Demographic Details

First Name	Gender	
James	Male	~ 2
Middle Name	Date of Birth	
Thorolf	-1984	ä
Last Name *	Name Suffix	
Peveler	Jr	
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 informati	ion)
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		

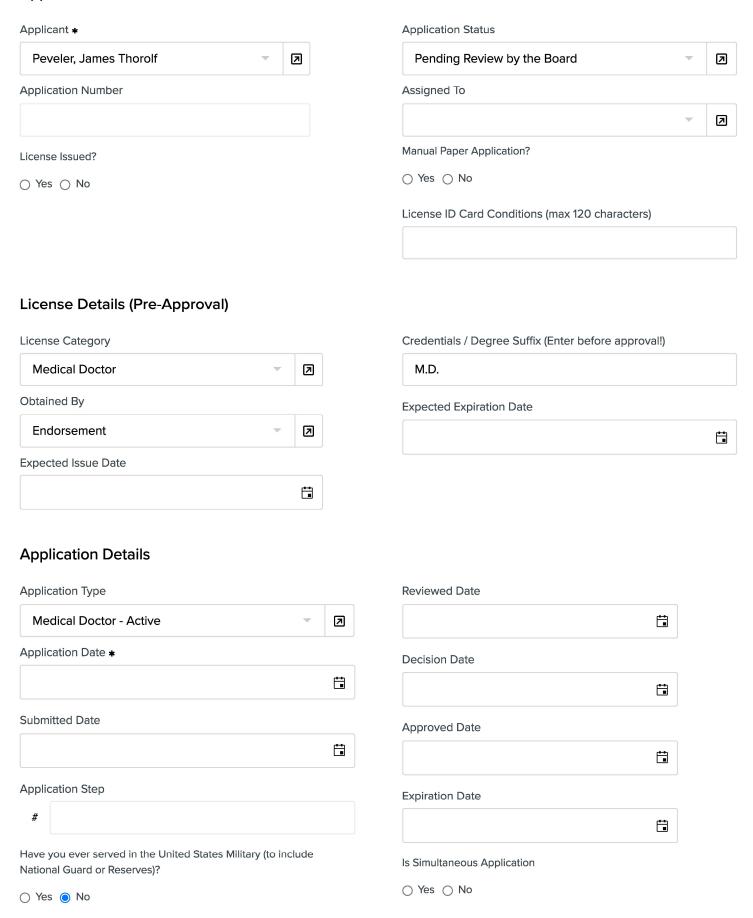
Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?
○ Yes ③ 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
#	#
Dublic Address	
Public Address	
Street Address	ZIP / Postal Code
3086 Moonlight Dr.	29414
Address Line 2	State / Province
	South Carolina
City	Country
Charleston	United States
County	Is your physical address different from your mailing address?
Charleston	○ Yes No
	Public Phone
	# (313) 403-8880

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 No	
Invoices	
Application Invoice	Application Payment Date
- Paid in Full	
Licensure Invoice	Licensure Payment Date
7 2	
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. No Yes No I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS)	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
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 contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that	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

Yes ○ No

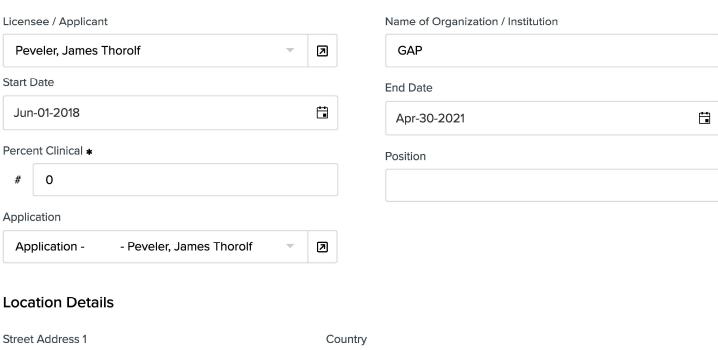
medicine in the state of Nevada.

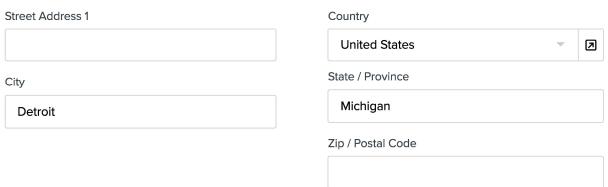
the same were procured in the regular course of instruction and

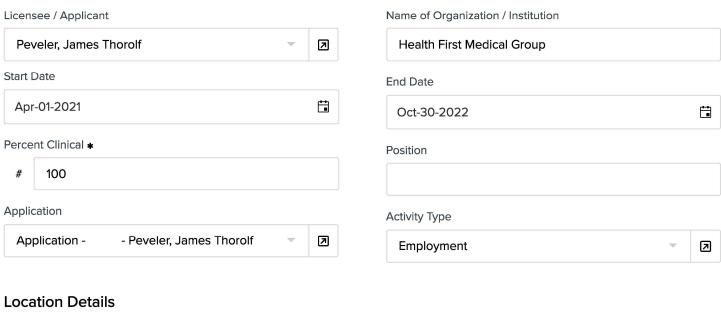
examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require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

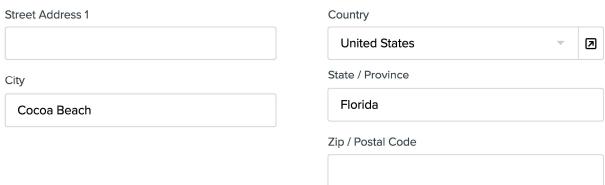
Activities

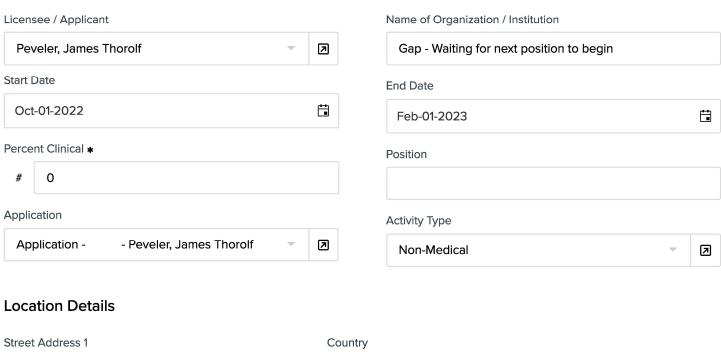
Licensee / Applicant	▼ Name of Organization / Institution	▼ Start Date ↑	▼ End Date	▼ Percent Clinical
Peveler, James Thorolf	GAP	Jun-01-2018	Apr-30-2021	0
Peveler, James Thorolf	Health First Medical Group	Apr-01-2021	Oct-30-2022	100
Peveler, James Thorolf	Gap - Waiting for next position to begin	Oct-01-2022	Feb-01-2023	0
Peveler, James Thorolf	Prisma Health, Patewood Neurology Clinic	Feb-01-2023	Jun-30-2023	99
Peveler, James Thorolf	Palmetto Primary Care and Specialty Physicians	Sep-01-2023	Jun-30-2024	98

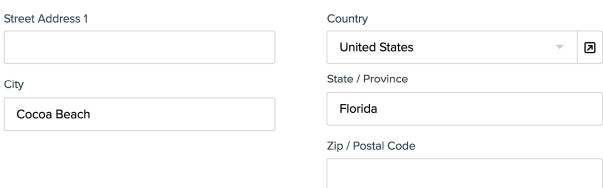


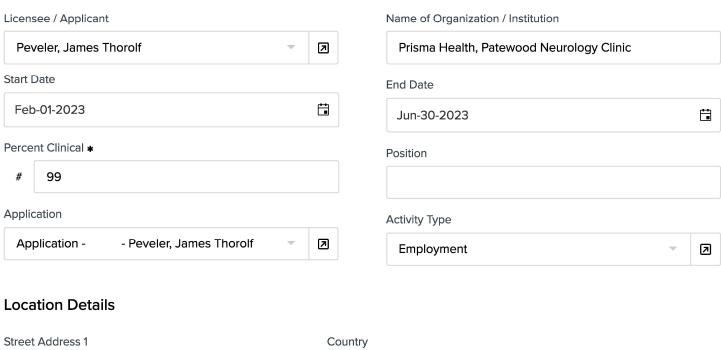


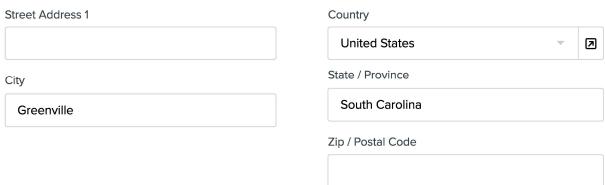


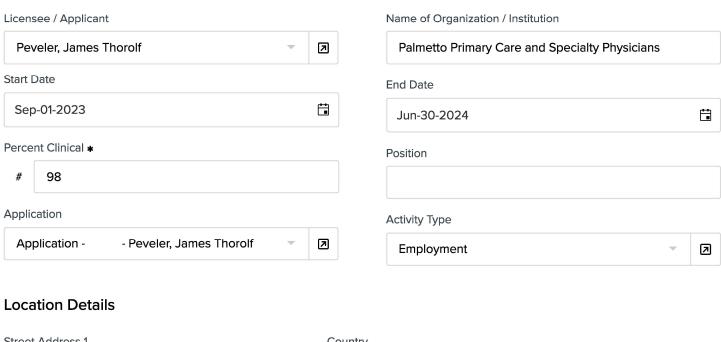














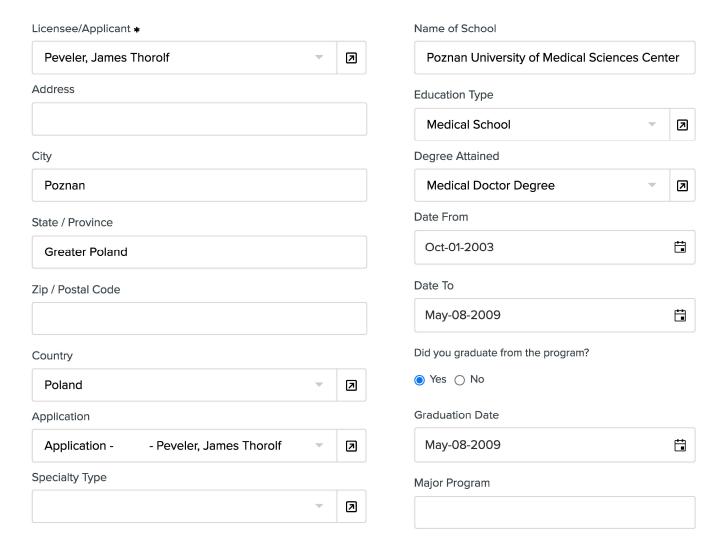
Declarations

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

Education

Licensee/Applicant T	Education Type	Name of School	Degree Attained ▼	Date From	Date To ↑ ▼	Graduation Date
Peveler, James Thorolf	Medical School	Poznan University of Medical Sciences Center	Medical Doctor Degree	Oct-01-2003	May-08-2009	May-08-2009

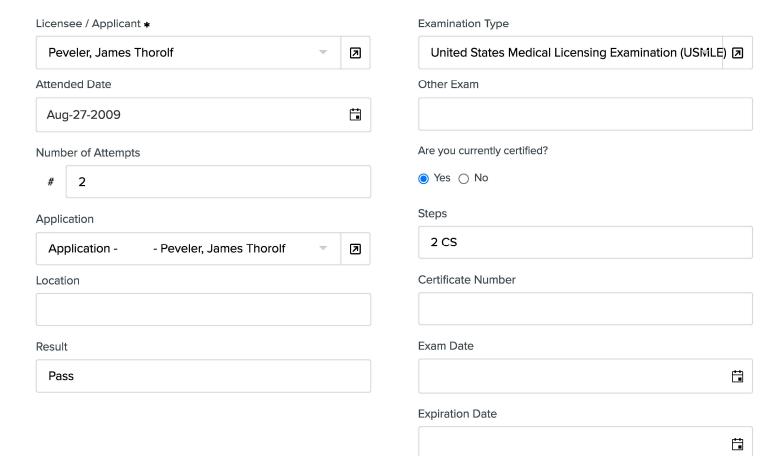
Education Details



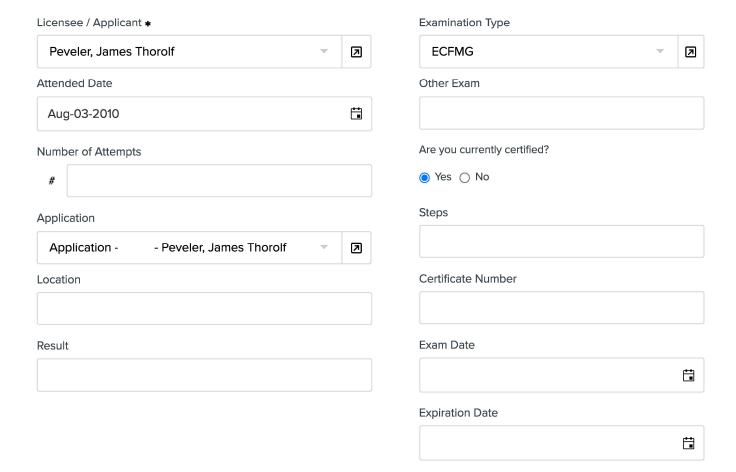
Examinations

Licensee / Applicant	Examination Type	Attended Date †
Peveler, James Thorolf	United States Medical Licensing Examination (USMLE)	Sep-21-2007
Peveler, James Thorolf	United States Medical Licensing Examination (USMLE)	Aug-27-2009
Peveler, James Thorolf	United States Medical Licensing Examination (USMLE)	Jun-29-2010
Peveler, James Thorolf	ECFMG	Aug-03-2010
Peveler, James Thorolf	United States Medical Licensing Examination (USMLE)	May-29-2019

Licensee / Applicant *		Examination Type
Peveler, James Thorolf	7	United States Medical Licensing Examination (USMLE)
Attended Date		Other Exam
Sep-21-2007		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Peveler, James Thorolf	7	1
Location		Certificate Number
Result		Exam Date
221		ä
		Expiration Date



Licensee / Applicant *		Examination Type
Peveler, James Thorolf	7	United States Medical Licensing Examination (USMLE)
Attended Date		Other Exam
Jun-29-2010	=	
Number of Attempts		Are you currently certified?
# 2		○ Yes ○ No
Application		Steps
Application Peveler, James Thorolf	7	2 CK
Location		Certificate Number
Result		Exam Date
210		ä
		Expiration Date

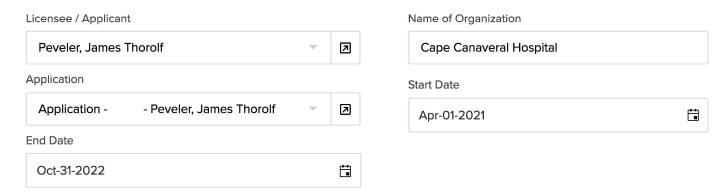


Licensee / Applicant *	Examination Type
Peveler, James Thorolf	United States Medical Licensing Examination (USMLE)
Attended Date	Other Exam
May-29-2019	
Number of Attempts	Are you currently certified?
# 2	○ Yes ○ No
Application	Steps
Application Peveler, James Thorolf	3
Location	Certificate Number
Result	Exam Date
201	
	Expiration Date

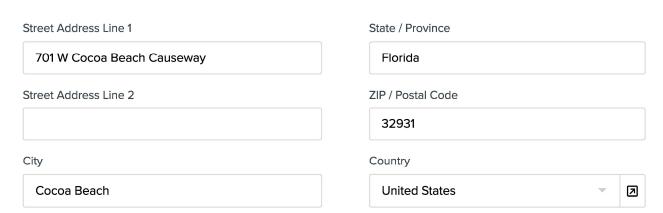
Hospitals

Licensee / Applicant	Name of Organization	Start Date †	F End Date
James Peveler	Cape Canaveral Hospital	Apr-01-2021	Oct-31-2022
James Peveler	Prisma Health Patewood Hospital	Feb-01-2023	Jun-30-2023

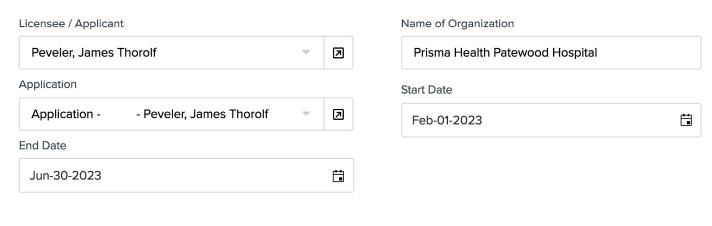
Hospital Details



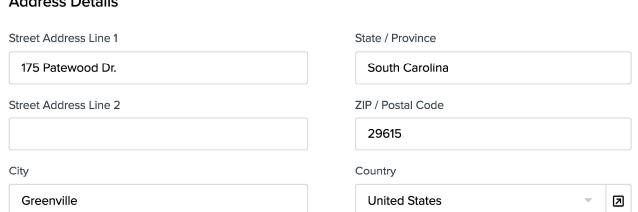
Address Details



Hospital Details



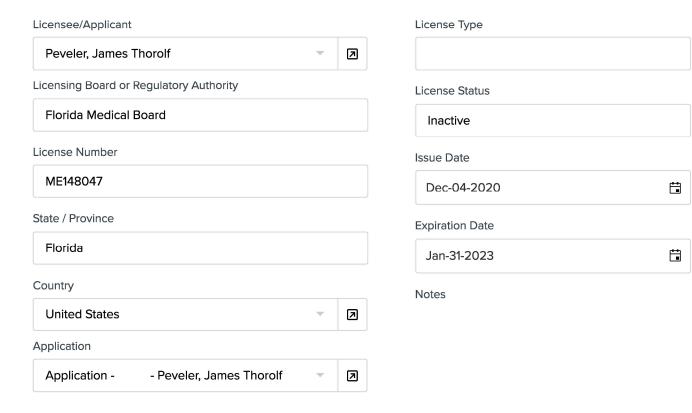
Address Details



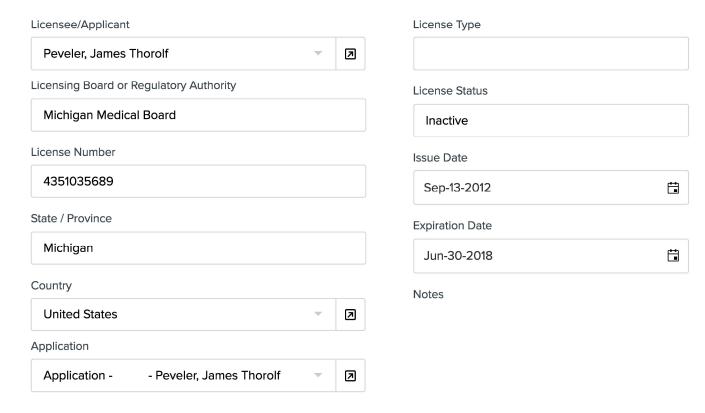
Other Licenses

Licensee/Applicant ▼	License Number	License Type	Issue Date	Expiration Date	State / Province †
Peveler, James Thorolf	ME148047	N/A	Dec-04-2020	Jan-31-2023	Florida
Peveler, James Thorolf	4351035689	N/A	Sep-13-2012	Jun-30-2018	Michigan
Peveler, James Thorolf	83078	N/A	Aug-08-2019	Jun-30-2025	South Carolina

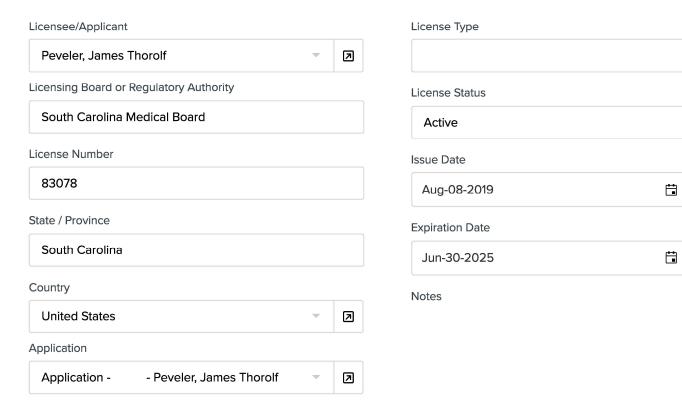
Other License Details



Other License Details



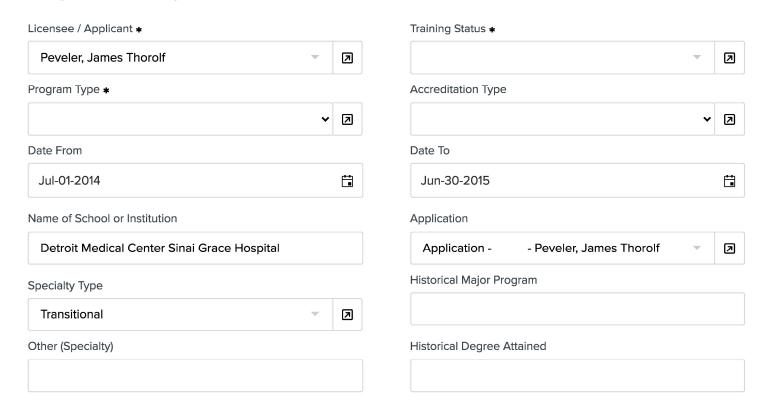
Other License Details



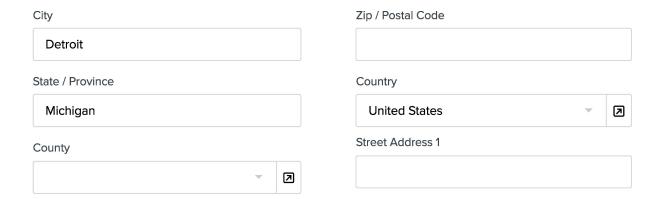
Postgraduate Training

Licensee / Applicant	Name of School or Institution †	T	Specialty Type ▼	Date From	T	Date To †	Program Type
Peveler, James Thorolf	Detroit Medical Center Sinai Grace Hospital		Transitional	Jul-01-2014		Jun-30-2015	Internship
Peveler, James Thorolf	Detroit Medical Center/Wayne State University		Neurology	Jul-01-2015		Jun-30-2018	Residency

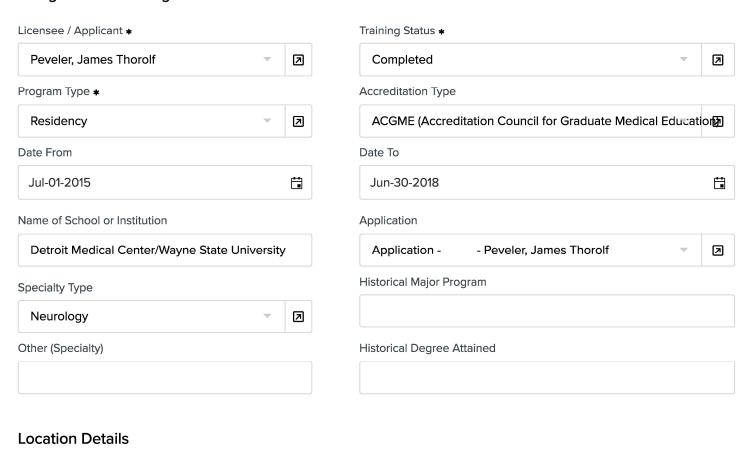
Postgraduate Training Details

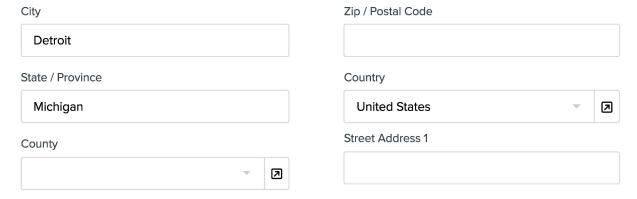


Location Details



Postgraduate Training Details

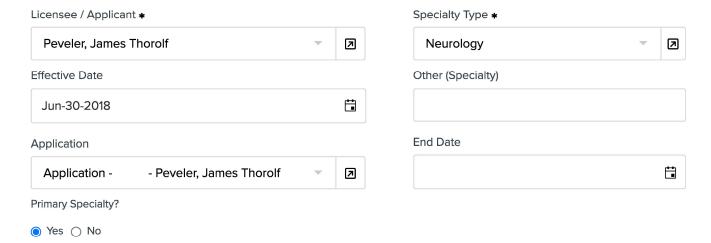




Specialties

Licensee / Applicant	▼ Specialty Type	T	Primary Specialty?	T	Effective Date	7	End Date
Peveler, James Thorolf	Neurology		Yes		Jun-30-2018		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.

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.

