

Demographic Details

First Name

Jeffrey

Middle Name

Howard

Last Name *

Kesten

Previous Name(s)

Jeffrey Kesten

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

Male

Date of Birth

-1960

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

19 Neville Court

ZIP / Postal Code

08759

Address Line 2

State / Province

New Jersey

City

Manchester

Country

United States



County

Ocean

Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

(609) 389-5096

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Kesten, Jeffrey Howard

▼



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

NB

▼



Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date



Application Details

Application Type

Medical Doctor - Active

▼



Application Date *



Submitted Date



Application Step

#

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

☐ Yes ☒ No

Reviewed Date



Decision Date



Approved Date



Expiration Date



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

▼



Licensure Invoice

▼



Application Payment Date



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

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical
Jeffrey Kesten	Medical College of Ohio Hospitals	Jul-01-1991	Jun-30-1992	80
Jeffrey Kesten	University of Colorado Health Sciences Center	Jul-01-1992	Jun-30-1995	80
Jeffrey Kesten	Colorado Rehabilitation and Occupational Medicine	Jul-05-1995	May-20-1999	90
Jeffrey Kesten	Red Rocks Center for Rehabilitation	Jun-01-1999	Sep-18-2014	80
Jeffrey Kesten	St. Anthony Central Rehabilitation Hospital	Jul-01-1999	Jul-01-2002	80
Jeffrey Kesten	Mountain View Clinical Research	Jan-03-2012	Oct-07-2020	50
Jeffrey Kesten	Colorado Clinic	Oct-06-2014	Mar-31-2016	90
Jeffrey Kesten	Alpine Health & Wellness	Apr-11-2016	Oct-07-2020	70
Jeffrey Kesten	N/A	Oct-08-2020	Dec-09-2020	0
Jeffrey Kesten	Amazon-DEN 2	Dec-10-2020	Apr-12-2021	0
Jeffrey Kesten	3-Point Recruiting (COVIDCheck Colorado)	Apr-14-2021	Jun-26-2021	0
Jeffrey Kesten	New Jersey Renetry Corporation	Dec-20-2022	Jul-31-2024	0
Jeffrey Kesten	N/A	Aug-01-2024	Oct-08-2024	0

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Start Date

Jul-01-1991 

Percent Clinical *

80

Application

Application - - Kesten, Jeffrey Howard ▼ 

Name of Organization / Institution

Medical College of Ohio Hospitals

End Date

Jun-30-1992 

Position

Activity Type

Postgraduate Training ▼ 

Location Details

Street Address 1

City

Toledo

Country

United States ▼ 

State / Province

Ohio

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Start Date

Jul-01-1992 

Percent Clinical *

80

Application

Application - - Kesten, Jeffrey Howard ▼ 

Name of Organization / Institution

University of Colorado Health Sciences Center

End Date

Jun-30-1995 

Position

Activity Type

Postgraduate Training ▼ 

Location Details

Street Address 1

City

Denver

Country

United States ▼ 

State / Province

New Jersey

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Start Date

Jul-05-1995 

Percent Clinical *

90

Application

Application - - Kesten, Jeffrey Howard ▼ 

Name of Organization / Institution

Colorado Rehabilitation and Occupational Medicine

End Date

May-20-1999 

Position

Activity Type

Medical Practice/Physician ▼ 

Location Details

Street Address 1

City

Greenwood Village

Country

United States ▼ 

State / Province

Colorado

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Start Date

Jun-01-1999 

Percent Clinical *

80

Application

Application - - Kesten, Jeffrey Howard ▼ 

Name of Organization / Institution

Red Rocks Center for Rehabilitation

End Date

Sep-18-2014 

Position

Activity Type

Medical Practice/Physician ▼ 

Location Details

Street Address 1

City

Golden

Country

United States ▼ 

State / Province

Colorado

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Start Date

Jul-01-1999 

Percent Clinical *

80

Application

Application - - Kesten, Jeffrey Howard ▼ 

Name of Organization / Institution

St. Anthony Central Rehabilitation Hospital

End Date

Jul-01-2002 

Position

Activity Type

Medical Practice/Physician ▼ 

Location Details

Street Address 1

City

Denver

Country

United States ▼ 

State / Province

Colorado

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Start Date

Jan-03-2012 

Percent Clinical *

50

Application

Application - - Kesten, Jeffrey Howard ▼ 

Name of Organization / Institution

Mountain View Clinical Research

End Date

Oct-07-2020 

Position

Activity Type

Medical Practice/Physician ▼ 

Location Details

Street Address 1

City

Denver

Country

United States ▼ 

State / Province

Colorado

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Start Date

Oct-06-2014 

Percent Clinical *

90

Application

Application - - Kesten, Jeffrey Howard ▼ 

Name of Organization / Institution

Colorado Clinic

End Date

Mar-31-2016 

Position

Activity Type

Medical Practice/Physician ▼ 

Location Details

Street Address 1

City

Boulder

Country

United States ▼ 

State / Province

Colorado

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard

▼



Start Date

Apr-11-2016



Percent Clinical *

#

70

Application

Application -

- Kesten, Jeffrey Howard

▼



Name of Organization / Institution

Alpine Health & Wellness

End Date

Oct-07-2020



Position

Activity Type

Medical Practice/Physician

▼



Location Details

Street Address 1

City

Denver

Country

United States

▼



State / Province

Colorado

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Start Date

Oct-08-2020 

Percent Clinical *

0

Application

Application - · Kesten, Jeffrey Howard ▼ 

Name of Organization / Institution

End Date

Dec-09-2020 

Position

Activity Type

Non-Medical ▼ 

Location Details

Street Address 1

City

Parker

Country

United States ▼ 

State / Province

Colorado

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard

▼



Start Date

Dec-10-2020



Percent Clinical *

#

0

Application

Application -

- Kesten, Jeffrey Howard

▼



Name of Organization / Institution

Amazon-DEN 2

End Date

Apr-12-2021



Position

Activity Type

Employment

▼



Location Details

Street Address 1

City

Aurora

Country

United States

▼



State / Province

Colorado

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Start Date

Apr-14-2021 

Percent Clinical *

0

Application

Application - - Kesten, Jeffrey Howard ▼ 

Name of Organization / Institution

3-Point Recruiting (COVIDCheck Colorado)

End Date

Jun-26-2021 

Position

Activity Type

Employment ▼ 

Location Details

Street Address 1

City

Golden

Country

United States ▼ 

State / Province

Colorado

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard

▼



Name of Organization / Institution

New Jersey Renetry Corporation

Start Date

Dec-20-2022



End Date

Jul-31-2024



Percent Clinical *

#

0

Position

Application

Application -

- Kesten, Jeffrey Howard

▼



Activity Type

Employment

▼



Location Details

Street Address 1

Country

United States

▼



City

Jersey City

State / Province

New Jersey

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Kesten, Jeffrey Howard

▼



Name of Organization / Institution

Start Date

Aug-01-2024



End Date

Oct-08-2024



Percent Clinical *

#

0

Position

Application

Application -

- Kesten, Jeffrey Howard

▼



Activity Type

Non-Medical

▼



Location Details

Street Address 1

Country

United States

▼



City

Manchester

State / Province

New Jersey

Zip / Postal Code

Declarations

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

Declaration

Licensee/Applicant

Kesten, Jeffrey Howard

Declaration Question

ALL – Q7 – Arrest Question

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#7

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

Related To

Application

Application - - Kesten, Jeffrey Howard

Renewal

Declaration

Licensee/Applicant

Kesten, Jeffrey Howard

Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#10

Declaration Text

Have you EVER been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?

Related To

Application

Application - - Kesten, Jeffrey Howard

Renewal

Declaration

Licensee/Applicant

Kesten, Jeffrey Howard

▼

Declaration Question

MD – Q9 – Medical License Revoked

▼

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#

11

Declaration Text

Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?

Related To

Application

Application -

- Kesten, Jeffrey Howard

▼

Renewal

▼

Declaration

Licensee/Applicant

Kesten, Jeffrey Howard	▼	
------------------------	---	---

Declaration Question

MD – Q11 – Voluntarily Surrendered a License	▼	
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Answer

☒ Yes ☐ No

Answer Details

Ordinal

#	12
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Declaration Text

Have you EVER voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of disciplinary action?

Related To

Application

Application -	- Kesten, Jeffrey Howard	▼	
---------------	--------------------------	---	---

Renewal

	▼	
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Declaration

Licensee/Applicant

Kesten, Jeffrey Howard

▼

Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of

▼

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#

14

Declaration Text

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

Related To

Application

Application -

- Kesten, Jeffrey Howard

▼

Renewal

▼

Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Kesten, Jeffrey N/A	Medical School	University of Toledo College of Medicine	Medical Doctor Degree	Sep-02-1987	Jun-07-1991	Jun-07-1991

Education Details

Licensee/Applicant *

Kesten, Jeffrey Howard ▼ 

Address

City

Toledo

State / Province

Ohio

Zip / Postal Code

Country

United States ▼ 

Application

Application - - Kesten, Jeffrey Howard ▼ 

Specialty Type

▼ 

Name of School

University of Toledo College of Medicine

Education Type

Medical School ▼ 

Degree Attained

Medical Doctor Degree ▼ 

Date From

Sep-02-1987 

Date To

Jun-07-1991 

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Jun-07-1991 

Major Program

Examinations

Licensee / Applicant ▼	Examination Type ▼	Attended Date ↑
Kesten, Jeffrey Howard	National Board of Medical Examiners (NBME)	Jun-12-1990
Kesten, Jeffrey N/A	National Board of Medical Examiners (NBME)	Apr-02-1991
Kesten, Jeffrey N/A	National Board of Medical Examiners (NBME)	Mar-04-1992

Examination Details

Licensee / Applicant *

Kesten, Jeffrey Howard ▼ 

Attended Date

Jun-12-1990 

Number of Attempts

1

Application

Application - - Kesten, Jeffrey Howard ▼ 

Location

Result

475/80

Examination Type

National Board of Medical Examiners (NBME) ▼ 

Other Exam

Are you currently certified?

☒ Yes ☐ No

Steps

I

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Kesten, Jeffrey Howard

▼



Attended Date

Apr-02-1991



Number of Attempts

#

1

Application

Application -

- Kesten, Jeffrey Howard

▼



Location

Result

420/79

Examination Type

National Board of Medical Examiners (NBME)

▼



Other Exam

Are you currently certified?

☒ Yes ☐ No

Steps

II

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Kesten, Jeffrey Howard

▼

Attended Date

Mar-04-1992

Number of Attempts

#

1

Application

Application -

- Kesten, Jeffrey Howard

▼

Location

Result

375/77

Examination Type

National Board of Medical Examiners (NBME)

▼

Other Exam

Are you currently certified?

☒ Yes

☐ No

Steps

III

Certificate Number

Exam Date

Expiration Date

Hospitals

Licensee / Applicant ▼	Name of Organization ▼	Start Date ↑	End Date ▼
Jeffrey Kesten	CommonSpirit St. Anthony Hospital	Nov-19-1996	Jul-01-2010
Jeffrey Kesten	University of Colorado School of Medicine	Jun-01-2011	Oct-23-2017
Jeffrey Kesten	Middle Park Health - Granby Campus	Feb-08-2012	Dec-04-2014
Jeffrey Kesten	Heart of the Rockies Regional Medical Center	Oct-16-2012	Apr-30-2021

Hospital Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Name of Organization

CommonSpirit St. Anthony Hospital

Application

Application - - Kesten, Jeffrey Howard ▼ 

Start Date

Nov-19-1996 

End Date

Jul-01-2010 

Address Details

Street Address Line 1

11600 W. 2nd Place

State / Province

Colorado

Street Address Line 2

ZIP / Postal Code

80228

City

Lakewood

Country

United States ▼ 

Hospital Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Name of Organization

University of Colorado School of Medicine

Application

Application - - Kesten, Jeffrey Howard ▼ 

Start Date

Jun-01-2011 

End Date

Oct-23-2017 

Address Details

Street Address Line 1

13001 East 17th Place

State / Province

Colorado

Street Address Line 2

C5000

ZIP / Postal Code

80045

City

Aurora

Country

United States ▼ 

Hospital Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Name of Organization

Middle Park Health - Granby Campus

Application

Application - - Kesten, Jeffrey Howard ▼ 

Start Date

Feb-08-2012 

End Date

Dec-04-2014 

Address Details

Street Address Line 1

1000 Granby Park Drive S.

State / Province

Colorado

Street Address Line 2

ZIP / Postal Code

80446

City

Granby

Country

United States ▼ 

Hospital Details

Licensee / Applicant

Kesten, Jeffrey Howard ▼ 

Name of Organization

Heart of the Rockies Regional Medical Center

Application

Application - - Kesten, Jeffrey Howard ▼ 

Start Date

Oct-16-2012 

End Date

Apr-30-2021 

Address Details

Street Address Line 1

1000 Rush Drive

State / Province

Colorado

Street Address Line 2

ZIP / Postal Code

81201

City

Salida

Country

United States ▼ 

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Kesten, Jeffrey N/A	DR.0031919	N/A	Jul-16-1992	Apr-30-2021	Colorado

Other License Details

Licensee/Applicant

Kesten, Jeffrey Howard

▼



Licensing Board or Regulatory Authority

Colorado Medical Board

License Number

DR.0031919

State / Province

Colorado

Country

United States

▼



Application

Application -

- Kesten, Jeffrey Howard

▼



License Type

License Status

Voluntary Surrender

Issue Date

Jul-16-1992



Expiration Date

Apr-30-2021



Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To ↑	Program Type
Kesten, Jeffrey Howard	University of Toledo Program	Internal Medicine	Jul-01-1991	Jun-30-1992	Internship
Kesten, Jeffrey Howard	University of Colorado Program	Physical Medicine / Rehabilitation	Jul-01-1992	Jun-30-1995	Residency

Postgraduate Training Details

Licensee / Applicant *

Kesten, Jeffrey Howard	▼	
------------------------	---	---

Program Type *

Internship	▼	
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Date From

Jul-01-1991	
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Name of School or Institution

University of Toledo Program

Specialty Type

Internal Medicine	▼	
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Other (Specialty)

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Training Status *

	▼	
--	---	---

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-1992	
-------------	---

Application

Application -	- Kesten, Jeffrey Howard	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

Ohio

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code

--

Country

	▼	
--	---	---

Postgraduate Training Details

Licensee / Applicant *

Kesten, Jeffrey Howard	▼	
------------------------	---	---

Program Type *

Residency	▼	
-----------	---	---

Date From

Jul-01-1992	
-------------	---

Name of School or Institution

University of Colorado Program

Specialty Type

Physical Medicine / Rehabilitation	▼	
------------------------------------	---	---

Other (Specialty)

--

Training Status *

	▼	
--	---	---

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-1995	
-------------	---

Application

Application -	- Kesten, Jeffrey Howard	▼	
---------------	--------------------------	---	---

Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

Colorado

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code

--

Country

	▼	
--	---	---

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Kesten, Jeffrey Howard	Pain Medicine	No	Mar-14-2005	N/A
Kesten, Jeffrey Howard	Addiction Medicine	No	Jul-01-2010	N/A
Kesten, Jeffrey Howard	Physical Medicine / Rehabilitation	Yes	May-20-1997	N/A

Specialty Details

Licensee / Applicant *

Kesten, Jeffrey Howard

▼



Effective Date

Mar-14-2005



Application

Application -

- Kesten, Jeffrey Howard

▼



Primary Specialty?

☐ Yes ☒ No

Specialty Type *

Pain Medicine

▼



Other (Specialty)

End Date



Specialty Details

Licensee / Applicant *

Kesten, Jeffrey Howard

▼



Effective Date

May-20-1997



Application

Application -

- Kesten, Jeffrey Howard

▼



Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Physical Medicine / Rehabilitation

▼



Other (Specialty)

End Date



Specialty Details

Licensee / Applicant *

Kesten, Jeffrey Howard

▼

Effective Date

May-20-1997

Application

Application -

- Kesten, Jeffrey Howard

▼

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Physical Medicine / Rehabilitation

▼

Other (Specialty)

End Date

