

Demographic Details

First Name

Charles

Middle Name

Andrew

Last Name *

Mick

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

Military Detail

Gender

Male

Date of Birth

1953

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

1000 Primera Blvd

Address Line 2

City

Lake Mary

County

Seminole County

ZIP / Postal Code

32746

State / Province

Florida

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(855) 253-1100

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

Board Certifications

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

Board Certification Details

Licensee / Applicant

Specialty

Certifying Board

Other Certifying Board

Initial Certification Date

Recertification Date

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑	End Date ▼	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

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *


#

Application



Name of Organization / Institution

End Date

Position


Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

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

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

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


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

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


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	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

Mick, Charles Andrew	▼	
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Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action	▼	
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Answer

Yes No

Answer Details

Ordinal

#	5
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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

Application

Application -	- Mick, Charles Andrew	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Mick, Charles Andrew	▼	
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Declaration Question

ALL – Q6 – Malpractice Claim Paid	▼	
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Answer

Yes No

Answer Details

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Ordinal

#	6
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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

Application

Application -	- Mick, Charles Andrew	▼	
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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
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

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 ↑
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 *

Mick, Charles Andrew 

Attended Date

Sep-03-1975 

Number of Attempts

1

Application


Application - - Mick, Charles Andrew 

Location

Result

535

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

I

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Mick, Charles Andrew 

Attended Date

Sep-28-1976 

Number of Attempts

1

Application


Application - - Mick, Charles Andrew 

Location

Result

465

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?


Yes No

Steps

II

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Mick, Charles Andrew 

Attended Date

Mar-08-1978 

Number of Attempts

1

Application


Application - - Mick, Charles Andrew 

Location

Result

475

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

III

Certificate Number

Exam Date



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

Hospital Details

Licensee / Applicant


  

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country



Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country



Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country

Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country

Hospital Details

Licensee / Applicant


  

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1



State / Province

Street Address Line 2

ZIP / Postal Code

City

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

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

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
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-01-1979	Jun-30-1982	Residency

Postgraduate Training Details

Licensee / 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

Postgraduate Training Details

Licensee / 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 ▼
Charles Mick	Surgery, Orthopaedic	Yes	Jul-19-1985	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 Charles MICK

Sign your name _____

Date 12/30/23

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.

RECEIVED
FEB 15 2024
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

