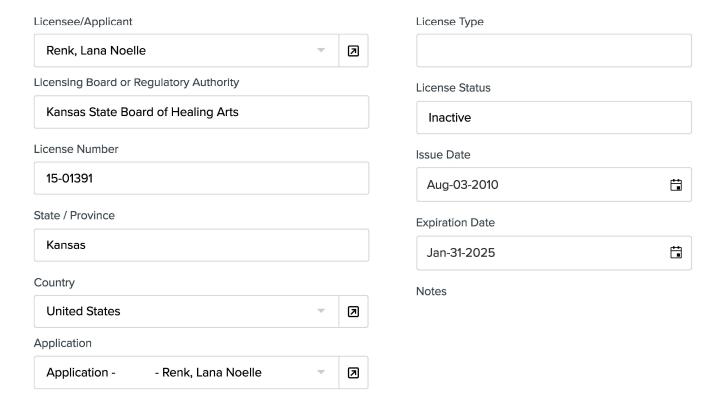
#### **Examination Details**



#### Other Licenses

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

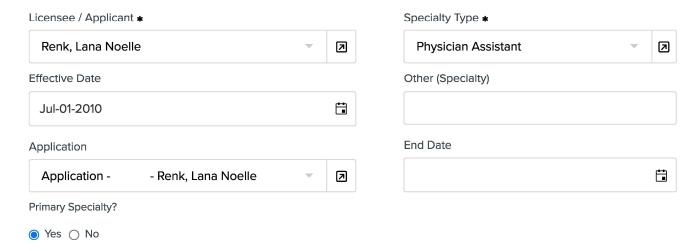
#### Other License Details



### Specialties

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

# **Specialty Details**



## **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.

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

