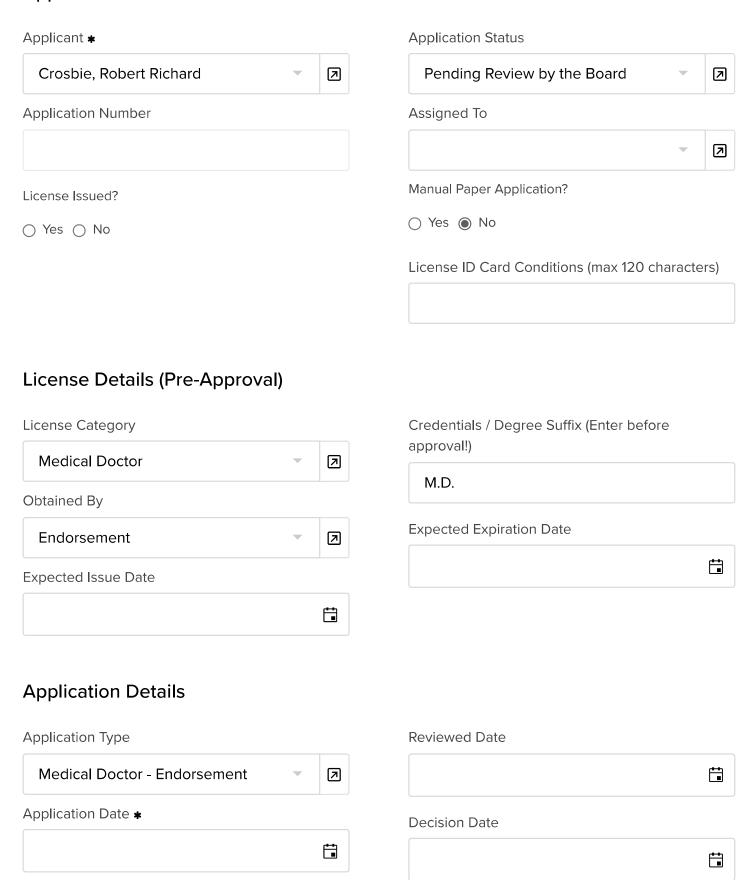
Demographic Details

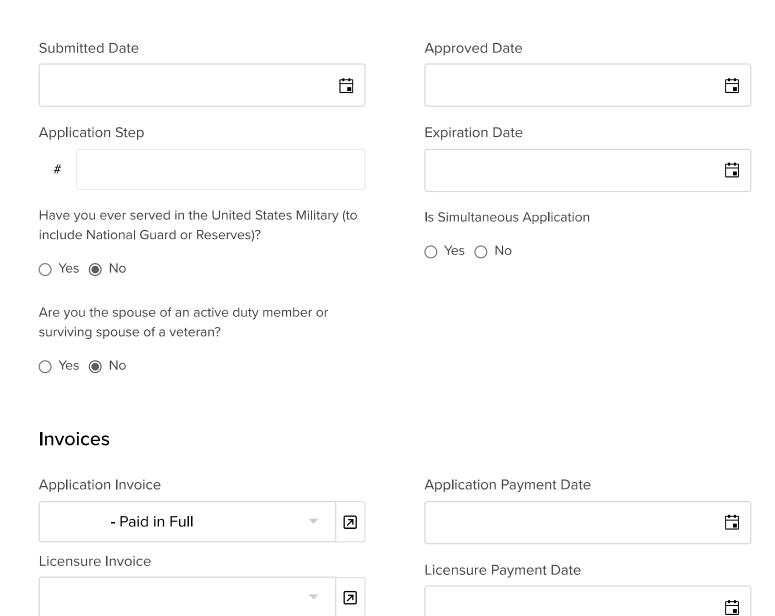
First Name	Gender	
Robert	Male	7
Middle Name	Date of Birth	·
Richard	-1985	:
Last Name *	Name Suffix	
Crosbie		
Previous Name(s)	City of Birth	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public information	ר)
-	Public Information	
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 in	nclude National Guard or Reserves)?
Yes 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
#	#
Public Address	
Street Address	ZIP / Postal Code
1000 E Bluff View Dr	84780
Address Line 2	State / Province
Unit 80	Utah
City	Country
Washington	United States
County	Is your physical address different from your mailing address?
Washington	Yes No
	Public Phone
	# (435) 770-2828
Mailing Address	
Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	County (Mailing)

Application Status





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.

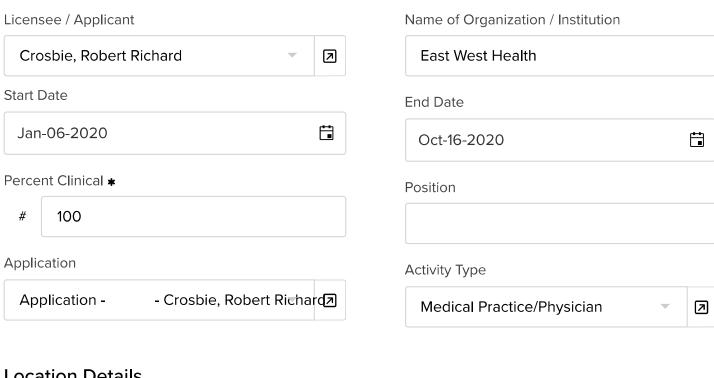
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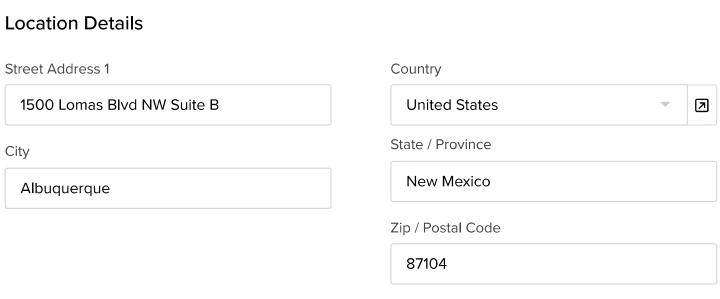
Yes ○ No

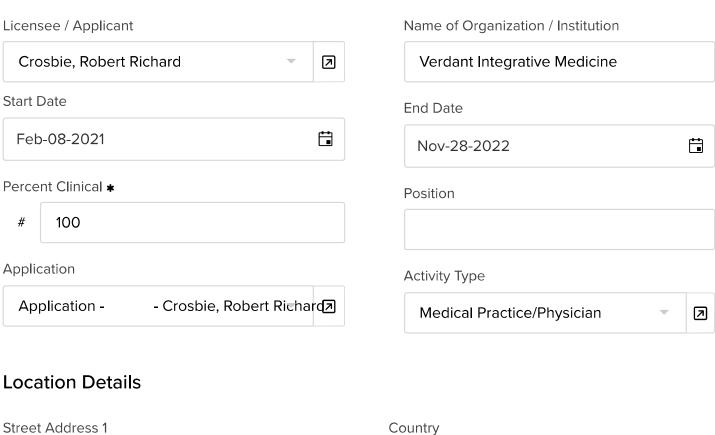
In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Activities

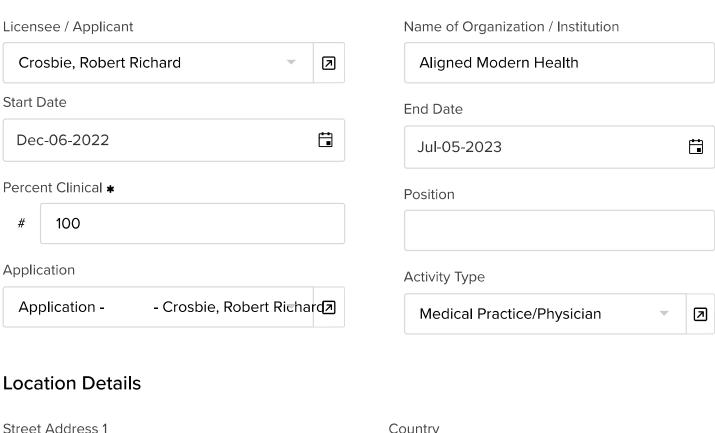
Licensee / Applicant	Name of Organization / Institution	Start Date ↑ ▼	End Date T	Percent Clinical
Robert Crosbie	East West Health	Jan-06-2020	Oct-16-2020	100
Robert Crosbie	Verdant Integrative Medicine	Feb-08-2021	Nov-28-2022	100
Robert Crosbie	Aligned Modern Health	Dec-06-2022	Jul-05-2023	100
Robert Crosbie	WholeHealth Chicago	Aug-07-2023	Jul-05-2024	100
Robert Crosbie	Quantum Health	Jun-03-2024	Jan-08-2025	100



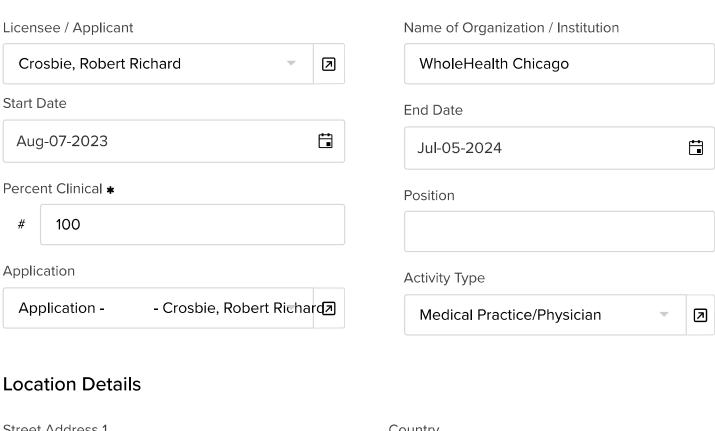


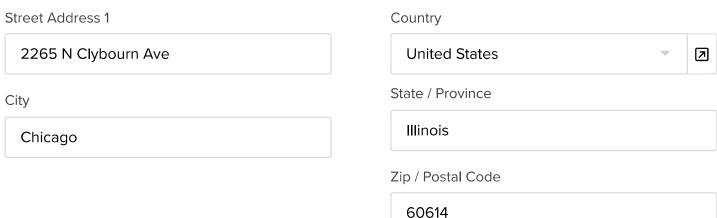


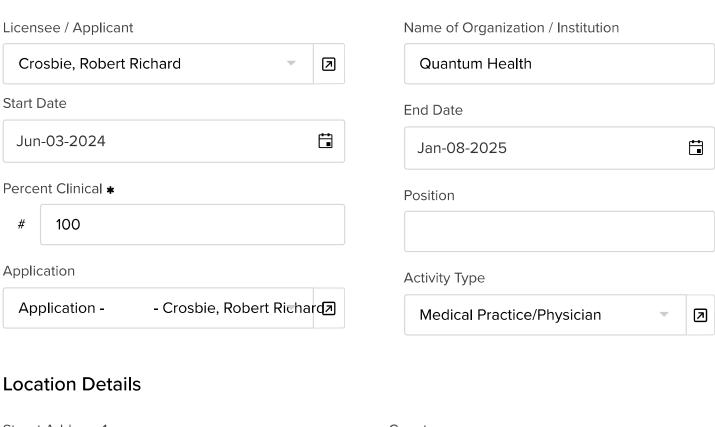


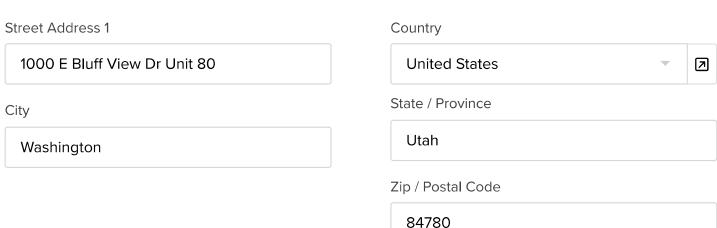












Declarations

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

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduat
Crosbie, Robert Richard	Undergraduate	University of Utah	Bachelor of Arts	Aug-21-2006	Dec-16-2011	Dec-16-2
Crosbie, Robert Richard	Graduate	University of Utah	Master's Degree	Jan-12-2012	Aug-02-2013	Aug-02-
Crosbie, Robert Richard	Medical School	University of Utah School of Medicine	Medical Doctor Degree	Aug-12-2013	May-19-2017	May-19-2

Education Details

Licensee/Applicant *		Name of School	
Crosbie, Robert Richard	7	University of Utah	
Address		Education Type	
			~ 7
City		Degree Attained	
Salt Lake City			→
State / Province		Date From	
Utah		Aug-21-2006	
Zip / Postal Code		Date To	
		Dec-16-2011	=
Country		Did you graduate from the program?	
United States	7		
Application		Graduation Date	
Application Crosbie, Robert Richar	TQ	Dec-16-2011	=
Specialty Type		Major Program	
~	7		

Education Details

Licensee/Applicant *		Name of School		
Crosbie, Robert Richard	7	University of Utah		
Address		Education Type		
		Graduate	~	7
City		Degree Attained		
Salt Lake City		Master's Degree	•	7
State / Province		Date From		
Utah		Jan-12-2012		
Zip / Postal Code		Date To		
		Aug-02-2013		
Country		Did you graduate from the program?		
United States	7			
Application		Graduation Date		
Application Crosbie, Robert Richa	rd⊅	Aug-02-2013		
Specialty Type		Major Program		
	7			

Education Details

Licensee/Applicant *		Name of School	
Crosbie, Robert Richard	7	University of Utah School of Medicine	
Address		Education Type	
		Medical School	7
City		Degree Attained	
Salt Lake City		Medical Doctor Degree	7
State / Province		Date From	
Utah		Aug-12-2013	
Zip / Postal Code		Date To	
		May-19-2017	
Country		Did you graduate from the program?	
United States	7		
Application		Graduation Date	
Application Crosbie, Robert Richa	ırd⊅	May-19-2017	
Specialty Type		Major Program	
_	7		

Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	Jun-25-2015
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	Jul-13-2016
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	Aug-28-2016
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	Mar-26-2018
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	May-17-2019

Licensee / Applicant *	Examination Type
Crosbie, Robert Richard	United States Medical Licensing Examination (USML日)
Attended Date	Other Exam
Jun-25-2015	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application Crosbie, Robert Richard	Step 1
Location	Certificate Number
Salt Lake City, Utah	
Result	Exam Date
211	
	Expiration Date
	ä

Licensee / Applicant ★	Examination Type
Crosbie, Robert Richard	United States Medical Licensing Examination (USML日)
Attended Date	Other Exam
Jul-13-2016	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application Crosbie, Robert Richard	Step 2 (CS)
Location	Certificate Number
Los Angeles, CA	
Result	Exam Date
PASS	±++ -
	Expiration Date
	±==

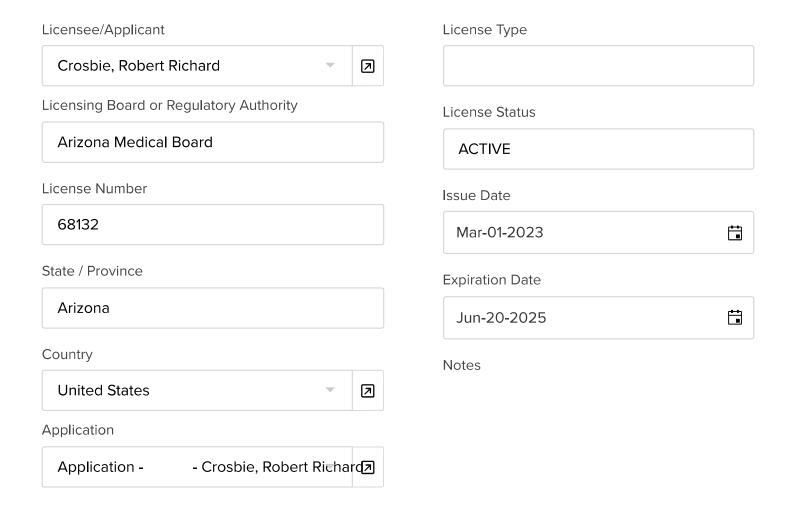
Licensee / Applicant *	Examination Type
Crosbie, Robert Richard	团 United States Medical Licensing Examination (USML时)
Attended Date	Other Exam
Aug-28-2016	
Number of Attempts	Are you currently certified?
# 1	
Application	Steps
Application Crosbie, Robert Richard	Step 2 (CK)
Location	Certificate Number
Salt Lake City, UT	
Result	Exam Date
215	
	Expiration Date
	<u></u>

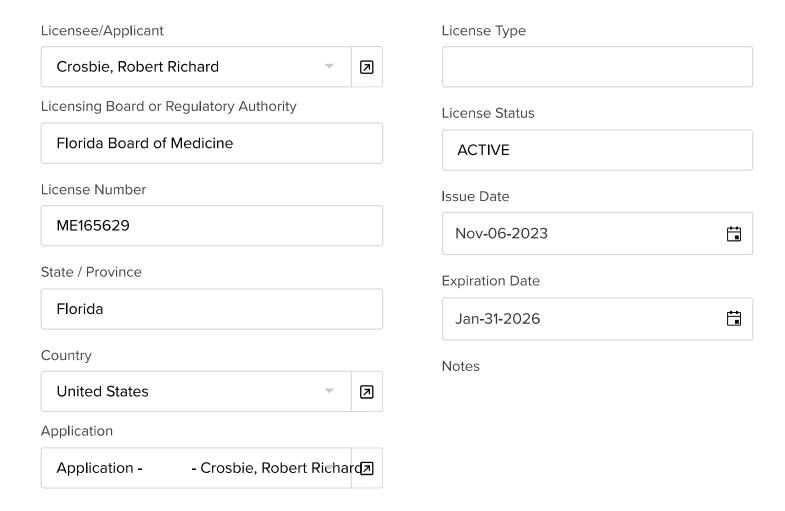
Licensee / Applicant *	Examination Type
Crosbie, Robert Richard	United States Medical Licensing Examination (USML日)
Attended Date	Other Exam
Mar-26-2018	
Number of Attempts	Are you currently certified?
# 2	○ Yes ○ No
Application	Steps
Application Crosbie, Robert Richard	3
Location	Certificate Number
Result	Exam Date
193	
	Expiration Date

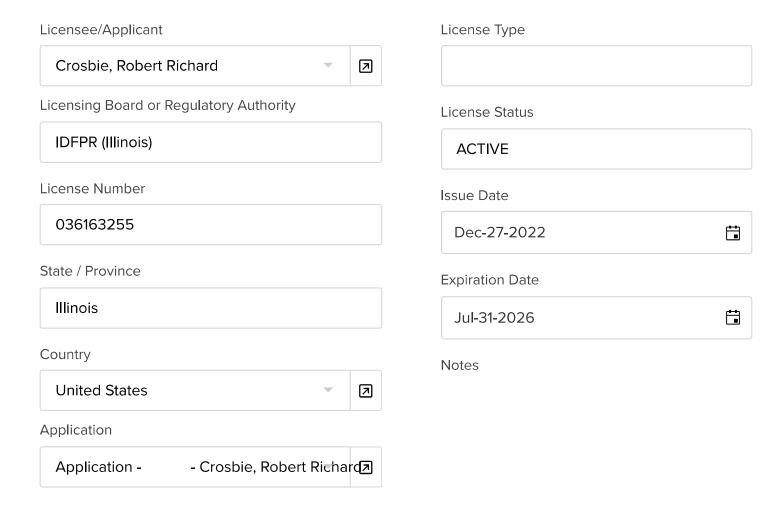
Licensee / Applicant *	Examination Type
Crosbie, Robert Richard	United States Medical Licensing Examination (USML日)
Attended Date	Other Exam
May-17-2019	
Number of Attempts	Are you currently certified?
# 2	○ Yes ○ No
Application	Steps
Application Crosbie, Robert Richard	Step 3
Location	Certificate Number
Albuquerque, NM	
Result	Exam Date
204	
	Expiration Date

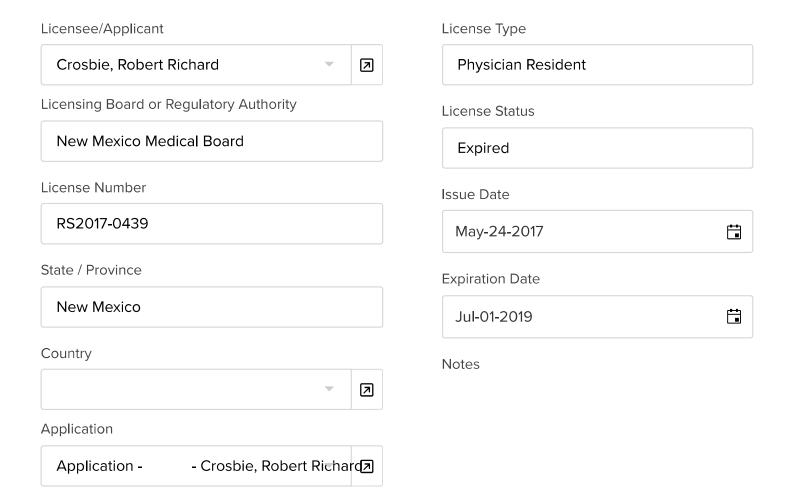
Other Licenses

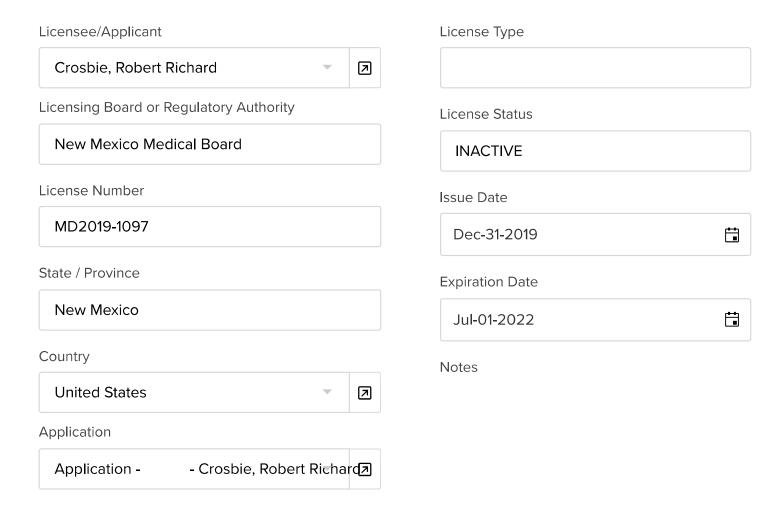
Licensee/Applicant ▼	License Number	License Type T	Issue Date	Expiration Date	State / Province †
Crosbie, Robert Richard	68132	N/A	Mar-01-2023	Jun-20-2025	Arizona
Crosbie, Robert Richard	ME165629	N/A	Nov-06-2023	Jan-31-2026	Florida
Crosbie, Robert N/A	036163255	N/A	Dec-27-2022	Jul-31-2026	Illinois
Crosbie, Robert Richard	RS2017-0439	Physician Resident	May-24-2017	Jul-01-2019	New Mexico
Robert Crosbie	MD2019-1097	N/A	Dec-31-2019	Jul-01-2022	New Mexico
Robert Crosbie	11809435-1205	N/A	Jun-11-2020	Jan-31-2026	Utah

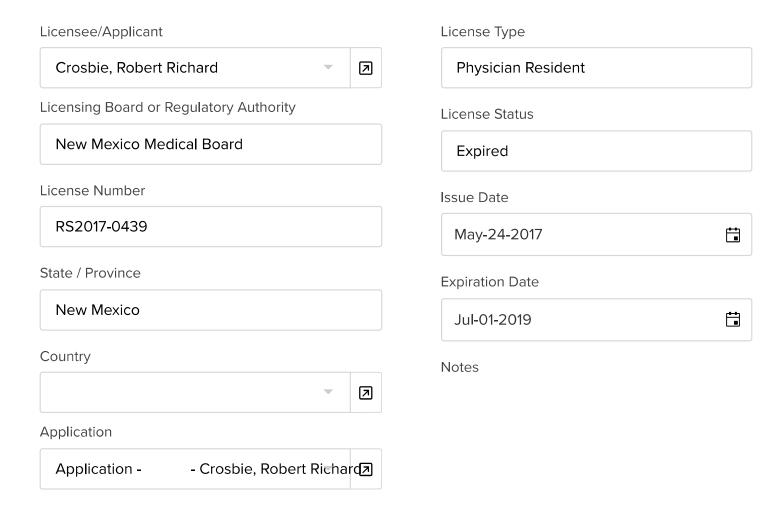


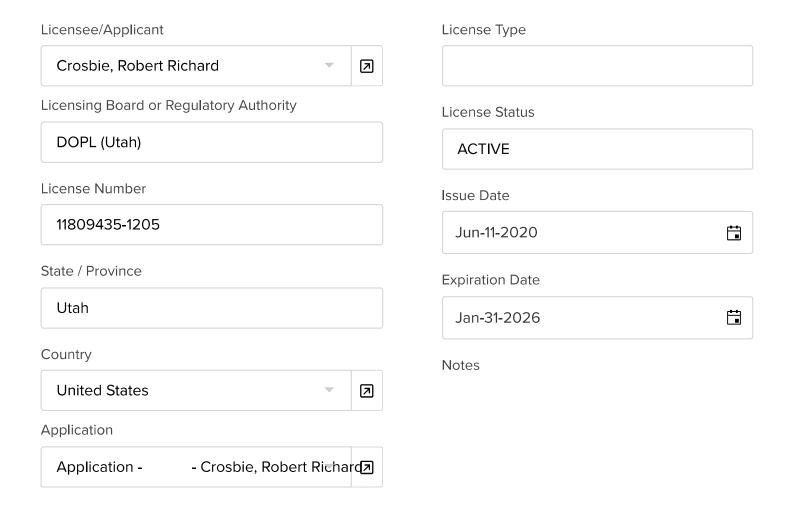












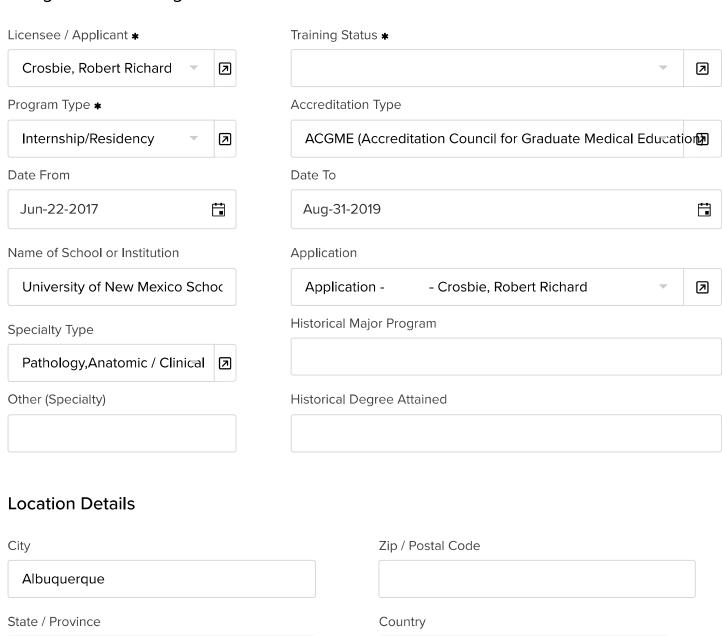
Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From 🔻	Date To ↑ ▼	Program Type
Crosbie, Robert Richard	University of New Mexico School of Medicine	Pathology,Anatomic / Clinical	Jun-22-2017	Aug-31-2019	Internship/Residency

Postgraduate Training Details

New Mexico

County



United States

Street Address 1

7

7

Specialties

Licensee / Applicant	*	Specialty Type	T	Primary Specialty?	~	Effective Date	~	End Date
Crosbie, Robert Richard		General Practice		Yes		Jan-23-2025		N/A

Specialty Details

