

Demographic Details

First Name

Eli

Middle Name

Last Name *

Schneck

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

-1992 

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

#

Primary Phone Extension

Primary E-mail Address



Cell Phone



#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

240 E Silverado Ranch Blvd

Address Line 2

Apt 2091

City

Las Vegas

County

Clark County

ZIP / Postal Code

89183

State / Province

Nevada

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

(847) 687-5612

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *



  

Application Number

License Issued?

Yes No

Application Status

Assigned To



Manual Paper Application?

Yes No



License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By


  

Expected Issue Date

Credentials / Degree Suffix (Enter before approval)

Expected Expiration Date


 

Application Details


Application Type

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

Licensure Invoice

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

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
Eli Schneck	Valley Hospital Medical Center Family Medicine Residency	Sep-20-2021	Jan-15-2025	80

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

#

Application

Name of Organization / Institution

End Date

Position

Activity Type


 

Location Details

Street Address 1

City

Country

State / Province


Zip / Postal Code

Declarations


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

Declaration

Licensee/Applicant

Schneck, Eli N/A	▼	
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Declaration Question

ALL – Q7 – Arrest Question	▼	
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Answer

Yes No

Answer Details

Ordinal

#	7
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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

Application

Application -	- Schneck, Eli N/A	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Schneck, Eli N/A	▼	
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Declaration Question

MD, Previously applied for licensure in Nevada.	▼	
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Answer

Yes No

Answer Details

Ordinal


#	8
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Declaration Text

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

Related To

Application

Application -	- Schneck, Eli N/A	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Schneck, Eli N/A	▼	
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Declaration Question

MD – Investigation Disciplinary during Training Program	▼	
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Answer

Yes No

Answer Details

Ordinal

#	9
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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

Application

Application -	- Schneck, Eli N/A	▼	
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Renewal


	▼	
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Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	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-15-2019

Education Details

Licensee/Applicant *



Address

City

State / Province

Zip / Postal Code

Country

Application



  

Specialty Type



  

Name of School


Education Type


Degree Attained

Date From


Date To

Did you graduate from the program?

Yes No


Graduation Date

Major Program

Education Details

Licensee/Applicant *



Address

City

State / Province

Zip / Postal Code


Country

Application

Specialty Type


  

Name of School


Education Type


Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No


Graduation Date

Major Program

Education Details

Licensee/Applicant *



Address

City


State / Province

Zip / Postal Code

Country

Application

Specialty Type

Name of School

Education Type


Degree Attained

Date From


Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

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, Eli 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

Examination Details

Licensee / Applicant *

Schneck, Eli N/A 

Attended Date

Aug-11-2016 

Number of Attempts

1

Application

Application - - Schneck, Eli N/A 


Location

Chicago, IL

Result

208

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

USMLE Step 1

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *


Attended Date

Number of Attempts

#

Application

Location

Result

Examination Type

Other Exam


Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date


 

Expiration Date

Examination Details

Licensee / Applicant *

Attended Date

Number of Attempts

#


Application

Location

Result

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Schneck, Eli N/A 

Attended Date

Jan-22-2018 

Number of Attempts

2

Application


Application - - Schneck, Eli N/A 

Location

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps


USMLE Step 2 CS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Attended Date

Number of Attempts

#


Application

Location

Result

Examination Type

Other Exam


Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date

Expiration Date

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	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

Other License Details

Licensee/Applicant


  

Licensing Board or Regulatory Authority



License Number

State / Province

Country

Application

License Type

License Status

Issue Date


Expiration Date

Notes

Other License Details

Licensee/Applicant



  

Licensing Board or Regulatory Authority



License Number

State / Province

Country


Application

License Type

License Status

Issue Date

Expiration Date



Notes

Postgraduate Training



Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To ↑	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

Licenses / Applicant *

Program Type *


  

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *



Accreditation Type

Date To

Application

Historical Major Program



Historical Degree Attained

Location Details

City

State / Province



County

Street Address 1

Zip / Postal Code

Country

Specialties

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

Specialty Details


Licensee / Applicant *

Effective Date

Application

Primary Specialty?

Yes No

Specialty Type *

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.

○ ○ ○ ○ ○

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 26 2024

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

