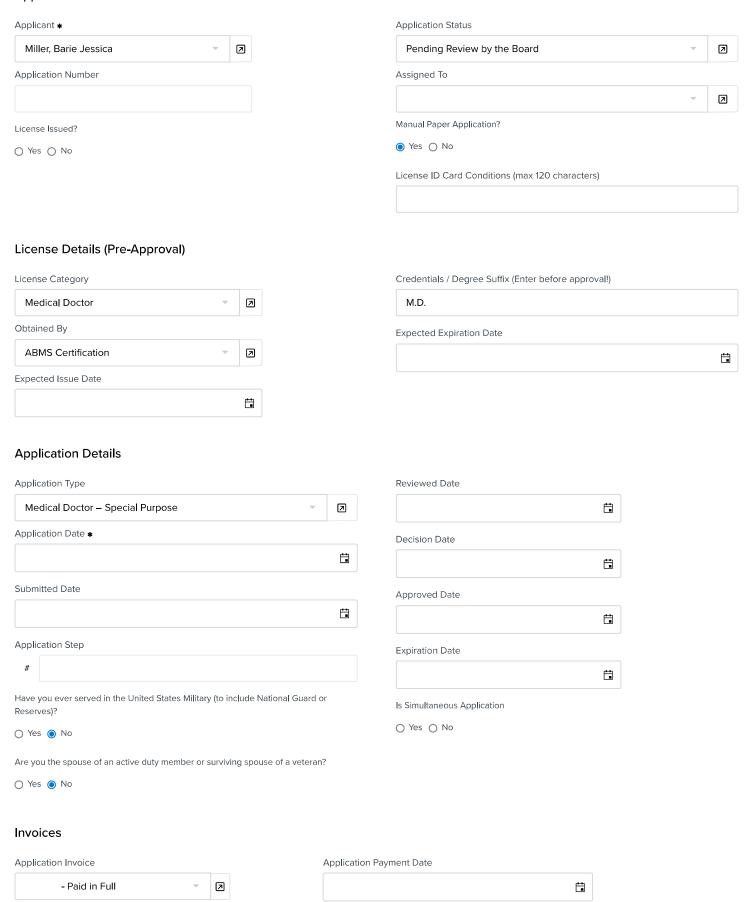
Demographic Details

First Name		Gender	
Barie		Female	7
Middle Name		Date of Birth	
Jessica		-1986	ä
Last Name *		Name Suffix	
Miller			
Previous Name(s)		City of Birth	
Barie Jessica Salmon			
Social Security Number		Place of Birth	
Tax Identification Number		Weight (in lbs)	
Height		Eye Color	
Hair Color		Comments (non-public information)	
		Public Information	
Is this person deceased?			
○ Yes ○ No			
Date Deceased			
	ä		
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 Gu	uard or Reserves)?		
○ Yes ● No			
Discipline / SPL			
Disciplinary Action?	SPL?		
○ Yes ○ No	○ Yes ○ No		
	Date of SPL Issuand	ce	
		ä	

Contact Information

Primary Phone	Secondary Phone
#	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
	7
Cell Phone	Fax #
#	*
Public Address	
Street Address	ZIP / Postal Code
550 1st Ave.	10016
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 ○ No
	Public Phone
	# (908) 721-6566
Mailing Address	
Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	Z
	County (Mailing)

Application Status



Licensure Invoice		Licensure Payment Date	
*	a		ä

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.

O Yes O 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.

O Yes O No

Child Support Attestation Type

Not subject to a court order

I have read this responsibility statement and understand that I alone am accountable

Z

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

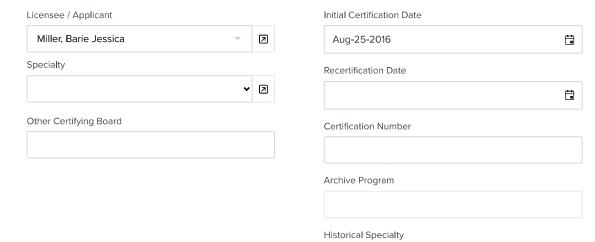
Yes ○ No

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.

O Yes O No

Board Certifications

Board Certification Details



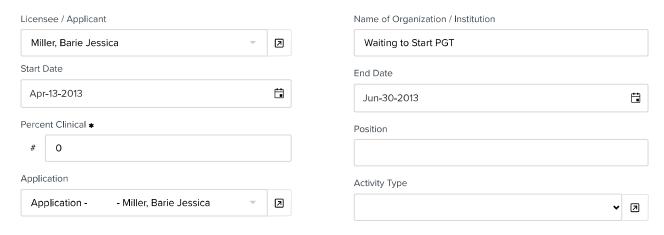
Connected Record

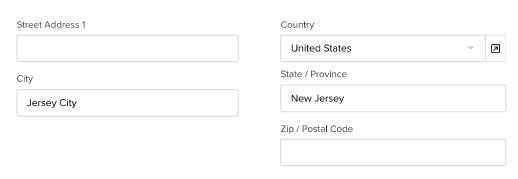


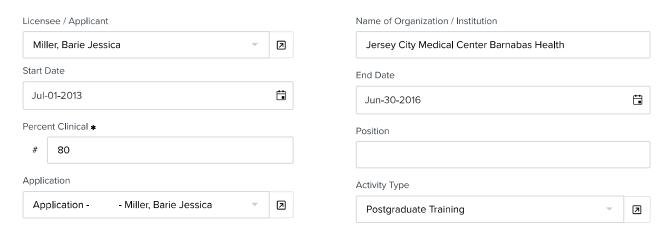


Activities

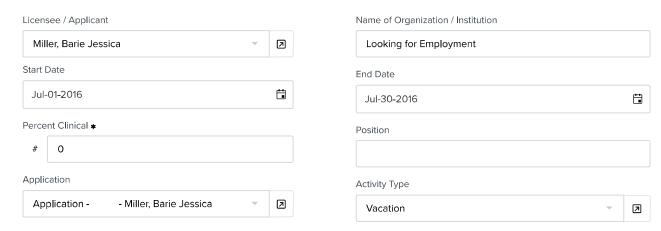
Licensee / Applicant	▼ Name of Organization / Institution	▼ Start Date ↑	▼ End Date	▼ Percent Clinical
Barie Miller	Waiting to Start PGT	Apr-13-2013	Jun-30-2013	0
Barie Miller	Jersey City Medical Center Barnabas Hea l th	Jul-01-2013	Jun-30-2016	80
Barie Miller	Looking for Employment	Jul-01-2016	Jul-30-2016	0
Miller, Barie Jessica	NYU Langone Health	Aug-01-2016	Jul-24-2025	80
Barie Miller	RWJ Barnabas Health Community Medical Center	Oct-01-2016	Jan-30-2019	80
Barie Miller	Premise Health	Jan-30-2019	Jan-31-2025	80



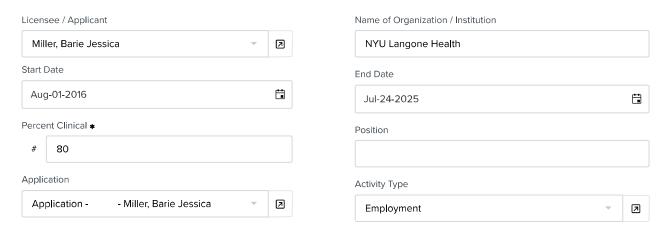


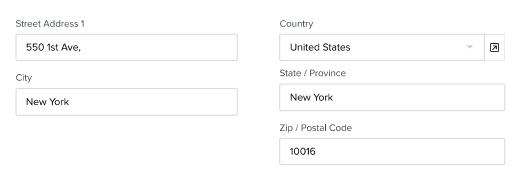


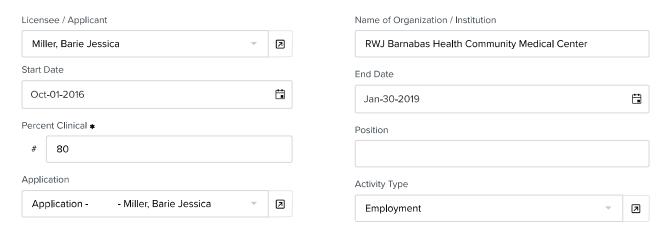


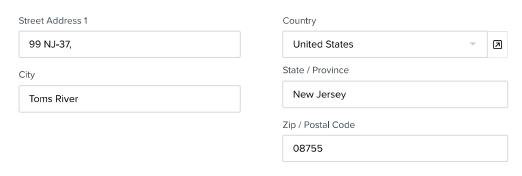


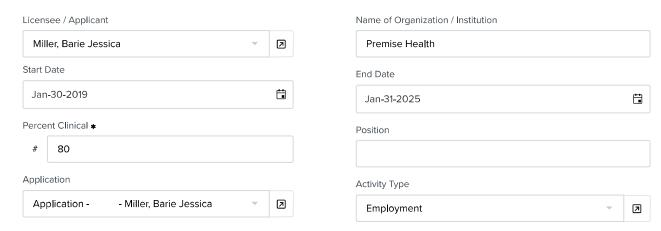
Street Address 1	Country	
	United States	~ 2
City	State / Province	
New York	New York	
	Zip / Postal Code	











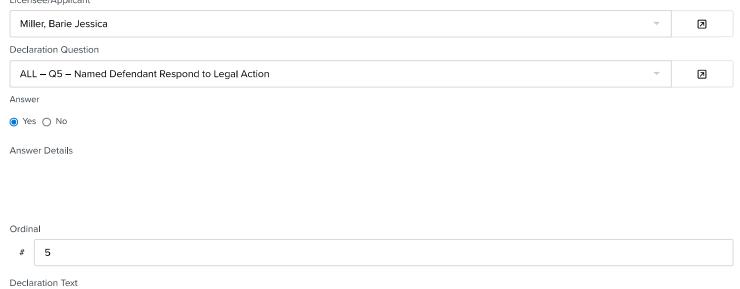


Declarations

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

Declaration

Licensee/Applicant

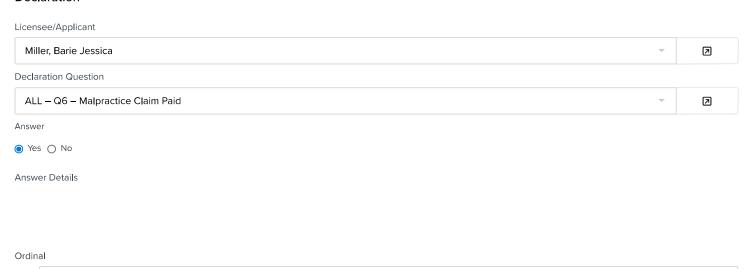


Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To



Declaration



Declaration Text

6

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



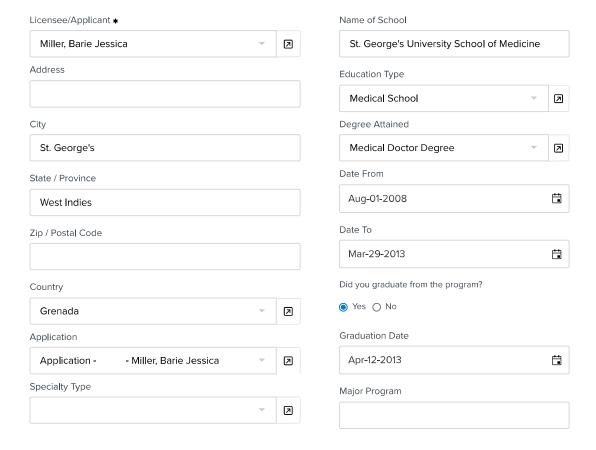
Education

Licensee/Applicant

The Education Type

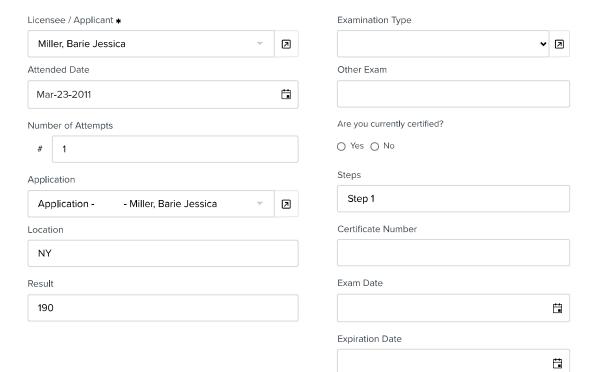
The Ed

Education Details



Examinations

Licensee / Applicant	Examination Type	▼ Attended Date † ▼
Miller, Barie Jessica	United States Medical Licensing Examination (USMLE)	Mar-23-2011
Miller, Barie Jessica	United States Medical Licensing Examination (USMLE)	Jul-07-2012
Miller, Barie Jessica	United States Medical Licensing Examination (USMLE)	Oct-11-2012
Miller, Barie Jessica	ECFMG	May-06-2013
Miller, Barie Jessica	United States Medical Licensing Examination (USMLE)	Aug-23-2015

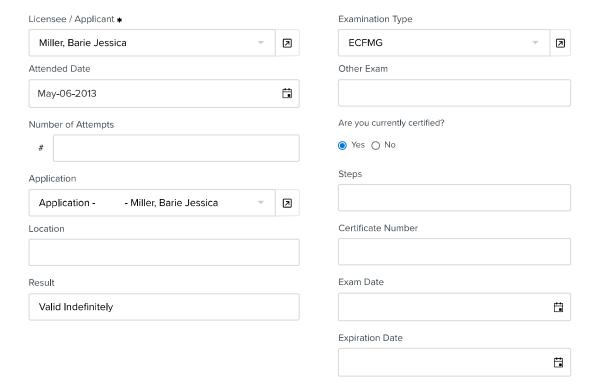


Licensee / Applicant *	
Miller, Barie Jessica	2
Attended Date	
Jul-07-2012	
Number of Attempts	
# 1	
Application	
Application Miller, Barie Jessica	7
Location	
PA	
Result	
Pass	

Examination type	
United States Medical Licensing Examination (USMLE)	7
Other Exam	
Are you currently certified?	
○ Yes ○ No	
Steps	
Step 2 CS	
Certificate Number	
Exam Date	
Expiration Date	
	:

Licensee / Applicant *	
Miller, Barie Jessica	7
Attended Date	
Oct-11-2012	
Number of Attempts	
# 1	
Application	
Application Miller, Barie Jessica	7
Location	
NY	
Result	
199	

Examination Type	
United States Medical Licensing Examination (USMLE)	7
Other Exam	
Are you currently certified?	
○ Yes ○ No	
Steps	
Step 2 CK	
Certificate Number	
Exam Date	
Expiration Date	



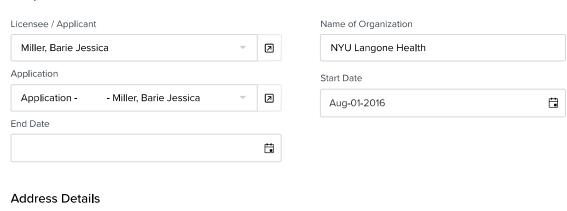
Licensee / Applicant *		
Miller, Barie Jessica	~	7
Attended Date		
Aug-23-2015		ä
Number of Attempts		
# 1		
Application		
Application Miller, Barie Jessica	~	7
Location		
NY		
Result		
199		

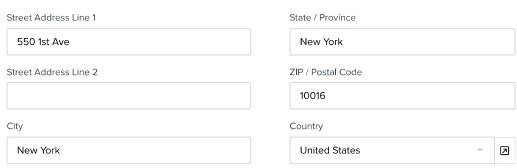
Examination Type	
United States Medical Licensing Examination (USMLE)	7
Other Exam	
Are you currently certified?	
○ Yes ○ No	
Steps	
Step 3	
Certificate Number	
Exam Date	
	ä
Expiration Date	
	ä

Hospitals

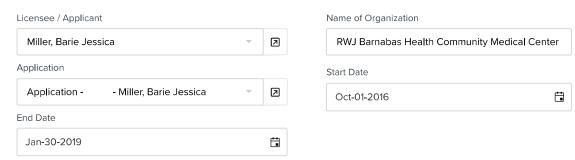
Licensee / Applicant	▼ Name of Organization ↑	▼ Start Date	▼ End Date
Barie Miller	NYU Langone Health	Aug-01-2016	N/A
Barie Miller	RWJ Barnabas Health Community Medical Center	Oct-01-2016	Jan-30-2019

Hospital Details

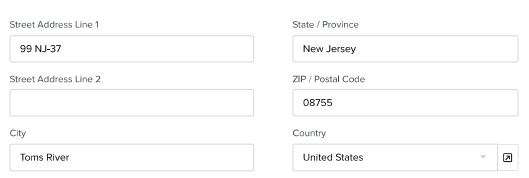




Hospital Details

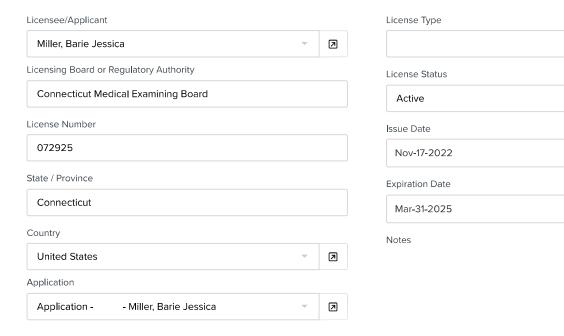


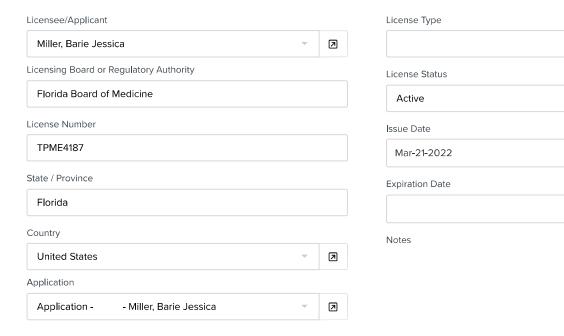
Address Details

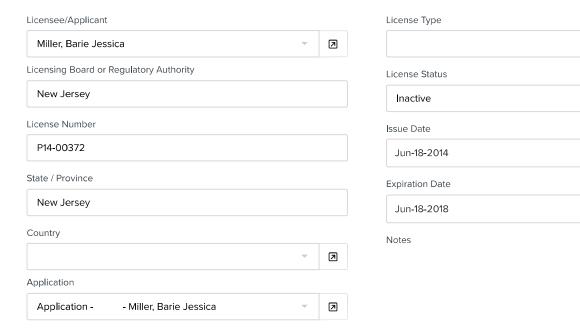


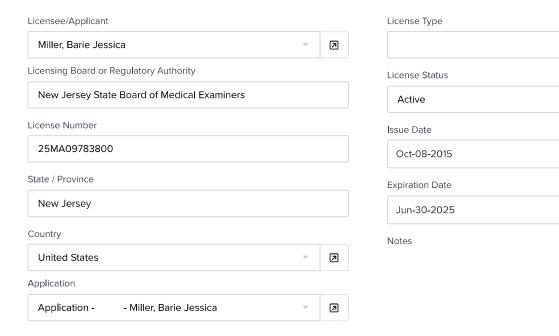
Other Licenses

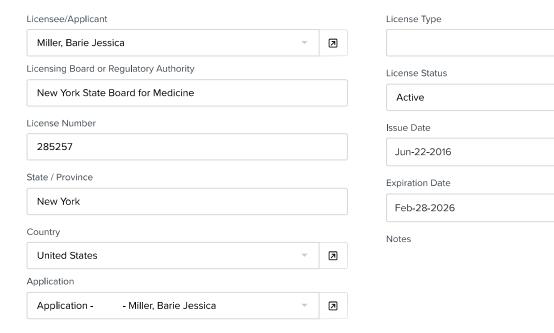
Licensee/Applicant	▼ License Number	T License Type	▼ Issue Date	T Expiration Date	' State / Province ↑
Miller, Barie Jessica	072925	N/A	Nov-17-2022	Mar-31-2025	Connecticut
Miller, Barie Jessica	TPME4187	N/A	Mar-21-2022	N/A	Florida
Miller, Barie Jessica	P14-00372	N/A	Jun-18-2014	Jun-18-2018	New Jersey
Miller, Barie Jessica	25MA09783800	N/A	Oct-08-2015	Jun-30-2025	New Jersey
Miller, Barie Jessica	285257	N/A	Jun-22-2016	Feb-28-2026	New York
Miller, Barie Jessica	MD480136	N/A	Feb-16-2023	Dec-31-2024	Pennsylvania

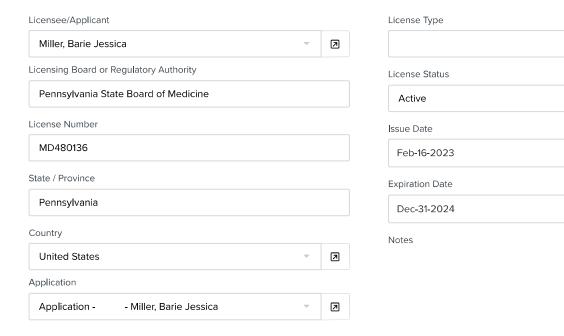








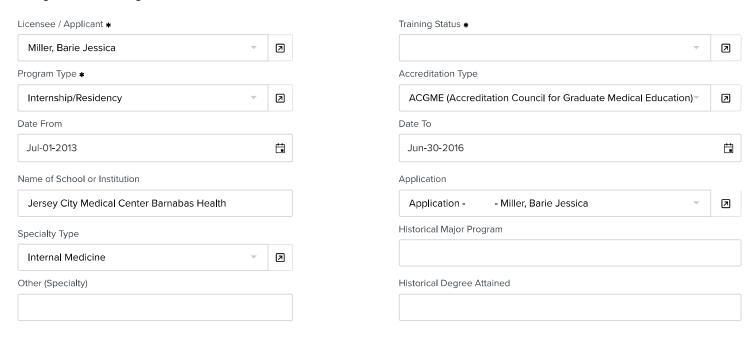


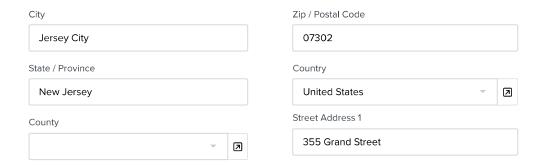


Postgraduate Training

Licensee / Applicant	Name of School or Institution	▼ Specialty Type	▼ Date From	▼ Date To ↑	▼ Program Type	
Miller, Barie Jessica	Jersey City Medical Center Barnabas Health	Internal Medicine	Jul-01-2013	Jun-30-2016	Internship/Residency	

Postgraduate Training Details





Specialties

Licensee / Applicant	T	Specialty Type	•	Primary Specialty?	▼	Effective Date	Ŧ	End Date
Miller, Barie Jessica		Internal Medicine		Yes		Aug-25-2016		N/A

Specialty Details

