

Demographic Details

First Name

Roland

Middle Name

Hayes

Last Name *

Walker

Previous Name(s)

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

Male

Date of Birth

-1971

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

426 S Lake St

ZIP / Postal Code

46403

Address Line 2

State / Province

Indiana

City

Gary

Country

United States



County

Lake

Is your physical address different from your mailing address?

☒ Yes ☐ No

Public Phone

#

(219) 939-6070

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Walker, Roland Hayes

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

Medical Doctor

Obtained By

USMLE

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Endorsement

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	
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Licensure Invoice

	
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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
Roland Walker		Walker Medical LLC		Jul-04-2005		Oct-04-2023		50

Application Activity Details

Licensee / Applicant

Walker, Roland Hayes

▼



Name of Organization / Institution

Walker Medical LLC

Start Date

Jul-04-2005



End Date

Oct-04-2023



Percent Clinical *

#

50


Position

Application

Application -

- Walker, Roland Hayes


▼



Activity Type

Medical Practice/Physician

▼



Location Details

Street Address 1

Country

United States

▼



City

Gary

State / Province

Indiana

Zip / Postal Code

46403

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	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 – 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
13	Roland Walker	MD – Q12 – Denied Membership	No
14	Roland Walker	MD – Q13 – Investigation – Respond To/Notify Of	No
15	Roland Walker	MD, PA – Q10 – Controlled Substance Registration	No
16	Roland Walker	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	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

Licensee/Applicant *

Walker, Roland Hayes

▼



Address

830 Westview Dr

City

Atlanta

State / Province

Georgia

Zip / Postal Code

Country

United States

▼



Application

Application -

- Walker, Roland Hayes

▼



Specialty Type

▼



Name of School

Morehouse College

Education Type

College/University

▼



Degree Attained

Bachelor of Science

▼



Date From

Aug-14-1989



Date To

May-09-1993



Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

May-16-1993



Major Program

Education Details

Licensee/Applicant *

Walker, Roland Hayes

▼



Address

3333 N Greenbay Rd

City

North Chicago

State / Province

Illinois

Zip / Postal Code

60064

Country

United States

▼




Application

Application -


- Walker, Roland Hayes

▼



Specialty Type

▼




Name of School

Chicago Medical School

Education Type

Medical School


▼



Degree Attained


Medical Doctor Degree

▼




Date From

Jul-28-1997



Date To

Jun-08-2001




Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Jun-08-2001



Major Program

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

Licensee / Applicant *

Walker, Roland Hayes

▼

Attended Date

Jan-13-2000

Number of Attempts

#

3

Application

Application -

- Walker, Roland Hayes

▼

Location

Result

194

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

1

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Walker, Roland Hayes

▼



Attended Date

Dec-15-2000



Number of Attempts

#

1

Application

Application -

- Walker, Roland Hayes

▼



Location

Result

176

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Step 2 (CK)

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Walker, Roland Hayes

▼



Attended Date

Nov-09-2004



Number of Attempts

#

3

Application

Application -

- Walker, Roland Hayes

▼




Location

Result

196

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

3

Certificate Number

Exam Date



Expiration Date



Hospitals

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

Hospital Details

Licensee / Applicant

Walker, Roland Hayes

▼



Name of Organization

Methodist Hospitals

Application

Application -

- Walker, Roland Hayes

▼



Start Date

Aug-01-2005



End Date

Oct-04-2023



Address Details

Street Address Line 1

600 Grant St

State / Province

Indiana

Street Address Line 2

ZIP / Postal Code

46402

City

Gary

Country

United States

▼



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	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

Licensee/Applicant

Walker, Roland Hayes

▼



Licensing Board or Regulatory Authority

Illinois

License Number

125044803

State / Province

Illinois

Country

United States

▼



Application

Application -

- Walker, Roland Hayes

▼



License Type

License Status

Expired

Issue Date

Jul-01-2002



Expiration Date

Jun-30-2005



Notes

Other License Details

Licensee/Applicant

Walker, Roland Hayes

▼



Licensing Board or Regulatory Authority

Indiana

License Number

01060204A

State / Province

Indiana

Country

United States

▼



Application

Application -

- Walker, Roland Hayes

▼



License Type

License Status

Active

Issue Date

Feb-09-2005



Expiration Date

Oct-31-2025



Notes

Other License Details

Licensee/Applicant

Walker, Roland Hayes

▼



Licensing Board or Regulatory Authority

Texas

License Number

S4580

State / Province

Texas

Country

United States

▼



Application

Application -

- Walker, Roland Hayes

▼



License Type

License Status

Issue Date

Dec-20-2019



Expiration Date

Feb-28-2024



Notes

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

Licensee / Applicant *

Walker, Roland Hayes	▼	
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Program Type *

Internship	▼	
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Date From

Jun-25-2001	
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Name of School or Institution

Henry Ford Hospitals and Medical Centers
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Specialty Type

Pediatrics	▼	
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Other (Specialty)

--


Training Status *

	▼	
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Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
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Date To

Jun-30-2002	
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Application

Application -	- Walker, Roland Hayes	▼	
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Historical Major Program

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Historical Degree Attained

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Location Details


City

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State / Province

Michigan

County

	▼	
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Street Address 1

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Zip / Postal Code


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Country

	▼	
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Postgraduate Training Details


Licensee / Applicant *

Walker, Roland Hayes	▼	
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Program Type *

Residency	▼	
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Date From

Jul-01-2002	
-------------	---

Name of School or Institution

University of Illinois at Chicago

Specialty Type

Pediatrics	▼	
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Other (Specialty)

--


Training Status *

	▼	
--	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-2004	
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Application

Application -	- Walker, Roland Hayes	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

Illinois

County

	▼	
--	---	---

Street Address 1

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Zip / Postal Code


--

Country

	▼	
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Postgraduate Training Details


Licensee / Applicant *

Walker, Roland Hayes	▼	
----------------------	---	---

Program Type *

Residency	▼	
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Date From

Jul-01-2004	
-------------	---

Name of School or Institution

Methodist Hospital

Specialty Type

Family Practice	▼	
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Other (Specialty)

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Training Status *

	▼	
--	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-2005	
-------------	---

Application

Application -	- Walker, Roland Hayes	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

Indiana

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code

--

Country

	▼	
--	---	---

Specialties

Licensee / Applicant	Specialty Type	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

Licensee / Applicant *

Walker, Roland Hayes

▼



Effective Date

Jul-01-1997



Application

Application - - Walker, Roland Hayes

▼



Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Pediatrics

▼



Other (Specialty)

End Date



Specialty Details

Licensee / Applicant *

Walker, Roland Hayes

▼

Effective Date

Application

Application -

- Walker, Roland Hayes

▼

Primary Specialty?

☐ Yes ☒ No

Specialty Type *

Family Practice

▼

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 Roland Walker

Sign your name _____

Date 10/22/2023

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

