Demographic Details

First Name	Gender	
Samuel	Male	~ [7]
Middle Name	Date of Birth	
Jeffrey	-1977	
Last Name *	Name Suffix	
Gerson		
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 informat	ion)
	Public Information	
Is this person deceased?		
○ Yes ○ No		
Date Deceased		
Ė		
Do you have a Nevada Business License in your individual name?		
○ Yes ○ No		
Nevada BIN		
Historical File Number		

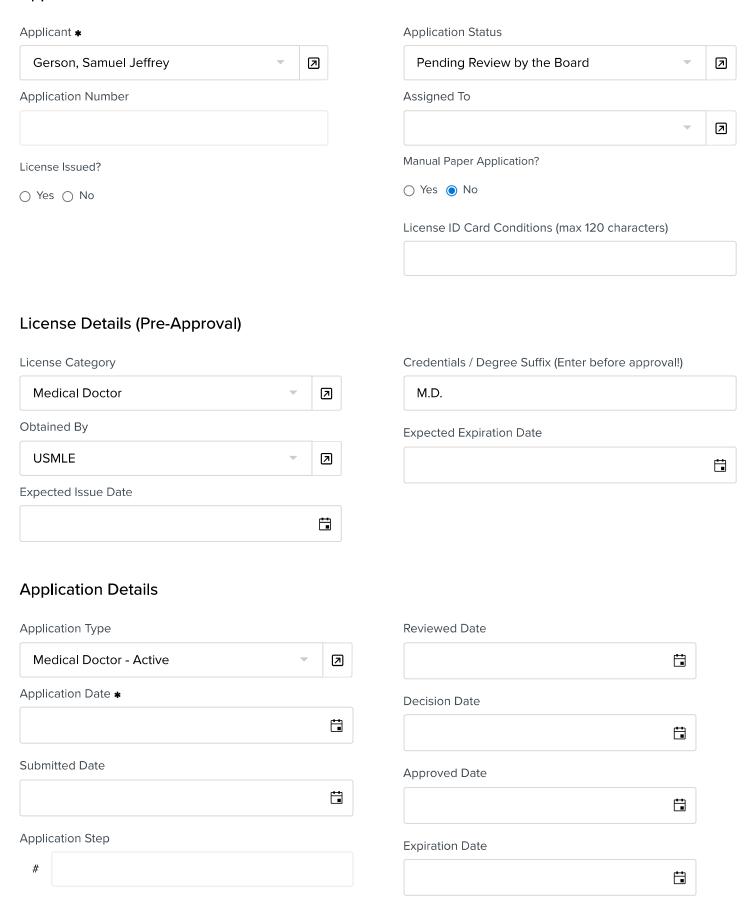
Military Detail

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 o	of SPL Issuance		
			Ë	•
Contact Information				
Primary Phone	Seco	ondary Phone		
#	#			
Primary Phone Extension	Seco	ondary Phone Extension		
Primary E-mail Address	Mail	should be directed to		
			~	7
Cell Phone	Fax			
#	#			
Public Address				
Street Address	ZIP /	Postal Code		
2878 Camino Del Rio South	92	2108		
Address Line 2	State	e / Province		
Suite 220	Ca	alifornia		
City	Cour	ntry		
San Diego	Ur	nited States	▼	7

County	ls your p	physical address different from your mailing address	s?
United States	○ Yes	No	
	Public F	Phone	
	#	(917) 583-5694	
Mailing Address			
Street Address	City (Ma	ailing)	
Address Line 2	State / F	Province (Mailing)	
ZIP / Postal Code (Mailing)	County	(Mailing)	
		_	7
	County	(Mailing)	

Application Status



Have you ever served in the United States Military (to includ National Guard or Reserves)?	e Is Simultaneous Application
○ Yes No	○ Yes ○ No
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
Z	
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 ager through safe and appropriate injection practices. I also attess any person who is currently, or will be under my control as the 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 a 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 appropriating injection practices. Yes No I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statutes.	432B.220 regarding the abuse or neglect of a child. t that neir 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
(NRS) 630.344, via electronic mail (more commonly known a mail). Further, should the electronic mail address provided b	elow
change for any reason, I agree to apprise the Board in writin my new electronic mail address within 30 days after the cha	nge. alone am accountable for completing my application for medical
	licensure in Nevada.
	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.

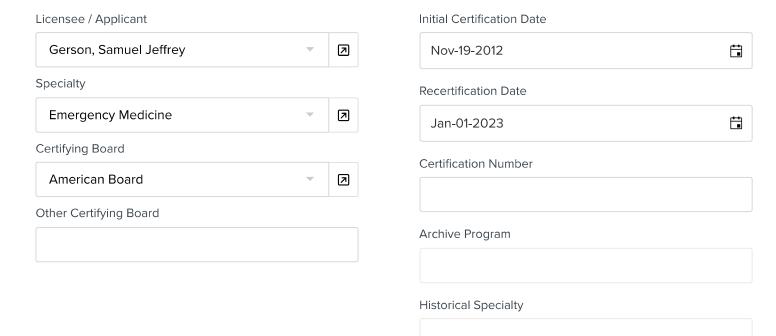




Board Certifications

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty Y	Initial Certification Date	Recertification Date
Gerson, Samuel Jeffrey	American Board	N/A	Emergency Medicine	Nov-19-2012	Jan-01-20 2 3
Gerson, Samuel Jeffrey	American Board	N/A	Undersea / Hyperbaric Medicine	Dec-06-2013	Jan-01-2014

Board Certification Details

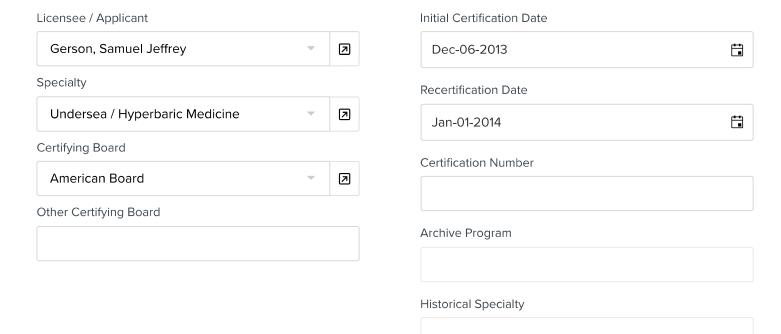


Connected Record

Application



Board Certification Details



Connected Record

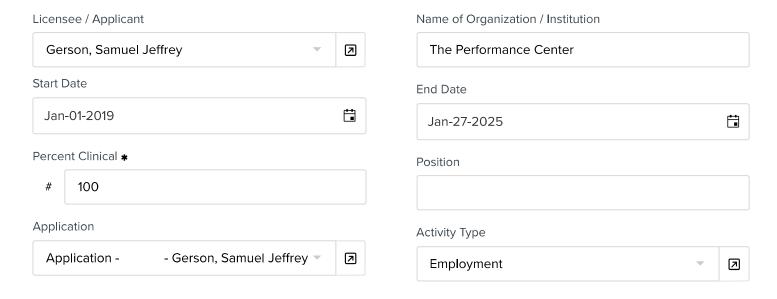
Application



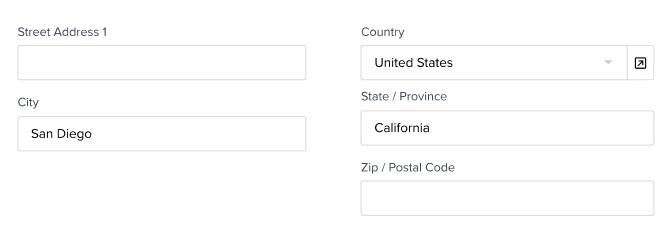
Activities

Licensee / Applicant	T	Name of Organization / Institution	▼	Start Date	-	End Date	₹	Percent Clinical
Samuel Gerson		The Performance Center		Jan-01-2019		Jan-27-2025		100

Application Activity Details

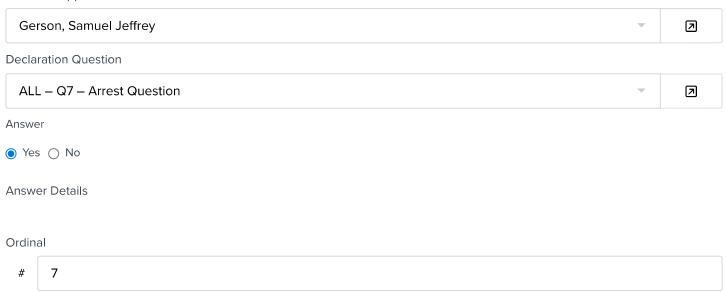


Location Details



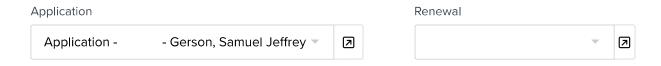
Ordinal †	Licensee/Applicant ▼	Declaration Question	Answer ▼ Answer Details
1	Samuel Gerson	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
2	Samuel Gerson	MD, PA – Q2 – Medical Condition Field of Practice	No
3	Samuel Gerson	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
4	Samuel Gerson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

Licensee/Applicant

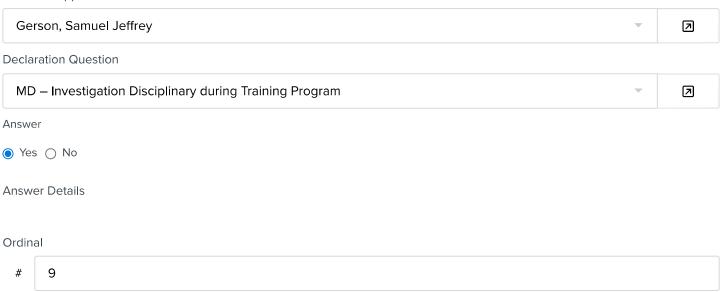


Declaration Text

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.

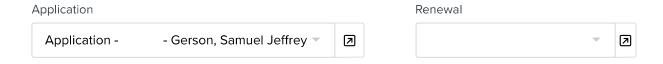


Licensee/Applicant



Declaration Text

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?



Licensee/Applicant

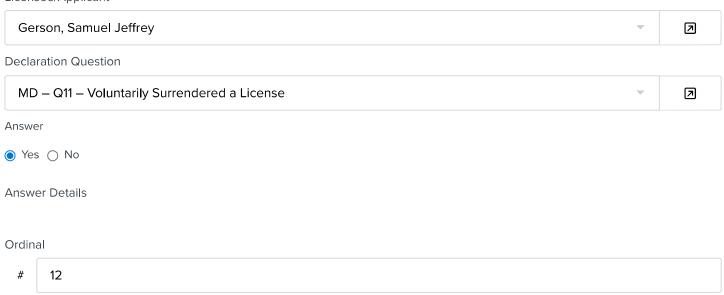


Declaration Text

Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?



Licensee/Applicant

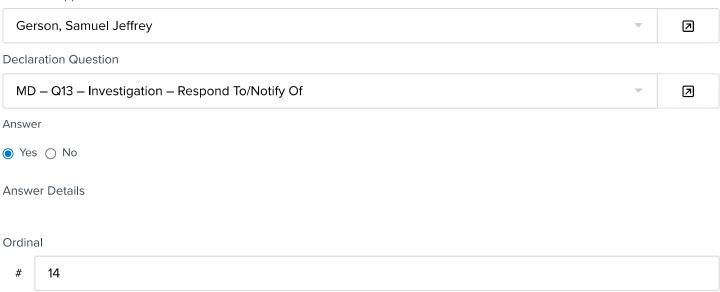


Declaration Text

Have you EVER voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of disciplinary action?

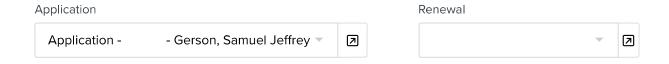


Licensee/Applicant

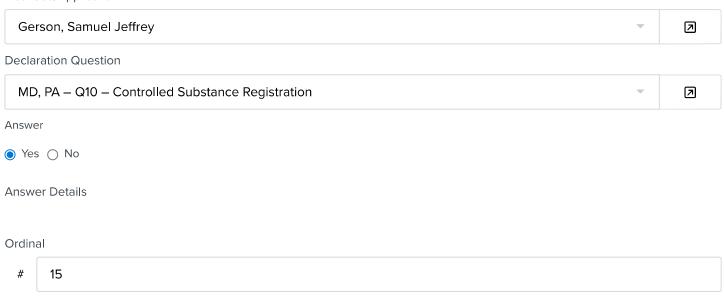


Declaration Text

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

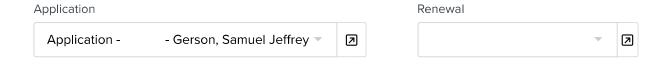


Licensee/Applicant



Declaration Text

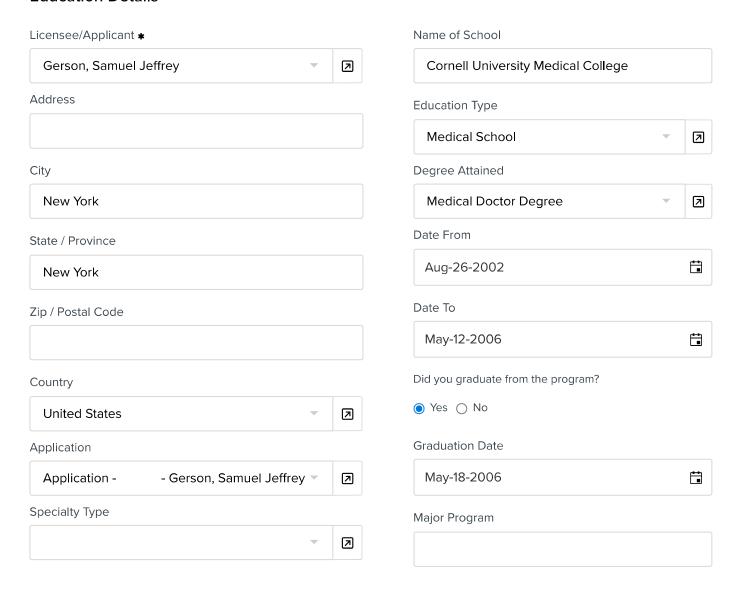
Have you EVER surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?



Education

Licensee/Applicant	▼ Education Typ	e T	Name of School	Degree Attained ▼	Date From 🔻	Date To ↓ ▼	Graduation Date
Gerson, Samuel Jeffrey	Medical School		Cornell University Medical College	Medical Doctor Degree	Aug-26-2002	May-12-2006	May-18-2006

Education Details



Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
Gerson, Samuel Jeffrey	United States Medical Licensing Examination (USMLE)	May-12-2004
Gerson, Samuel Jeffrey	United States Medical Licensing Examination (USMLE)	Apr-11-2006
Gerson, Samuel Jeffrey	United States Medical Licensing Examination (USMLE)	Apr-17-2006
Gerson, Samuel Jeffrey	United States Medical Licensing Examination (USMLE)	Apr-23-2009

Licensee / Applicant *	Examination Type
Gerson, Samuel Jeffrey	United States Medical Licensing Examination (USMLED
Attended Date	Other Exam
May-12-2004	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application Gerson, Samuel Jeffrey	Step 1
Location	Certificate Number
Result	Exam Date
246	
	Expiration Date

Licensee / Applicant *		Examination Type
Gerson, Samuel Jeffrey	—	United States Medical Licensing Examination (USML日)
Attended Date		Other Exam
Apr-11-2006		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Gerson, Samuel Jeffre	ey 7	Step 2 CS
Location		Certificate Number
Result		Exam Date
Pass		
		Expiration Date

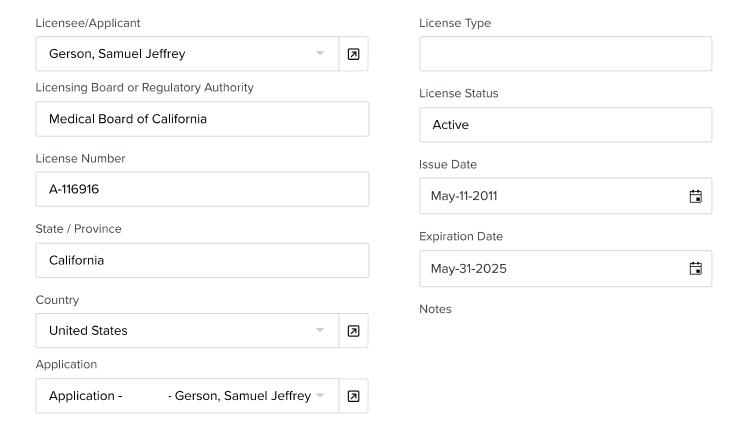
Licensee / Applicant *		Examination Type
Gerson, Samuel Jeffrey	7	United States Medical Licensing Examination (USML日)
Attended Date		Other Exam
Apr-17-2006		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Gerson, Samuel Jeffrey	7	Step 2 CK
Location		Certificate Number
Result		Exam Date
258		ä
		Expiration Date
		Ħ

Licensee / Applicant *		Examination Type
Gerson, Samuel Jeffrey	7	✓ 🧵
Attended Date		Other Exam
Apr-23-2009		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Gerson, Samuel Jeffrey	7	Step 3
Location		Certificate Number
Result		Exam Date
221		
		Expiration Date
		Ä

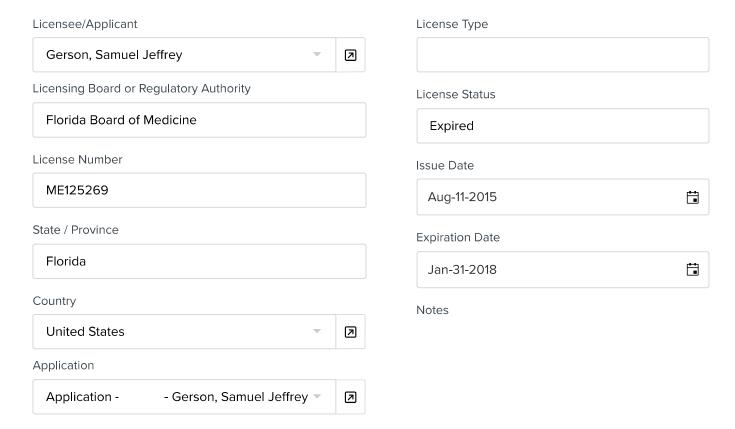
Other Licenses

Licensee/Applicant	▼ Lic	ense Number	▼	License Type ↑ ▼	Issue Date	₹	Expiration Date	₹	State / Province †
Gerson, Samuel Jeffrey	A-1	16916		N/A	May-11-2011		May-31-2025		California
Gerson, Samuel Jeffrey	ME	125269		N/A	Aug-11-2015		Jan-31-2018		Florida

Other License Details



Other License Details



Postgraduate Training

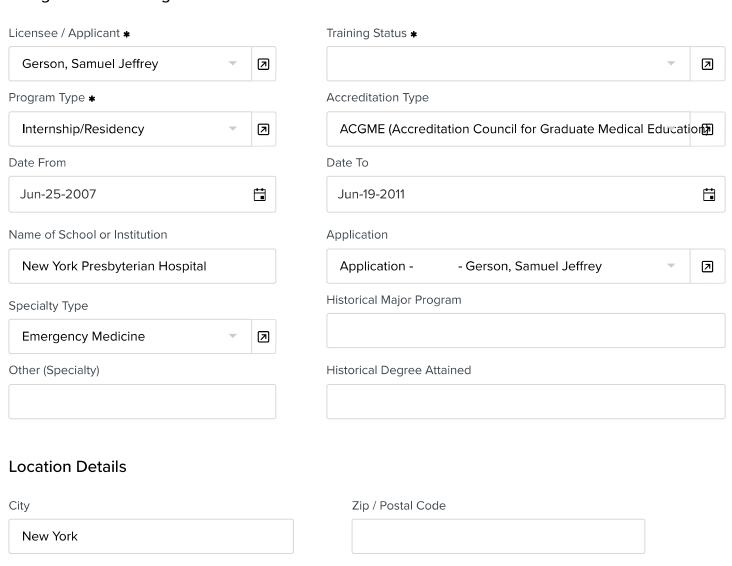
Licensee / Applicant	▼	Name of School or Institution	Specialty Type ▼	Date From 📍	Date To ↑ ▼	Program Type
Gerson, Samuel Jeffrey		New York Presbyterian Hospital	Emergency Medicine	Jun-25-2007	Jun-19-2011	Internship/Residency
Gerson, Samuel Jeffrey		University of California Medical Center	Undersea / Hyperbaric Medicine	Ju l- 01-2011	Sep-28-2012	Fellowship

Postgraduate Training Details

State / Province

New York

County



Country

7

United States

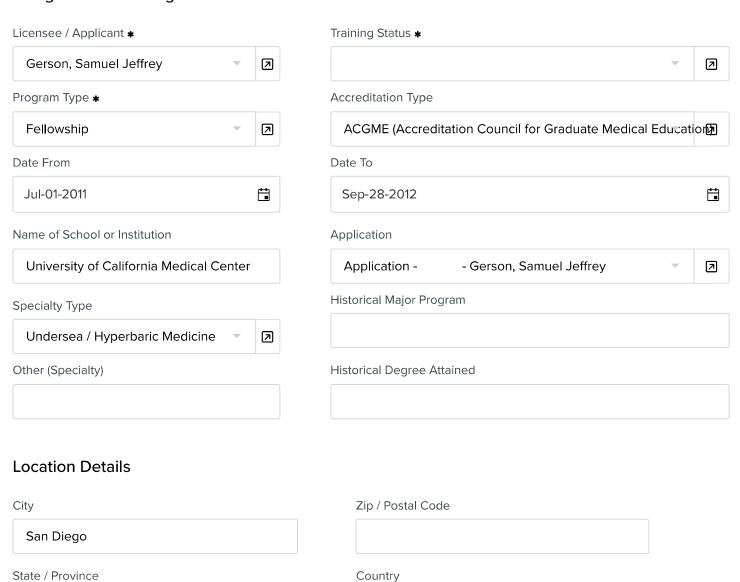
Street Address 1

7

Postgraduate Training Details

California

County



United States

Street Address 1

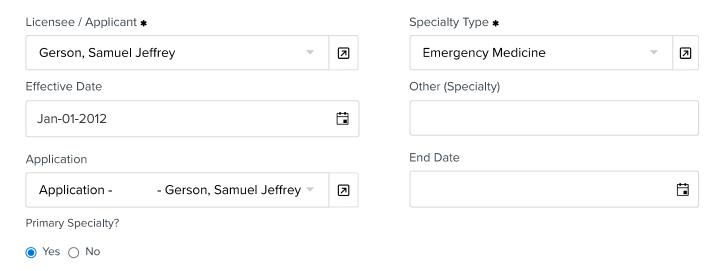
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Specialties

Licensee / Applicant	Specialty Type ▼	Primary Specialty? ▼	Effective Date	End Date
Samuel Gerson	Emergency Medicine	Yes	Jan-01-2012	N/A
Samuel Gerson	Undersea / Hyperbaric Medicine	Yes	Jan-01-2013	N/A

Specialty Details



Specialty Details

