

Demographic Details

First Name

Bradford

Middle Name

Alan

Last Name *

KOLB

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

-1964

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

#

Secondary Phone

#



Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to

Cell Phone

#

Fax

#

Public Address

Street Address

HRC Fertility, 55 S. Lake Avenue

ZIP / Postal Code

91101

Address Line 2

State / Province

California

City

Pasadena

Country

United States

County

Los Angeles

Is your physical address different from your mailing address?

Yes No

Public Phone

(626) 440-9161

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

- Paid in Full

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

Not subject to a court order

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 ↑
KOLB, Bradford Alan	American Board	N/A	Obstetrics / Gynecology	Nov-20-1998	Dec-31-2023
KOLB, Bradford Alan	American Board Subboard	N/A	Endocrinology,Reproductive	Apr-18-2001	Dec-31-2023

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



  

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
Bradford Kolb	Northwestern University	Jun-21-1991	Jun-20-1995	100
Bradford Kolb	N/A	Jun-20-1995	Jun-30-1995	0
Bradford Kolb	University of Southern California	Jul-01-1995	Jun-30-1997	70
Bradford Kolb	N/A	Jul-01-1997	Jul-31-1997	0
Bradford Kolb	University of Southern California-Associate Professor	Aug-01-1997	Mar-31-2012	0
Bradford Kolb	Kaiser Permanente Medical Center	Aug-01-1997	Mar-31-2003	100
Bradford Kolb	HRC Fertility	Mar-01-2001	May-31-2024	80
Bradford Kolb	Keck School of Medicine of USC	Aug-01-2023	Aug-31-2024	0

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

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

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

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

Declaration

Licensee/Applicant

KOLB, Bradford Alan	▼	
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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 -	- KOLB, Bradford Alan	▼	
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Renewal


	▼	
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Declaration

Licensee/Applicant

KOLB, Bradford Alan	▼	
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Declaration Question

ALL – Q6 – Malpractice Claim Paid	▼	
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Answer

Yes No

Answer Details

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 -	- KOLB, Bradford Alan	▼	
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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
KOLB, Bradford Alan	Graduate	University of California, Irvine	Bachelor of Science	Jul-01-1983	Jun-13-1987	Jun-13-1987
KOLB, Bradford Alan	Medical School	University of California, Irvine College of Medicine	Medical Doctor Degree	Sep-08-1987	Jun-15-1991	Jun-15-1991

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 ↑
KOLB, Bradford Alan	National Board of Medical Examiners (NBME)	Jun-13-1989
KOLB, Bradford Alan	National Board of Medical Examiners (NBME)	Sep-25-1990
KOLB, Bradford Alan	National Board of Medical Examiners (NBME)	Mar-04-1992

Examination Details

Licensee / Applicant *

KOLB, Bradford Alan 


Attended Date

Jun-13-1989 

Number of Attempts

1

Application

Application - - KOLB, Bradford Alan 

Location

Result

460/79

Examination Type



Other Exam

Are you currently certified?

Yes No

Steps

Part I

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *

KOLB, Bradford Alan 


Attended Date

Sep-25-1990 

Number of Attempts

1

Application


Application - - KOLB, Bradford Alan 

Location

Result

420/79

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?


Yes No

Steps

Part II

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *

KOLB, Bradford Alan 


Attended Date

Mar-04-1992 

Number of Attempts

1

Application


Application - - KOLB, Bradford Alan 

Location

Result

400/78

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

Part III

Certificate Number

Exam Date



Expiration Date




Hospitals

Licensee / Applicant	Name of Organization	Start Date	End Date
Bradford Kolb	HRC Fertility	Mar-01-2001	N/A



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 ↑
Bradford Kolb	G 080765	N/A	Mar-08-1995	Aug-31-2024	California
KOLB, Bradford Alan	125026266	N/A	Apr-23-1991	Jun-20-1994	Illinois
KOLB, Bradford Alan	036086903	N/A	Jul-21-1993	Jul-31-1996	Illinois

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
KOLB, Bradford Alan	McGaw Medical Center of Northwestern University Program	Obstetrics / Gynecology	Jun-21-1991	Jun-30-1995	Internship/Residency
KOLB, Bradford Alan	University of Southern California	Endocrinology,Reproductive	Jul-01-1995	Jun-30-1997	Fellowship

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

Street Address 1


State / Province

Zip / Postal Code

County

Country

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Bradford Kolb	Endocrinology,Reproductive	No	N/A	N/A
Bradford Kolb	Obstetrics / Gynecology	Yes	N/A	N/A
Bradford Kolb	Infertility	No	N/A	N/A

Specialty Details



Licensee / Applicant *

KOLB, Bradford Alan  

Effective Date





Application

Application - - KOLB, Bradford Alan  

Primary Specialty?


Yes No

Specialty Type *

Endocrinology,Reproductive  

Other (Specialty)

End Date



Specialty Details



Licensee / Applicant *

KOLB, Bradford Alan  

Effective Date





Application

Application - - KOLB, Bradford Alan  

Primary Specialty?

Yes No

Specialty Type *

Obstetrics / Gynecology  

Other (Specialty)

End Date



Specialty Details



Licensee / Applicant *

KOLB, Bradford Alan  

Effective Date



Application

Application - - KOLB, Bradford Alan  

Primary Specialty?


Yes No

Specialty Type *

Infertility  

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 Bradford Alan Kolb

Sign your name _____

Date 3/6/2024

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 13 2024

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

