# **Demographic Details**

First Name	Gender		
Eli	Male	7 2	<u>a</u>
Middle Name	Date of Birth		
	-1992	Ë	}
Last Name *	Name Suffix		
Schneck			
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 infor	mation)	
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			

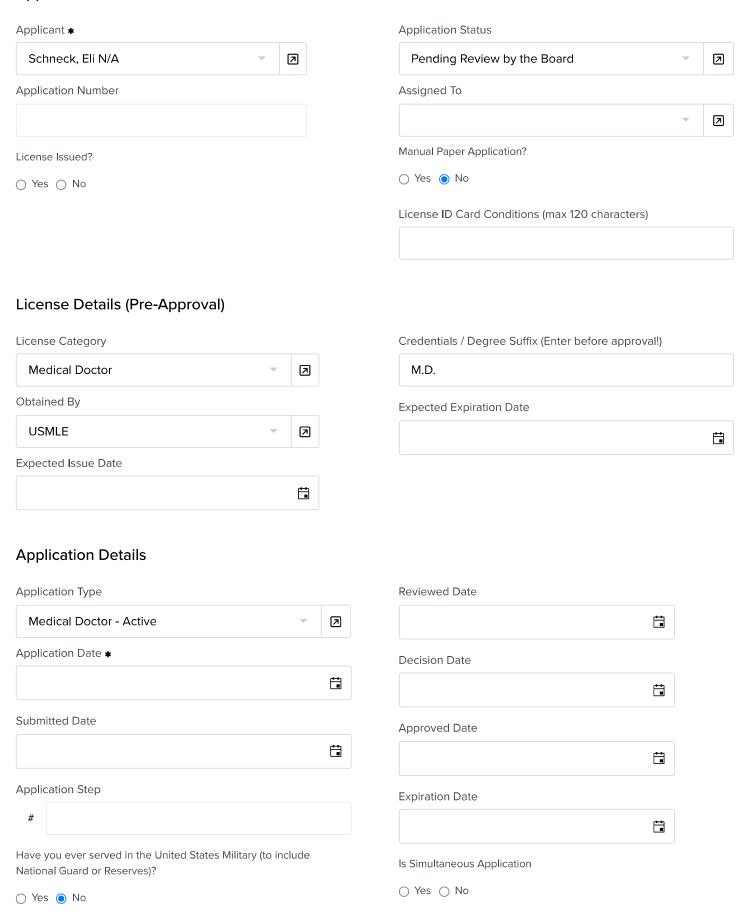
# Military Detail

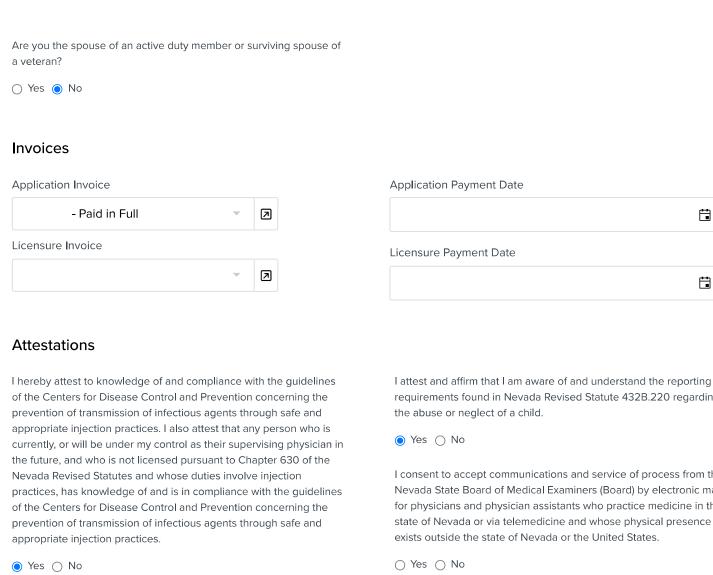
Have you ever served in the United States Military (to include National $$	Guard or Reserves)?
○ Yes ● No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ Yes ○ No
	Date of SPL Issuance
Contact Information	
Primary Phone	Secondary Phone
#	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
	▼   <b>⊼</b>
Cell Phone	Fax
#	#
Public Address	
	7/D / Darstal Cards
Street Address  240 E Silverado Ranch Blvd	ZIP / Postal Code  89183
Address Line 2  Apt 2091	State / Province  Nevada
City	Country
Las Vegas	United States
County	Is your physical address different from your mailing address?
Clark County	Yes      No
	Public Phone
	# (847) 687-5612

# Mailing Address

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

#### **Application Status**





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

O Yes O 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.

requirements found in Nevada Revised Statute 432B.220 regarding

Ħ

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

Child Support Attestation Type

Not subject to a court order **7** 

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

O Yes O No

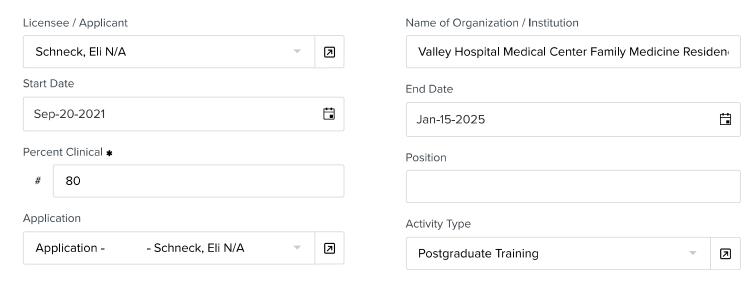
In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

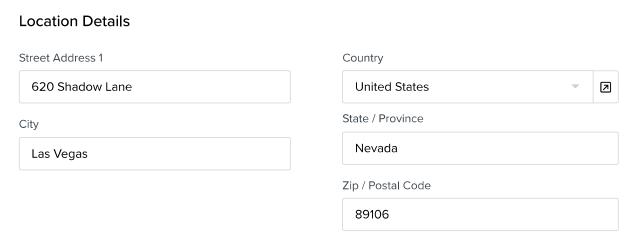
O Yes O No

### Activities

Licensee / Applicant	Name of Organization / Institution	T	Start Date	▼	End Date	₹	Percent Clinical
Eli Schneck	Valley Hospital Medical Center Family Medicine Residency		Sep-20-2021		Jan-15-2025		80

## **Application Activity Details**



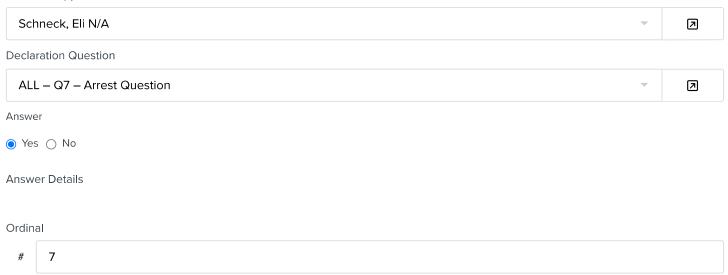


### Declarations

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

#### Declaration

Licensee/Applicant



#### **Declaration Text**

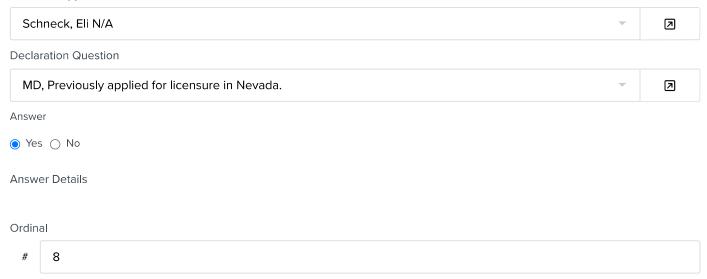
Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

#### Related To



#### Declaration

Licensee/Applicant



**Declaration Text** 

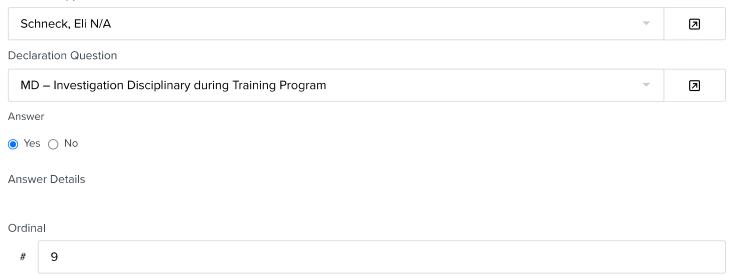
Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)

#### Related To



#### **Declaration**

Licensee/Applicant



#### **Declaration Text**

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?

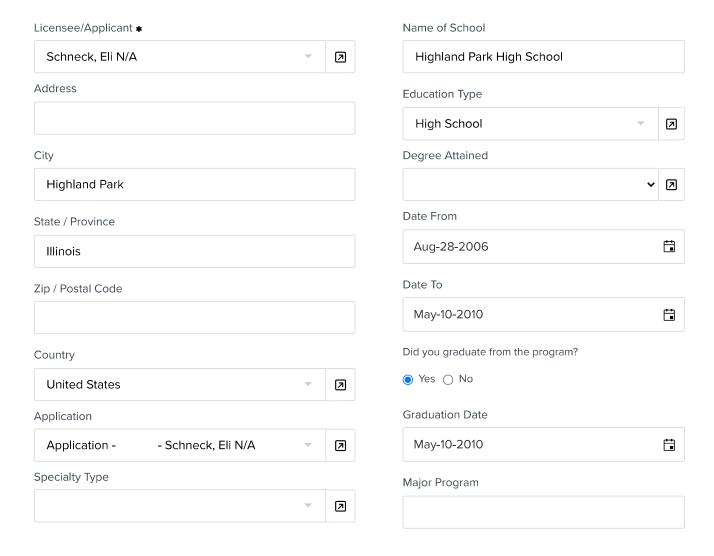
#### Related To



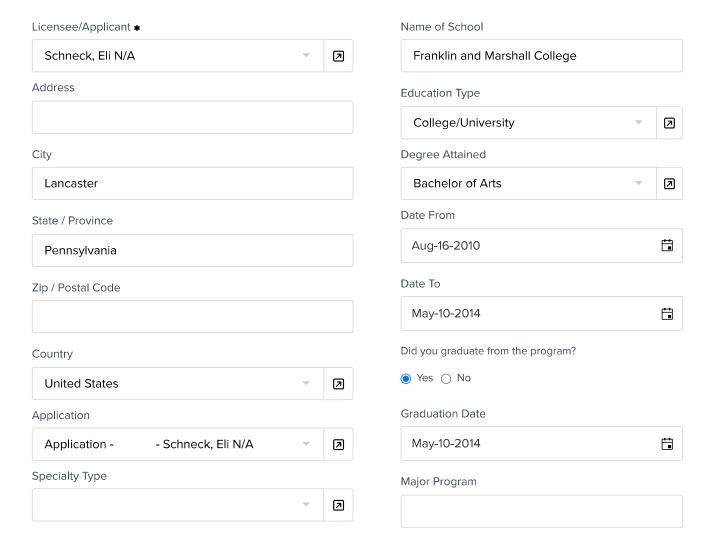
### Education

Licensee/Applicant ▼	Education Type <b>Y</b>	Name of School ▼	Degree Attained <b>Y</b>	Date From ▼	Date To ↑ ▼	Graduation Date
Schneck, Eli N/A	High School	Highland Park High School	High School Diploma	Aug-28-2006	May-10-2010	May-10-2010
Schneck, Eli N/A	College/University	Franklin and Marshall College	Bachelor of Arts	Aug-16-2010	May-10-2014	May-10-2014
Schneck, Eli N/A	Medical School	Loyola University Chicago Stritch School of Medicine	Medical Doctor Degree	Aug-04-2014	Dec-21-2018	Jan <b>-</b> 15-2019

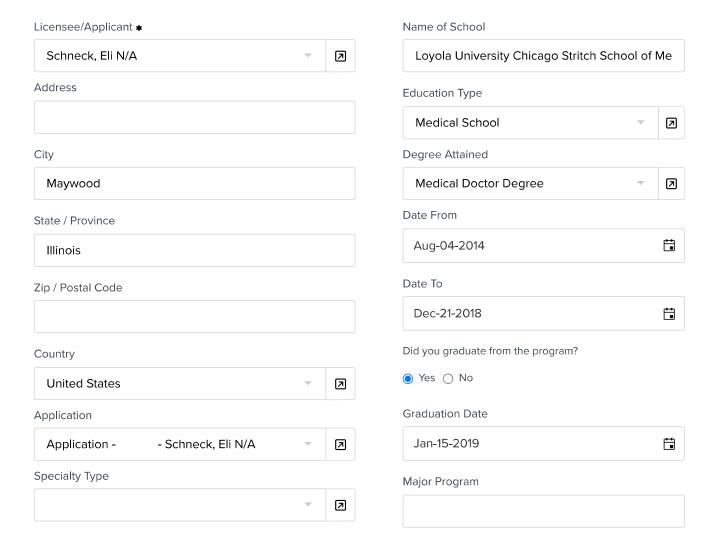
#### **Education Details**



#### **Education Details**



#### **Education Details**



### Examinations

Licensee / Applicant	Examination Type	Attended Date †
Schneck, Eli N/A	United States Medical Licensing Examination (USMLE)	Aug-11-2016
Schneck, Eli N/A	United States Medical Licensing Examination (USMLE)	Sep-15-2017
Schneck, Elji N/A	United States Medical Licensing Examination (USMLE)	Sep-19-2017
Schneck, Eli N/A	United States Medical Licensing Examination (USMLE)	Jan-22-2018
Schneck, Eli N/A	United States Medical Licensing Examination (USMLE)	Jan-28-2021

Licensee / Applicant *		Examination Type
Schneck, Eli N/A	7	United States Medical Licensing Examination (USMLE) 🗷
Attended Date		Other Exam
Aug-11-2016		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Schneck, Eli N/A	7	USMLE Step 1
Location		Certificate Number
Chicago, IL		
Result		Exam Date
208		
		Expiration Date

Licensee / Applicant *		Examination Type
Schneck, Eli N/A	7	United States Medical Licensing Examination (USMLE) 🗷
Attended Date		Other Exam
Sep-15-2017		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Schneck, Eli N/A	7	USMLE Step 2CK
Location		Certificate Number
Chicago, IL		
Result		Exam Date
225		
		Expiration Date

Licensee / Applicant *		Examination Type
Schneck, Eli N/A	7	United States Medical Licensing Examination (USMLE) 🗷
Attended Date		Other Exam
Sep-19-2017	ä	
Number of Attempts		Are you currently certified?
# 2		○ Yes ○ No
Application		Steps
Application Schneck, Eli N/A	7	USMLE Step 2 CS
Location		Certificate Number
Result		Exam Date
Fail		
		Expiration Date

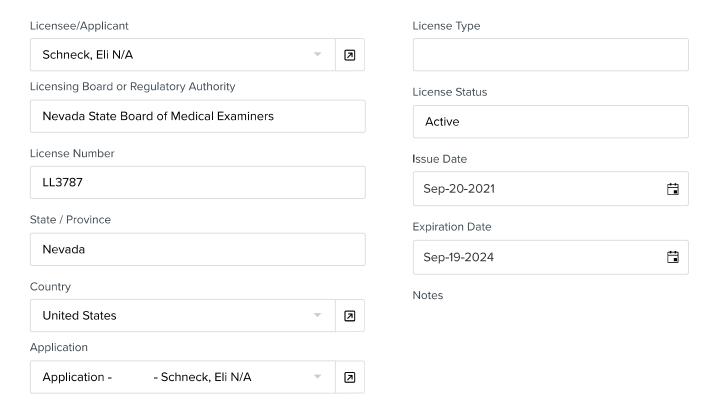
Licensee / Applicant *	Examination Type
Schneck, Eli N/A	United States Medical Licensing Examination (USMLE)
Attended Date	Other Exam
Jan-22-2018	
Number of Attempts	Are you currently certified?
# 2	○ Yes ○ No
Application	Steps
Application Schneck, Eli N/A	USMLE Step 2 CS
Location	Certificate Number
Result	Exam Date
Pass	
	Expiration Date

Licensee / Applicant *	Examination Type
Schneck, Eli N/A	United States Medical Licensing Examination (USMLE)
Attended Date	Other Exam
Jan-28-2021 🛱	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application Schneck, Eli N/A	USMLE Step 3
Location	Certificate Number
Result	Exam Date
227	
	Expiration Date

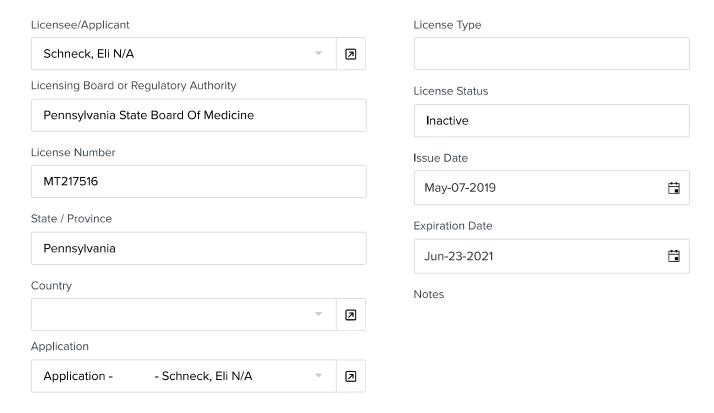
#### Other Licenses

Licensee/Applicant	▼ License Number ¬	License Type	Issue Date	<b>T</b>	Expiration Date	<b>T</b>	State / Province
Eli Schneck	LL3787	N/A	Sep-20-2021		Sep-19-2024		Nevada
Schneck, Eli N/A	MT217516	N/A	May-07-2019		Jun-23-2021		Pennsylvania Pennsylvania

#### Other License Details



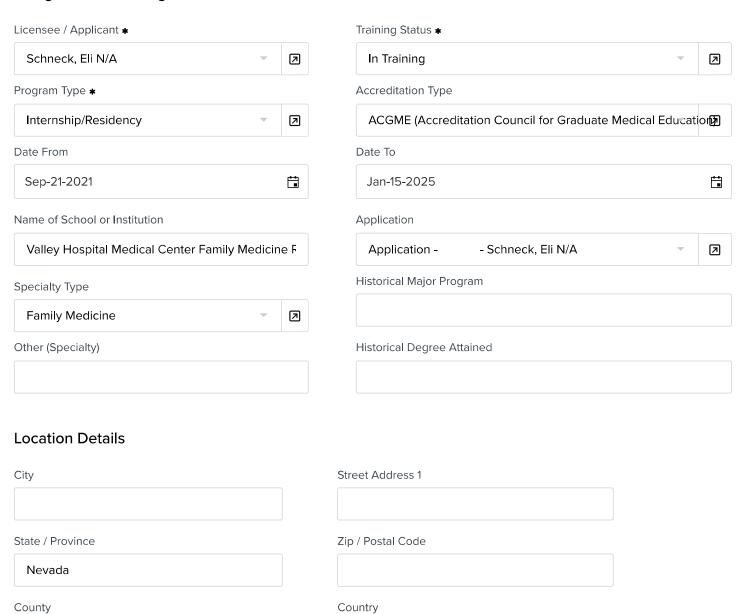
#### Other License Details



# Postgraduate Training

Licensee / Applicant	Name of School or Institution	~	Specialty Type	<b>T</b>	Date From	<b>T</b>	Date To ↑	<b>T</b>	Program Type
Schneck, Eli N/A	Valley Hospital Medical Center Family Medicine Residency Program		Family Medicine		Sep-21-2021		Jan-15-2025		Internship/Residency

#### Postgraduate Training Details



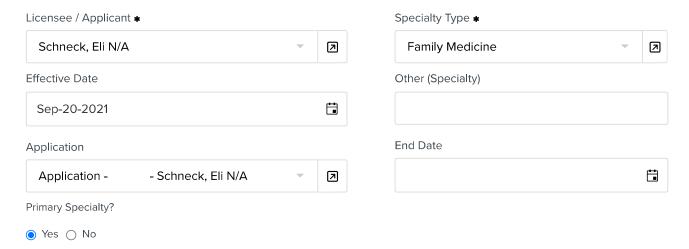
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# Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Eli Schneck	Family Medicine	Yes	Sep-20-2021	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.

0 0 0 0

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 Eli Schneck	
Sign your name	
Date March 19th, 2024	

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

MAR 2 6 2024

NEVADA STATE QUARD OF MEDICAL EXAMINERS

