Demographic Details

First Name

Maurice

Middle Name

Last Name *

Beer

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

Gender

Male

Date of Birth

-1947

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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?

○ 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

240 E 54th St

Address Line 2

City

New York

County

New York

ZIP / Postal Code

10022

State / Province

New York

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(888) 320-1699

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

Beer, Maurice N/A

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

Nat. Boards

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Active

Application Date *

Reviewed Date

Decision Date

Submitted Date

Approved Date

Application Step

#

Expiration Date

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

Yes No

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

Application Payment Date

Licensure Invoice

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

Board Certifications

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
Beer, Maurice N/A	American Board	N/A	Internal Medicine	Jun-16-1976	N/A

Board Certification Details

Licensee / Applicant

Beer, Maurice N/A

Specialty

Internal Medicine

Certifying Board

American Board

Other Certifying Board

Initial Certification Date

Jun-16-1976

Recertification Date

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - - Beer, Maurice N/A

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Beer, Maurice N/A	Center for Comprehensive Health Practice	Jul-01-1976	Sep-30-1978	100
Beer, Maurice N/A	Metropolitan Hospital Center	Sep-01-1978	Jul-31-1980	100
Beer, Maurice N/A	NYU Rory Meyers College of Nursing	Jan-01-2008	Dec-31-2023	100
Beer, Maurice N/A	Integrative Medical NY, LLC	Sep-01-1981	Dec-31-2023	100
Beer, Maurice N/A	NutriDrip	Oct-01-2014	Jan-20-2025	100

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Center for Comprehensive Health Practice

Start Date

Jul-01-1976

End Date

Sep-30-1978

Percent Clinical *

100

Position

Application

Application - - Beer, Maurice N/A

Activity Type

Location Details

Street Address 1

1900 2nd Ave

Country

City

New York

State / Province

New York

Zip / Postal Code

10029

Application Activity Details

Licensee / Applicant

Beer, Maurice N/A

Name of Organization / Institution

Metropolitan Hospital Center

Start Date

Sep-01-1978

End Date

Jul-31-1980

Percent Clinical *

100

Position

Application

Application - - Beer, Maurice N/A

Activity Type

Employment

Location Details

Street Address 1

1901 1St Ave

Country

United States

City

New York

State / Province

New York

Zip / Postal Code

10029

Application Activity Details

Licensee / Applicant

Beer, Maurice N/A

Name of Organization / Institution

NYU Rory Meyers College of Nursing

Start Date

Jan-01-2008

End Date

Dec-31-2023

Percent Clinical *

100

Position

Application

Application - - Beer, Maurice N/A

Activity Type

Employment

Location Details

Street Address 1

433 1st Avenue

Country

United States

City

New York

State / Province

New York

Zip / Postal Code

10010

Application Activity Details

Licensee / Applicant

Beer, Maurice N/A

Name of Organization / Institution

Integrative Medical NY, LLC

Start Date

Sep-01-1981

End Date

Dec-31-2023

Percent Clinical *

100

Position

Application

Application - - Beer, Maurice N/A

Activity Type

Employment

Location Details

Street Address 1

200 W 57th St #200

Country

United States

City

New York

State / Province

New York

Zip / Postal Code

10019

Application Activity Details

Licensee / Applicant

Beer, Maurice N/A

Name of Organization / Institution

NutriDrip

Start Date

Oct-01-2014

End Date

Jan-20-2025

Percent Clinical *

100

Position

Application

Application - - Beer, Maurice N/A

Activity Type

Employment

Location Details

Street Address 1

240 E 54th St

Country

United States

City

New York

State / Province

New York

Zip / Postal Code

10022

Declarations

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

Declaration

Licensee/Applicant

Beer, Maurice N/A

Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action

Answer

(•) Yes ( ) No

Answer Details

Ordinal

5

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To

Application

Application - - Beer, Maurice N/A

Renewal

Declaration

Licensee/Applicant

Beer, Maurice N/A

Declaration Question

ALL – Q6 – Malpractice Claim Paid

Answer

(•) Yes ( ) No

Answer Details

Ordinal

6

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To

Application

Application - - Beer, Maurice N/A

Renewal

Declaration

Licensee/Applicant

Beer, Maurice N/A

Declaration Question

MD, Previously applied for licensure in Nevada.

Answer

(•) Yes ( ) No

Answer Details

Ordinal

8

Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)

Related To

Application

Application - - Beer, Maurice N/A

Renewal

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Da
Beer, Maurice N/A	Medical School	New York Medical College	Medical Doctor Degree	Sep-08-1969	Jun-05-1973	Jun-05-1973

Education Details

Licensee/Applicant *

Beer, Maurice N/A

Address

40 Sunshine Cottage Rd

City

Valhalla

State / Province

New York

Zip / Postal Code

10595

Country

United States

Application

Application - - Beer, Maurice N/A

Specialty Type

Name of School

New York Medical College

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Sep-08-1969

Date To

Jun-05-1973

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

Jun-05-1973

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date
Beer, Maurice N/A	National Board of Medical Examiners (NBME)	Jun-15-1971
Beer, Maurice N/A	National Board of Medical Examiners (NBME)	Apr-10-1973
Beer, Maurice N/A	National Board of Medical Examiners (NBME)	Mar-06-1974

Examination Details

Licensee / Applicant *

Beer, Maurice N/A

Attended Date

Jun-15-1971

Number of Attempts

1

Application

Application - - Beer, Maurice N/A

Location

New York

Result

520

Examination Type

National Board of Medical Examiners (NBME)

Other Exam

Are you currently certified?

Yes No

Steps

Part 1

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Beer, Maurice N/A

Attended Date

Apr-10-1973

Number of Attempts

1

Application

Application - - Beer, Maurice N/A

Location

New York

Result

635

Examination Type

National Board of Medical Examiners (NBME)

Other Exam

Are you currently certified?

Yes No

Steps

Part 2

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Beer, Maurice N/A

Attended Date

Mar-06-1974

Number of Attempts

1

Application

Application - - Beer, Maurice N/A

Location

New York

Result

625

Examination Type

National Board of Medical Examiners (NBME)

Other Exam

Are you currently certified?

Yes No

Steps

Part 3

Certificate Number

Exam Date

Expiration Date

Hospitals

Licensee / Applicant	Name of Organization	Start Date	End Date
Maurice Beer	The Mount Sinai Hospital	Jul-01-2010	Jan-20-2025

Hospital Details

Licensee / Applicant

Beer, Maurice N/A

Name of Organization

The Mount Sinai Hospital

Application

Application - - Beer, Maurice N/A

Start Date

Jul-01-2010

End Date

Jan-20-2025

Address Details

Street Address Line 1

1468 Madison Ave

State / Province

New York

Street Address Line 2

ZIP / Postal Code

10029

City

New York

Country

United States

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Beer, Maurice N/A	61907	N/A	Sep-12-2018	Jul-31-2025	Connecticut
Beer, Maurice N/A	25MA08422900	N/A	Jun-18-2008	Jun-30-2009	New Jersey
Beer, Maurice N/A	121147	N/A	Aug-19-1974	Jun-30-2026	New York

Other License Details

Licensee/Applicant

Beer, Maurice N/A

Licensing Board or Regulatory Authority

Connecticut Medical Examining Board

License Number

61907

State / Province

Connecticut

Country

United States

Application

Application - - Beer, Maurice N/A

License Type

License Status

Active

Issue Date

Sep-12-2018

Expiration Date

Jul-31-2025

Notes

Other License Details

Licensee/Applicant

Beer, Maurice N/A

Licensing Board or Regulatory Authority

New Jersey

License Number

25MA08422900

State / Province

New Jersey

Country

Application

Application - - Beer, Maurice N/A

License Type

License Status

Issue Date

Jun-18-2008

Expiration Date

Jun-30-2009

Notes

Other License Details

Licensee/Applicant

Beer, Maurice N/A

Licensing Board or Regulatory Authority

New York State Board for Medicine

License Number

121147

State / Province

New York

Country

United States

Application

Application - - Beer, Maurice N/A

License Type

License Status

Active

Issue Date

Aug-19-1974

Expiration Date

Jun-30-2026

Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
Beer, Maurice N/A	New York Medical College (Metropolitan)	Internal Medicine	Jul-01-1973	Jun-30-1976	Internship/Residency

Postgraduate Training Details

Licensee / Applicant *

Beer, Maurice N/A

Training Status *

Program Type *

Accreditation Type

Date From

Jul-01-1973

Date To

Jun-30-1976

Name of School or Institution

New York Medical College (Metropolitan)

Application

Specialty Type

Internal Medicine

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

New York

Zip / Postal Code

10029

State / Province

New York

Country

County

Street Address 1

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Beer, Maurice N/A	Internal Medicine	Yes	Jan-20-2025	N/A

Specialty Details

Licensee / Applicant *

Beer, Maurice N/A

Specialty Type *

Internal Medicine

Effective Date

Jan-20-2025

Other (Specialty)

Application

Application - - Beer, Maurice N/A

End Date

Primary Specialty?

(•) Yes ( ) No