Demographic Details

First Name	Gender		
Roland	Male	~	7
Middle Name	Date of Birth		
Hayes	-1971		
Last Name *	Name Suffix		
Walker			
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?	T dolle illionnation		
○ Yes ○ No			
Date Deceased			
Do you have a Nevada Business License in your individual name?			
○ Yes ○ No			
Nevada BIN			
Historical File Number			

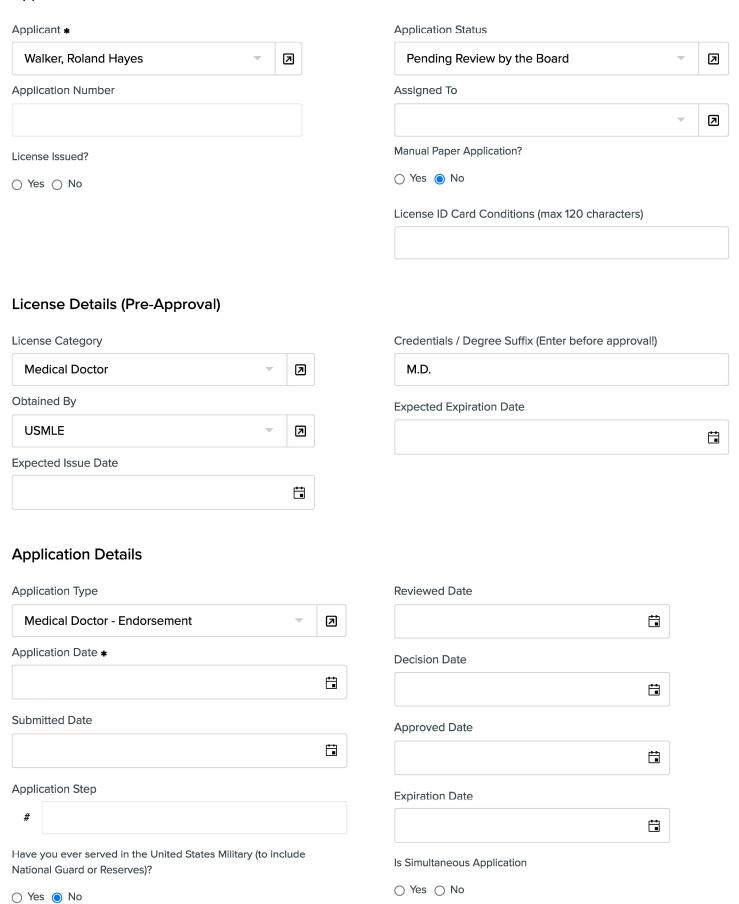
Military Detail

Have you ever served in the United States Military (to i	nclude 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
☑	
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
426 S Lake St	46403
Address Line 2	State / Province Indiana
City	Country
Gary	United States
County	Is your physical address different from your mailing address?
Lake	
	Public Phone
	# (219) 939-6070

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
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).	Child Support Attestation Type 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.
	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

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

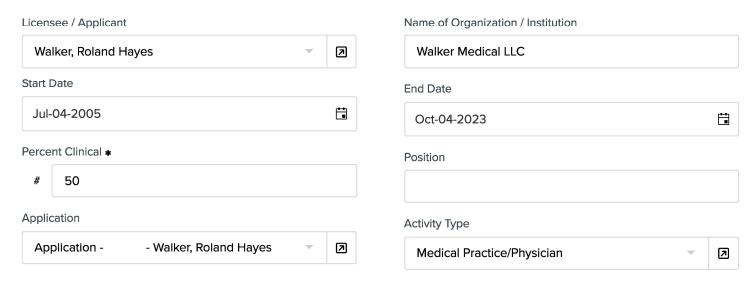
medicine in the state of Nevada.

O Yes O No

Activities

Licensee / Applicant	Ŧ	Name of Organization / Institution	T	Start Date	T	End Date	T	Percent Clinical
Roland Walker		Walker Medical LLC		Jul-04-2005		Oct-04-2023		50

Application Activity Details



Location Details



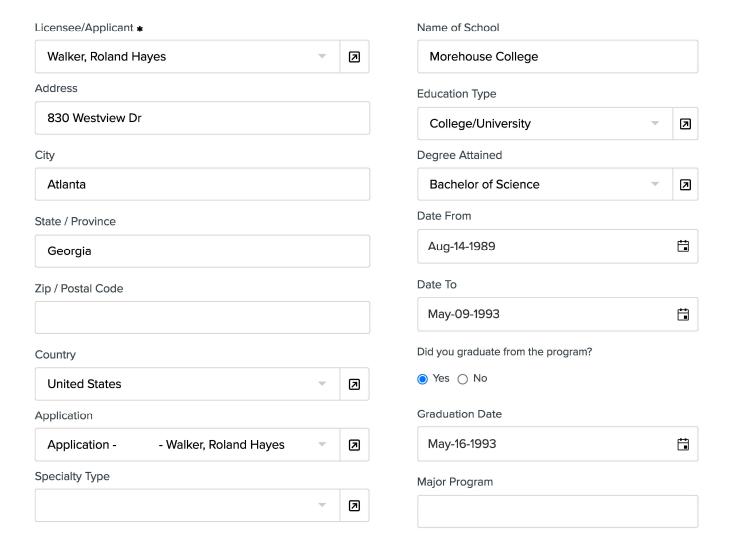
Declarations

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

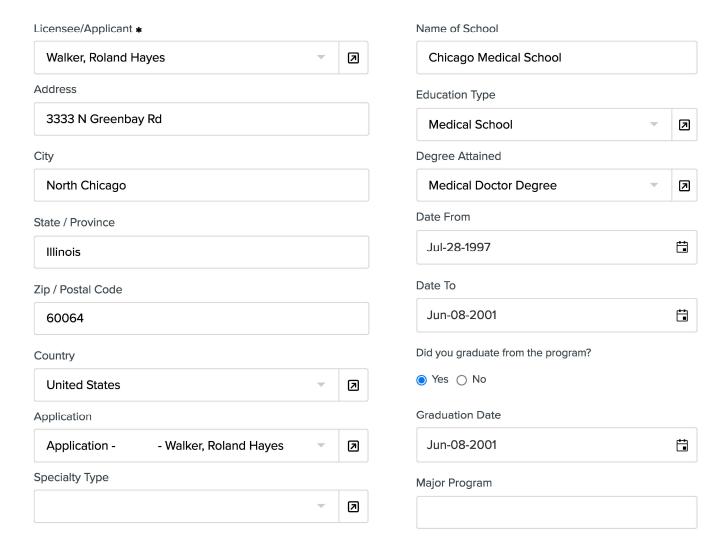
Education

Licensee/Applicant	T	Education Type	Ŧ	Name of School	T	Degree Attained	T	Date From †	Ŧ	Date To ↑	Ŧ	Graduation Date
Walker, Roland Hayes		College/University		Morehouse College		Bachelor of Science		Aug-14-1989		May-09-1993		May-16-1993
Walker, Roland Hayes		Medical School		Chicago Medical School		Medical Doctor Degree		Jul-28-1997		Jun-08-2001		Jun-08-2001

Education Details



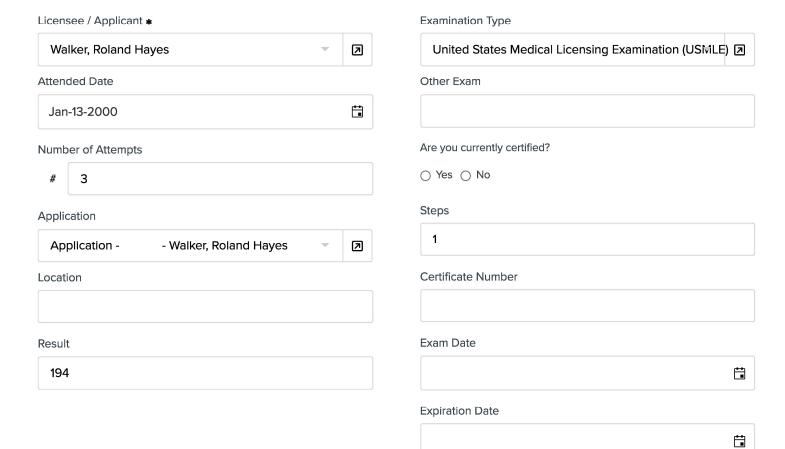
Education Details



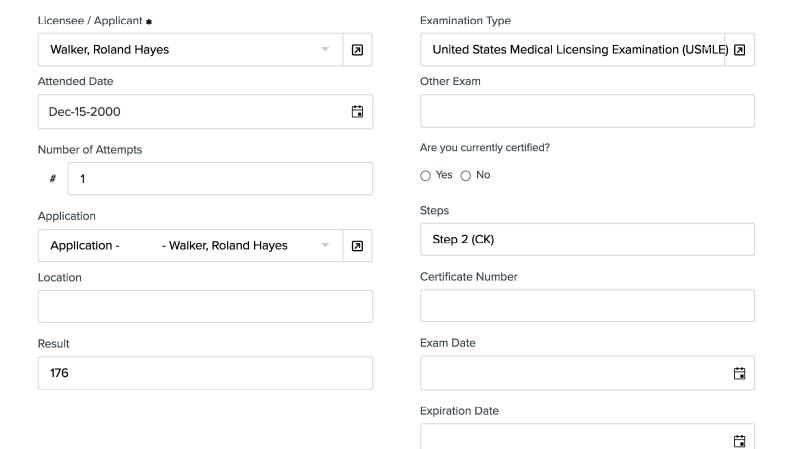
Examinations

Licensee / Applicant ▼	Examination Type	Attended Date †
Walker, Roland Hayes	United States Medical Licensing Examination (USMLE)	Jan-13-2000
Walker, Roland Hayes	United States Medical Licensing Examination (USMLE)	Dec-15-2000
Walker, Roland Hayes	United States Medical Licensing Examination (USMLE)	Nov-09-2004

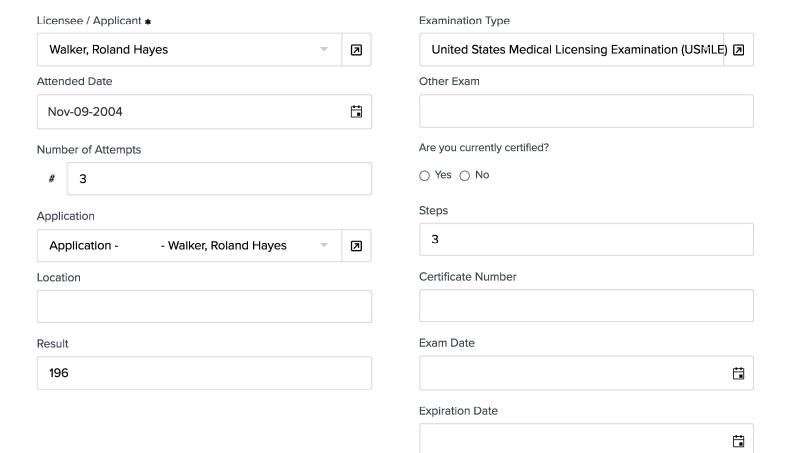
Examination Details



Examination Details



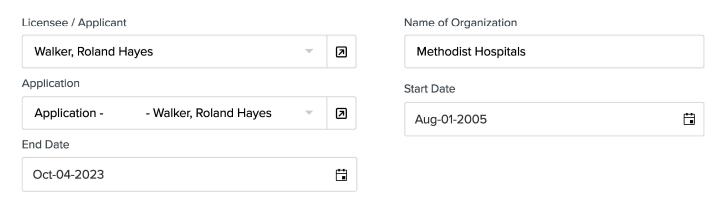
Examination Details



Hospitals

Licensee / Applicant	Name of Organization	*	Start Date	•	End Date
Roland Walker	Methodist Hospitals		Aug-01-2005		Oct-04-2023

Hospital Details



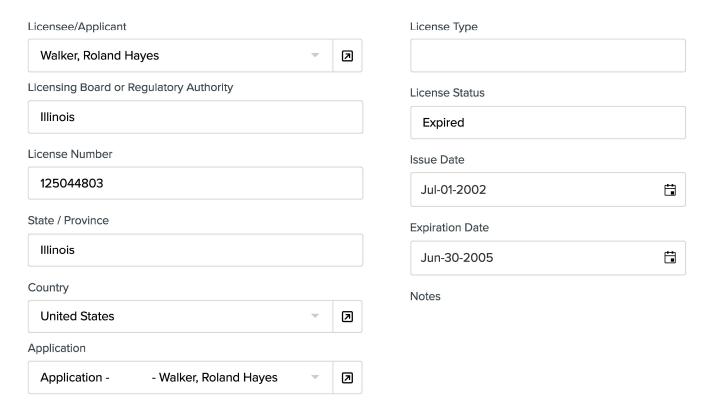
Address Details



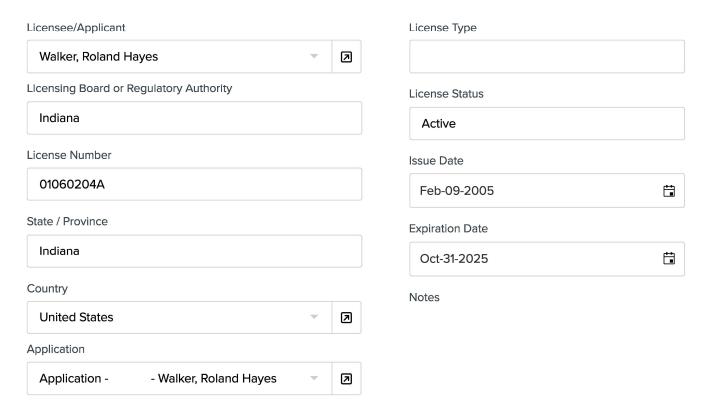
Other Licenses

Licensee/Applicant	▼ License Number	▼ License Type	• •	Issue Date	T	Expiration Date	State / Province †
Walker, Roland Hayes	125044803	N/A		Jul-01-2002		Jun-30-2005	Illinois
Walker, Roland Hayes	01060204A	N/A		Feb-09-2005		Oct-31-2025	Indiana
Walker, Roland Hayes	S4580	N/A		Dec-20-2019		Feb-28-2024	Texas

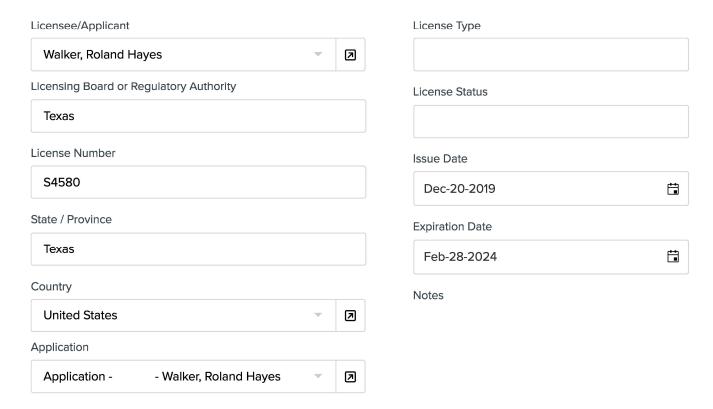
Other License Details



Other License Details



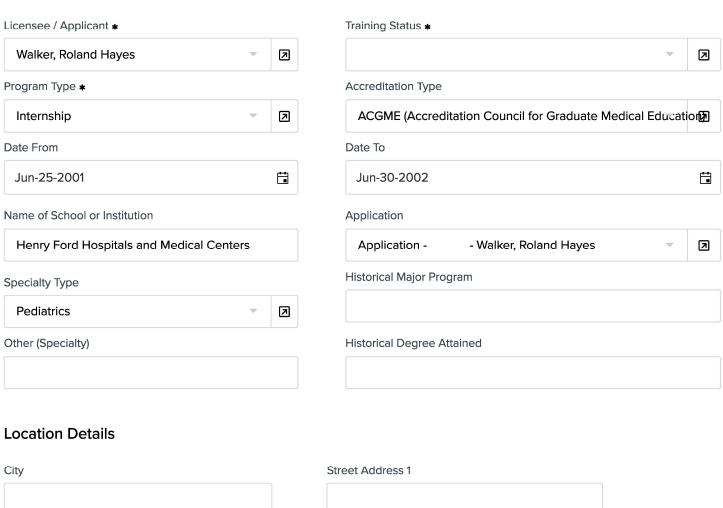
Other License Details

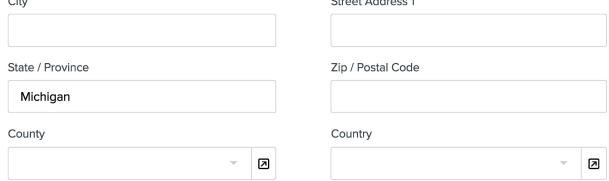


Postgraduate Training

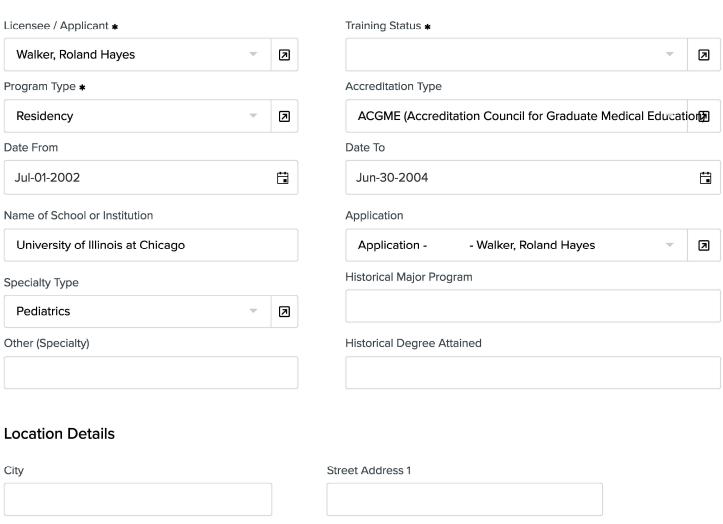
Licensee / Applicant	Name of School or Institution	Specialty Type ▼	Date From	Date To ↑ ▼	Program Type
Walker, Roland Hayes	Henry Ford Hospitals and Medical Centers	Pediatrics	Jun-25-2001	Jun-30-2002	Internship
Walker, Roland Hayes	University of Illinois at Chicago	Pediatrics	Jul-01-2002	Jun-30-2004	Residency
Walker, Roland Hayes	Methodist Hospital	Family Practice	Jul-01-2004	Jun-30-2005	Residency

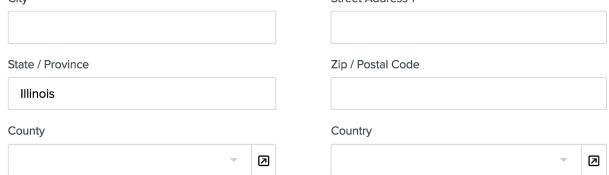
Postgraduate Training Details





Postgraduate Training Details

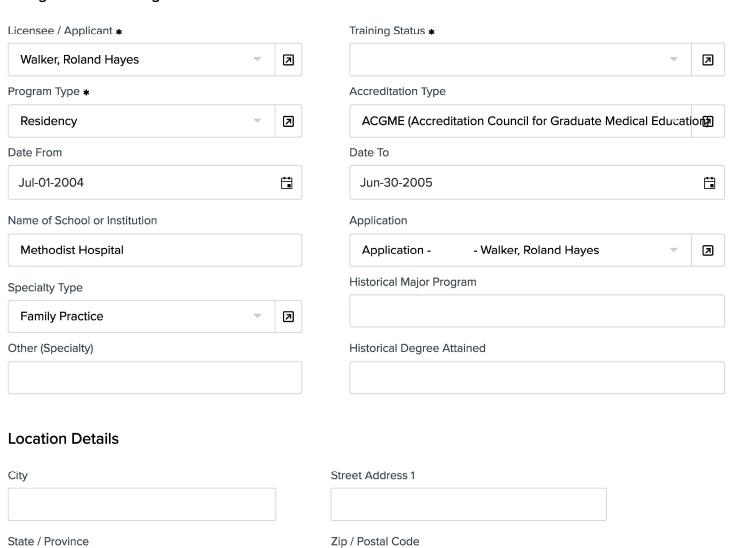




Postgraduate Training Details

Indiana

County



Country

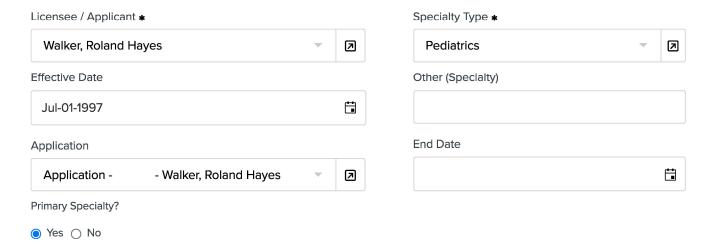
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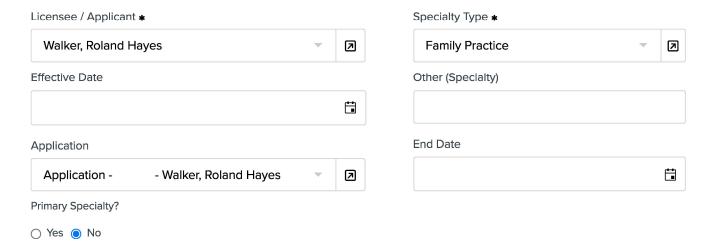
Specialties

Licensee / Applicant	Specialty Type	Ŧ	Primary Specialty?		Effective Date		End Date	
Roland Walker	Pediatrics		Yes		Jul-01-1997		N/A	
Roland Walker	Family Practice		No		N/A		N/A	

Specialty Details



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 uitimately 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 statem application for medical ticensure in Ne	ent and understand that I alone am avada.	accountable for completing my
Print your name Rolan	2 Walker	
Sign your name		
Date	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

OCT 23 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS

