Demographic Details

First Name	Gender	
Joannes Paulus	Male	— [7]
Middle Name	Date of Birth	
Bocala	1979	Ħ
Last Name ∗	Name Suffix	
Araque		
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 informatio	vn)
Is this person deceased?	r ubile information	
○ Yes ○ No		
Date Deceased		
# *		
Do you have a Nevada Business License in your individual name?		
○ Yes ○ No		
Nevada BIN		
Historical File Number		

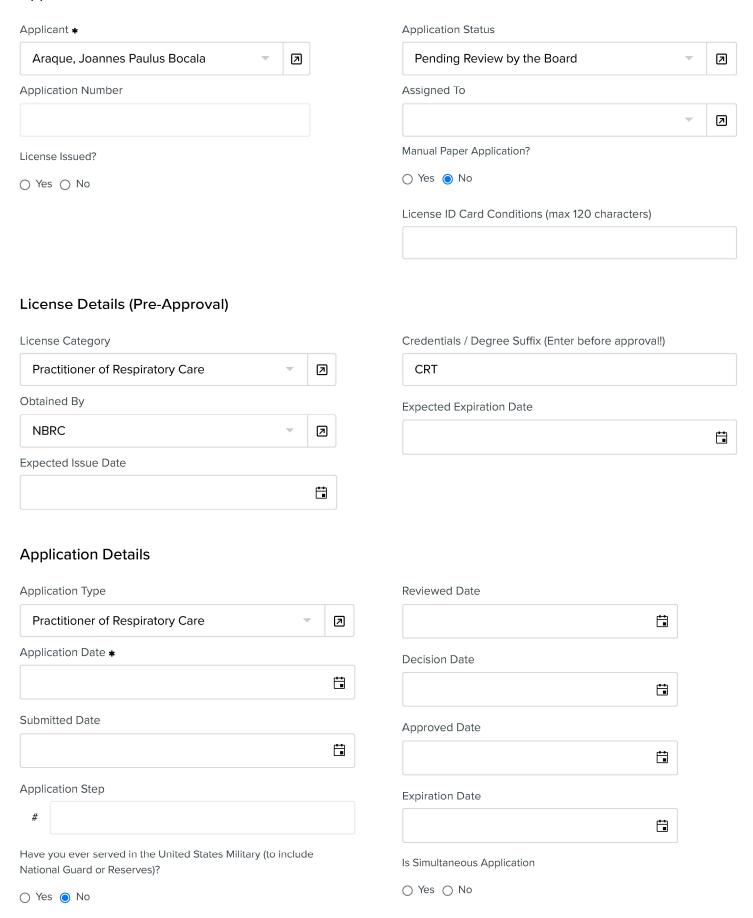
Military Detail

Have you ever served in the United States 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
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
1221 NW 7th Avenue	98607
Address Line 2	State / Province
	Washington
City	Country
Camas	United States United States
County	Is your physical address different from your mailing address?
Clark	○ Yes ○ No
	Public Phone
	# (360) 450-7562

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
P / 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
— [2]	
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	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
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 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	○ 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). 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
Yes No	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

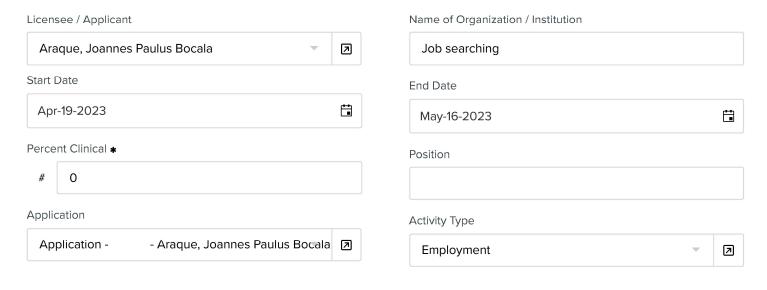
medicine in the state of Nevada.

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

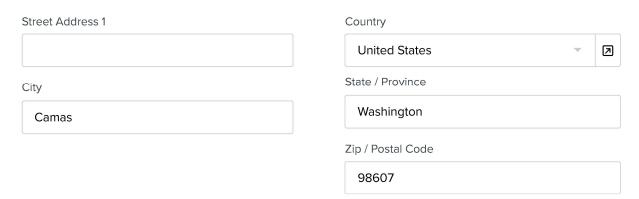
Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Araque, Joannes Paulus Bocala	Job searching	Apr-19-2023	May-16-2023	0

Application Activity Details



Location Details



Declarations

Ordinal † *	Licensee/Applicant	Declaration Question	Answer ▼ Answer Details
1	Araque, Joannes Paulus Bocala	RT – Q15 – Medical Condition Impair Safe Practice	No
2	Araque, Joannes Paulus Bocala	RT – Q16 – Medical Condition Field of Practice	No
3	Araque, Joannes Paulus Bocala	RT – Q17 – Substances Impair Safe Practice	No
4	Araque, Joannes Paulus Bocala	ALL – Q5 – Named Defendant Respond to Legal Action	No
5	Araque, Joannes Paulus Bocala	ALL – Q6 – Malpractice Claim Paid	No
6	Araque, Joannes Paulus Bocala	ALL – Q7 – Arrest Question	Yes
7	Araque, Joannes Paulus Bocala	RT, Have you previously applied for an allied health license in Nevada?.	No
8	Araque, Joannes Paulus Bocala	RT – Q18 – Denied License / Permission to Provide Services	No
9	Araque, Joannes Paulus Bocala	RT – Q19 – Certificate / License Revoked	No
10	Araque, Joannes Paulus Bocala	RT – Q20 – Voluntarily Surrendered License / Certificate	No
11	Araque, Joannes Paulus Bocala	RT – Q21 - Failed NBRC Examination	Yes
12	Araque, Joannes Paulus Bocala	RT – Q22 – Registration / Certification Revoked	No
13	Araque, Joannes Paulus Bocala	RT – Q23 – Investigation Respond To / Notify Of	No

Declaration

Licensee/Applicant

Ara	que, Joannes Paulus Bocala	_	7
Declar	ration Question		
ALL	. – Q7 – Arrest Question	_	7
Answe	r		
Yes	O No		
Answe	er Details		
Ordina			
#	6		

Declaration Text

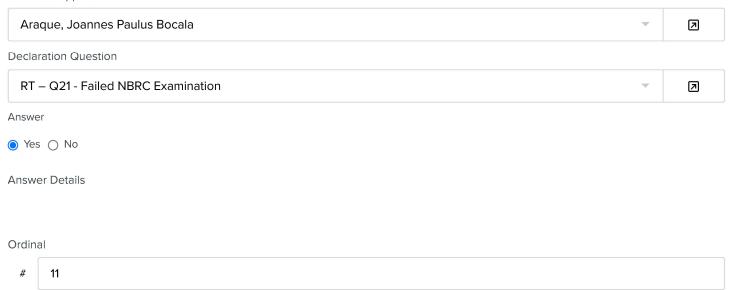
Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, 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			Renewal	
Application -	- Araque, Joannes Paulus Bocala	7		7

Declaration

Licensee/Applicant



Declaration Text

Have you ever failed the National Board for Respiratory Care examination, or any state or other jurisdiction examination for certification, licensure or registration? If your answer is "yes", give details regarding how many times you failed, including dates and the reason(s) you believe you failed the examination(s).

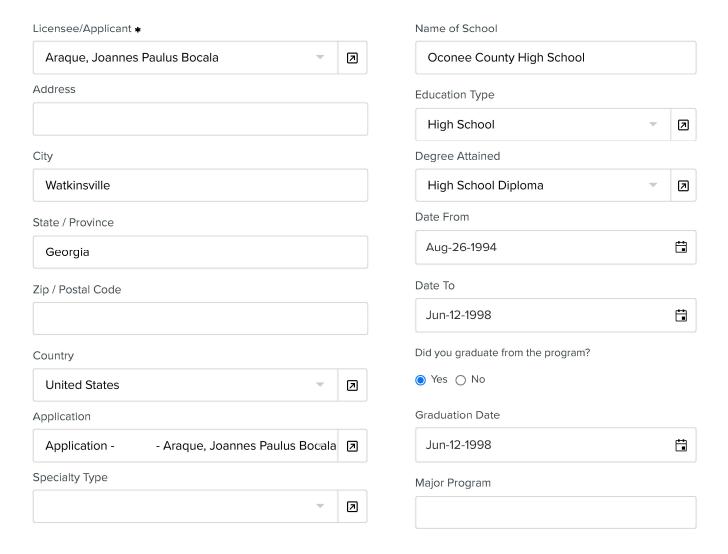
Related To



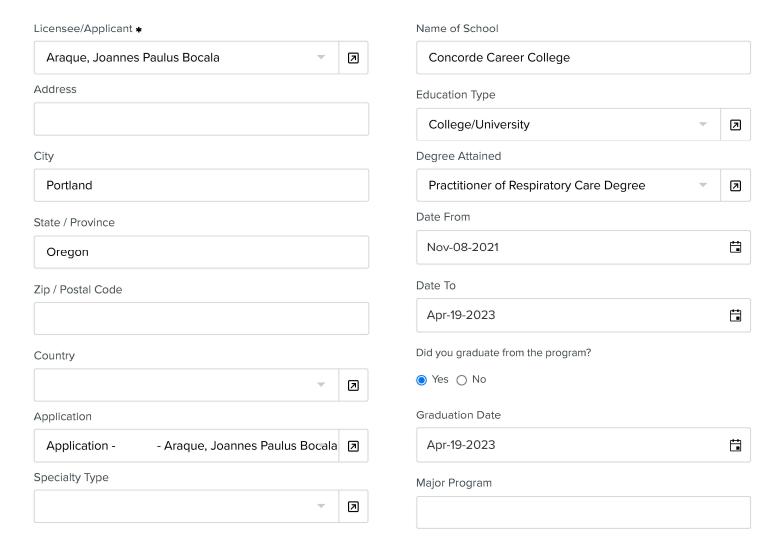
Education

Licensee/Applicant	Education Type	Name of School	Degree Attained ▼	Date From	Date To ↑ ▼	Graduation Date
Araque, Joannes Paulus Bocala	High School	Oconee County High School	High School Diploma	Aug-26-1994	Jun-12-1998	Jun-12-1998
Araque, Joannes Paulus Bocala	College/University	Concorde Career College	Practitioner of Respiratory Care Degree	Nov-08-2021	Apr-19-2023	Apr-19-2023
Araque, Joannes Paulus Bocala	College/University	Concorde Career College	Associate Degree	Nov-08-2021	Apr-19-2023	Apr-19-2023

Education Details



Education Details



Education Details

Licensee/Applicant *		Name of School
Araque, Joannes Paulus Bocala	7	Concorde Career College
Address		Education Type
		College/University
City		Degree Attained
Portland		Associate Degree
State / Province		Date From
Oregon		Nov-08-2021
Zip / Postal Code		Date To
		Apr-19-2023
Country		Did you graduate from the program?
_	7	Yes ○ No
Application		Graduation Date
Application Araque, Joannes Paulus Bocala	7	Apr-19-2023
Specialty Type		Major Program
₩	7	

Examinations

Licensee / Applicant	Examination Type	T	Attended Date
Araque, Joannes Paulus Bocala	The National Board for Respiratory Care (NBRC)		Apr-25-2023

Examination Details

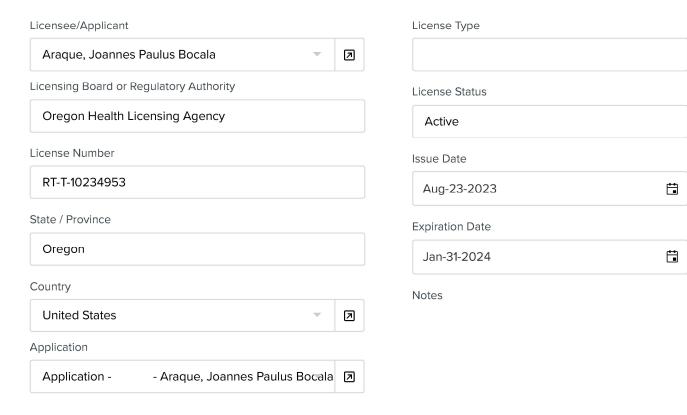
Licensee / Applicant *		Examination Type	
Araque, Joannes Paulus Bocala	7	The National Board for Respiratory Care (NBRC)	7
Attended Date		Other Exam	
Apr-25-2023	ä		
Number of Attempts		Are you currently certified?	
# 1		Yes ○ No	
Application		Steps	
Application Araque, Joannes Paulus Bocal	a 7	CRT	
Location		Certificate Number	
Result		Exam Date	
Pass			
		Expiration Date	

Apr-30-2028

Other Licenses

Licensee/Applicant	T	License Number	T	License Type	T	Issue Date	₹	Expiration Date	▼	State / Province
Araque, Joannes Paulus Bocala		RT-T-10234953		N/A		Aug-23-2023		Jan-31-2024		Oregon

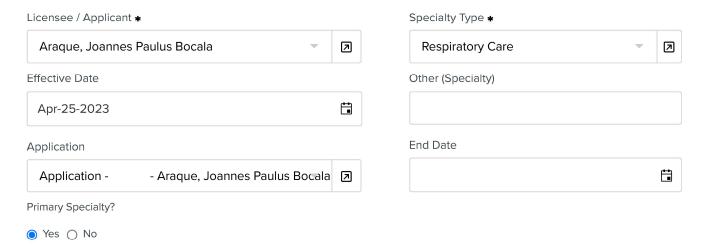
Other License Details



Specialties

Licensee / Applicant	Ŧ	Specialty Type	7	Primary Specialty?	Effective Date	▼	End Date
Araque, Joannes Paulus Bocala		Respiratory Care		Yes	Apr-25-2023		N/A

Specialty Details



ATTENTION APPLICANT!

NOV 2 0 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS

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.

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.

Date 11-16-23

