Demographic Details

First Name	Gender	
Michael	Male	7
Middle Name	Date of Birth	
Lee	-1955	:
Last Name ★	Name Suffix	
Brooks		
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 informa	ition)
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		

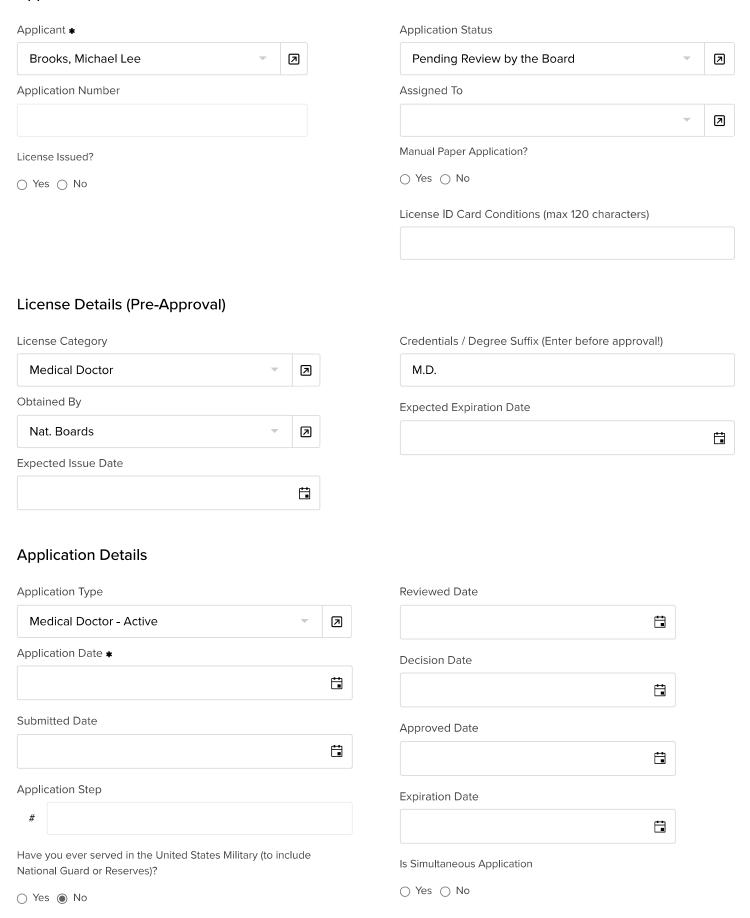
Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?
○ Yes ● No	
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
□ .	
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
100 E Campus View Blvd	43235
Address Line 2	State / Province
	Ohio
City	Country
Columbus	United States Z
County	Is your physical address different from your mailing address?
Franklin	
	Public Phone
	# (614) 340-7741

Mailing Address

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

Application Status



Are you the spouse of an active duty member or surviving spouse of a veteran?			
○ Yes ③ No			
Invoices			
Application Invoice	Application Payment Date		
- Paid in Full			
Licensure Invoice	Licensure Payment Date		
~ [2]			
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. Per 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	Child Support Attestation Type		
service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail).	Not subject to a court order		
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.	I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.		
● Yes ○ No			
The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations	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

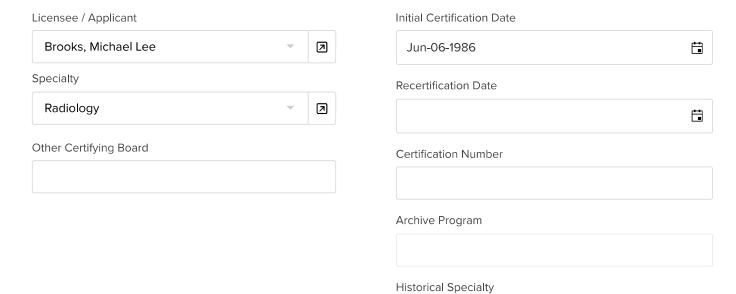
The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular 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

Board Certifications

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty T	Initial Certification Date †	Recertification Date
Brooks, Michael Lee	American Board	N/A	Radiology	Jun-06-1986	N/A
Brooks, Michael Lee	American Board Subboard	N/A	Neuroradiology	Nov-04-1996	Jan-01-2017

Board Certification Details

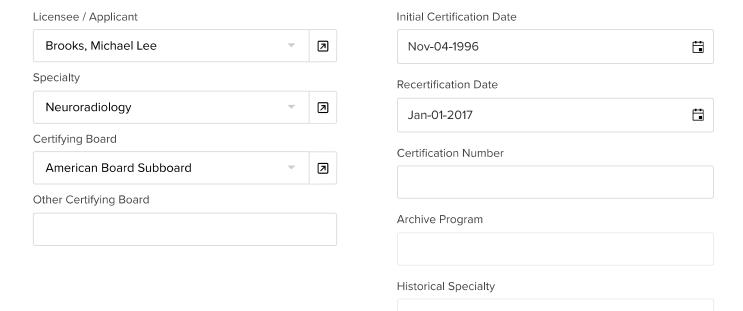


Connected Record

Application



Board Certification Details



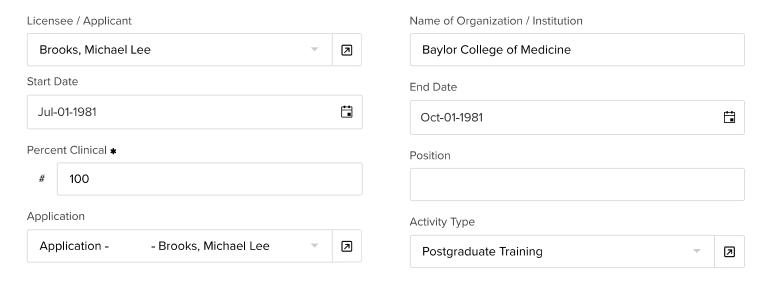
Connected Record

Application

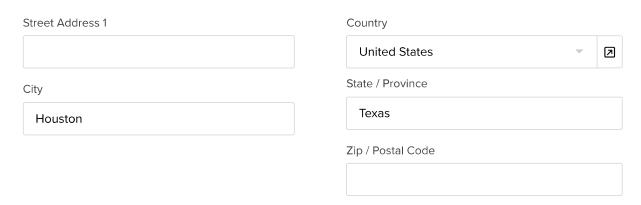


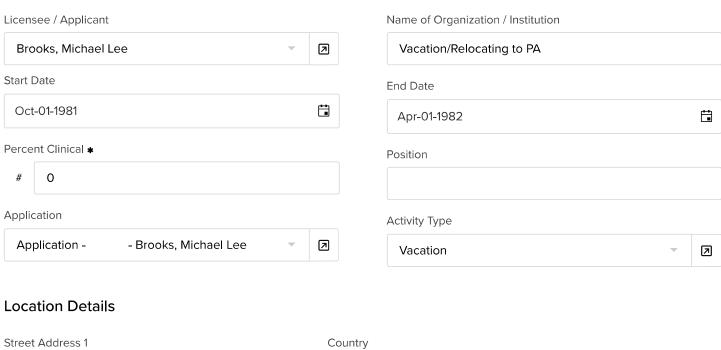
Activities

Licensee / Applicant †	Name of Organization / Institution	Start Date †	End Date	Percent Clinical
Michael Brooks	Baylor College of Medicine	Jul-01-1981	Oct-01-1981	100
Michael Brooks	Vacation/Relocating to PA	Oct-01-1981	Apr-01-1982	0
Michael Brooks	Mercy Catholic Medical Center	Apr-01-1982	Jun-30-1985	100
Michael Brooks	Brigham and Women's Hospital/Harvard Medical School	Jul-01-1985	Jun-30-1987	100
Michael Brooks	Brigham And Women's Hospital	Jul-01-1987	Jun-30-1988	100
Michael Brooks	The Graduate Hospital	Jul-01-1988	Jun-30-1998	100
Michael Brooks	Mercy Diagnostic Imaging	Jul-01-1998	Aug-31-2020	100
Michael Brooks	Riverside Radiology and Interventional Associates	Sep-01-2020	May-23-2024	100

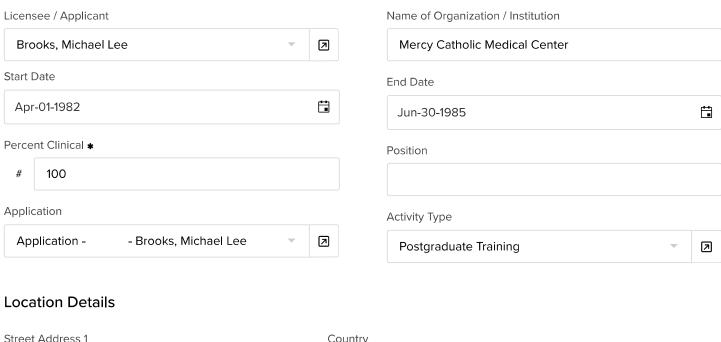


Location Details

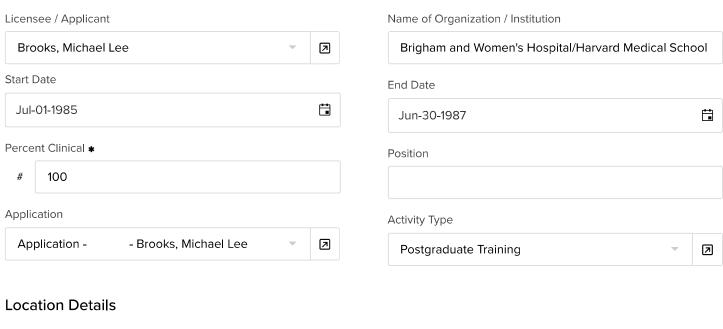


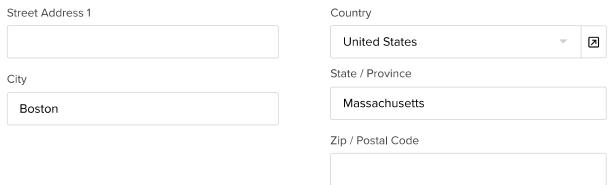


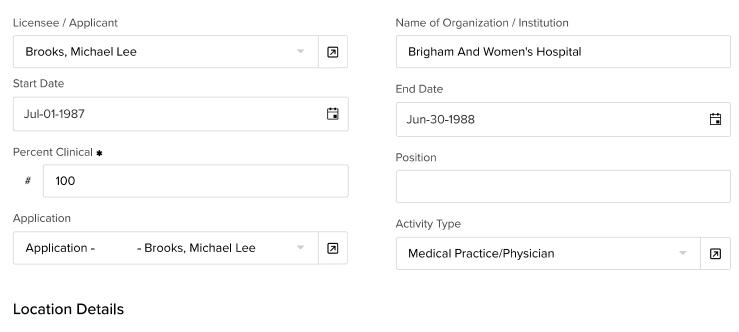


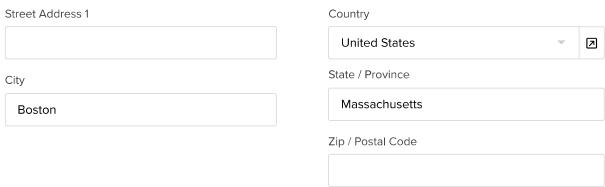


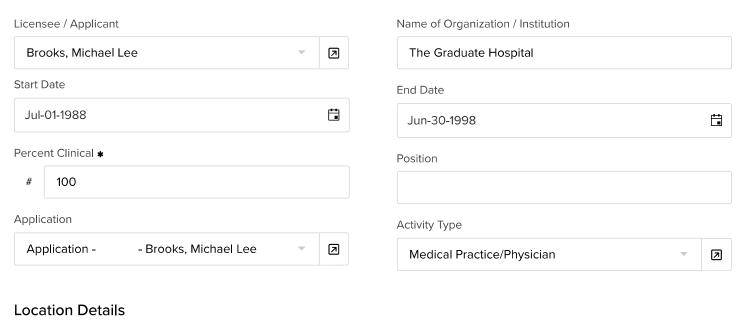




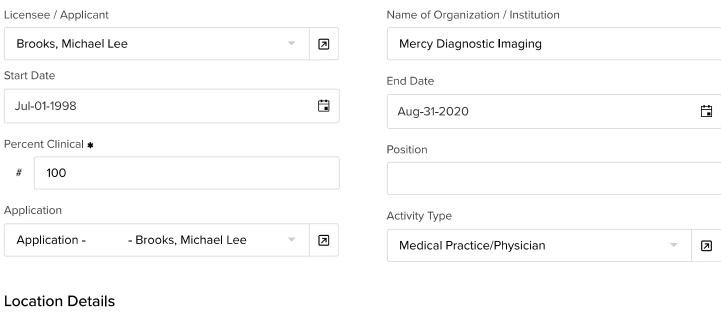




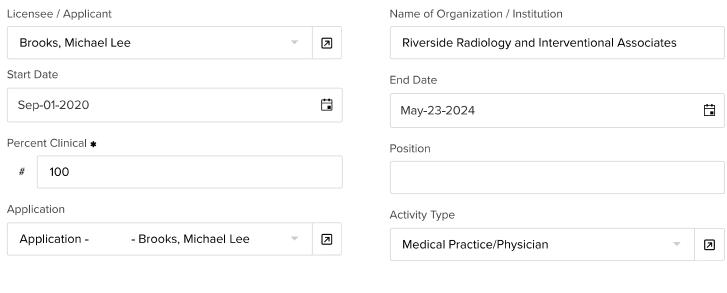




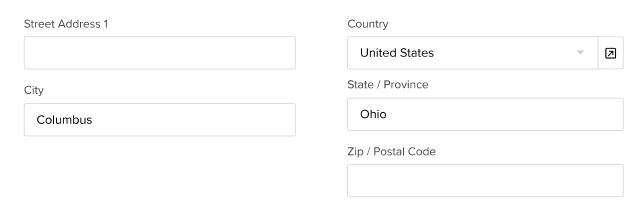








Location Details

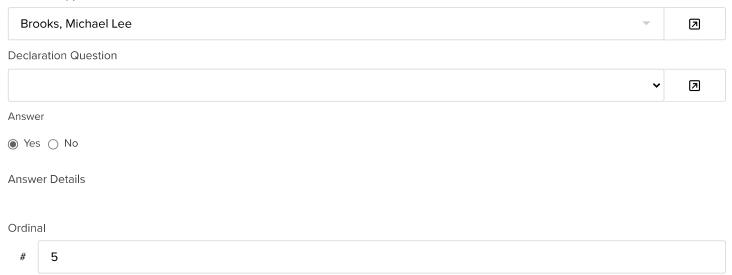


Declarations

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

Declaration

Licensee/Applicant



Declaration Text

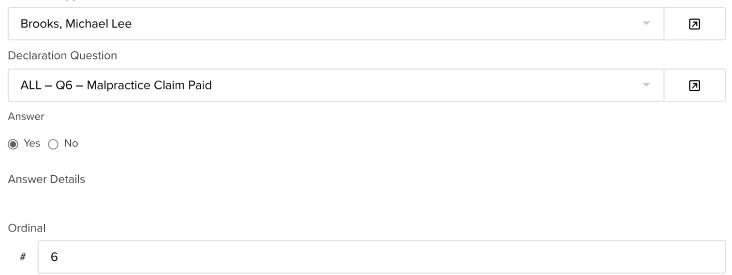
Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

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



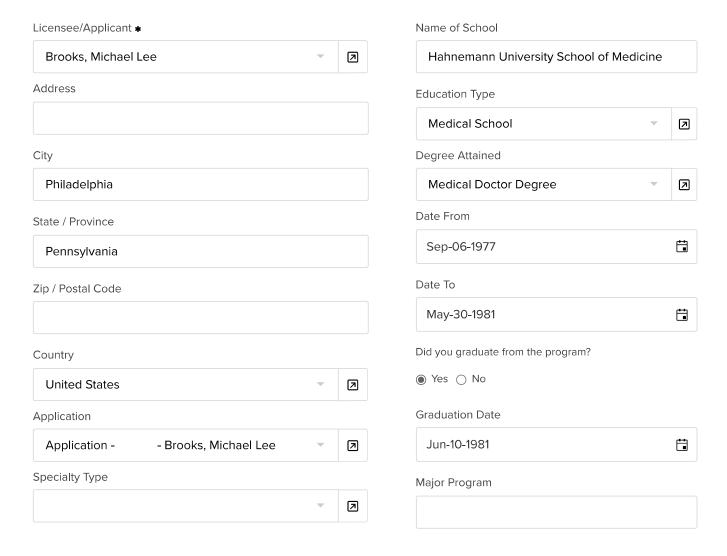
Education

Licensee/Applicant	Education Type † *	Name of School	Degree Attained	Date From ↑ ▼	Date To ↑ ▼	Graduation Date
Brooks, Michael Lee	College/University	University of Pennsylvania	Bachelor of Arts	Sep-01-1974	May-22-1977	May-22-1977
Brooks, Michael Lee	Medical School	Hahnemann University School of Medicine	Medical Doctor Degree	Sep-06-1977	May-30-1981	Jun-10-1981
Brooks, Michael Lee	Graduate	Temple University	Doctorate	May-30-2002	May-18-2006	May-18-2006

Education Details

City Degree Attained	Licensee/Applicant *			Name of School	
City Degree Attained Philadelphia Bachelor of Arts Date From Pennsylvania Zip / Postal Code Date To May-22-1977 Did you graduate from the program?	Brooks, Michael Lee	~	7	University of Pennsylvania	
City Philadelphia Bachelor of Arts Date From Pennsylvania Zip / Postal Code Date To May-22-1977 Did you graduate from the program?	Address			Education Type	
Philadelphia Bachelor of Arts State / Province Date From Pennsylvania Sep-01-1974 Zip / Postal Code Date To May-22-1977 □ Country Did you graduate from the program?				College/University	7
State / Province Pennsylvania Zip / Postal Code Date To May-22-1977 Did you graduate from the program?	City			Degree Attained	
Pennsylvania Zip / Postal Code Date To May-22-1977 Did you graduate from the program?	Philadelphia			Bachelor of Arts	7
Zip / Postal Code Date To May-22-1977 Did you graduate from the program?	State / Province			Date From	
Country Did you graduate from the program?	Pennsylvania			Sep-01-1974	ä
Country Did you graduate from the program?	Zip / Postal Code			Date To	
⊕ Vos. ○ No.				May-22-1977	
United States	Country			Did you graduate from the program?	
	United States	~	7		
Application Graduation Date	Application			Graduation Date	
Application Brooks, Michael Lee May-22-1977	Application Brooks, Michael Lee	~	7	May-22-1977	
Specialty Type Major Program	Specialty Type			Major Program	
		~	7		

Education Details



Education Details

Licensee/Applicant *			Name of School	
Brooks, Michael Lee	~	7	Temple University	
Address			Education Type	
			Graduate	7
City			Degree Attained	
Philadelphia			Doctorate	7
State / Province			Date From	
Pennsylvania			May-30-2002	ä
Zip / Postal Code			Date To	
			May-18-2006	
Country			Did you graduate from the program?	
United States	~	7	Yes ○ No	
Application			Graduation Date	
Application Brooks, Michael Lee	•	7	May-18-2006	ä
Specialty Type			Major Program	
	_	7		

Examinations

Licensee / Applicant	Examination Type	Attended Date †
Brooks, Michael Lee	National Board of Medical Examiners (NBME)	Jun-12-1979
Brooks, Michael Lee	National Board of Medical Examiners (NBME)	Sep-23-1980
Brooks, Michael Lee	National Board of Medical Examiners (NBME)	Mar-09-1983

Examination Details

Licensee / Applicant *		Examination Type
Brooks, Michael Lee	7	National Board of Medical Examiners (NBME)
Attended Date		Other Exam
Jun-12-1979		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Brooks, Michael Lee	7	Part 1
Location		Certificate Number
Result		Exam Date
515		
		Expiration Date

Examination Details

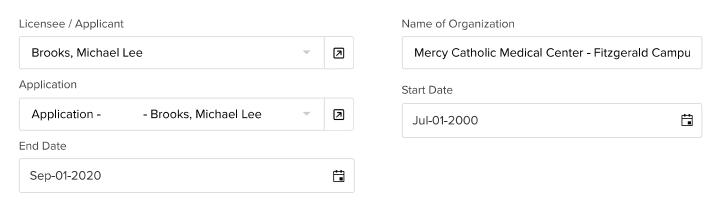
Licensee / Applicant *		Examination Type			
Brooks, Michael Lee	7	National Board of Medical Examiners (NBME)			
Attended Date		Other Exam			
Sep-23-1980					
Number of Attempts		Are you currently certified?			
# 1		○ Yes ○ No			
Application		Steps			
Application Brooks, Michael Lee	7	Part 2			
Location		Certificate Number			
Result		Exam Date			
570					
		Expiration Date			

Examination Details

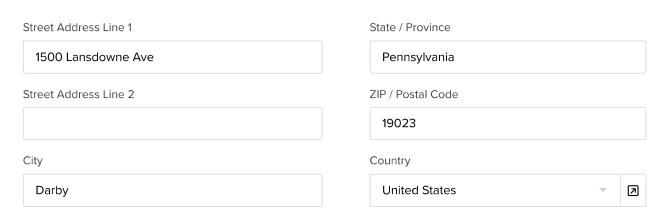
Licensee / Applicant *		Examination Type			
Brooks, Michael Lee	7	National Board of Medical Examiners (NBME)			
Attended Date		Other Exam			
Mar-09-1983					
Number of Attempts		Are you currently certified?			
# 1		○ Yes ○ No			
Application		Steps			
Application Brooks, Michael Lee	7	Part 3			
Location		Certificate Number			
Result		Exam Date			
450					
		Expiration Date			

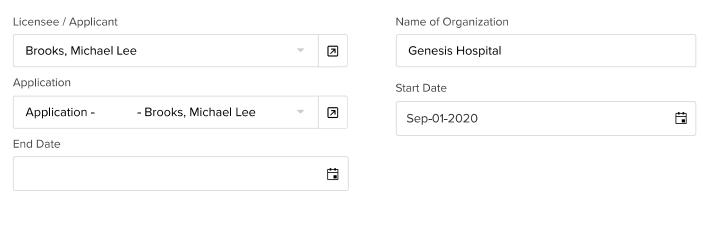
Hospitals

Licensee / Applicant	Name of Organization	Start Date ↑ ▼	End Date
Michael Brooks	Mercy Catholic Medical Center - Fitzgerald Campus	Jul-01-2000	Sep-01-2020
Michael Brooks	Genesis Hospital	Sep-01-2020	N/A
Michael Brooks	Magruder Hospital	Sep-01-2020	N/A
Michael Brooks	Hocking Valley Community Hospital	Sep-01-2020	N/A
Michael Brooks	OhioHealth Berger Hospital	Sep-01-2020	N/A
Michael Brooks	Mercy Health - Willard Hospital	Sep-01-2020	N/A
Michael Brooks	Blanchard Valley Hospital	Sep-01-2020	N/A
Michael Brooks	Louis Stokes Cleveland VA Medical Center	Sep-01-2020	N/A
Michael Brooks	OhioHealth Grant Medical Center	Sep-01-2020	N/A



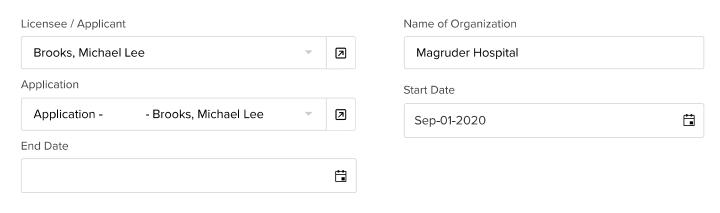
Address Details





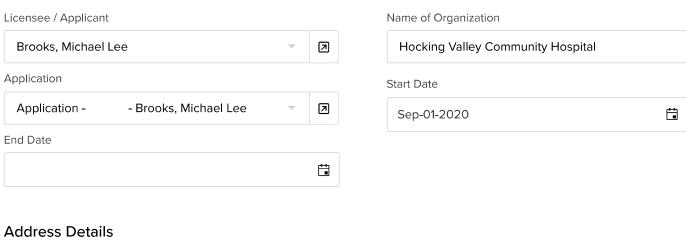
Address Details

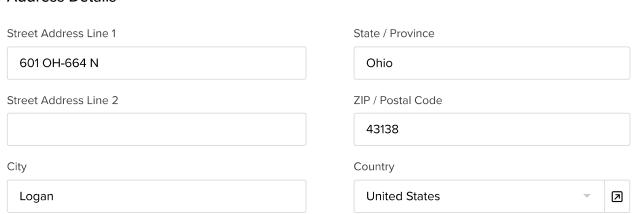


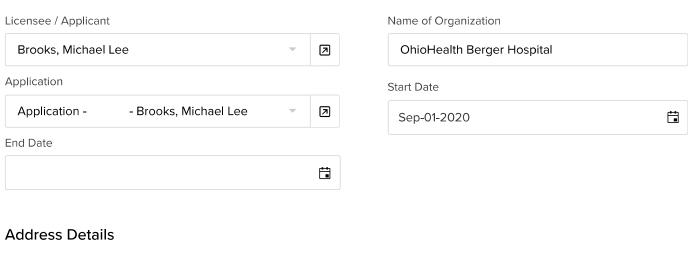


Address Details

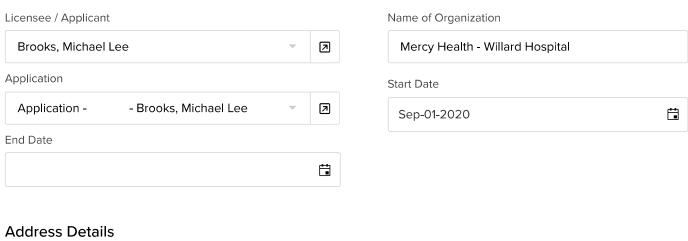


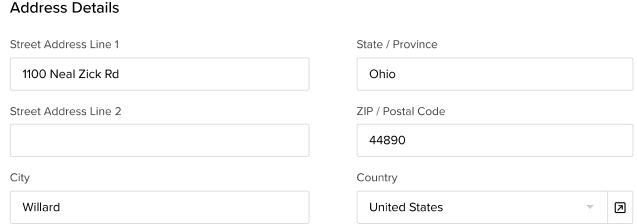


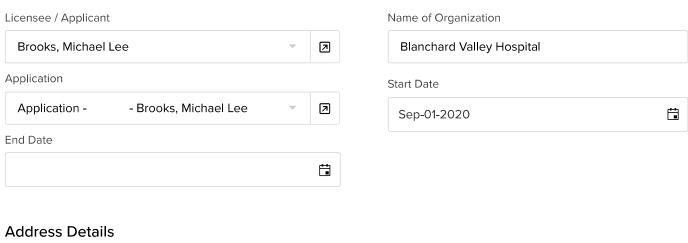


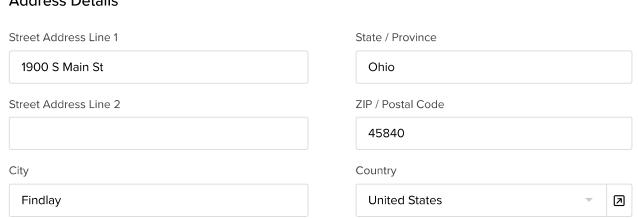


Address Details Street Address Line 1 State / Province Ohio Street Address Line 2 ZIP / Postal Code 43113 City Country Circleville United States

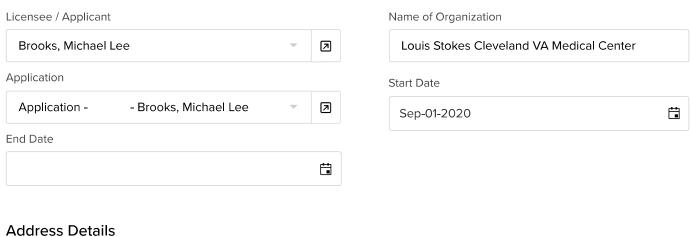






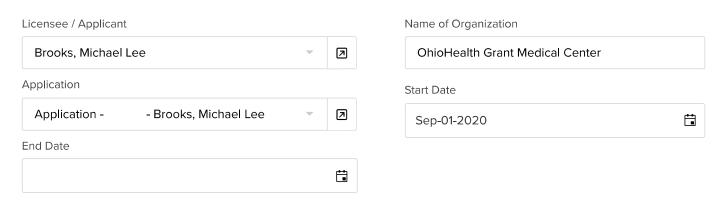


Hospital Details

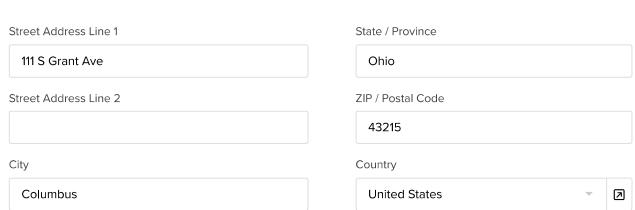




Hospital Details

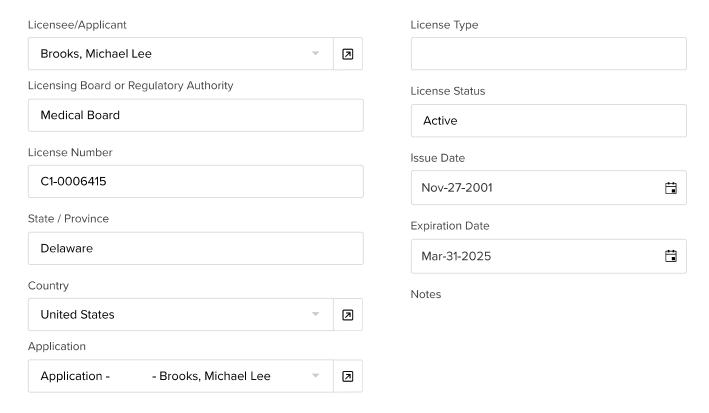


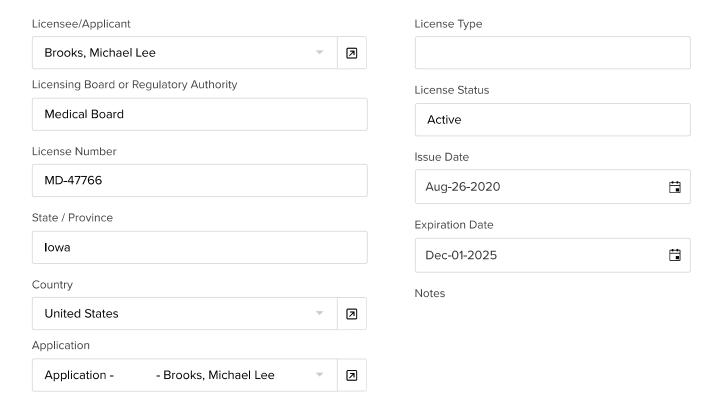
Address Details

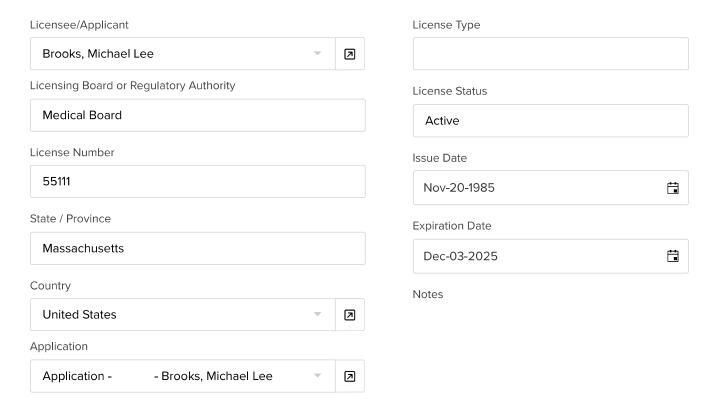


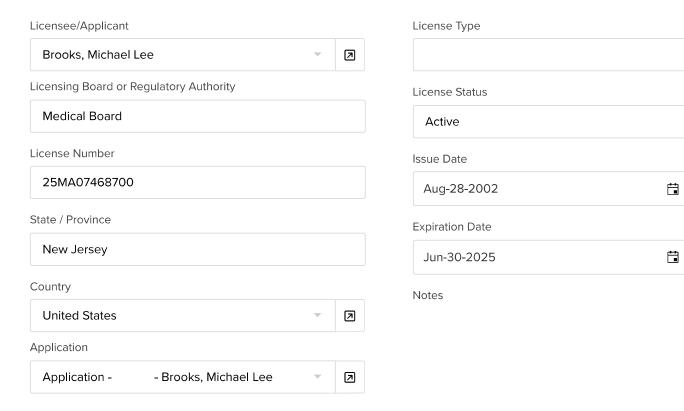
Other Licenses

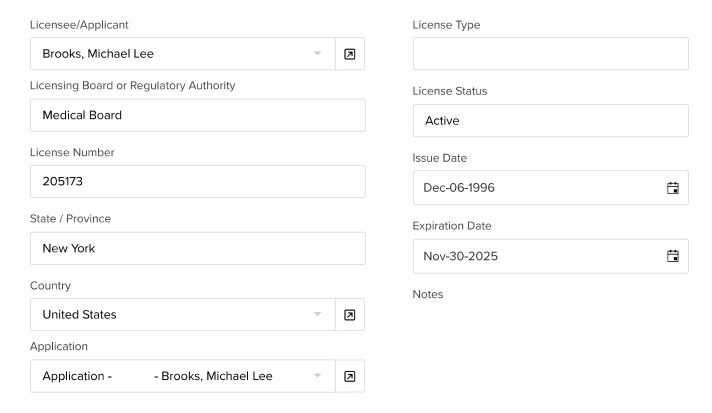
Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province †
Brooks, Michael Lee	C1-0006415	N/A	Nov-27-2001	Mar-31-2025	Delaware
Brooks, Michael Lee	MD-47766	N/A	Aug-26-2020	Dec-01-2025	l owa
Brooks, Michael Lee	55111	N/A	Nov-20-1985	Dec-03-2025	Massachusetts
Brooks, Michael Lee	25MA07468700	N/A	Aug-28-2002	Jun-30-2025	New Jersey
Brooks, Michael Lee	205173	N/A	Dec-06-1996	Nov-30-2025	New York
Brooks, Michael Lee	35.140341	N/A	Aug-06-2020	Aug-06-2024	Ohio
Brooks, Michael Lee	MD029080E	N/A	Jun-10-1983	Dec-31-2024	Pennsylvania
Brooks, Michael Lee	73919-20	N/A	Aug-17-2020	Oct-31-2025	Wisconsin

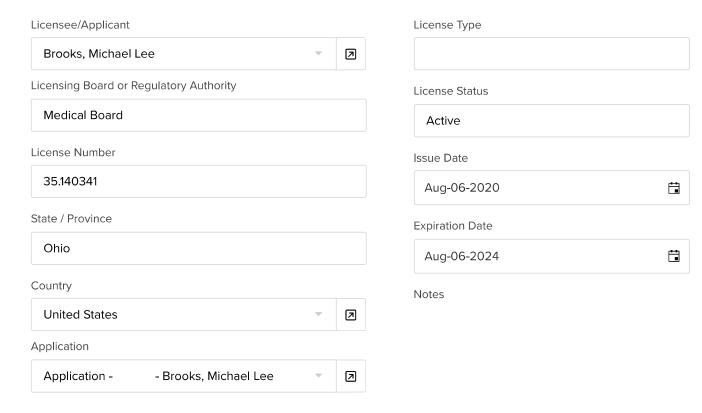


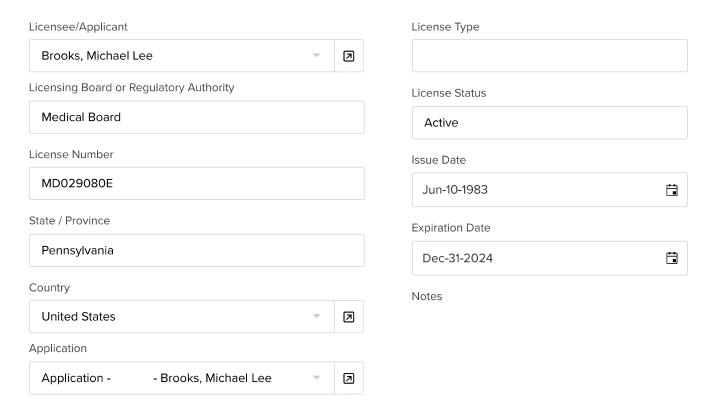


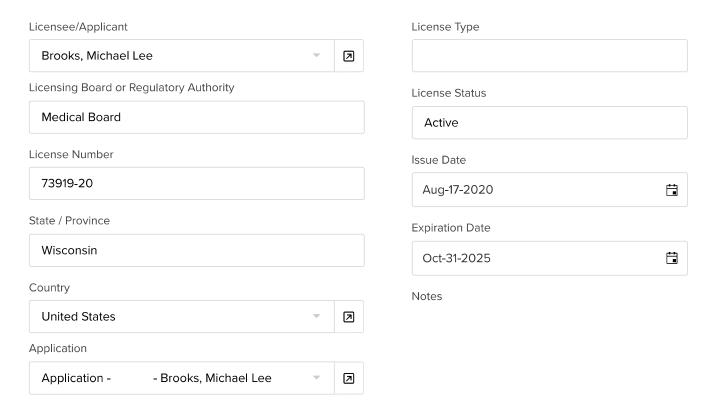






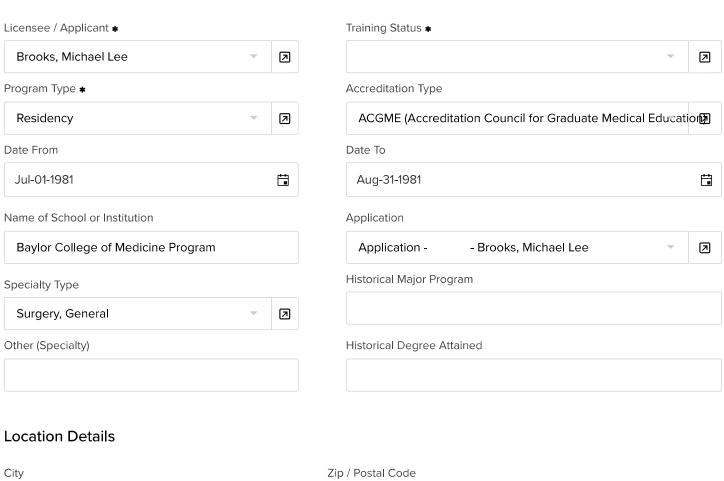


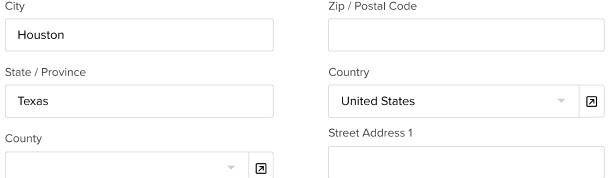


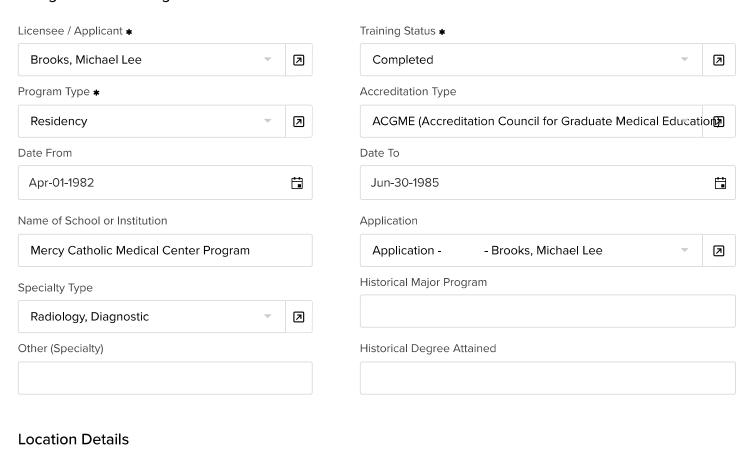


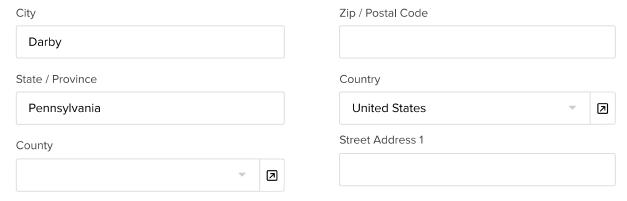
Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type ▼	Date From ↑ ▼	Date To ↑ ▼	Program Type †
Brooks, Michael Lee	Baylor College of Medicine Program	Surgery, General	Jul-01-1981	Aug-31-1981	Residency
Brooks, Michael Lee	Mercy Catholic Medical Center Program	Radiology, Diagnostic	Apr-01-1982	Jun-30-1985	Residency
Brooks, Michael Lee	Brigham and Women's Hospital/Harvard Medical School Program	Neuroradiology	Jul-01-1985	Jun-30-1986	Fellowship
Brooks, Michael Lee	Brigham and Women's Hospital/Harvard Medical School Program	Neuroradiology	Jul-01-1986	Jun-30-1987	Fellowship



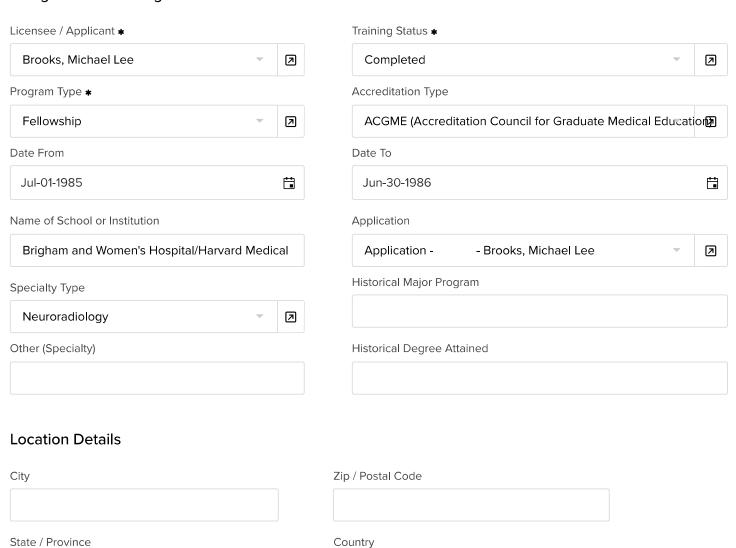






Massachusetts

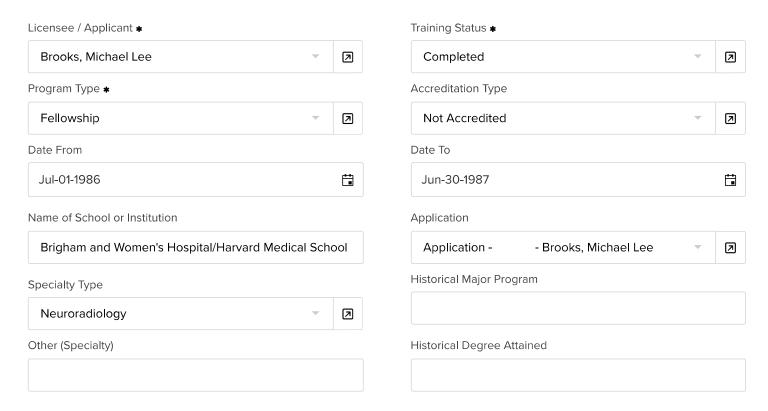
County



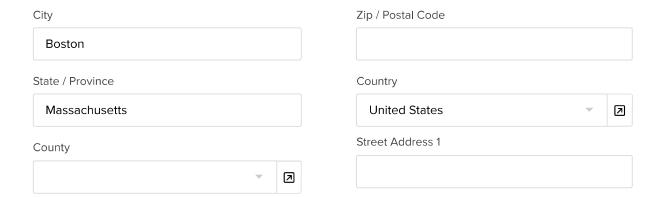
Street Address 1

7

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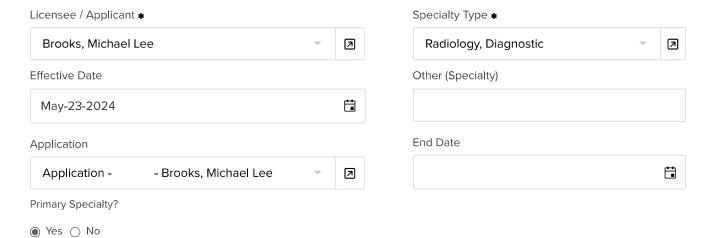
Location Details



Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Brooks, Michael Lee	Radiology, Diagnostic	Yes	May-23-2024	N/A
Brooks, Michael Lee	Neuroradio l ogy	Yes	May-23-2024	N/A

Specialty Details



Specialty Details

