

Demographic Details

First Name

James

Middle Name

Thorolf

Last Name *

Peveler

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

Gender

Male

Date of Birth

-1984

Name Suffix

Jr

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Military Detail

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

3086 Moonlight Dr.

ZIP / Postal Code

29414

Address Line 2

State / Province

South Carolina

City

Charleston

Country

United States



County

Charleston

Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

(313) 403-8880

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Peveler, James Thorolf

Application Number

License Issued?

☐ Yes ☐ No

Application Status

Pending Review by the Board

Assigned To

Manual Paper Application?

☐ Yes ☐ No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor

Obtained By

Endorsement

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Active

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

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

Application Activity Details

Licensee / Applicant

Peveler, James Thorolf ▼ 

Start Date

Jun-01-2018 

Percent Clinical *

0


Application

Application - - Peveler, James Thorolf ▼ 

Name of Organization / Institution

GAP

End Date

Apr-30-2021 

Position

Location Details

Street Address 1

City

Detroit

Country

United States ▼ 

State / Province

Michigan

Zip / Postal Code

Application Activity Details

Licensee / Applicant


Peveler, James Thorolf

▼



Start Date

Apr-01-2021



Percent Clinical *

#

100

Application

Application -

- Peveler, James Thorolf

▼



Name of Organization / Institution

Health First Medical Group

End Date

Oct-30-2022



Position

Activity Type

Employment

▼



Location Details

Street Address 1

City

Cocoa Beach

Country

United States

▼



State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Peveler, James Thorolf

▼



Start Date

Oct-01-2022



Percent Clinical *

#

0

Application

Application -

- Peveler, James Thorolf

▼



Name of Organization / Institution

Gap - Waiting for next position to begin

End Date

Feb-01-2023



Position

Activity Type

Non-Medical

▼



Location Details

Street Address 1

City

Cocoa Beach

Country

United States

▼



State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Peveler, James Thorolf

▼




Name of Organization / Institution

Prisma Health, Patewood Neurology Clinic

Start Date

Feb-01-2023



End Date

Jun-30-2023



Percent Clinical *

#

99

Position

Application

Application -

- Peveler, James Thorolf

▼



Activity Type

Employment

▼



Location Details

Street Address 1

Country

United States

▼



City

Greenville

State / Province

South Carolina

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Peveler, James Thorolf

▼



Start Date

Sep-01-2023



Percent Clinical *

#

98

Application

Application -

- Peveler, James Thorolf

▼



Name of Organization / Institution

Palmetto Primary Care and Specialty Physicians

End Date

Jun-30-2024



Position

Activity Type

Employment

▼



Location Details

Street Address 1

City

Summerville

Country

United States

▼



State / Province

South Carolina

Zip / Postal Code

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	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 Paid	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 ▼	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

Licensee/Applicant *

Peveler, James Thorolf ▼ 

Address

City

Poznan

State / Province

Greater Poland

Zip / Postal Code

Country

Poland ▼ 

Application

Application - - Peveler, James Thorolf ▼ 


Specialty Type

▼ 

Name of School

Poznan University of Medical Sciences Center

Education Type

Medical School ▼ 

Degree Attained

Medical Doctor Degree ▼ 

Date From

Oct-01-2003 

Date To

May-08-2009 

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

May-08-2009 

Major Program

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

Examination Details

Licensee / Applicant *

Peveler, James Thorolf	▼	
------------------------	---	---

Attended Date

Sep-21-2007	
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Number of Attempts

#	1
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Application

Application -	- Peveler, James Thorolf	▼	
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Location

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Result

221

Examination Type

United States Medical Licensing Examination (USMLE)	
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Other Exam

--

Are you currently certified?

☐ Yes ☐ No

Steps

1

Certificate Number

--

Exam Date

	
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Expiration Date


	
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Examination Details

Licensee / Applicant *

Peveler, James Thorolf	▼	
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Attended Date

Aug-27-2009	
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Number of Attempts

#	2
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Application

Application -	- Peveler, James Thorolf	▼	
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Location

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Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE)	
---	---

Other Exam

--

Are you currently certified?

☒ Yes ☐ No

Steps

2 CS

Certificate Number

--

Exam Date

	
--	---

Expiration Date


	
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Examination Details

Licensee / Applicant *

Peveler, James Thorolf	▼	
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Attended Date

Jun-29-2010	
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Number of Attempts

#	2
---	---

Application

Application -	- Peveler, James Thorolf	▼	
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Location

--

Result

210

Examination Type

United States Medical Licensing Examination (USMLE)	
---	---

Other Exam

--

Are you currently certified?

☐ Yes ☐ No

Steps

2 CK

Certificate Number

--

Exam Date

	
--	---

Expiration Date


	
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Examination Details

Licensee / Applicant *

Peveler, James Thorolf

▼



Attended Date

Aug-03-2010



Number of Attempts

#

Application

Application -

- Peveler, James Thorolf

▼




Location

Result

Examination Type

ECFMG

▼



Other Exam


Are you currently certified?

☒ Yes ☐ No

Steps

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *

Peveler, James Thorolf	▼	
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Attended Date

May-29-2019	
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Number of Attempts

#	2
---	---

Application

Application -	- Peveler, James Thorolf	▼	
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Location

--

Result

201

Examination Type

United States Medical Licensing Examination (USMLE)	
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Other Exam

--

Are you currently certified?

☐ Yes ☐ No


Steps

3


Certificate Number

--

Exam Date

	
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Expiration Date

	
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Hospitals

Licensee / Applicant ▼	Name of Organization ▼	Start Date ↑	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

Licensee / Applicant

Peveler, James Thorolf

▼



Name of Organization

Cape Canaveral Hospital

Application

Application -


- Peveler, James Thorolf

▼



Start Date

Apr-01-2021



End Date

Oct-31-2022



Address Details

Street Address Line 1

701 W Cocoa Beach Causeway

State / Province

Florida

Street Address Line 2

ZIP / Postal Code

32931


City

Cocoa Beach

Country

United States

▼



Hospital Details

Licensee / Applicant

Peveler, James Thorolf

▼



Name of Organization

Prisma Health Patewood Hospital

Application

Application -

- Peveler, James Thorolf

▼




Start Date

Feb-01-2023



End Date

Jun-30-2023



Address Details

Street Address Line 1

175 Patewood Dr.

State / Province

South Carolina

Street Address Line 2

ZIP / Postal Code

29615

City

Greenville

Country

United States

▼



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

Licensee/Applicant

Peveler, James Thorolf

▼



Licensing Board or Regulatory Authority

Florida Medical Board

License Number

ME148047

State / Province

Florida

Country

United States


▼



Application

Application - - Peveler, James Thorolf

▼



License Type

License Status

Inactive


Issue Date

Dec-04-2020



Expiration Date

Jan-31-2023




Notes

Other License Details

Licensee/Applicant

Peveler, James Thorolf

▼



Licensing Board or Regulatory Authority

Michigan Medical Board

License Number

4351035689


State / Province

Michigan

Country

United States


▼



Application

Application - - Peveler, James Thorolf

▼



License Type

License Status

Inactive


Issue Date

Sep-13-2012



Expiration Date

Jun-30-2018



Notes

Other License Details

Licensee/Applicant

Peveler, James Thorolf

▼

Licensing Board or Regulatory Authority

South Carolina Medical Board

License Number

83078

State / Province

South Carolina

Country

United States

▼

Application

Application -

- Peveler, James Thorolf

▼

License Type

License Status

Active

Issue Date

Aug-08-2019

Expiration Date

Jun-30-2025

Notes

Postgraduate Training


Licensee / Applicant ▼	Name of School or Institution ↑ ▼	Specialty Type ▼	Date From ▼	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

Licensee / Applicant *

Peveler, James Thorolf

▼




Training Status *

▼



Program Type *

▼




Accreditation Type

▼




Date From

Jul-01-2014



Date To

Jun-30-2015




Name of School or Institution

Detroit Medical Center Sinai Grace Hospital

Application

Application - - Peveler, James Thorolf

▼



Specialty Type

Transitional

▼



Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Detroit

Zip / Postal Code

State / Province

Michigan

Country

United States

▼



County

▼



Street Address 1

Postgraduate Training Details


Licensee / Applicant *

Peveler, James Thorolf	▼	
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Program Type *

Residency	▼	
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Date From

Jul-01-2015	
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Name of School or Institution

Detroit Medical Center/Wayne State University

Specialty Type

Neurology	▼	
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Other (Specialty)

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Training Status *

Completed	▼	
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Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
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Date To

Jun-30-2018	
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Application

Application -	- Peveler, James Thorolf	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details

City

Detroit

State / Province

Michigan

County

	▼	
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Zip / Postal Code

--

Country

United States	▼	
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Street Address 1

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Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Peveler, James Thorolf	Neurology	Yes	Jun-30-2018	N/A

Specialty Details

Licensee / Applicant *

Peveler, James Thorolf

▼



Effective Date

Jun-30-2018



Application

Application -

- Peveler, James Thorolf

▼



Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Neurology

▼



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 JAMES THOROLF PEVELER JR.

Sign your name _____

Date 10/24/2024

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.

