Demographic Details

First Name

Samuel

Middle Name

Jeffrey

Last Name *

Gerson

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

-1977

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

2878 Camino Del Rio South

ZIP / Postal Code

92108

Address Line 2

Suite 220

State / Province

California

City

San Diego

Country

United States

County

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(917) 583-5694

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

Gerson, Samuel Jeffrey

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

USMLE

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

#

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

Is Simultaneous Application

○ 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

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

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.

- [x] Yes
- [ ] No

Board Certifications

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
Gerson, Samuel Jeffrey	American Board	N/A	Emergency Medicine	Nov-19-2012	Jan-01-2023
Gerson, Samuel Jeffrey	American Board	N/A	Undersea / Hyperbaric Medicine	Dec-06-2013	Jan-01-2014

Board Certification Details

Licensee / Applicant

Gerson, Samuel Jeffrey

Specialty

Emergency Medicine

Certifying Board

American Board

Other Certifying Board

Initial Certification Date

Nov-19-2012

Recertification Date

Jan-01-2023

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - - Gerson, Samuel Jeffrey

Board Certification Details

Licensee / Applicant

Gerson, Samuel Jeffrey

Specialty

Undersea / Hyperbaric Medicine

Certifying Board

American Board

Other Certifying Board

Initial Certification Date

Dec-06-2013

Recertification Date

Jan-01-2014

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - - Gerson, Samuel Jeffrey

Activities

Licensee / Applicant	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

Licensee / Applicant

Gerson, Samuel Jeffrey

Name of Organization / Institution

The Performance Center

Start Date

Jan-01-2019

End Date

Jan-27-2025

Percent Clinical *

100

Position

Application

Application - - Gerson, Samuel Jeffrey

Activity Type

Employment

Location Details

Street Address 1

City

San Diego

Country

United States

State / Province

California

Zip / Postal Code

Declarations

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	

Declaration

Licensee/Applicant

Gerson, Samuel Jeffrey

Declaration Question

ALL – Q7 – Arrest Question

Answer

(•) Yes ( ) No

Answer Details

Ordinal

7

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 - - Gerson, Samuel Jeffrey

Renewal

Declaration

Licensee/Applicant

Gerson, Samuel Jeffrey

Declaration Question

MD – Investigation Disciplinary during Training Program

Answer

(•) Yes ( ) No

Answer Details

Ordinal

9

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?

Related To

Application

Application - - Gerson, Samuel Jeffrey

Renewal

Declaration

Licensee/Applicant

Gerson, Samuel Jeffrey

Declaration Question

MD – Q9 – Medical License Revoked

Answer

(•) Yes ( ) No

Answer Details

Ordinal

11

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?

Related To

Application

Application - - Gerson, Samuel Jeffrey

Renewal

Declaration

Licensee/Applicant

Gerson, Samuel Jeffrey

Declaration Question

MD – Q11 – Voluntarily Surrendered a License

Answer

(•) Yes ( ) No

Answer Details

Ordinal

12

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?

Related To

Application

Application - - Gerson, Samuel Jeffrey

Renewal

Declaration

Licensee/Applicant

Gerson, Samuel Jeffrey

Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of

Answer

(•) Yes ( ) No

Answer Details

Ordinal

14

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?

Related To

Application

Application - - Gerson, Samuel Jeffrey

Renewal

Declaration

Licensee/Applicant

Gerson, Samuel Jeffrey

Declaration Question

MD, PA – Q10 – Controlled Substance Registration

Answer

(•) Yes ( ) No

Answer Details

Ordinal

15

Declaration Text

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

Related To

Application

Application - - Gerson, Samuel Jeffrey

Renewal

Education

Licensee/Applicant	Education Type	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

Licensee/Applicant *

Gerson, Samuel Jeffrey

Address

City

New York

State / Province

New York

Zip / Postal Code

Country

United States

Application

Application - - Gerson, Samuel Jeffrey

Specialty Type

Name of School

Cornell University Medical College

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Aug-26-2002

Date To

May-12-2006

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

May-18-2006

Major Program

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

Examination Details

Licensee / Applicant *

Gerson, Samuel Jeffrey

Attended Date

May-12-2004

Number of Attempts

1

Application

Application - - Gerson, Samuel Jeffrey

Location

Result

246

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Gerson, Samuel Jeffrey

Attended Date

Apr-11-2006

Number of Attempts

1

Application

Application - - Gerson, Samuel Jeffrey

Location

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CS

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Gerson, Samuel Jeffrey

Attended Date

Apr-17-2006

Number of Attempts

1

Application

Application - - Gerson, Samuel Jeffrey

Location

Result

258

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CK

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Gerson, Samuel Jeffrey

Attended Date

Apr-23-2009

Number of Attempts

1

Application

Application - - Gerson, Samuel Jeffrey

Location

Result

221

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

Step 3

Certificate Number

Exam Date

Expiration Date

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Gerson, Samuel Jeffrey	A-116916	N/A	May-11-2011	May-31-2025	California
Gerson, Samuel Jeffrey	ME125269	N/A	Aug-11-2015	Jan-31-2018	Florida

Other License Details

Licensee/Applicant

Gerson, Samuel Jeffrey

Licensing Board or Regulatory Authority

Medical Board of California

License Number

A-116916

State / Province

California

Country

United States

Application

Application - - Gerson, Samuel Jeffrey

License Type

License Status

Active

Issue Date

May-11-2011

Expiration Date

May-31-2025

Notes

Other License Details

Licensee/Applicant

Gerson, Samuel Jeffrey

Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

ME125269

State / Province

Florida

Country

United States

Application

Application - - Gerson, Samuel Jeffrey

License Type

License Status

Expired

Issue Date

Aug-11-2015

Expiration Date

Jan-31-2018

Notes

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	Jul-01-2011	Sep-28-2012	Fellowship

Postgraduate Training Details

Licensee / Applicant *
Gerson, Samuel Jeffrey

Training Status *

Program Type *
Internship/Residency

Accreditation Type
ACGME (Accreditation Council for Graduate Medical Education)

Date From
Jun-25-2007

Date To
Jun-19-2011

Name of School or Institution
New York Presbyterian Hospital

Application
Application - - Gerson, Samuel Jeffrey

Specialty Type
Emergency Medicine

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City
New York

Zip / Postal Code

State / Province
New York

Country
United States

County

Street Address 1

Postgraduate Training Details

Licensee / Applicant *
Gerson, Samuel Jeffrey

Training Status *

Program Type *
Fellowship

Accreditation Type
ACGME (Accreditation Council for Graduate Medical Education)

Date From
Jul-01-2011

Date To
Sep-28-2012

Name of School or Institution
University of California Medical Center

Application
Application - - Gerson, Samuel Jeffrey

Specialty Type
Undersea / Hyperbaric Medicine

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City
San Diego

Zip / Postal Code

State / Province
California

Country
United States

County

Street Address 1

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

Licensee / Applicant *

Gerson, Samuel Jeffrey

Specialty Type *

Emergency Medicine

Effective Date

Jan-01-2012

Other (Specialty)

Application

Application - - Gerson, Samuel Jeffrey

End Date

Primary Specialty?

(•) Yes ( ) No

Specialty Details

Licensee / Applicant *

Gerson, Samuel Jeffrey

Specialty Type *

Undersea / Hyperbaric Medicine

Effective Date

Jan-01-2013

Other (Specialty)

Application

Application - - Gerson, Samuel Jeffrey

End Date

Primary Specialty?

(•) Yes ( ) No