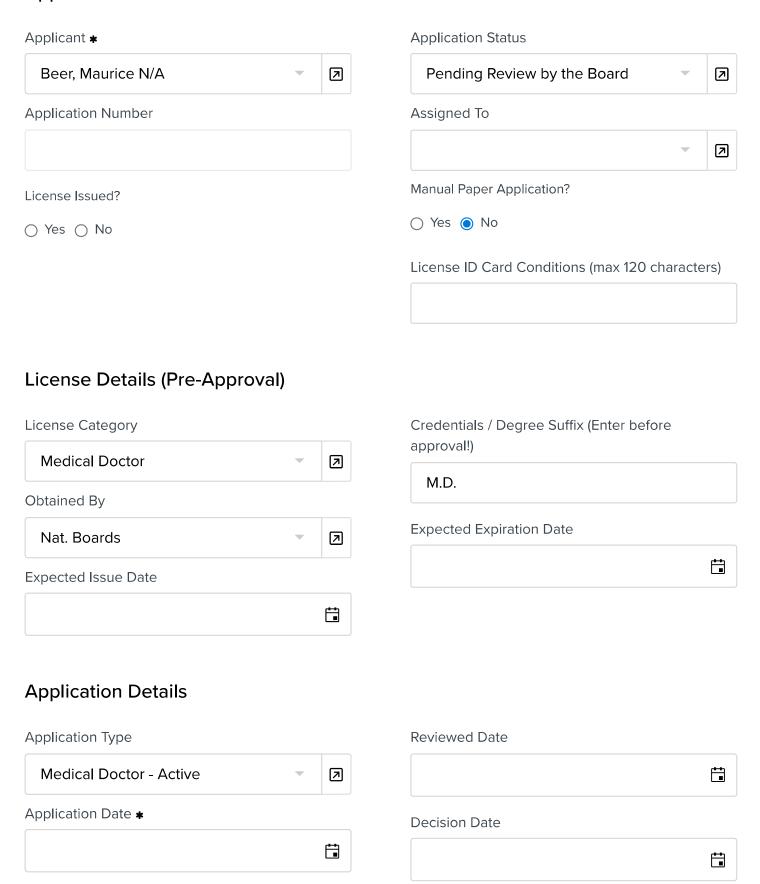
Demographic Details

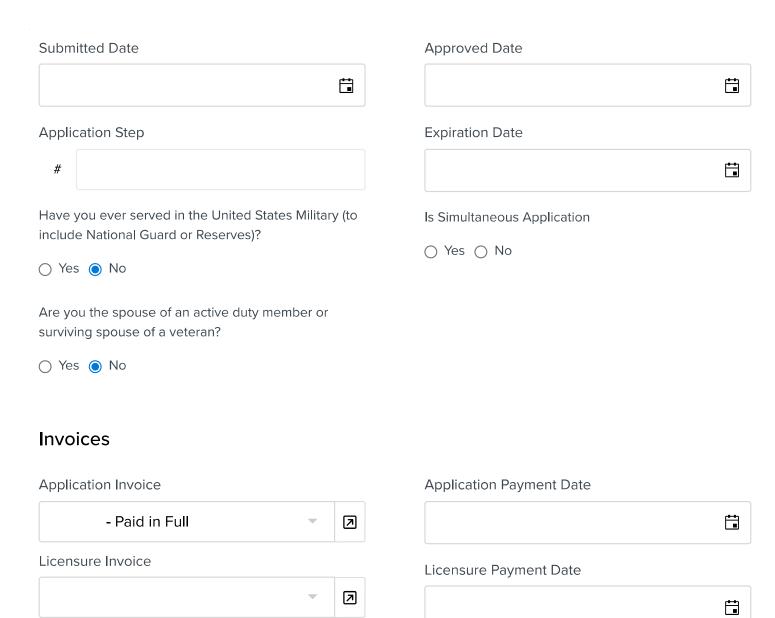
First Name	Gender			
Maurice	Male		~	7
Middle Name	Date of Birth			
	-194	7		
Last Name *	Name Suffix			
Beer				
Previous Name(s)	City of Birth			
Social Security Number	Place of Birth	1		
Tax Identification Number	Weight (in Ibs	5)		
Height	Eye Color			
Hair Color	Comments (r	non-public information)		
	Public Inform	ation		
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 ③ No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ Yes ○ No
	Date of SPL Issuance
	*** B
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
240 E 54th St	10022
Address Line 2	State / Province
	New York
City	Country
New York	United States
County	Is your physical address different from your mailing address?
New York	Yes \(\sigma\) No
	Public Phone
	# (888) 320-1699
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.

O Yes O 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.

O Yes O 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

7

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes ○ No

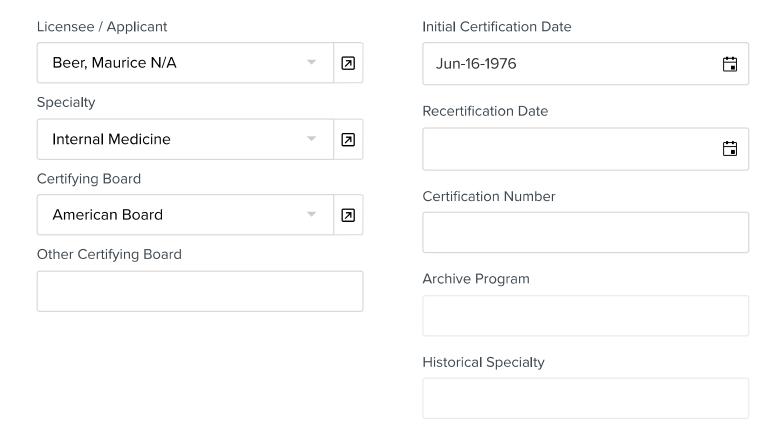
In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes ○ No

Board Certifications

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

Board Certification Details



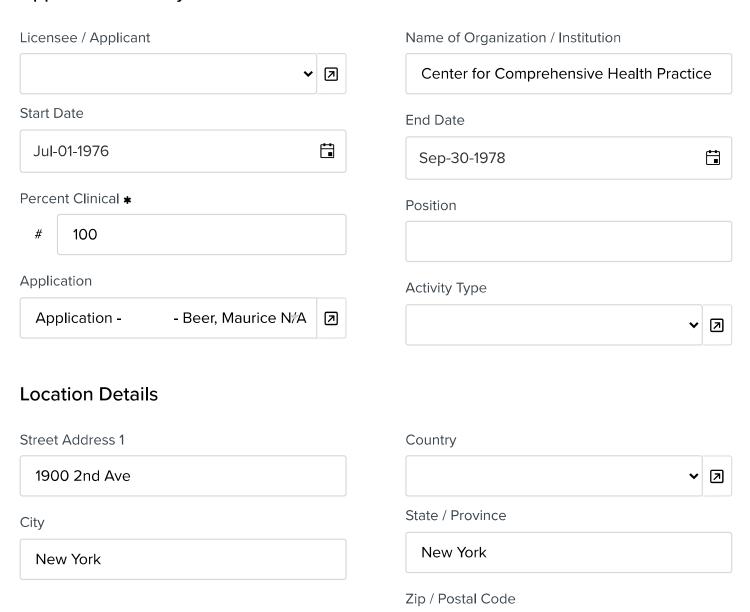
Connected Record

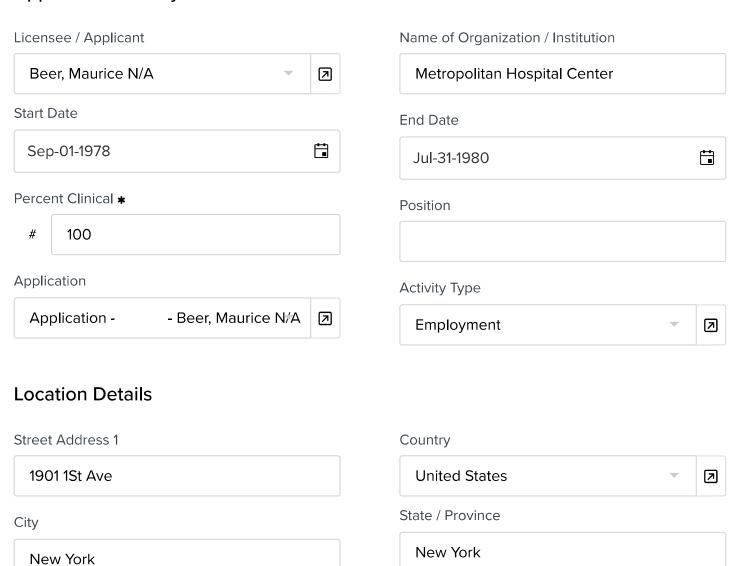
Application

Application - Beer, Maurice N/A

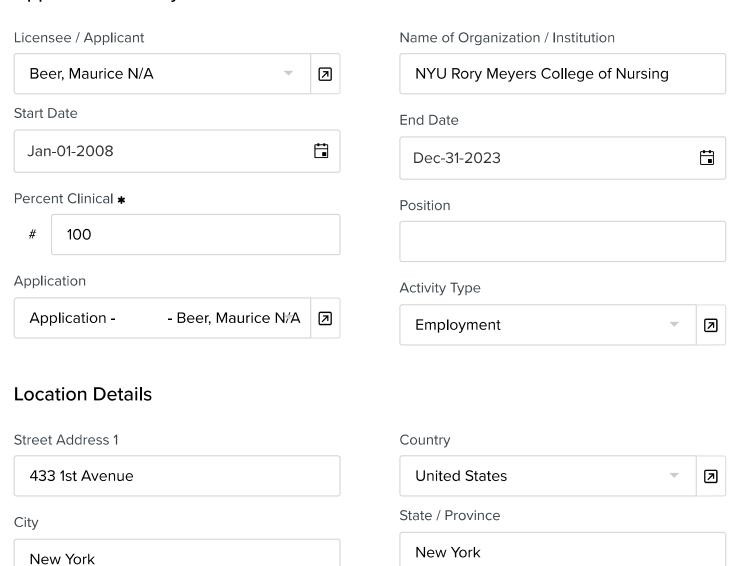
Activities

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

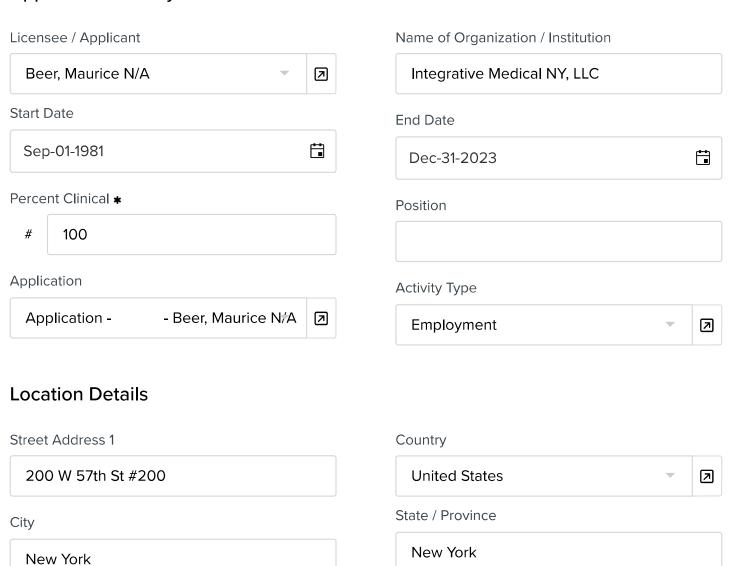




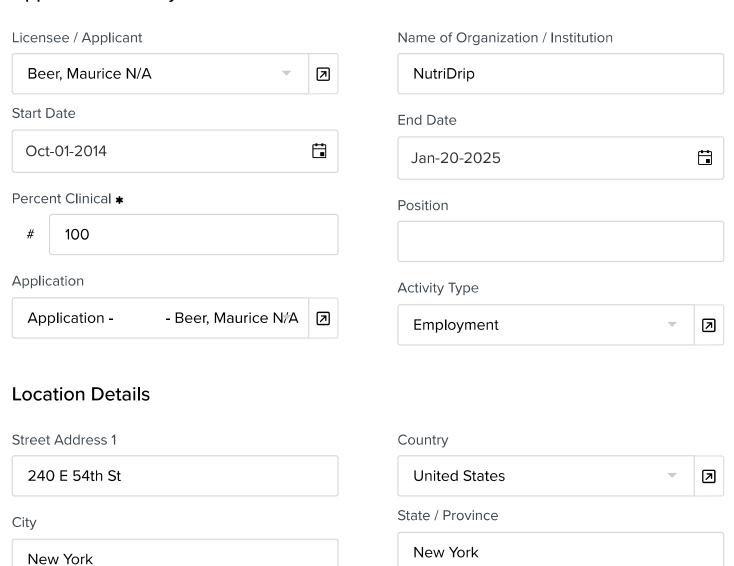
Zip / Postal Code



Zip / Postal Code



Zip / Postal Code



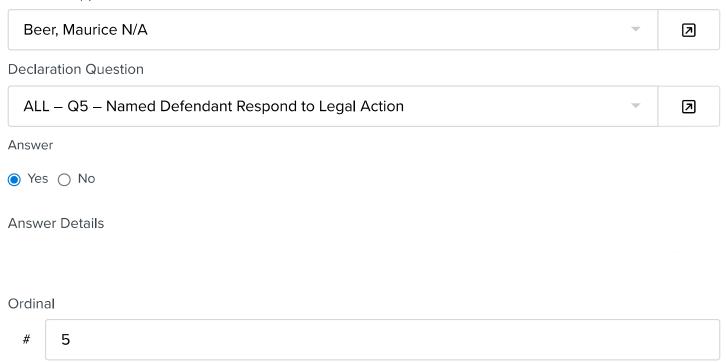
Zip / Postal Code

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



Declaration Text

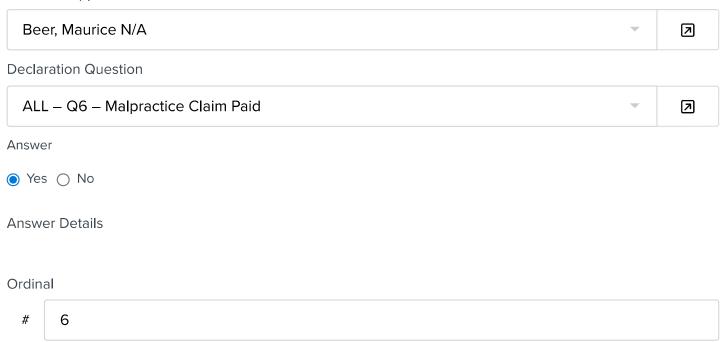
Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To



Declaration

Licensee/Applicant



Declaration Text

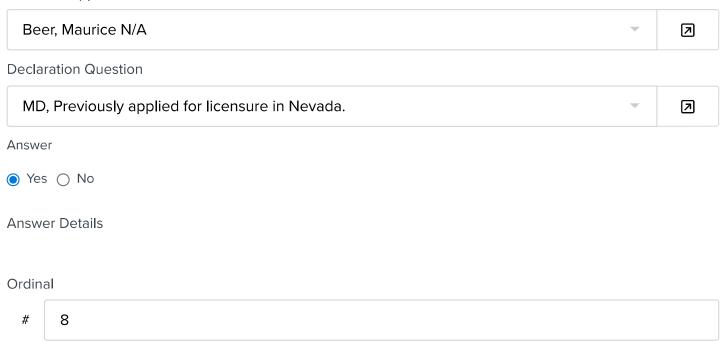
Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To



Declaration

Licensee/Applicant



Declaration Text

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

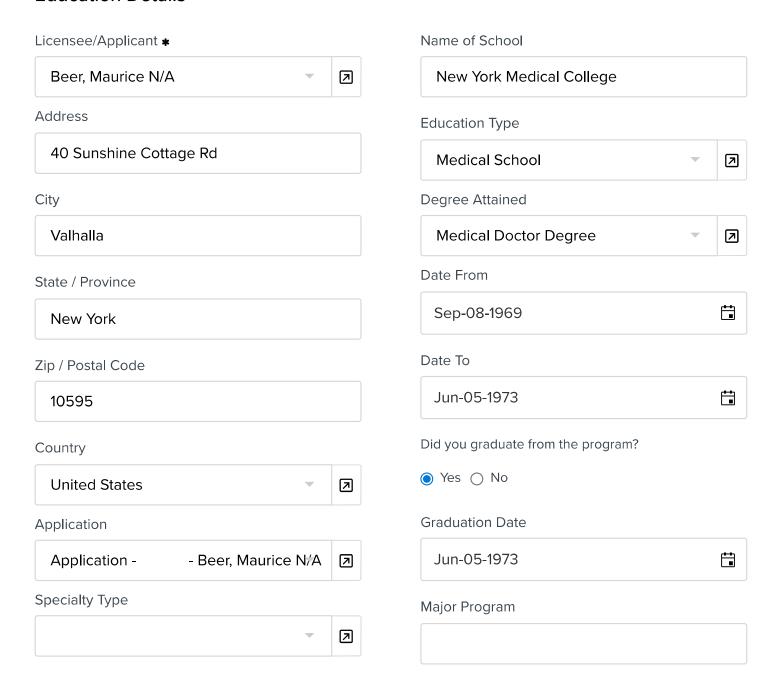
Related To



Education

Licensee/Applicant † • **T	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



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 *	Examination Type
Beer, Maurice N/A	National Board of Medical Examiners (NBMED
Attended Date	Other Exam
Jun-15-1971	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application - Beer, Maurice N/A	Part 1
Location	Certificate Number
New York	
Result	Exam Date
520	
	Expiration Date
	<u>+</u>

Examination Details

Licensee / Applicant *	Examination Type
Beer, Maurice N/A	National Board of Medical Examiners (NBMED
Attended Date	Other Exam
Apr-10-1973	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application - Beer, Maurice N/A	Part 2
Location	Certificate Number
New York	
Result	Exam Date
635	
	Expiration Date
	Ħ

Examination Details

Licensee / Applicant *	Examination Type
Beer, Maurice N/A	National Board of Medical Examiners (NBMED
Attended Date	Other Exam
Mar-06-1974	
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application Beer, Maurice N/A	Part 3
Location	Certificate Number
New York	
Result	Exam Date
625	
	Expiration Date
	<u>+-</u>

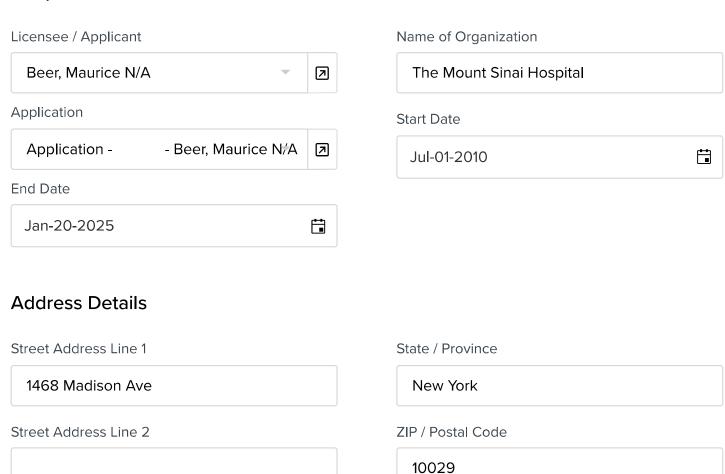
Hospitals

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

Hospital Details

City

New York



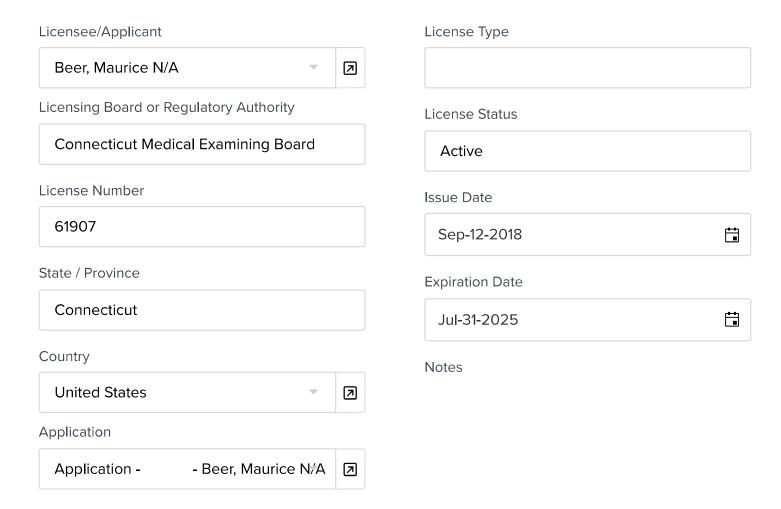
Country

United States

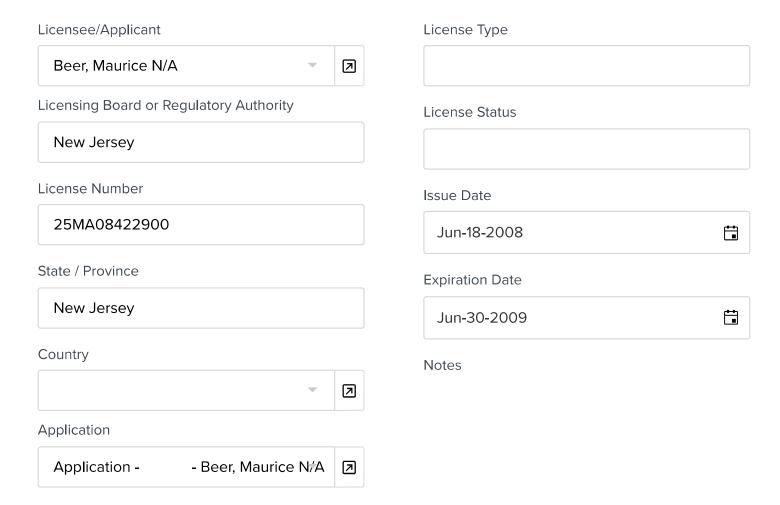
Other Licenses

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

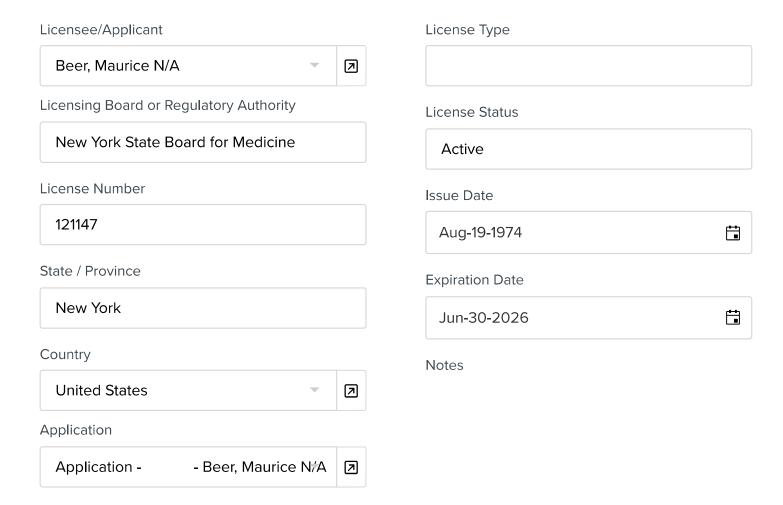
Other License Details



Other License Details



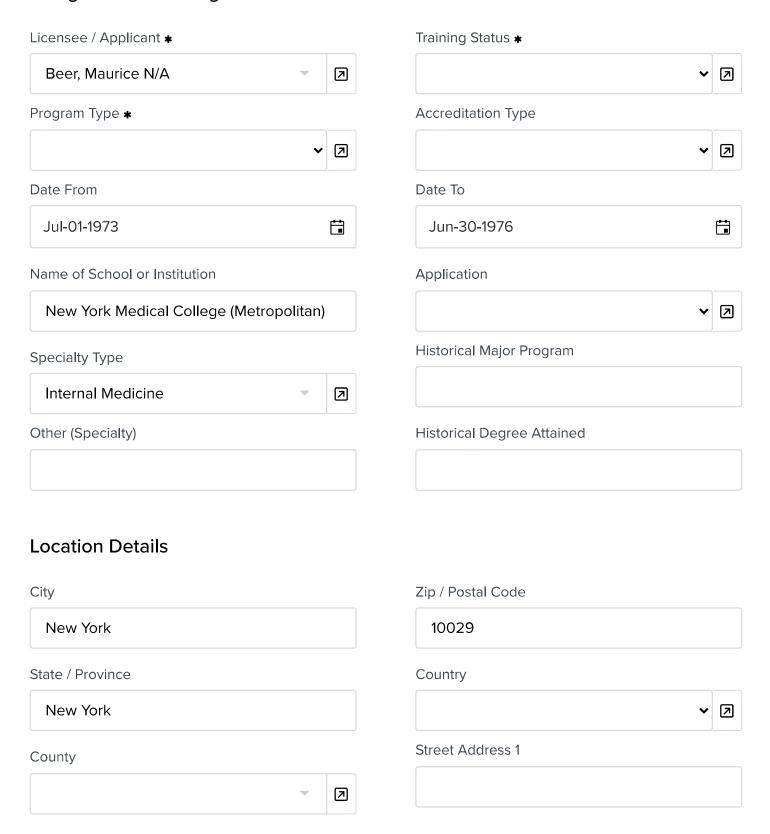
Other License Details



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



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

