Demographic Details

First Name	Gender		
Charles	Male	~	7
Middle Name	Date of Birth		
Andrew	1953		
Last Name *	Name Suffix		
Mick			
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	rmation)	
Is this person deceased?	Public Illionnation		
○ Yes ○ No			
Date Deceased			
Do you have a Nevada Business License in your individual name?			
○ Yes ○ No			
Nevada BIN			
Historical File Number			

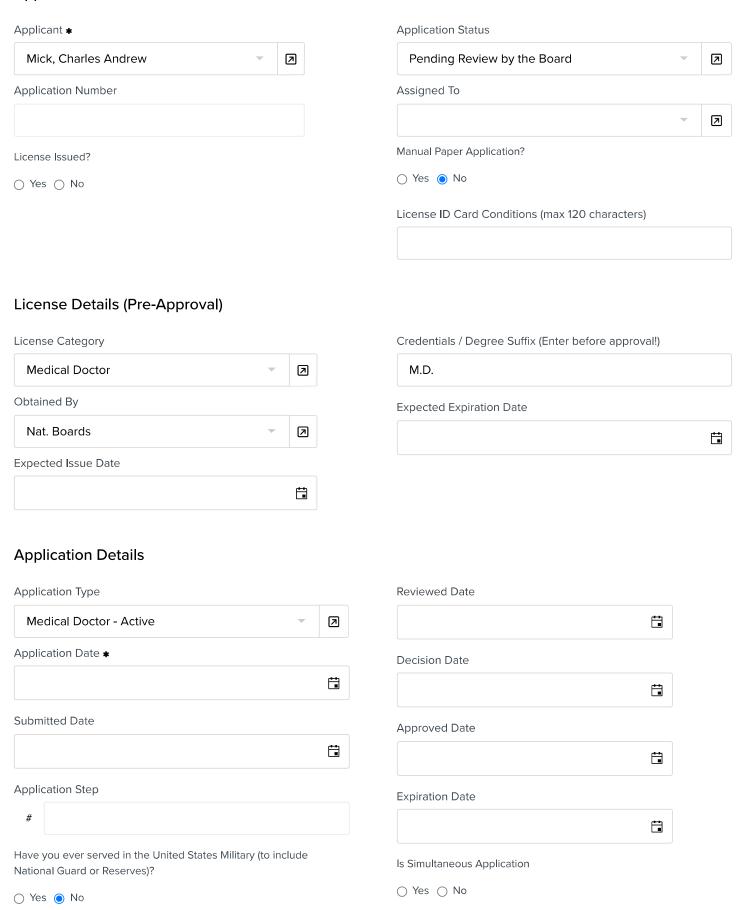
Military Detail

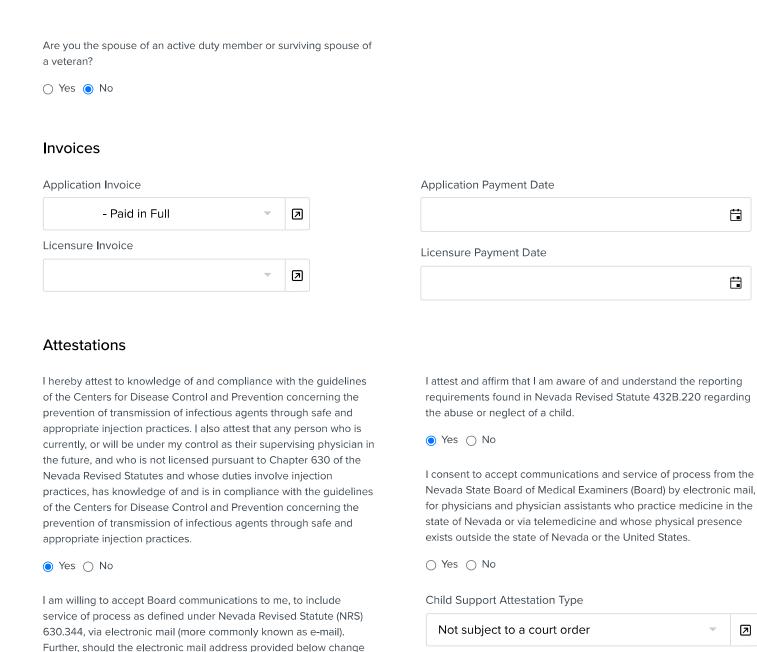
Have you ever served in the United States Military (to include National G	Guard or Reserves)?					
Discipline / SPL						
Disciplinary Action?	SPL?					
○ Yes ○ No	○ Yes ○ No					
	Date of SPL Issuance					
Contact Information						
Primary Phone	Secondary Phone					
#	#					
Primary Phone Extension	Secondary Phone Extension					
Primary E-mail Address	Mail should be directed to					
	~ 7					
Cell Phone	Fax					
#	#					
Public Address						
Street Address	ZIP / Postal Code					
1000 Primera Blvd	32746					
Address Line 2	State / Province					
Address Line 2	Florida					
City	Country					
Lake Mary	United States					
County	Is your physical address different from your mailing address?					
Seminole County	Yes No					
	Public Phone					
	# (855) 253-1100					

Mailing Address

Street Address	City (Mailing)	
Address Line 2	State / Province (Mailing)	
ZIP / Postal Code (Mailing)	County (Mailing)	
	▼ 5	ij
	County (Mailing)	

Application Status





for any reason, I agree to apprise the Board in writing of my new

The answers to the foregoing questions and statements made in the

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

above application, as well as any and all further explanations

electronic mail address within 30 days after the change.

Yes () No

medicine in the state of Nevada.

O Yes O No

I have read this responsibility statement and understand that I alone

am accountable for completing my application for medical licensure

In consideration for processing my application I, the undersigned,

irrevocably agree to the Civil Applicant Waiver.

whose name and signature voluntarily appears below; do hereby and

in Nevada.

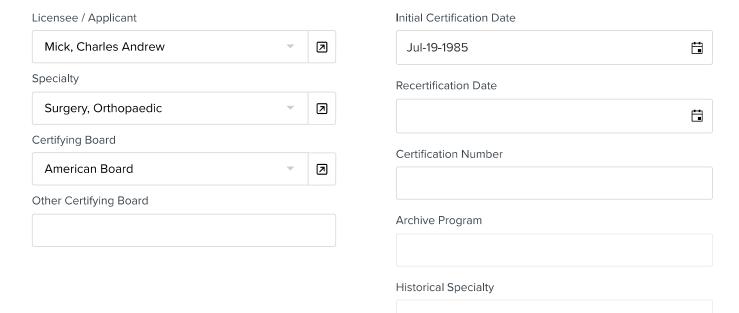
O Yes O No

O Yes O No

Board Certifications

Licensee / Applicant	▼	Certifying Board	•	Other Certifying Board	Specialty	T	Initial Certification Date	▼	Recertification Date
Mick, Charles Andrew		American Board		N/A	Surgery, Orthopaedic		Jul-19-1985		N/A

Board Certification Details



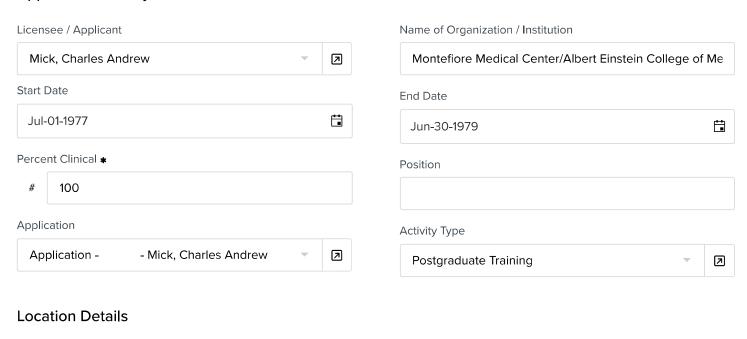
Connected Record

Application

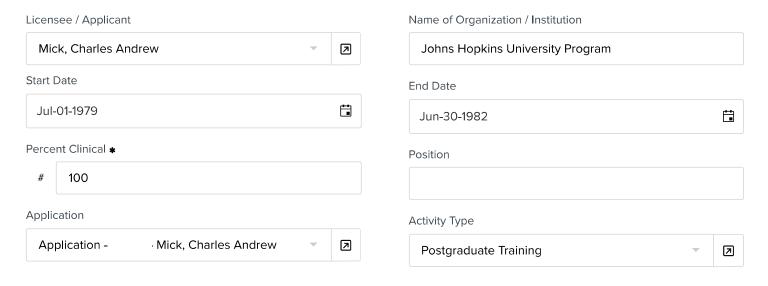


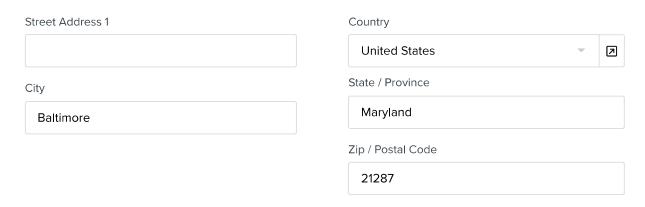
Activities

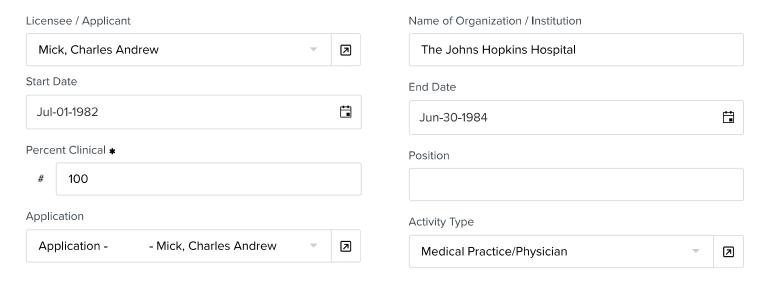
Licensee / Applicant	Name of Organization / Institution	7	Start Date †	₹	End Date	Ŧ	Percent Clinical
Charles Mick	Montefiore Medical Center/Albert Einstein College of Medicine Program		Jul-01-1977		Jun-30-1979		100
Charles Mick	Johns Hopkins University Program		Jul-01-1979		Jun-30-1982		100
Charles Mick	The Johns Hopkins Hospital		Jul-01 - 1982		Jun-30-1984		100
Charles Mick	Mary Imogene Bassett Hospital		Jul-01-1984		Jun-30-1994		100
Mick, Charles Andrew	Hampshire Orthopedics and Sports Medicine		Jul-01-1994		Jun-30-2003		100
Mick, Charles Andrew	Pioneer Spine and Sports Physicians		Jan-01-2003		Dec-31-2020		100
Mick, Charles Andrew	TurningPoint Healthcare		Jan-01-2019		Feb-28-2024		100



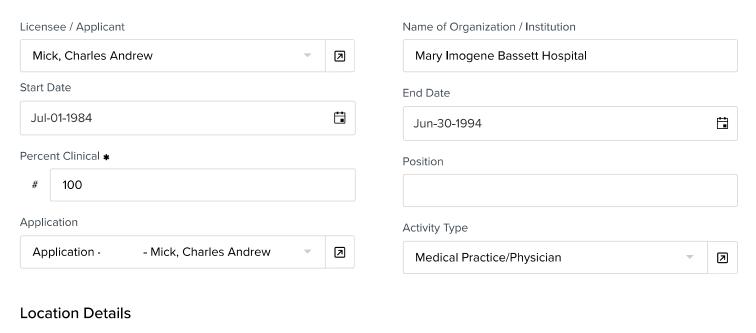


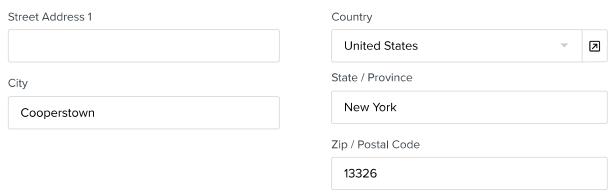


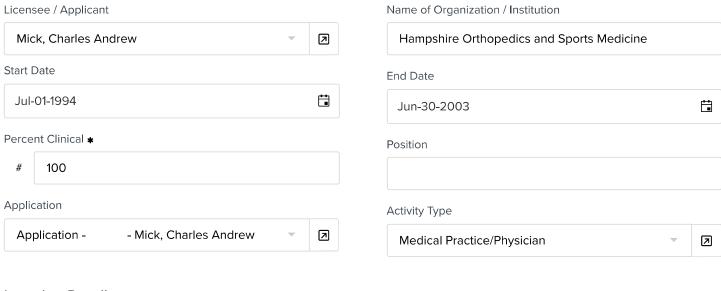


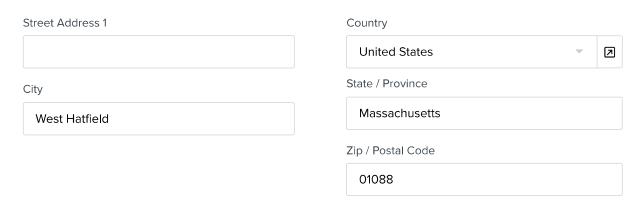


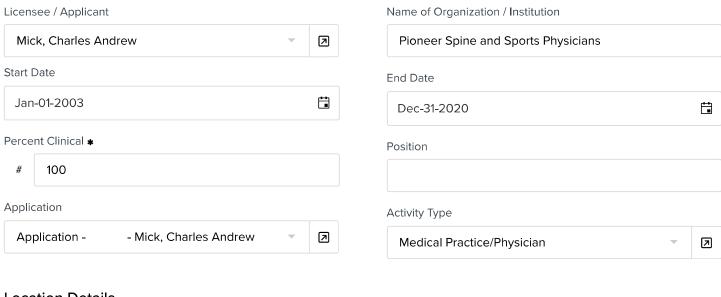


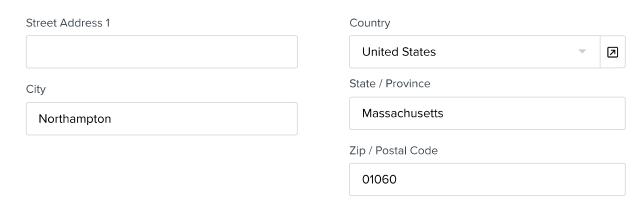


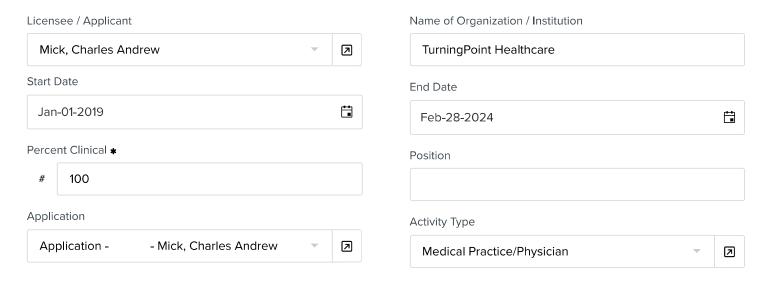


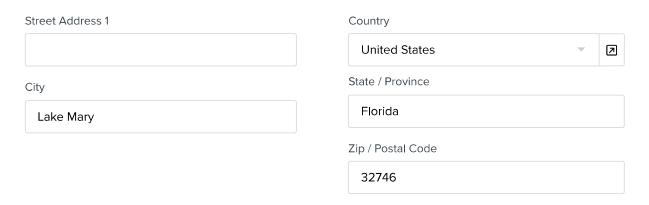










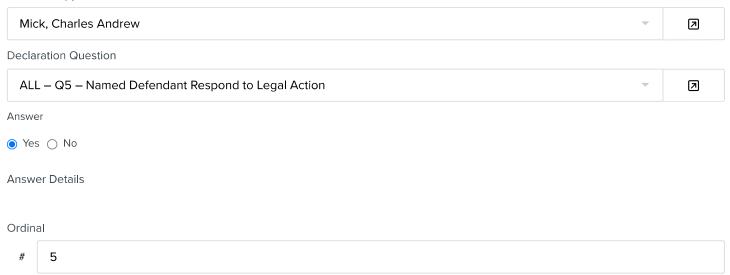


Declarations

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

Declaration

Licensee/Applicant



Declaration Text

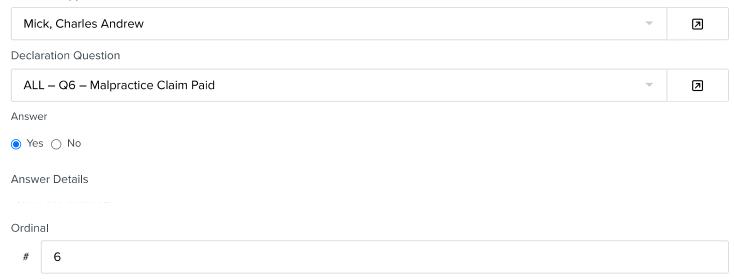
Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To



Declaration

Licensee/Applicant



Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

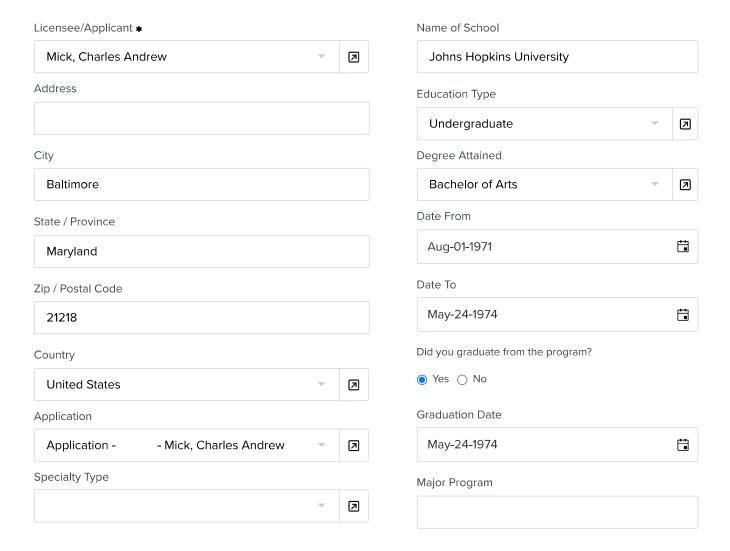
Related To



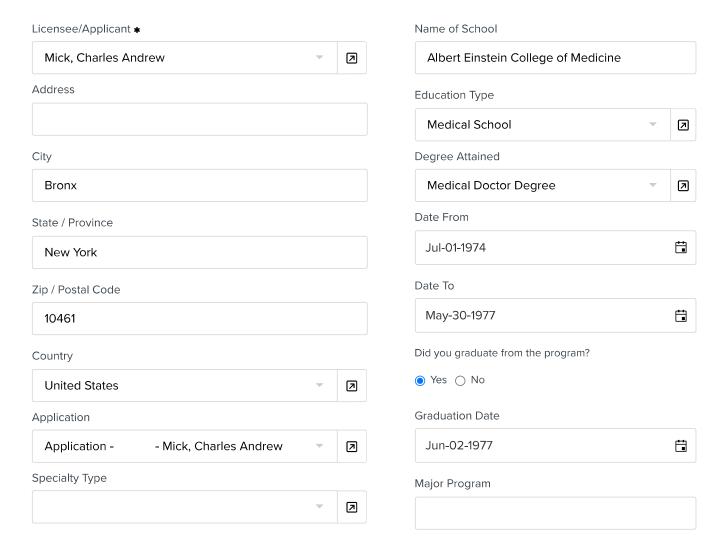
Education

Licensee/Applicant	Education Type	Name of School ▼	Degree Attained	Date From	Date To ↑ ▼	Graduation Date
Mick, Charles Andrew	Undergraduate	Johns Hopkins University	Bachelor of Arts	Aug-01-1971	May-24-1974	May-24-1974
Mick, Charles Andrew	Medical School	Albert Einstein College of Medicine	Medical Doctor Degree	Jul-01 - 1974	May-30-1977	Jun-02-1977

Education Details



Education Details



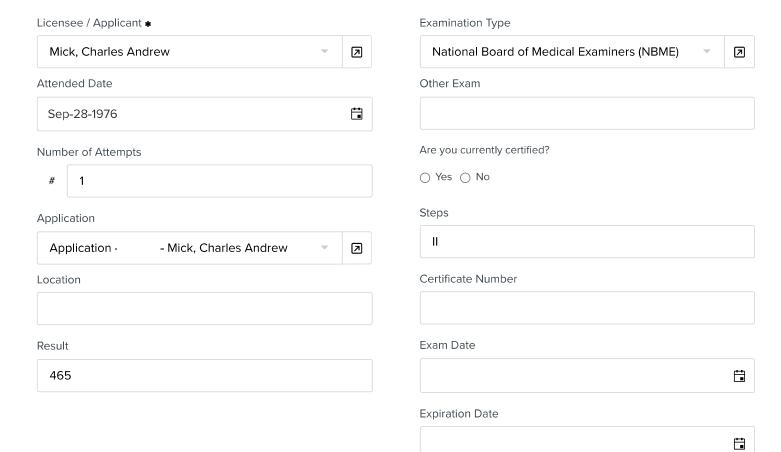
Examinations

Licensee / Applicant ▼	Examination Type	Attended Date †
Mick, Charles Andrew	National Board of Medical Examiners (NBME)	Sep-03-1975
Mick, Charles Andrew	National Board of Medical Examiners (NBME)	Sep-28-1976
Mick, Charles Andrew	National Board of Medical Examiners (NBME)	Mar-08-1978

Examination Details

Licensee / Applicant *		Examination Type
Mick, Charles Andrew	7	National Board of Medical Examiners (NBME)
Attended Date		Other Exam
Sep-03-1975		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Mick, Charles Andrew	7	I
Location		Certificate Number
Result		Exam Date
535		
		Expiration Date

Examination Details

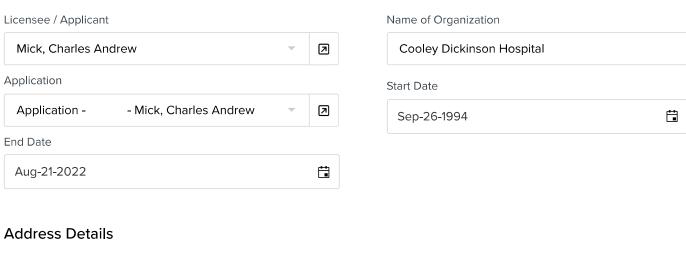


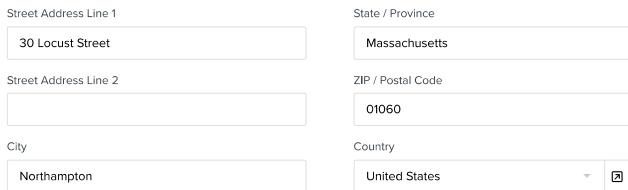
Examination Details

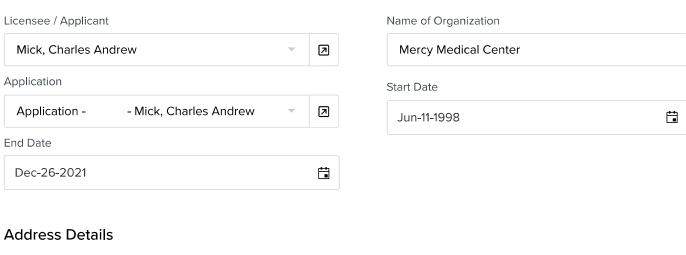
Licensee / Applicant *		Examination Type
Mick, Charles Andrew	7	National Board of Medical Examiners (NBME)
Attended Date		Other Exam
Mar-08-1978		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Mick, Charles Andrew	7	III
Location		Certificate Number
Result		Exam Date
475		
		Expiration Date

Hospitals

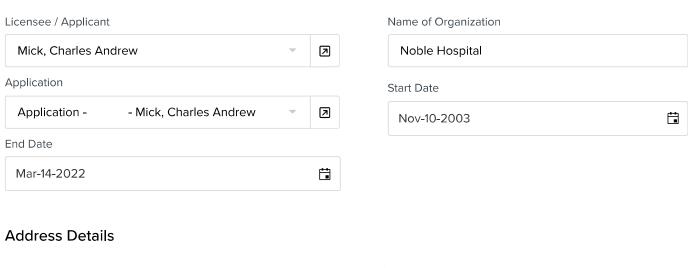
Licensee / Applicant	Name of Organization	Start Date †	End Date
Charles Mick	Cooley Dickinson Hospital	Sep-26-1994	Aug-21-2022
Charles Mick	Mercy Medical Center	Jun-11-1998	Dec-26-2021
Charles Mick	Noble Hospital	Nov-10-2003	Mar-14-2022
Charles Mick	Mdsine Surgical Center	Mar-15-2007	May-01-2021
Charles Mick	Baystate Medical Center	Jan-13-2015	Feb-10-2022

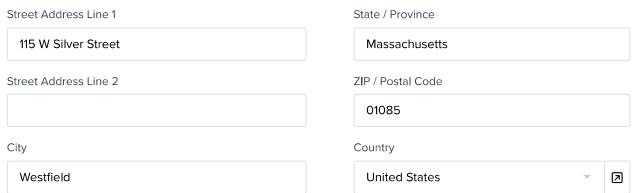






Street Address Line 1 271 Carew Street Massachusetts Street Address Line 2 ZIP / Postal Code O1104 City Country Springfield United States





55 St George Rd

Street Address Line 2

Springfield

City



Massachusetts

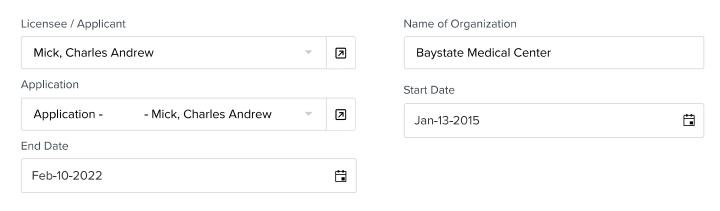
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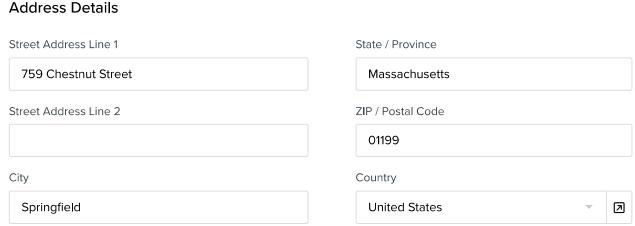
United States

7

01104

Country

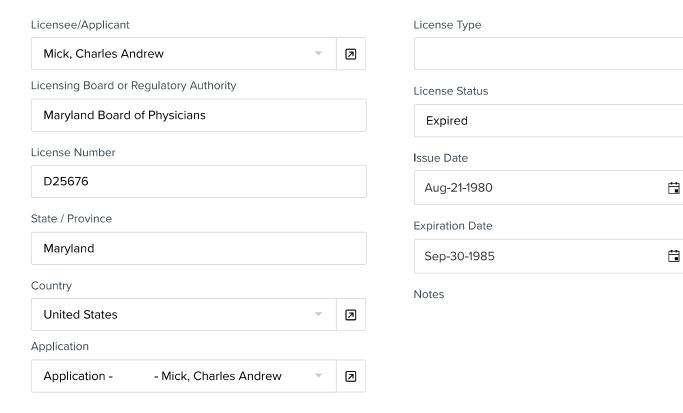




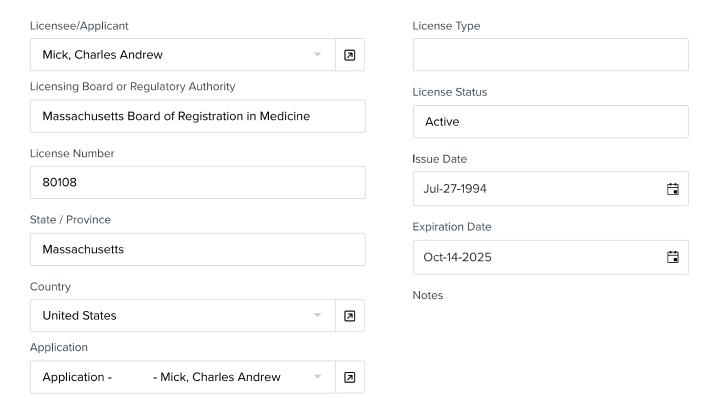
Other Licenses

Licensee/Applicant ▼	License Number	License Type	Issue Date	Expiration Date	State / Province †
Mick, Charles Andrew	D25676	N/A	Aug-21-1980	Sep-30-1985	Maryland
Mick, Charles Andrew	80108	N/A	Jul-27-1994	Oct-14-2025	Massachusetts
Mick, Charles Andrew	157788	N/A	Apr-02-1984	Sep-30-2025	New York

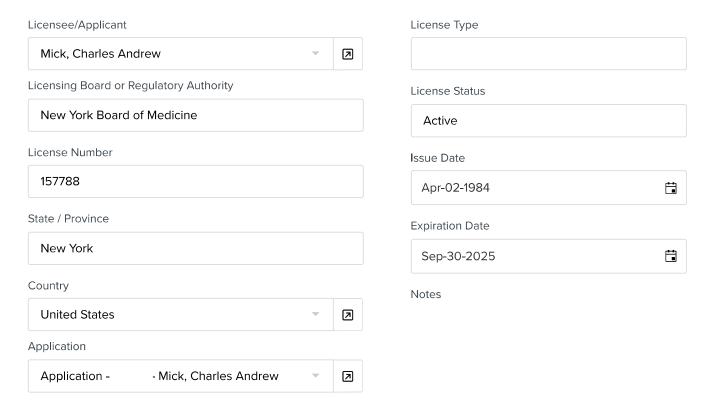
Other License Details



Other License Details



Other License Details



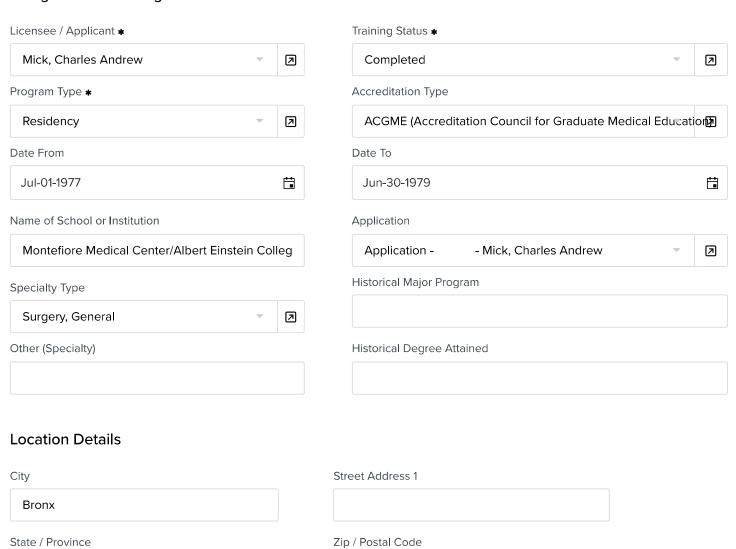
Postgraduate Training

Licensee / Applicant	Name of School or Institution	7	Specialty Type	Date From	▼	Date To ↑ ▼	Program Type
Mick, Charles Andrew	Montefiore Medical Center/Albert Einstein College of Medicine Program		Surgery, General	Jul-01 - 1977		Jun-30-1979	Residency
Mick, Charles Andrew	Johns Hopkins University Program		Surgery, Orthopaedic	Jul-01 - 19 7 9		Jun-30-1982	Residency

Postgraduate Training Details

New York

County

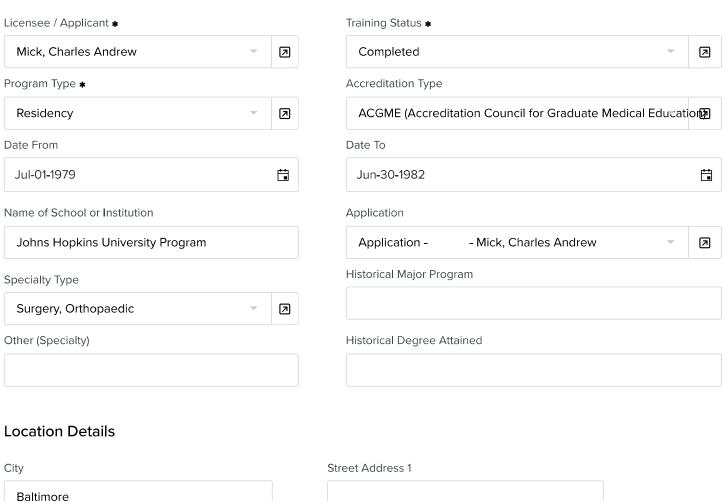


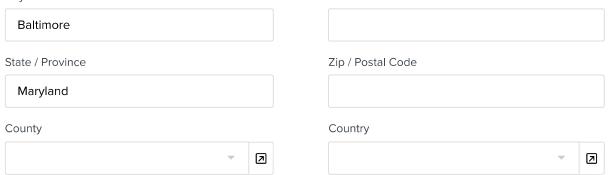
Country

Z

7

Postgraduate Training Details

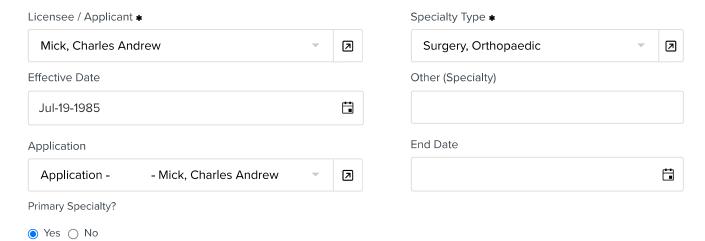




Specialties

Licensee / Applicant	Specialty Type ▼	Primary Specialty?	Effective Date	End Date
Charles Mick	Surgery, Orthopaedic	Yes	Jul-19-1985	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	С	0	0	0			
have read this responsibility stapplication for medical licensure in			derstand	that I	alone am	accountable	for completing) my
Print your name <u>Charles</u>	Mic	Ŀ			· · · · · · · · · · · · · · · · · · ·			
Sign your name						·		
Date 12/30/2	3							

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
FEB 15 2024
NEVADA STATE BOARD OF MEDICAL EXAMINERS

