Demographic Details

First Name	Gender	
Bryan	Male	7
Middle Name	Date of Birth	
Kay	1974	
Last Name *	Name Suffix	
Monson		
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 inform Public Information	ation)
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		

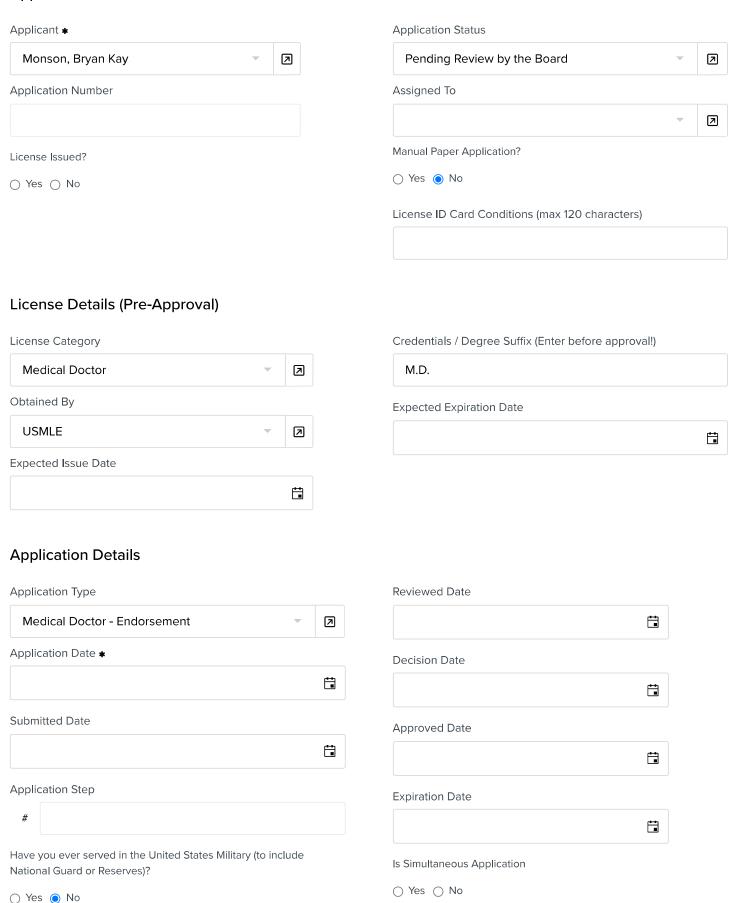
Military Detail

Have you ever served in the United States Military (to in	clude National Guard or Reserves)?
○ Yes ● No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ Yes ○ No
0 163 0 110	
	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
	Z
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
810 south 100 west Suite A	84321
Address Line 2	State / Province
	Utah
City	Country
Logan	United States
County	Is your physical address different from your mailing address?
Cache	○ Yes No
	Public Phone
	# (435) 787-7200

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	▼ 2
	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
7	
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.	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
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.	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.

O Yes ○ No

O Yes ○ No

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

O Yes O No

medicine in the state of Nevada.

O Yes ○ No

The answers to the foregoing questions and statements made in the

contained on any separate attached pages, are true and correct, that

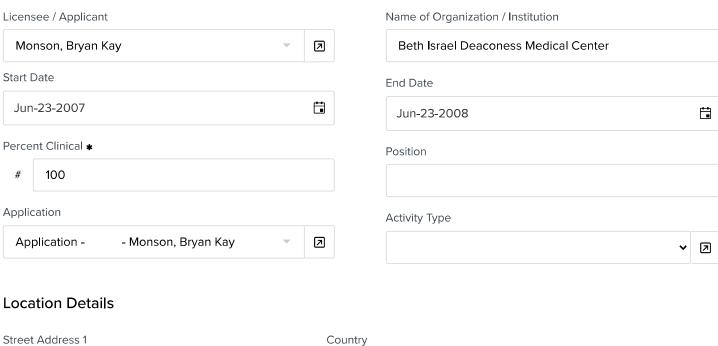
I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and

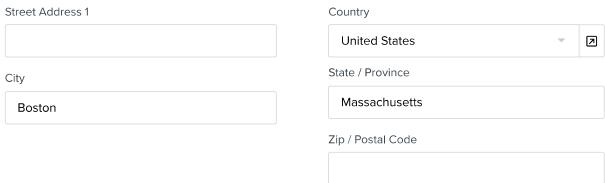
examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require 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

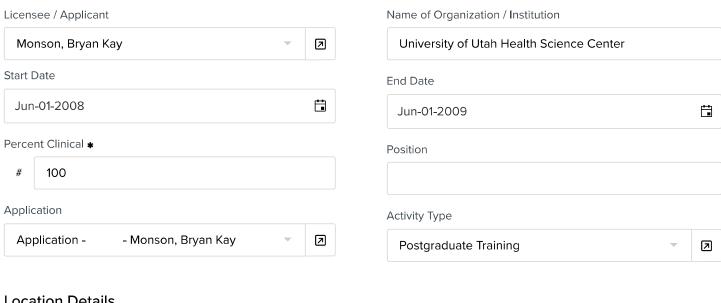
above application, as well as any and all further explanations

Activities

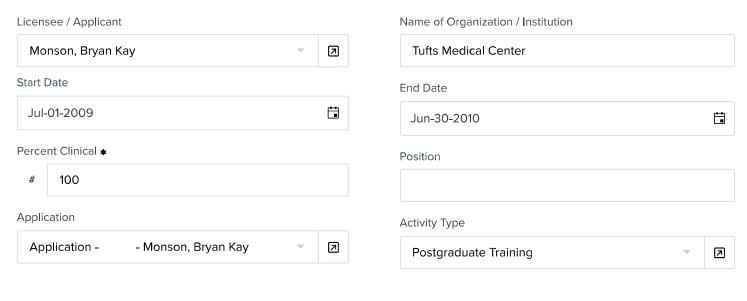
Licensee / Applicant	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical
Bryan Monson	Beth Israel Deaconess Medical Center	Jun-23-2007	Jun-23-2008	100
Bryan Monson	University of Utah Health Science Center	Jun-01-2008	Jun-01-2009	100
Bryan Monson	Tufts Medical Center	Jul-01-2009	Jun-30-2010	100
Bryan Monson	Tufts Medical Center	Jul-01-2010	Jun-30-2011	100
Bryan Monson	Tufts Medical Center	Jul-01-2011	Jun-30-2012	100
Bryan Monson	Southwestern Eye Center	Sep-01-2012	Sep-01-2016	100
Monson, Bryan Kay	Eye Association of New Mexico	Sep-01-2016	Jul-01-2020	100
Monson, Bryan Kay	Monson Vision	Jul-01-2017	Feb-29-2024	100

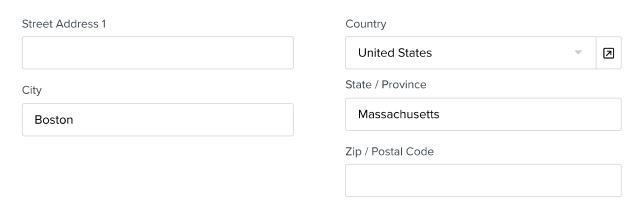


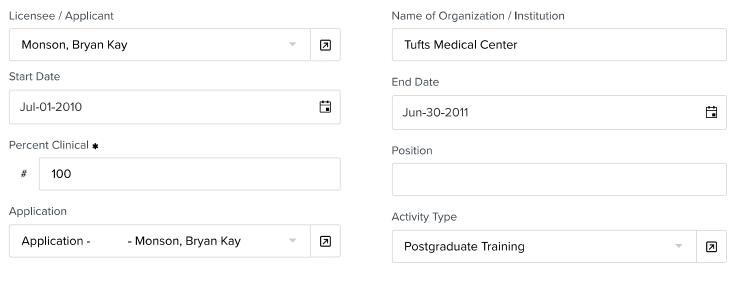


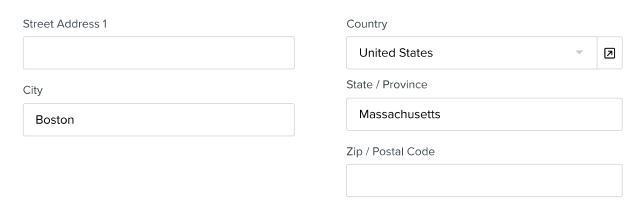


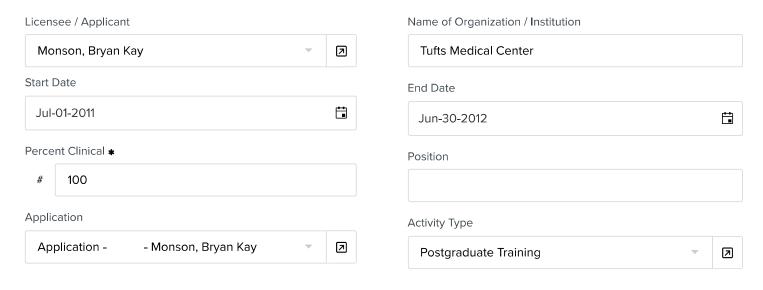


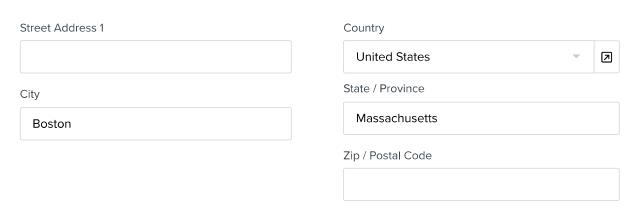


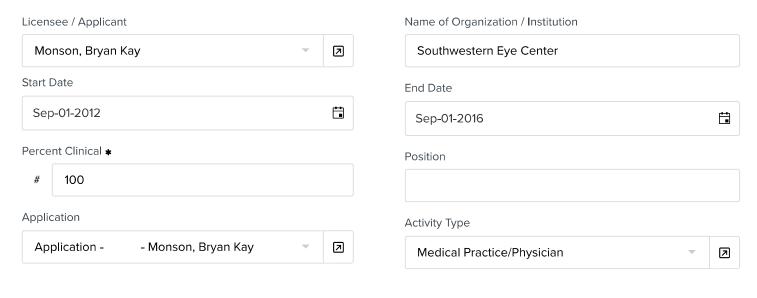


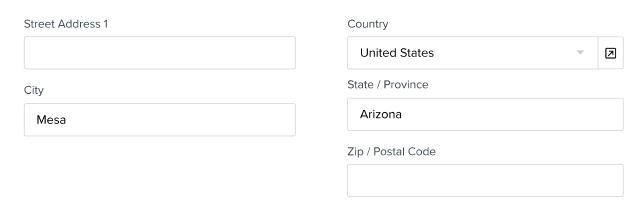


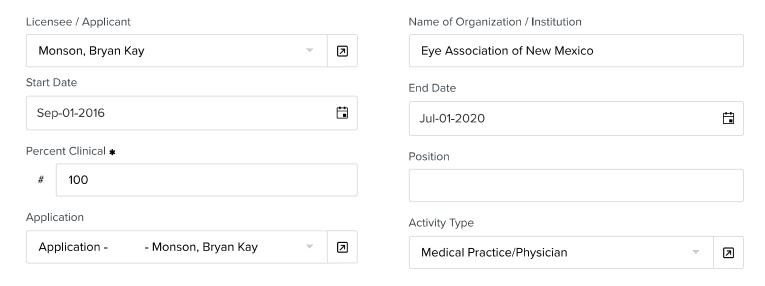


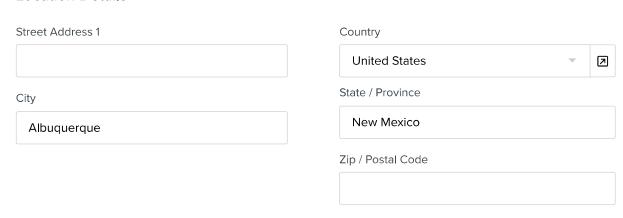


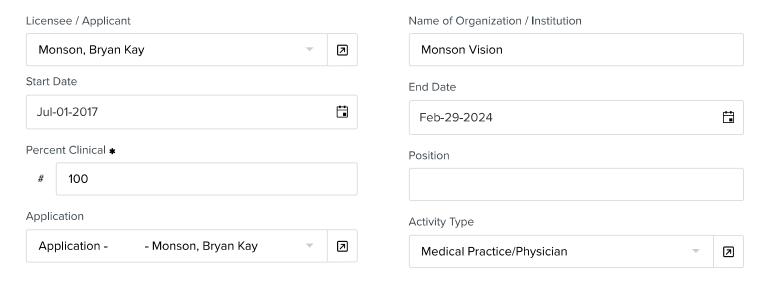














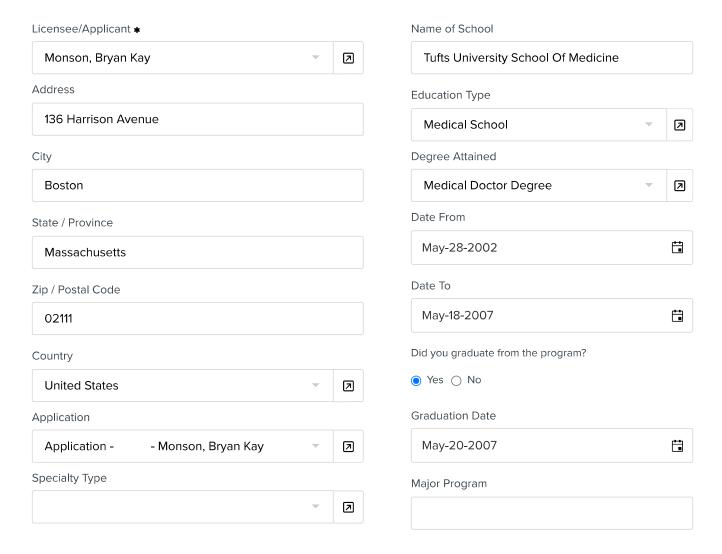
Declarations

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

Education

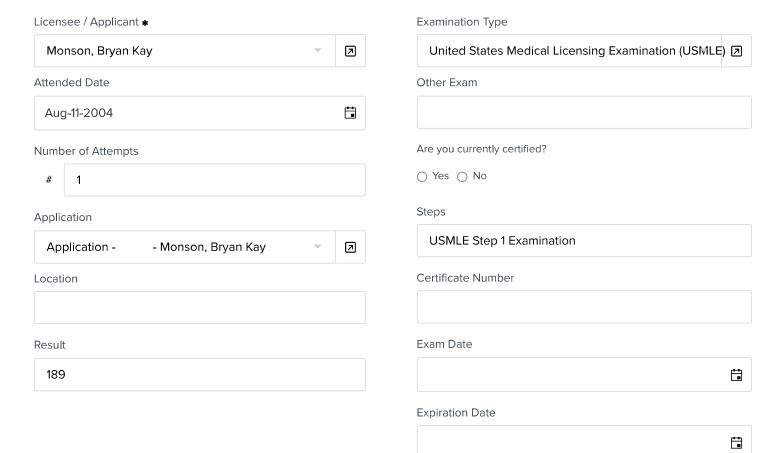
Licensee/Applicant Y	Education Type	Name of School	Degree Attained	Date From ▼	Date To ↑ ▼	Graduation Date
Monson, Bryan Kay	Medical School	Tufts University School Of Medicine	Medical Doctor Degree	May-28-2002	May-18-2007	May-20-2007

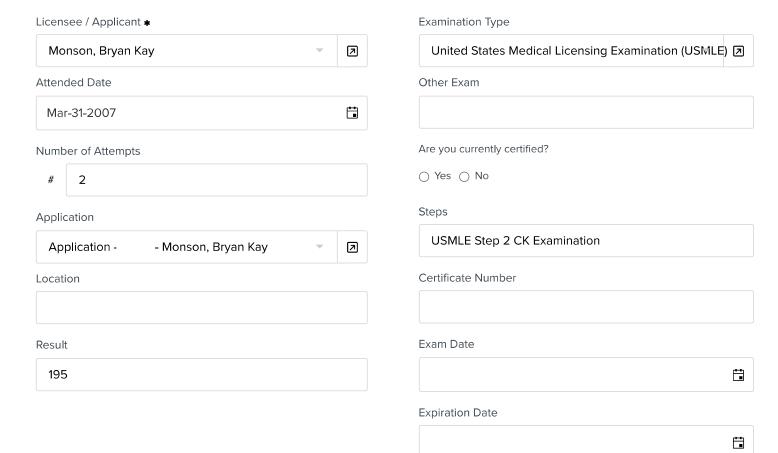
Education Details

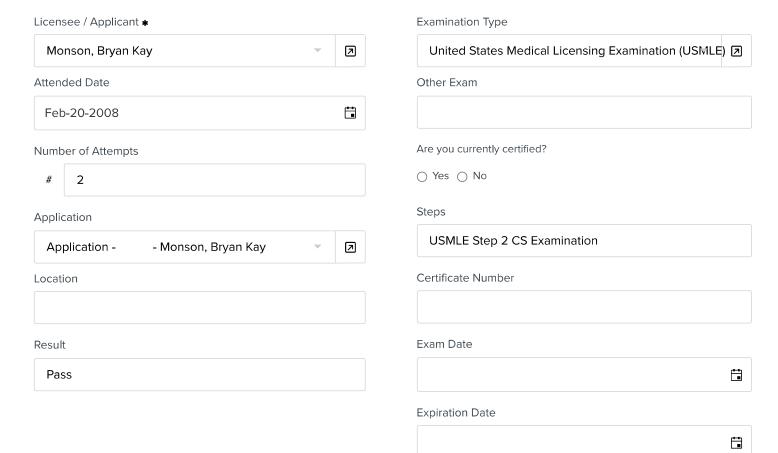


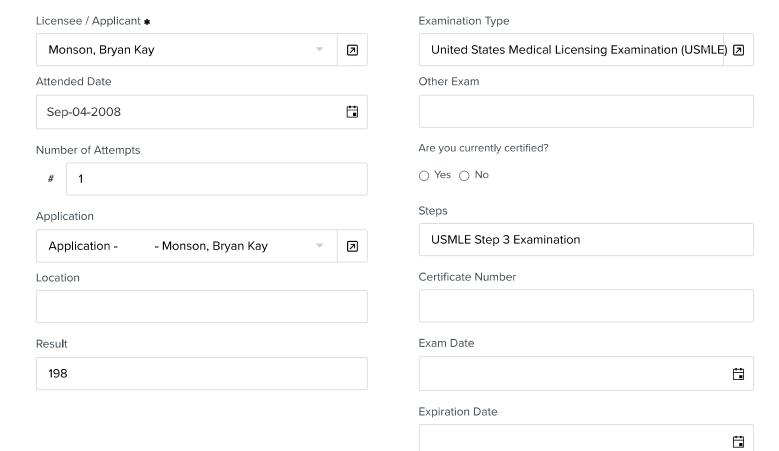
Examinations

Licensee / Applicant	Examination Type	Attended Date †
Monson, Bryan Kay	United States Medical Licensing Examination (USMLE)	Aug-11-2004
Monson, Bryan Kay	United States Medical Licensing Examination (USMLE)	Mar-31-2007
Monson, Bryan Kay	United States Medical Licensing Examination (USMLE)	Feb-20-2008
Monson, Bryan Kay	United States Medical Licensing Examination (USMLE)	Sep-04-2008



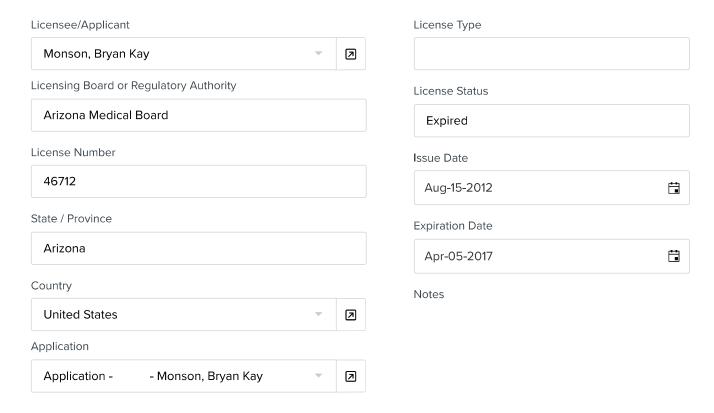


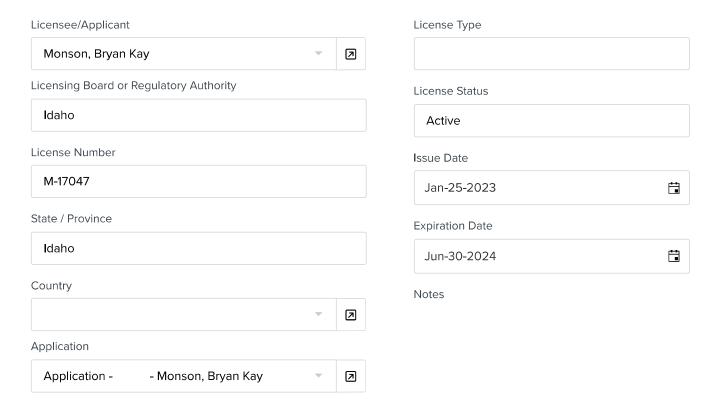


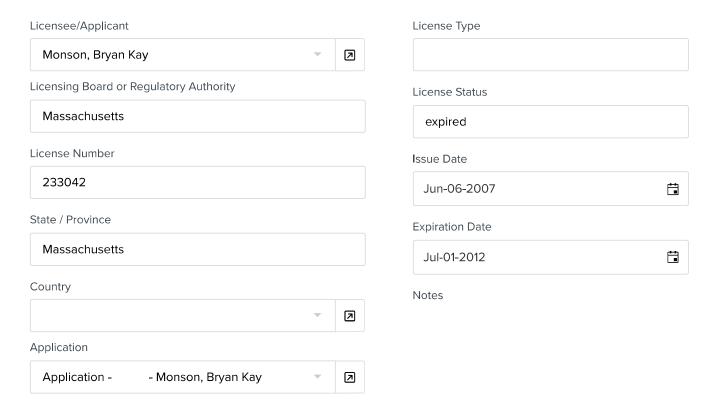


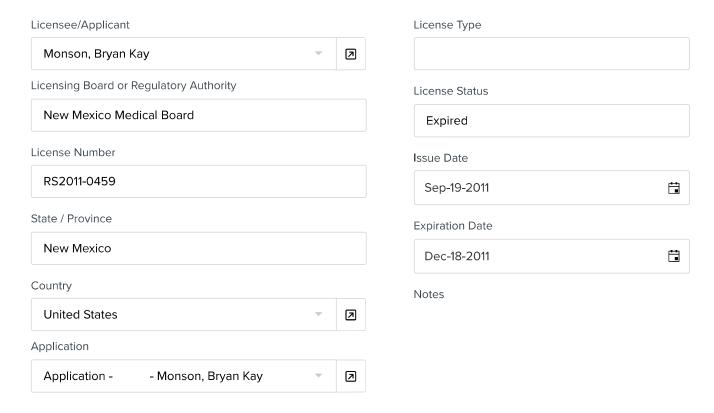
Other Licenses

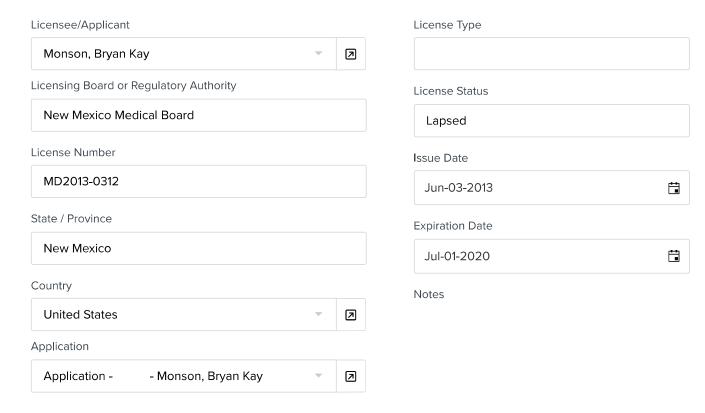
Licensee/Applicant	License Number	License Type	Issue Date ↑ ▼	Expiration Date	State / Province †
Monson, Bryan Kay	46712	N/A	Aug-15-2012	Apr-05-2017	Arizona
Monson, Bryan Kay	M-17047	N/A	Jan-25-2023	Jun-30-2024	Idaho
Monson, Bryan Kay	233042	N/A	Jun-06-2007	Jul-01-2012	Massachusetts
Monson, Bryan Kay	RS2011-0459	N/A	Sep-19-2011	Dec-18-2011	New Mexico
Monson, Bryan Kay	MD2013-0312	N/A	Jun-03-2013	Jul-01-2020	New Mexico
Monson, Bryan Kay	356947-1205	N/A	Oct-19-2015	Jan-31-2026	Utah

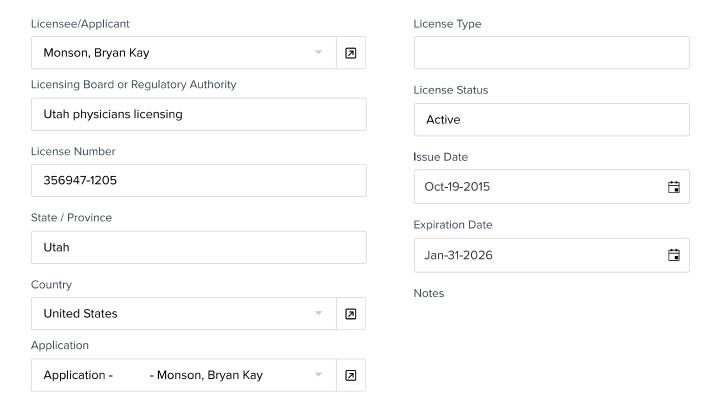








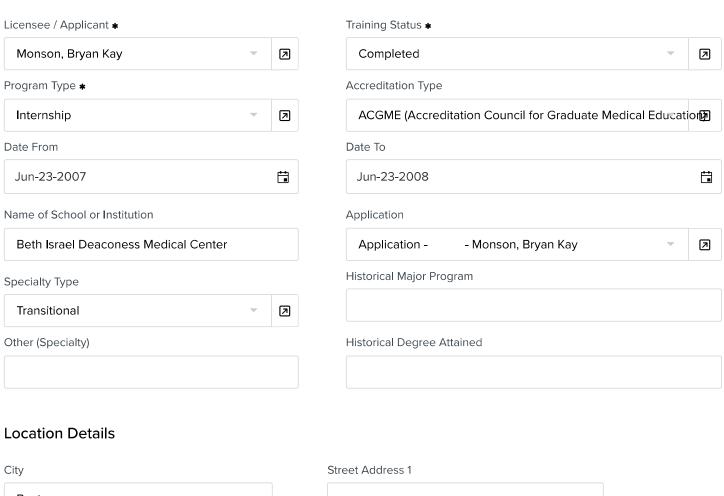


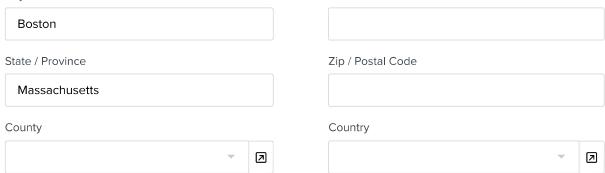


Postgraduate Training

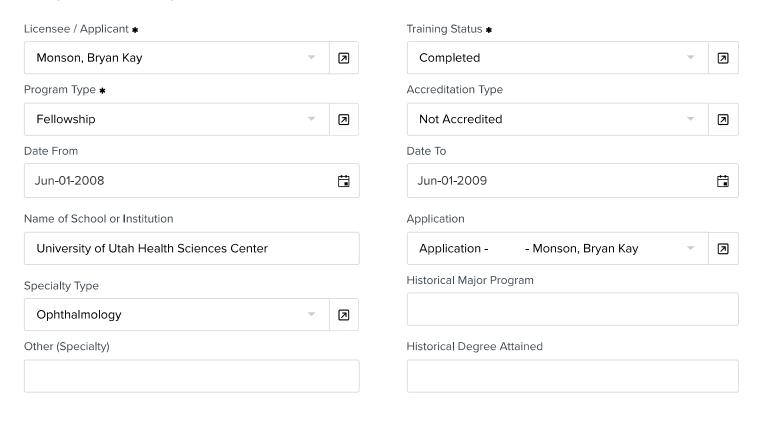
Licensee / Applicant	Name of School or Institution	Specialty Type	Date From ▼	Date To ↑ ▼	Program Type
Monson, Bryan Kay	Beth Israel Deaconess Medical Center	Transitional	Jun-23-2007	Jun-23-2008	Internship
Monson, Bryan Kay	University of Utah Health Sciences Center	Ophthalmology	Jun-01-2008	Jun-01-2009	Fellowship
Monson, Bryan Kay	Tufts Medical Center Program	Ophthalmology	Jul-01-2009	Jun-30-2012	Residency

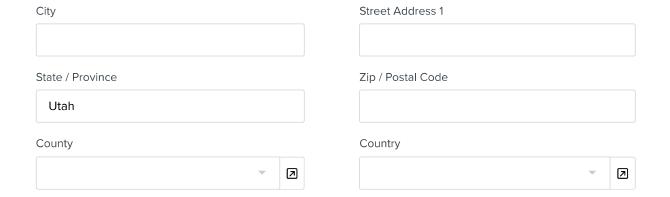
Postgraduate Training Details



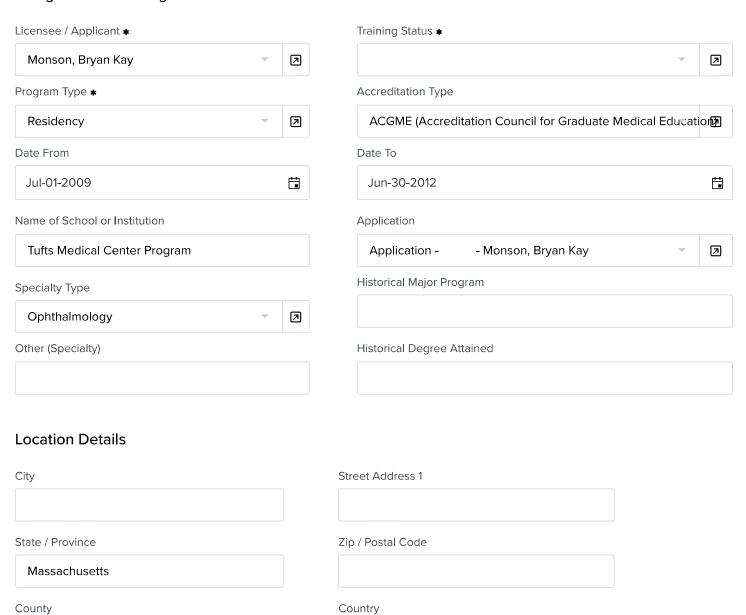


Postgraduate Training Details





Postgraduate Training Details



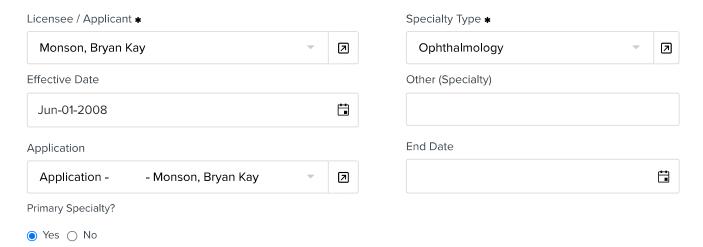
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Specialties

Licensee / Applicant	▼ Specialty Type	▼ Primary Specialty?	▼ Effective Date	▼ End Date
Monson, Bryan Kay	Ophthalmology	Yes	Jun-01-2008	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 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 your 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 0 0 0

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 _	Bryan Kay Monson	
Sign your name _		
Date	Jul 10, 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

JUL 15 2024

NEVADA STATE BOARD OF MEDICAL EXAMINERS

