

Demographic Details

First Name

Vance

Middle Name

Keith

Last Name *

Purdue

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

-1960 

Name Suffix

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

350 Cabela Dr.

Address Line 2

9-104

City

Verdi

ZIP / Postal Code

89523

State / Province

Nevada

Country

United States



County

Washoe

Is your physical address different from your mailing address?

Yes No

Public Phone

(479) 341-0584

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

16

Reviewed Date

Decision Date

Approved Date

Expiration Date

Have you ever served in the United States Military (to include National Guard or Reserves)?


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	▼	
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Licensure Invoice

	▼	
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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


Is Simultaneous Application

Yes No

Application Payment Date

	
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Licensure Payment Date

	
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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	▼	
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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

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

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑	End Date ▼	Percent Clinical ▼
Vance Purdue	Community Hospital of the Monterey Peninsula	Jun-01-2011	Jun-01-2021	100
Vance Purdue	Mercy Hospital	Jun-01-2021	Oct-15-2022	100
Vance Purdue	On Sabbatical	Oct-15-2022	Jun-08-2025	0

Application Activity Details

Licensee / Applicant


Start Date

Percent Clinical *

100

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 *

100

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

City

Country

State / Province

Zip / Postal Code

Declarations

Ordinal ↑ ▼	Licensee/Applicant ▼	Declaration Question ▼	Answer ▼	Answer Details
1	Vance Purdue	RT – Q15 – Medical Condition Impair Safe Practice	No	
2	Vance Purdue	RT – Q16 – Medical Condition Field of Practice	No	
3	Vance Purdue	RT – Q17 – Substances Impair Safe Practice	No	
4	Vance Purdue	ALL – Q5 – Named Defendant Respond to Legal Action	No	
5	Vance Purdue	ALL – Q6 – Malpractice Claim Paid	No	
6	Vance Purdue	ALL – Q7 – Arrest Question	Yes	
7	Vance Purdue	RT, Have you previously applied for an allied health license in Nevada?.	No	
8	Vance Purdue	RT – Q18 – Denied License / Permission to Provide Services	No	
9	Vance Purdue	RT – Q19 – Certificate / License Revoked	Yes	
10	Vance Purdue	RT – Q20 – Voluntarily Surrendered License / Certificate	No	
11	Vance Purdue	RT – Q21 - Failed NBRC Examination	No	
12	Vance Purdue	RT – Q22 – Registration / Certification Revoked	No	
13	Vance Purdue	RT – Q23 – Investigation Respond To / Notify Of	No	

Declaration

Licensee/Applicant

Purdue, Vance Keith	▼	
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Declaration Question

ALL – Q7 – Arrest Question	▼	
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Answer

Yes No

Answer Details

Ordinal


#	6
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Declaration Text


Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

Related To

Application


Application -	- Purdue, Vance Keith	▼	
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Renewal


	▼	
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Declaration

Licensee/Applicant

Purdue, Vance Keith	▼	
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Declaration Question

RT – Q19 – Certificate / License Revoked	▼	
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Answer

Yes No

Answer Details

Ordinal


#	9
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Declaration Text


Have you ever had a certificate or license to provide respiratory care services or any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?

Related To

Application

Application -	- Purdue, Vance Keith	▼	
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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 ↑
Purdue, Vance Keith	Certification Program	State of California	Graduate Equivalency	Sep-01-1981	Nov-12-1981	Nov-12-1981
Purdue, Vance Keith	College/University	Victor Valley College	Associate Science Degree	Sep-01-1986	May-30-1988	Jun-16-1988

Education Details

Licensee/Applicant *

Purdue, Vance Keith  

Address

18422 Bear Valley Rd

City

Victorville

State / Province

California


Zip / Postal Code

92395


Country

United States  

Application

Application - - Purdue, Vance Keith 



Specialty Type

Name of School

State of California

Education Type

Certification Program  


Degree Attained

Graduate Equivalency  

Date From

Sep-01-1981 

Date To

Nov-12-1981 

Did you graduate from the program?

Yes No


Graduation Date

Nov-12-1981 

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
Purdue, Vance Keith	The National Board for Respiratory Care (NBRC)	Jul-16-1988
Purdue, Vance Keith	The National Board for Respiratory Care (NBRC)	Jun-03-1989

Examination Details

Licensee / Applicant *

▼ 

Attended Date


 

Number of Attempts

#

1


Application

▼ 

Location

Result

Examination Type

▼ 

Other Exam

Are you currently certified?

Yes No


Steps

Certificate Number

Exam Date


 

Expiration Date

Examination Details

Licensee / Applicant *

Purdue, Vance Keith 


Attended Date

Jun-03-1989 

Number of Attempts

1

Application

Application - - Purdue, Vance Keith 

Location

UCLA (Clinical Sims) 06/03/1989

Result

pass

Examination Type

The National Board for Respiratory Care (NBRC) 

Other Exam

RRT


Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Purdue, Vance Keith	RCP 4401	N/A	Apr-08-2021	Jun-30-2023	Arkansas
Purdue, Vance Keith	RCP 4401	N/A	Oct-26-2023	Jun-30-2025	Arkansas
Purdue, Vance Keith	12494	N/A	Feb-08-1989	Jun-30-1998	California
Purdue, Vance Keith	27807	N/A	Aug-14-2008	Jun-30-2021	California
Purdue, Vance Keith	RTL.0000959	N/A	Dec-29-2000	Aug-31-2024	Colorado
Purdue, Vance Keith	2007020071	N/A	Jul-10-2007	Jul-31-2010	Missouri
Purdue, Vance Keith	006579	N/A	Jul-25-2007	May-31-2013	New York
Purdue, Vance Keith	4327	N/A	May-02-2007	May-31-2013	South Carolina
Purdue, Vance Keith	122.0064576	N/A	Mar-04-2010	Nov-30-2010	Vermont
Purdue, Vance Keith	122.0064573-TEMP	N/A	Feb-26-2010	Jun-06-2010	Vermont

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

Other License Details

Licensee/Applicant

Purdue, Vance Keith 

Licensing Board or Regulatory Authority

Respiratory Care Board of California

License Number

27807


State / Province

California

Country

United States 

Application


Application - - Purdue, Vance Keith 

License Type


License Status

Canceled (Expired)

Issue Date

Aug-14-2008 

Expiration Date

Jun-30-2021 

Notes

Other License Details

Licensee/Applicant

Purdue, Vance Keith 

Licensing Board or Regulatory Authority

Colorado Office of Respiratory Care Licensure

License Number

RTL.0000959


State / Province

Colorado

Country

United States 

Application


Application - - Purdue, Vance Keith 

License Type

License Status

Expired

Issue Date

Dec-29-2000 


Expiration Date

Aug-31-2024 

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

Other License Details

Licensee/Applicant

Purdue, Vance Keith 

Licensing Board or Regulatory Authority

Board of Medical Examiners - SCLLR


License Number

4327


State / Province

South Carolina

Country

United States 

Application

Application - - Purdue, Vance Keith 

License Type


License Status

Expired

Issue Date

May-02-2007 


Expiration Date

May-31-2013 

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

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Purdue, Vance Keith	Practitioner of Respiratory Care	Yes	N/A	N/A

Specialty Details


Licensee / Applicant *

Purdue, Vance Keith  

Effective Date



Application

Application - - Purdue, Vance Keith 

Primary Specialty?

Yes No

Specialty Type *

Practitioner of Respiratory Care  

Other (Specialty)

End Date



