Demographic Details

First Name

Barie

Middle Name

Jessica

Last Name *

Miller

Previous Name(s)

Barie Jessica Salmon

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

Female

Date of Birth

-1986

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

550 1st Ave.

ZIP / Postal Code

10016

Address Line 2

State / Province

New York

City

New York

Country

United States

County

New York

Is your physical address different from your mailing address?

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)

County (Mailing)

Application Status

Applicant *

Miller, Barie Jessica

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

ABMS Certification

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor – Special Purpose

Application Date *

Submitted Date

Application Step

#

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

Reviewed Date

Decision Date

Approved Date

Expiration Date

Is Simultaneous Application

○ 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
Miller, Barie Jessica	American Board	N/A	Internal Medicine	Aug-25-2016	N/A

Board Certification Details

Licensee / Applicant

Miller, Barie Jessica

Specialty

Other Certifying Board

Initial Certification Date

Aug-25-2016

Recertification Date

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - - Miller, Barie Jessica

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 Health	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

Application Activity Details

Licensee / Applicant

Miller, Barie Jessica

Name of Organization / Institution

Waiting to Start PGT

Start Date

Apr-13-2013

End Date

Jun-30-2013

Percent Clinical *

0

Position

Application

Application - - Miller, Barie Jessica

Activity Type

Location Details

Street Address 1

Country

United States

City

Jersey City

State / Province

New Jersey

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Miller, Barie Jessica

Name of Organization / Institution

Jersey City Medical Center Barnabas Health

Start Date

Jul-01-2013

End Date

Jun-30-2016

Percent Clinical *

80

Position

Application

Application - - Miller, Barie Jessica

Activity Type

Postgraduate Training

Location Details

Street Address 1

355 Grand Street

Country

United States

City

Jersey City

State / Province

New Jersey

Zip / Postal Code

07302

Application Activity Details

Licensee / Applicant

Miller, Barie Jessica

Start Date

Jul-01-2016

Percent Clinical *

0

Application

Application - - Miller, Barie Jessica

Name of Organization / Institution

Looking for Employment

End Date

Jul-30-2016

Position

Activity Type

Vacation

Location Details

Street Address 1

City

New York

Country

United States

State / Province

New York

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Miller, Barie Jessica

Start Date

Aug-01-2016

Percent Clinical *

80

Application

Application - - Miller, Barie Jessica

Name of Organization / Institution

NYU Langone Health

End Date

Jul-24-2025

Position

Activity Type

Employment

Location Details

Street Address 1

550 1st Ave,

City

New York

Country

United States

State / Province

New York

Zip / Postal Code

10016

Application Activity Details

Licensee / Applicant

Miller, Barie Jessica

Name of Organization / Institution

RWJ Barnabas Health Community Medical Center

Start Date

Oct-01-2016

End Date

Jan-30-2019

Percent Clinical *

80

Position

Application

Application - - Miller, Barie Jessica

Activity Type

Employment

Location Details

Street Address 1

99 NJ-37,

Country

United States

City

Toms River

State / Province

New Jersey

Zip / Postal Code

08755

Application Activity Details

Licensee / Applicant

Miller, Barie Jessica

Name of Organization / Institution

Premise Health

Start Date

Jan-30-2019

End Date

Jan-31-2025

Percent Clinical *

80

Position

Application

Application - - Miller, Barie Jessica

Activity Type

Employment

Location Details

Street Address 1

731 Lexington Ave , Fl LL2,

Country

United States

City

New York

State / Province

New York

Zip / Postal Code

10022

Declarations

Ordinal	Licensee/Applicant	Declaration Question	Answer	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

Miller, Barie Jessica

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 - - Miller, Barie Jessica

Renewal

Declaration

Licensee/Applicant

Miller, Barie Jessica

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 - - Miller, Barie Jessica

Renewal

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To ↑	Graduation Date
Miller, Barie Jessica	Medical School	St. George's University School of Medicine	Medical Doctor Degree	Aug-01-2008	Mar-29-2013	Apr-12-2013

Education Details

Licensee/Applicant *

Miller, Barie Jessica

Address

City

St. George's

State / Province

West Indies

Zip / Postal Code

Country

Grenada

Application

Application - - Miller, Barie Jessica

Specialty Type

Name of School

St. George's University School of Medicine

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Aug-01-2008

Date To

Mar-29-2013

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

Apr-12-2013

Major Program

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

Examination Details

Licensee / Applicant *

Miller, Barie Jessica

Attended Date

Mar-23-2011

Number of Attempts

1

Application

Application - - Miller, Barie Jessica

Location

NY

Result

190

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Miller, Barie Jessica

Attended Date

Jul-07-2012

Number of Attempts

1

Application

Application - - Miller, Barie Jessica

Location

PA

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 *

Miller, Barie Jessica

Attended Date

Oct-11-2012

Number of Attempts

1

Application

Application - - Miller, Barie Jessica

Location

NY

Result

199

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 *

Miller, Barie Jessica

Attended Date

May-06-2013

Number of Attempts

#

Application

Application - - Miller, Barie Jessica

Location

Result

Valid Indefinitely

Examination Type

ECFMG

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Miller, Barie Jessica

Attended Date

Aug-23-2015

Number of Attempts

1

Application

Application - - Miller, Barie Jessica

Location

NY

Result

199

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

○ Yes ○ No

Steps

Step 3

Certificate Number

Exam Date

Expiration Date

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

Licensee / Applicant

Miller, Barie Jessica

Application

Application - - Miller, Barie Jessica

End Date

Name of Organization

NYU Langone Health

Start Date

Aug-01-2016

Address Details

Street Address Line 1

550 1st Ave

Street Address Line 2

City

New York

State / Province

New York

ZIP / Postal Code

10016

Country

United States

Hospital Details

Licensee / Applicant

Miller, Barie Jessica

Name of Organization

RWJ Barnabas Health Community Medical Center

Application

Application - - Miller, Barie Jessica

Start Date

Oct-01-2016

End Date

Jan-30-2019

Address Details

Street Address Line 1

99 NJ-37

State / Province

New Jersey

Street Address Line 2

ZIP / Postal Code

08755

City

Toms River

Country

United States

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	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

Other License Details

Licensee/Applicant

Miller, Barie Jessica

Licensing Board or Regulatory Authority

Connecticut Medical Examining Board

License Number

072925

State / Province

Connecticut

Country

United States

Application

Application - - Miller, Barie Jessica

License Type

License Status

Active

Issue Date

Nov-17-2022

Expiration Date

Mar-31-2025

Notes

Other License Details

Licensee/Applicant

Miller, Barie Jessica

Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

TPME4187

State / Province

Florida

Country

United States

Application

Application - - Miller, Barie Jessica

License Type

License Status

Active

Issue Date

Mar-21-2022

Expiration Date

Notes

Other License Details

Licensee/Applicant

Miller, Barie Jessica

Licensing Board or Regulatory Authority

New Jersey

License Number

P14-00372

State / Province

New Jersey

Country

Application

Application - - Miller, Barie Jessica

License Type

License Status

Inactive

Issue Date

Jun-18-2014

Expiration Date

Jun-18-2018

Notes

Other License Details

Licensee/Applicant

Miller, Barie Jessica

Licensing Board or Regulatory Authority

New Jersey State Board of Medical Examiners

License Number

25MA09783800

State / Province

New Jersey

Country

United States

Application

Application - - Miller, Barie Jessica

License Type

License Status

Active

Issue Date

Oct-08-2015

Expiration Date

Jun-30-2025

Notes

Other License Details

Licensee/Applicant

Miller, Barie Jessica

Licensing Board or Regulatory Authority

New York State Board for Medicine

License Number

285257

State / Province

New York

Country

United States

Application

Application - - Miller, Barie Jessica

License Type

License Status

Active

Issue Date

Jun-22-2016

Expiration Date

Feb-28-2026

Notes

Other License Details

Licensee/Applicant

Miller, Barie Jessica

Licensing Board or Regulatory Authority

Pennsylvania State Board of Medicine

License Number

MD480136

State / Province

Pennsylvania

Country

United States

Application

Application - - Miller, Barie Jessica

License Type

License Status

Active

Issue Date

Feb-16-2023

Expiration Date

Dec-31-2024

Notes

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

Licensee / Applicant *
Miller, Barie Jessica

Training Status *

Program Type *
Internship/Residency

Accreditation Type
ACGME (Accreditation Council for Graduate Medical Education)

Date From
Jul-01-2013

Date To
Jun-30-2016

Name of School or Institution
Jersey City Medical Center Barnabas Health

Application
Application - - Miller, Barie Jessica

Specialty Type
Internal Medicine

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City
Jersey City

Zip / Postal Code
07302

State / Province
New Jersey

Country
United States

County

Street Address 1
355 Grand Street

Specialties

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

Specialty Details

Licensee / Applicant *

Miller, Barie Jessica

Specialty Type *

Internal Medicine

Effective Date

Aug-25-2016

Other (Specialty)

Application

Application - - Miller, Barie Jessica

End Date

Primary Specialty?

(•) Yes ( ) No