Demographic Details

First Name	Gender		
Michael	Male	~	7
Middle Name	Date of Birth		
Jack	-1961		
Last Name *	Name Suffix		
Feinberg			
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 inform	nation)	
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			

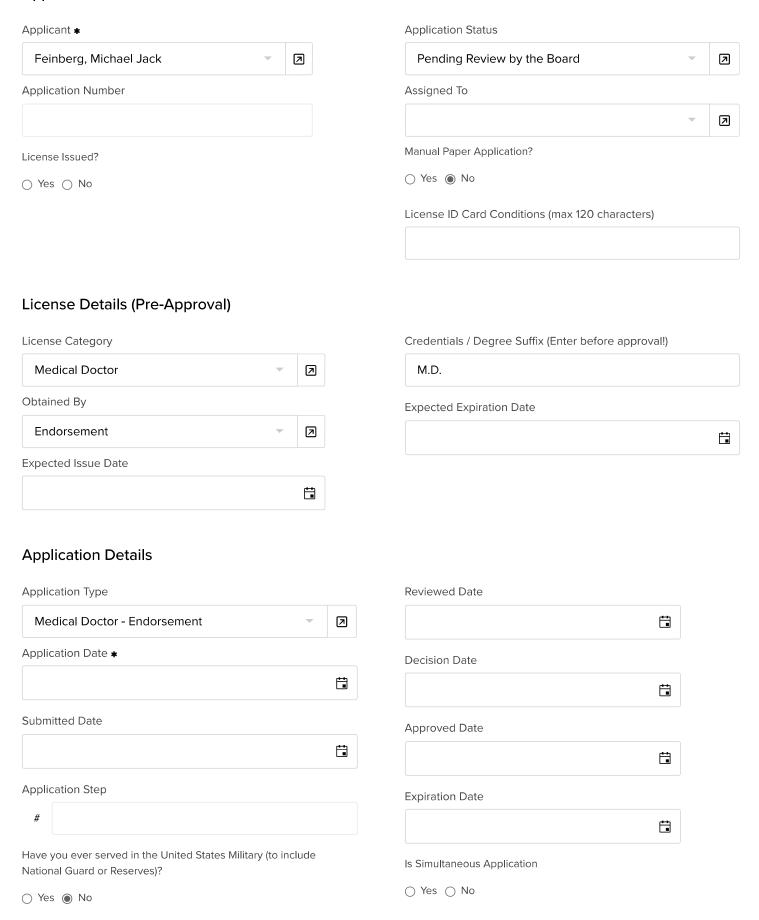
Military Detail

Have you ever served in the United States Milit	ry (to include National 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
	7 2
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
781 Mill Street	89502
Address Line 2	State / Province
	Nevada
City	Country
Reno	United States ✓
County	Is your physical address different from your mailing address?
Washoe	
	Public Phone
	# (805) 969-4117

Mailing Address

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

Application Status



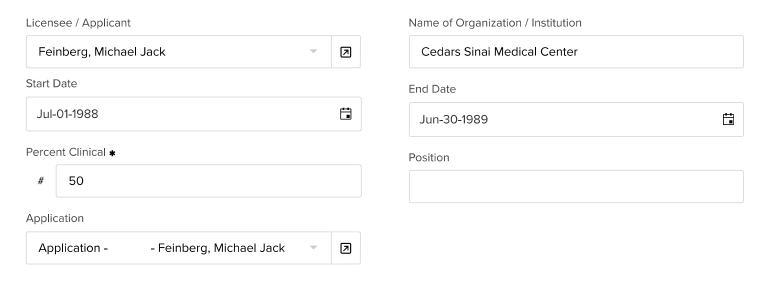
Are you the spouse of an active duty member or surviving spouse of a veteran?	
○ Yes No	
Invoices	
Application Invoice	Application Payment Date
- Paid in Full	
Licensure Invoice	Licensure Payment Date
7	
Attestations	
I hereby attest to knowledge of and compliance with the guidelines of the Centers for 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)	Child Support Attestation Type
630.344, via electronic mail (more commonly known as e-mail).	Not subject to a court order
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.	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,	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

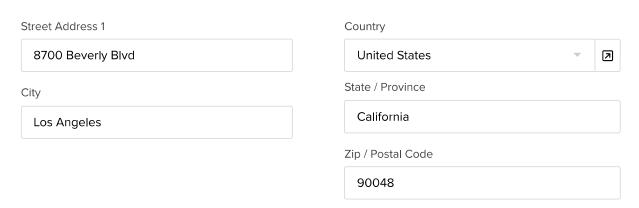
medicine in the state of Nevada.

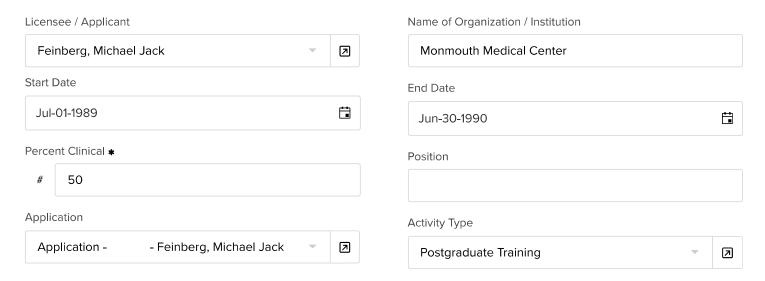
misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted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

Activities

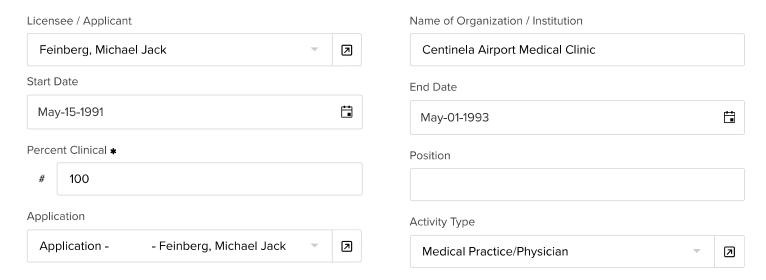
Licensee / Applicant	Name of Organization / Institution	Start Date †	End Date	Percent Clinical
Michael Feinberg	Cedars Sinai Medical Center	Jul-01-1988	Jun-30-1989	50
Michael Feinberg	Monmouth Medical Center	Jul-01-1989	Jun-30-1990	50
Michael Feinberg	Centinela Airport Medical Clinic	May-15-1991	May-01-1993	100
Michael Feinberg	United Airlines Medical Department	Jul-01-1991	Mar-01-1993	100
Michael Feinberg	Texaco International Headquarters	Aug-01-1991	May-15-1993	100
Michael Feinberg	GM Automotive Plant	May-15-1993	May-15-1996	100
Michael Feinberg	Federal Aviation Administration	Feb-15-1997	Feb-15-2000	20
Michael Feinberg	Goleta Valley Occupational Health Center	Jun-01-2001	Jun-01-2005	100
Michael Feinberg	Advanced Medical Reviews	Jul-01-2005	Jul-15-2014	100
Michael Feinberg	Med XM	Feb-15-2015	Feb-15-2022	100
Michael Feinberg	Accuity Delivery Systems	Mar-07-2018	Feb-15-2022	0
Michael Feinberg	Compliance Navigation Specialists	May-01-2021	Oct-03-2023	50



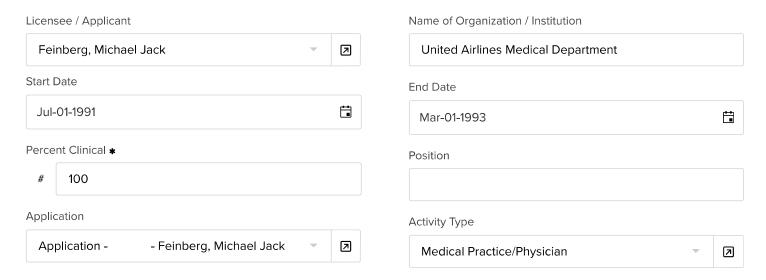


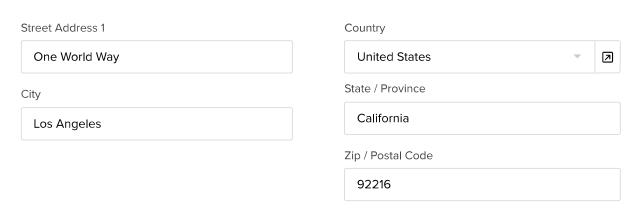


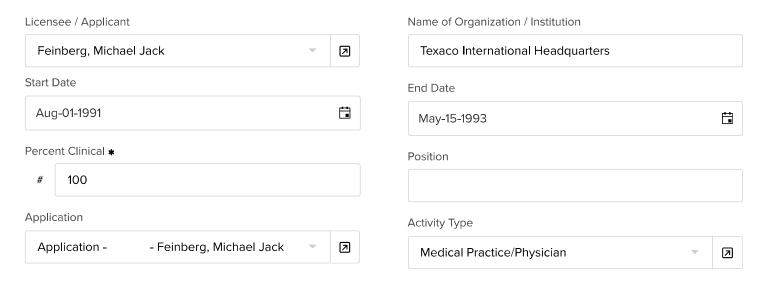


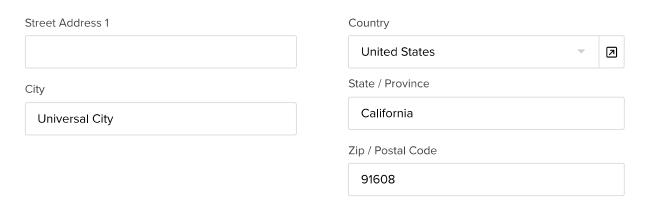


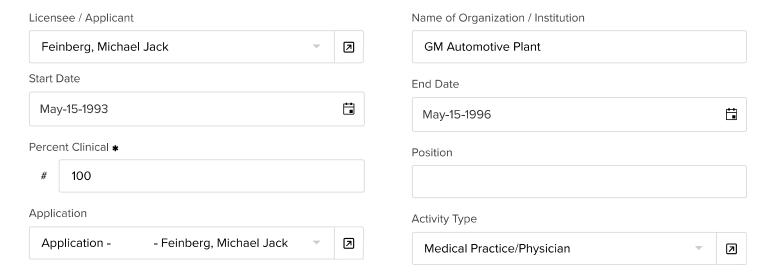


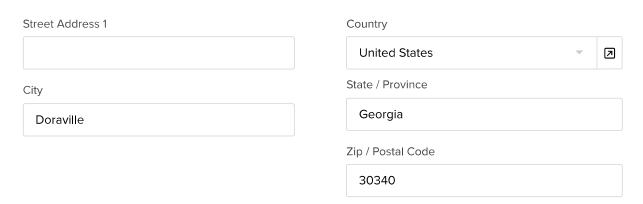


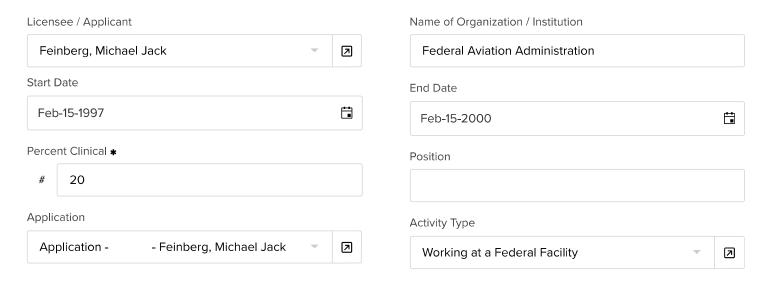




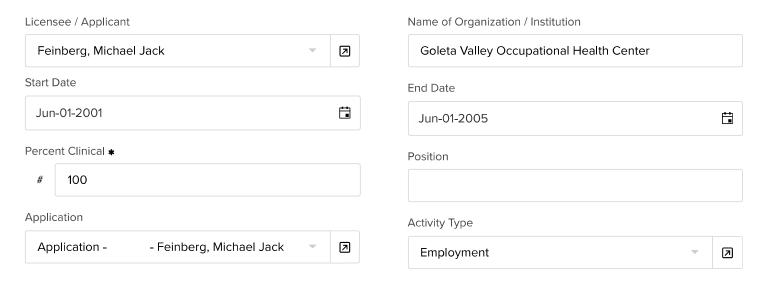


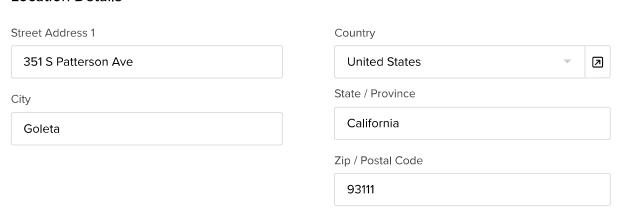


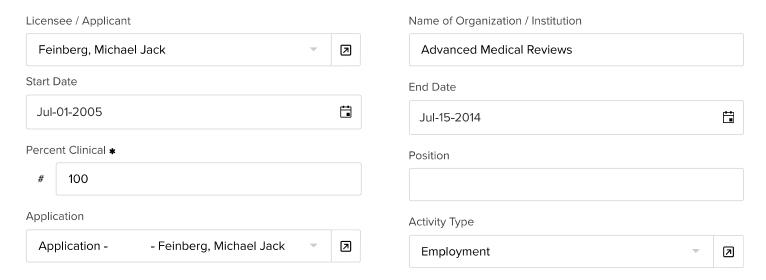


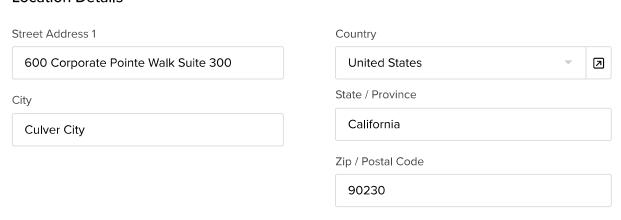


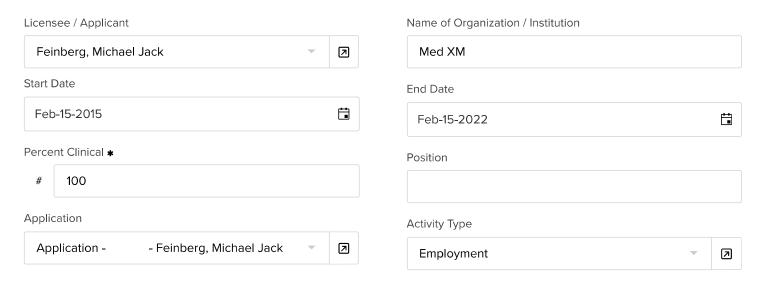


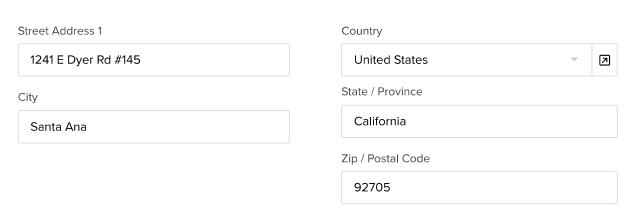


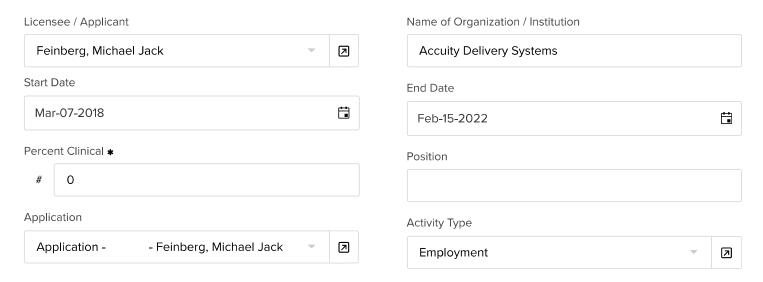


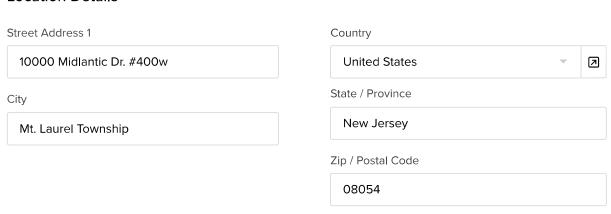


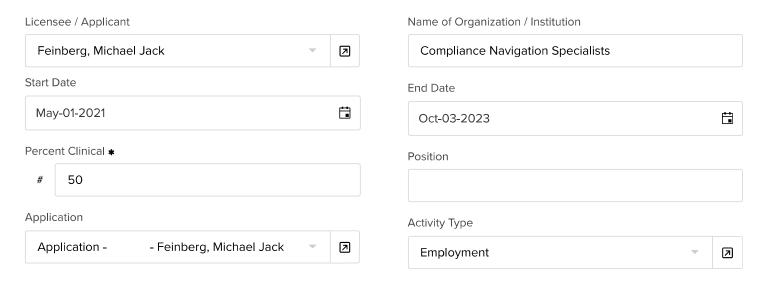












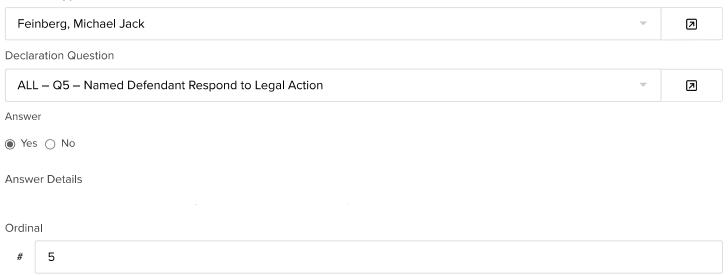


Declarations

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

Declaration

Licensee/Applicant



Declaration Text

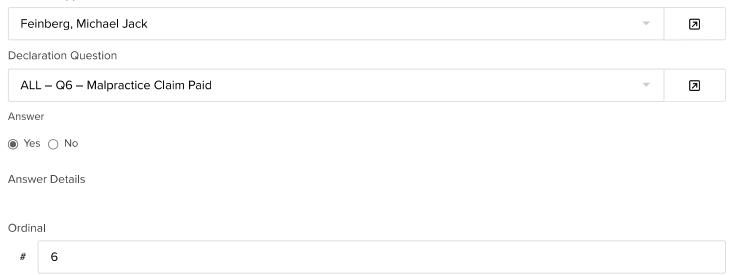
Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To



Declaration

Licensee/Applicant



Declaration Text

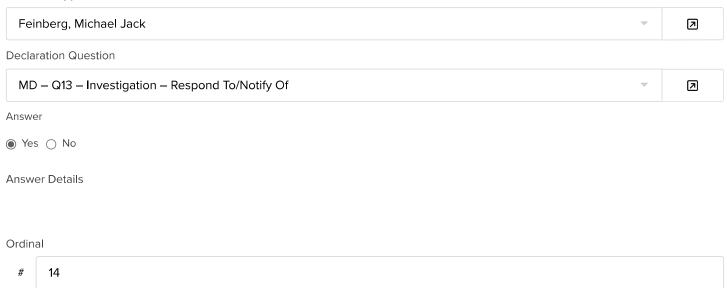
Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

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?

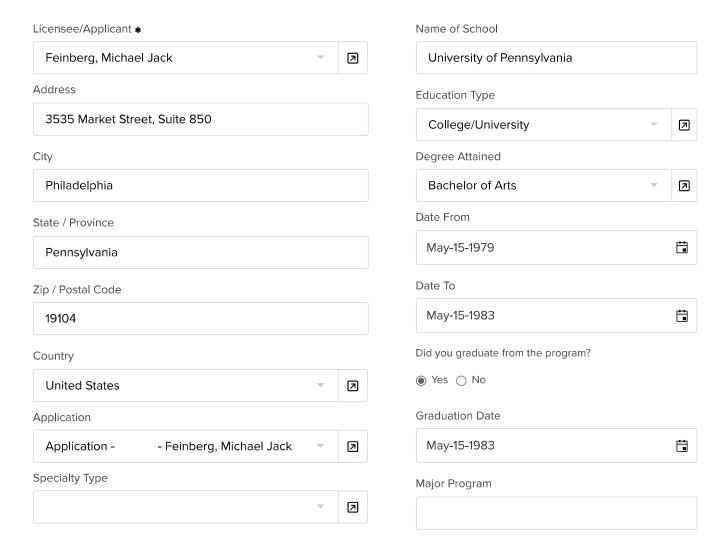
Related To



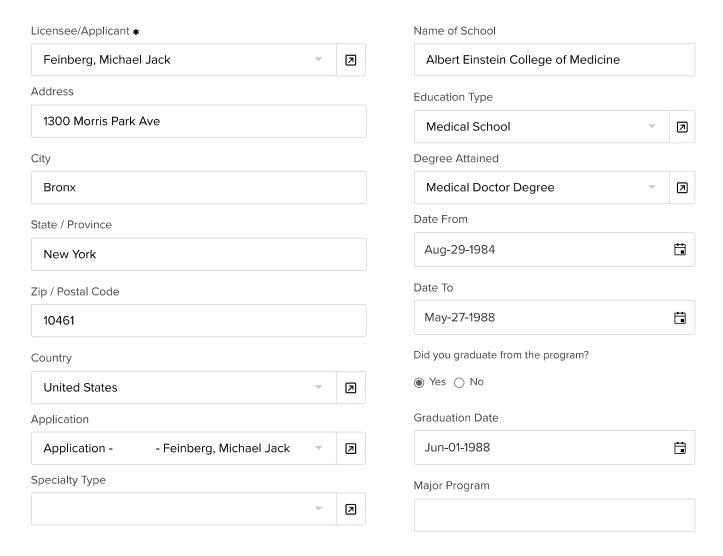
Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To ↑ ▼	Graduation Date
Michael Feinberg	College/University	University of Pennsylvania	Bachelor of Arts	May-15-1979	May-15-1983	May-15-1983
Feinberg, Michael Jack	Medical School	Albert Einstein College of Medicine	Medical Doctor Degree	Aug-29-1984	May-27-1988	Jun-01-1988
Michael Feinberg	Graduate	UCLA Fielding School of Public Health	Master of Science	May-01-1991	May-01-1993	May-01-1993

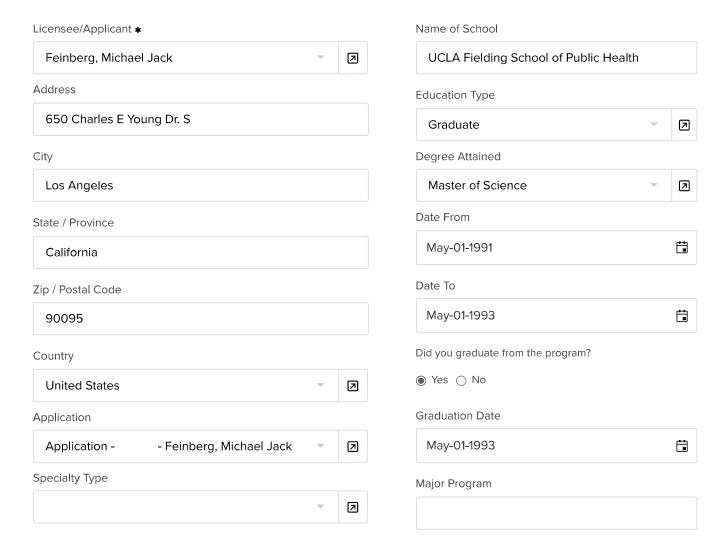
Education Details



Education Details



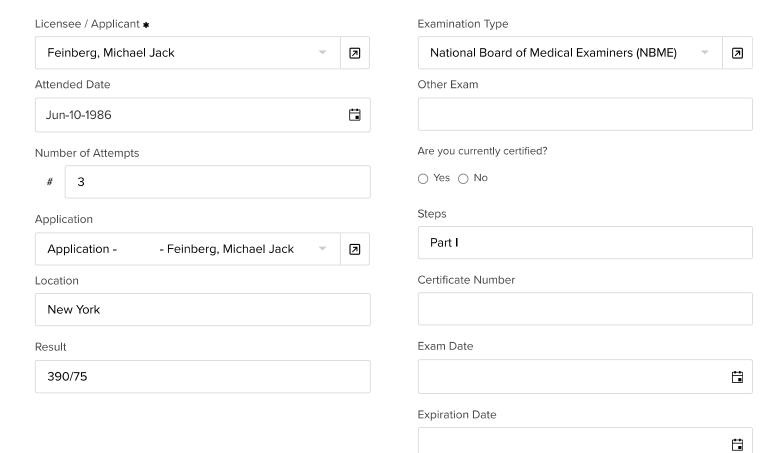
Education Details



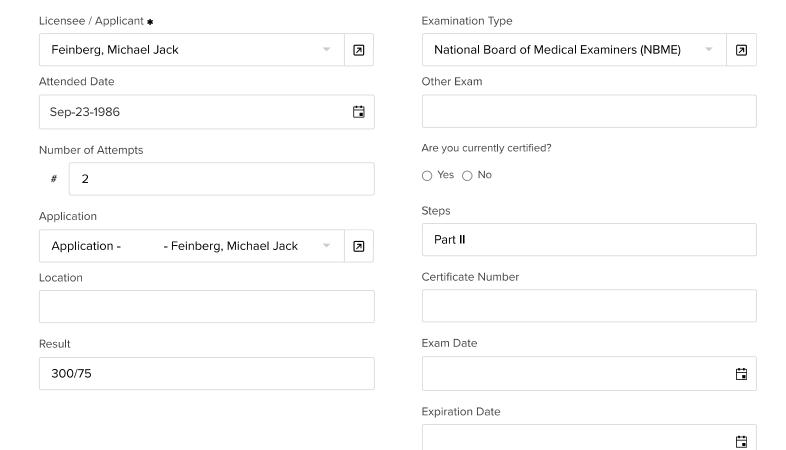
Examinations

Licensee / Applicant	Examination Type	Attended Date †
Feinberg, Michael Jack	National Board of Medical Examiners (NBME)	Jun-10-1986
Feinberg, Michael Jack	National Board of Medical Examiners (NBME)	Sep-23-1986
Feinberg, Michael Jack	National Board of Medical Examiners (NBME)	May-17-1989

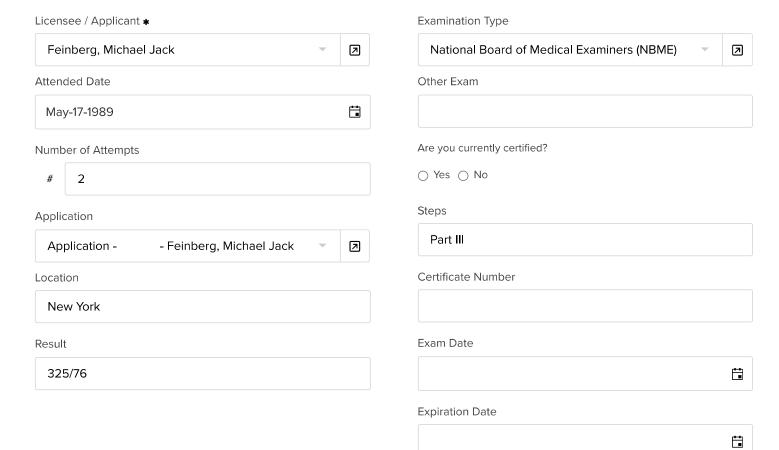
Examination Details



Examination Details

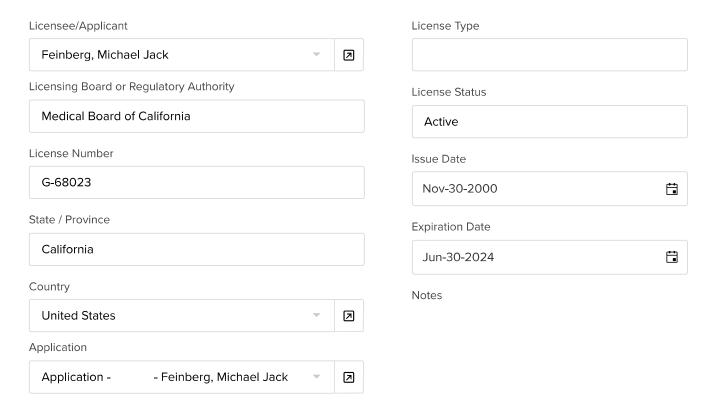


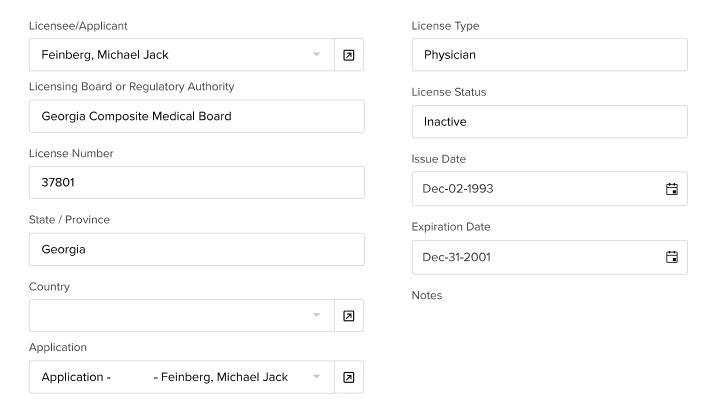
Examination Details

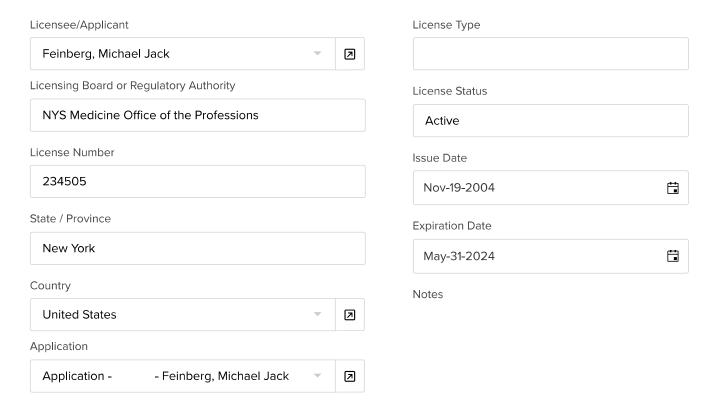


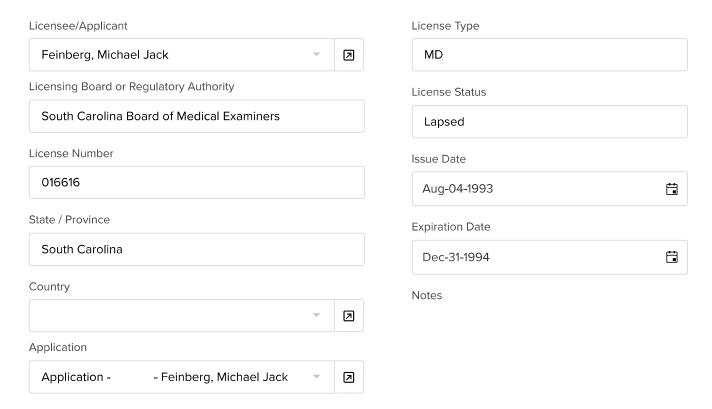
Other Licenses

Licensee/Applicant ▼	License Number	License Type	Issue Date	Expiration Date	State / Province †
Feinberg, Michael Jack	G-68023	N/A	Nov-30-2000	Jun-30-2024	California
Feinberg, Michael Jack	37801	Physician	Dec-02-1993	Dec-31-2001	Georgia
Feinberg, Michael Jack	234505	N/A	Nov-19-2004	May-31-2024	New York
Feinberg, Michael Jack	016616	MD	Aug-04-1993	Dec-31-1994	South Carolina





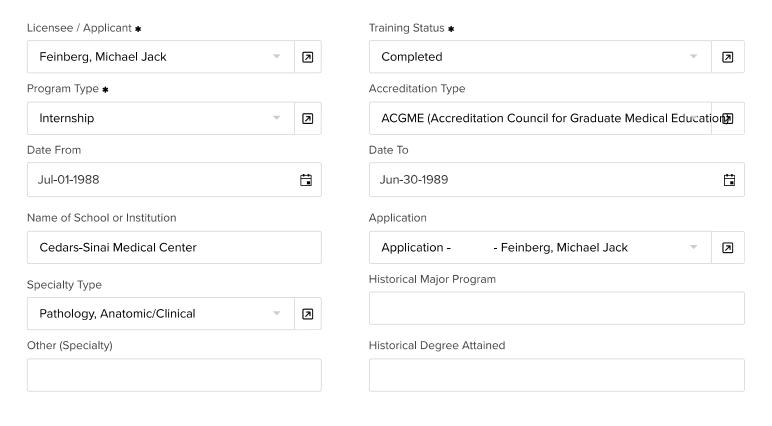


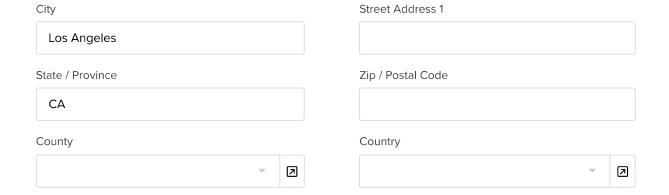


Postgraduate Training

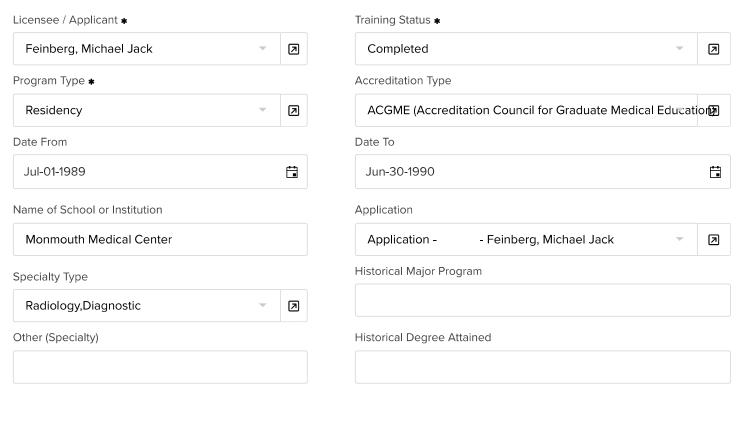
Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To ↑ ▼	Program Type
Feinberg, Michael Jack	Cedars-Sinai Medical Center	Pathology, Anatomic/Clinical	Jul-01-1988	Jun-30-1989	Internship
Feinberg, Michael Jack	Monmouth Medical Center	Radiology, Diagnostic	Jul-01-1989	Jun-30-1990	Residency
Feinberg, Michael Jack	University of Texas Medical Branch	Aerospace Medicine	Aug-01-1999	Jul-31-2000	Residency

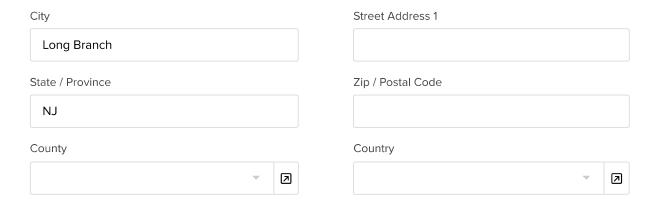
Postgraduate Training Details



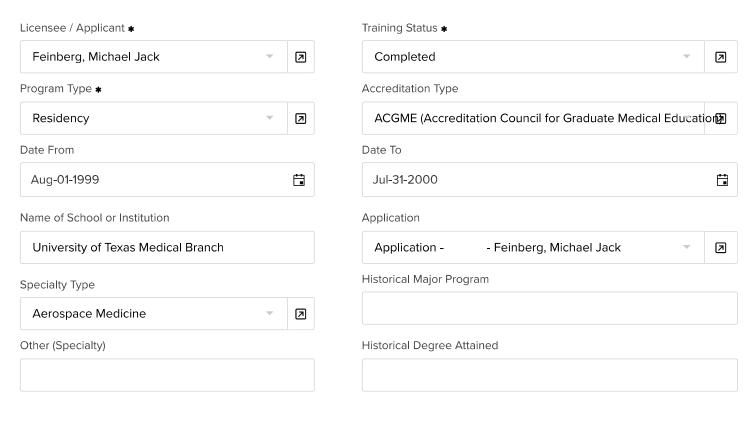


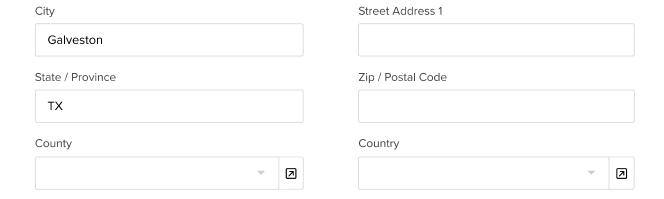
Postgraduate Training Details





Postgraduate Training Details

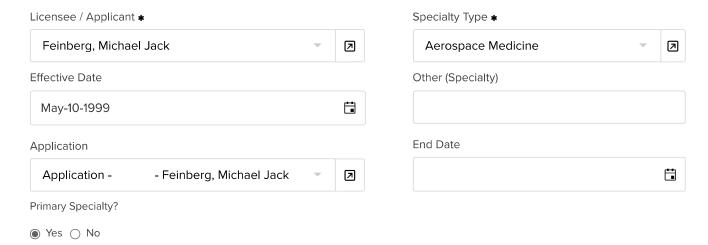




Specialties

Licensee / Applicant	T	Specialty Type	T	Primary Specialty?	Effective Date	T	End Date
Michael Feinberg		Aerospace Medicine		Yes	May-10-1999		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.

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

0

Print your name	MICHAGE	1. FEING	ELL.	
Sign your name				
Date	1/16/2023			

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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.

RECEIVED NOV 1 6 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS

