

Demographic Details

First Name

Joannes Paulus

Middle Name

Bocala

Last Name *

Araque

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

1979

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

1221 NW 7th Avenue

Address Line 2

City

Camas

County

Clark

ZIP / Postal Code

98607

State / Province

Washington

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(360) 450-7562

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 ▼
Araque, Joannes Paulus Bocala	Job searching	Apr-19-2023	May-16-2023	0

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *

#

Position

Application


Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

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

Araque, Joannes Paulus Bocala	▼	
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Declaration Question

ALL – Q7 – Arrest Question	▼	
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Answer

Yes No

Answer Details

Ordinal

#	6
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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 -	- Araque, Joannes Paulus Bocala	
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Renewal


	▼	
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Declaration

Licensee/Applicant

Araque, Joannes Paulus Bocala	▼	
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Declaration Question

RT – Q21 - Failed NBRC Examination	▼	
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Answer

Yes No

Answer Details

Ordinal


#	11
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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

Application

Application -	- Araque, Joannes Paulus Bocala	
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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
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

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
Araque, Joannes Paulus Bocala	The National Board for Respiratory Care (NBRC)	Apr-25-2023

Examination Details

Licensee / Applicant *

Araque, Joannes Paulus Bocala 

Attended Date

Apr-25-2023 

Number of Attempts

1

Application

Application - - Araque, Joannes Paulus Bocala 

Location

Result

Pass

Examination Type

The National Board for Respiratory Care (NBRC) 

Other Exam

Are you currently certified?

Yes No

Steps


CRT

Certificate Number

Exam Date



Expiration Date



Apr-30-2028 

Other Licenses

Licensee/Applicant	License Number	License Type	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

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date



Notes

Specialties


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

Specialty Details


Licensee / Applicant *

Araque, Joannes Paulus Bocala  

Effective Date

Apr-25-2023 

Application

Application - - Araque, Joannes Paulus Bocala 

Primary Specialty?

Yes No

Specialty Type *

Respiratory Care  

Other (Specialty)

End Date



NOV 20 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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 SOMMES PAULUS BOGALA ARABU

Sign your name _____

Date 11-16-23

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.

