Demographic Details

First Name	Gender		
Jeffrey	Male	~	7
Middle Name	Date of Birth		
Howard	-1960	f	
Last Name *	Name Suffix		
Kesten			
Previous Name(s)	City of Birth		
Jeffrey Kesten			
Social Security Number	Place of Birth		
Tax Identification Number	Weight (in lbs)		
Height	Eye Color		
Hair Color	Comments (non-public information	ገ)	
	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			

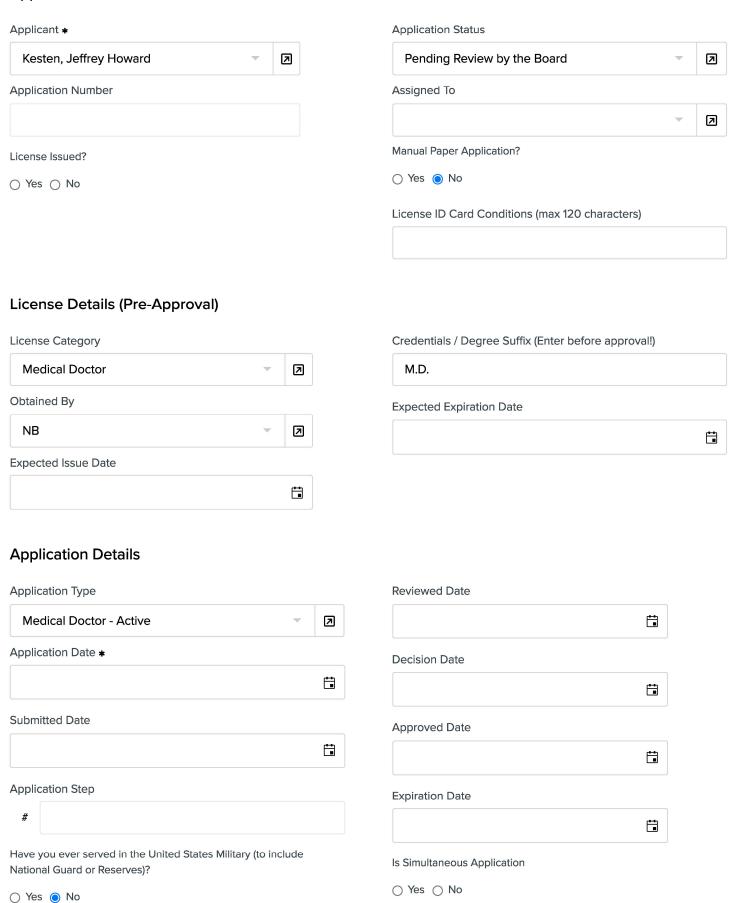
Military Detail

Have you ever served in the United States Military (to include National G	uard or Reserves)?
○ Yes No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ 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
	— A
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
19 Neville Court	08759
Address Line 2	State / Province
Address Line 2	New Jersey
City Manchester	Country United States
County	Is your physical address different from your mailing address? Yes No
Ocean	
	Public Phone # (609) 389-5096
	# (609) 363-3036

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZID / Postal Code (Mailing)	County (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	2
	County (Mailing)

Application Status



Are you the spouse of an active duty member or surviving spouse of a veteran?	
○ Yes ● No	
Invoices	
Application Invoice	Application Payment Date
- Paid in Full	
Licensure Invoice	Licensure Payment Date
7 2	
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.	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 Lam willing to accept Roard communications to me to include	
the Centers for Disease Control and Prevention concerning the evention of transmission of infectious agents through safe and propriate injection practices. for physicians and physician assistants who practice medicine in state of Nevada or via telemedicine and whose physical present exists outside the state of Nevada or the United States.	
electronic mail address within 30 days after the change. No	am accountable for completing my application for medical licensure in Nevada.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	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.

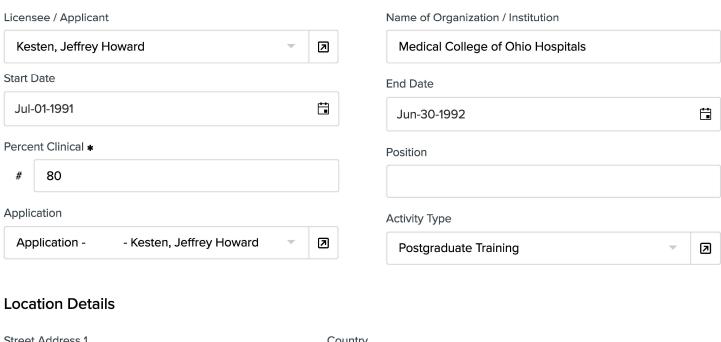
Yes ○ No

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.

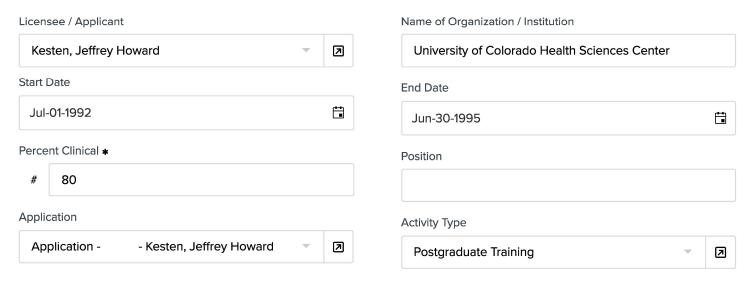
O Yes ○ No

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

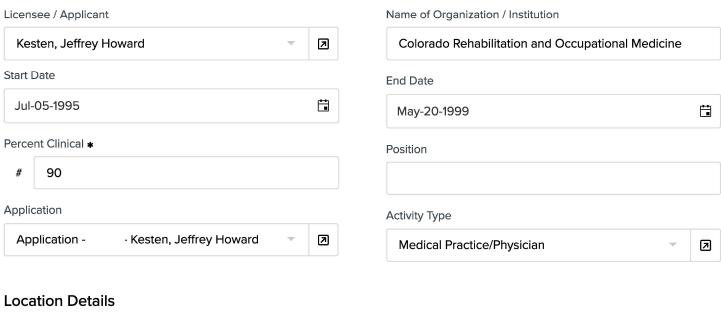




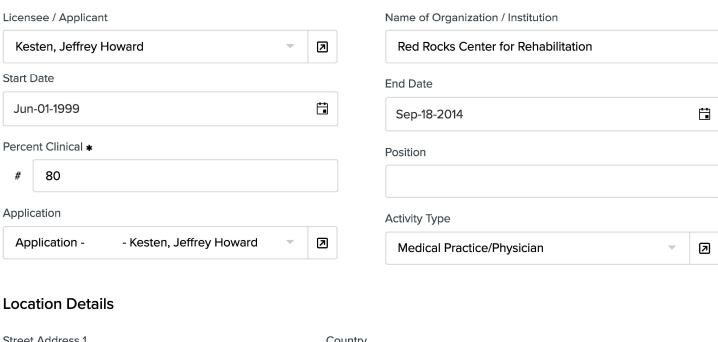


Location Details

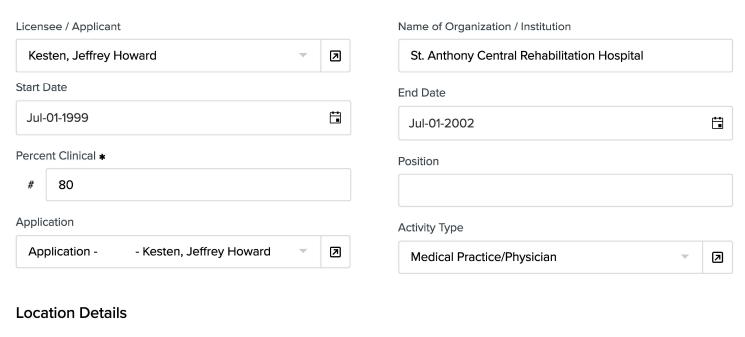




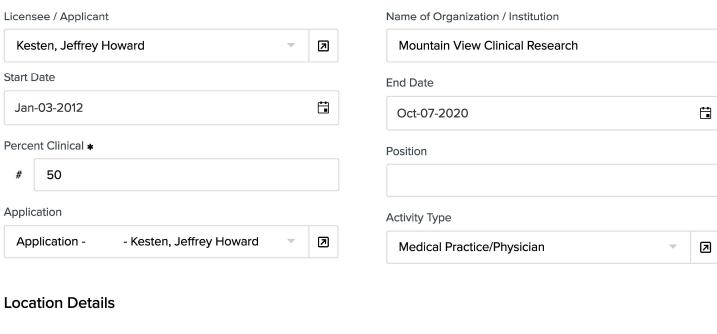




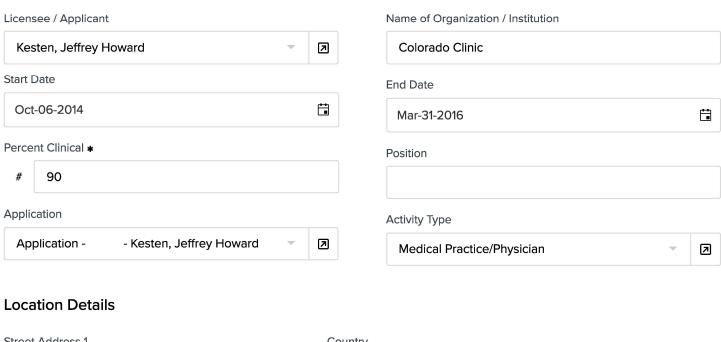




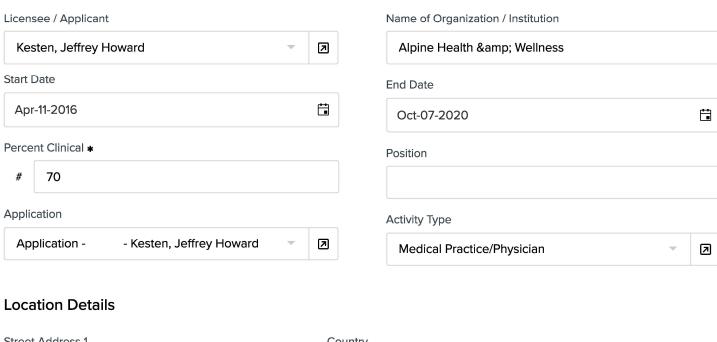




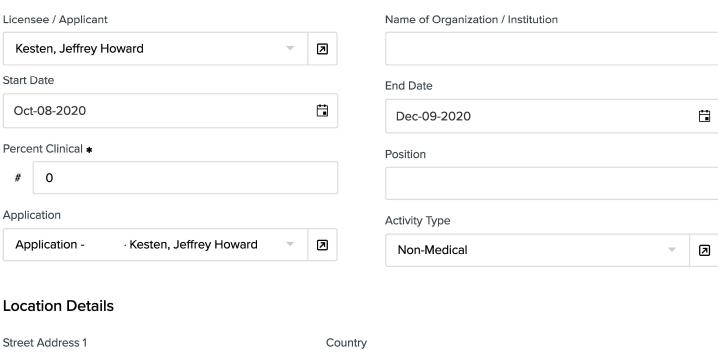




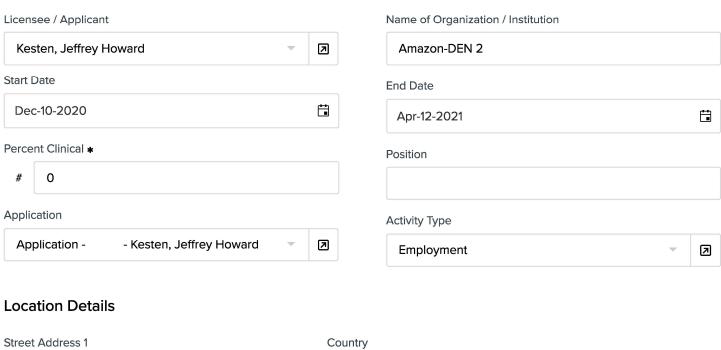


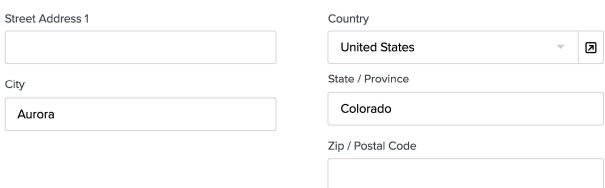


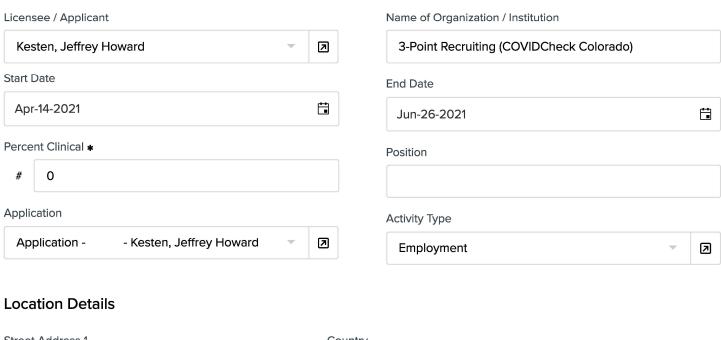




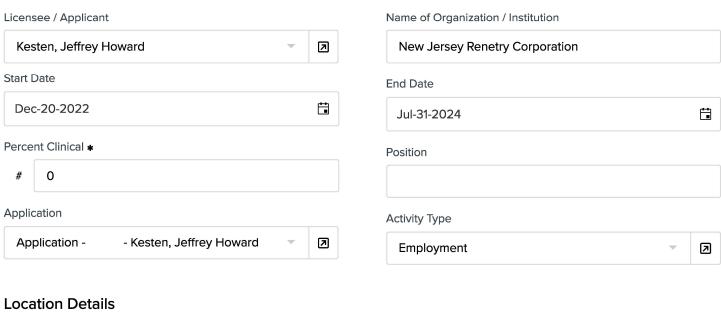




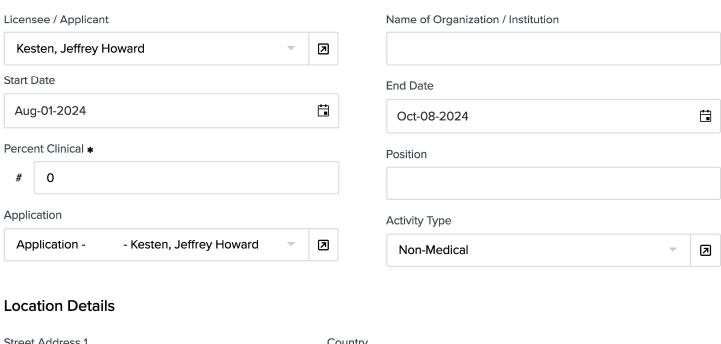














Ordinal ↑ ▼	Licensee/Applicant	Declaration Question	T	Answer	•	Answer Details
1	Jeffrey Kesten	MD, PA – Q1 – Medical Condition Impair Safe Practice		No		
2	Jeffrey Kesten	MD, PA – Q2 – Medical Condition Field of Practice		No		
3	Jeffrey Kesten	MD, PA – Q3 – Chemical Substances Impair Safe Practice		No		
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		

Licensee/Applicant



Ordinal

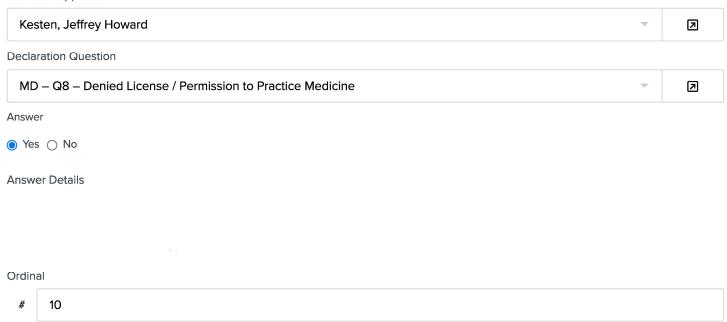
7

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.

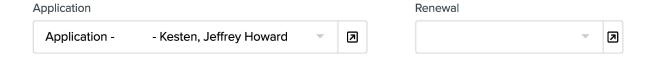


Licensee/Applicant

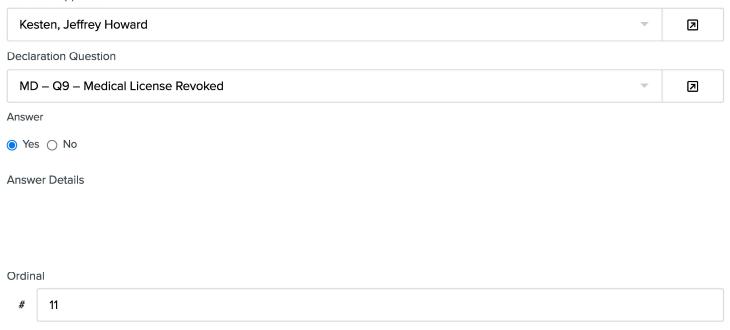


Declaration Text

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?



Licensee/Applicant

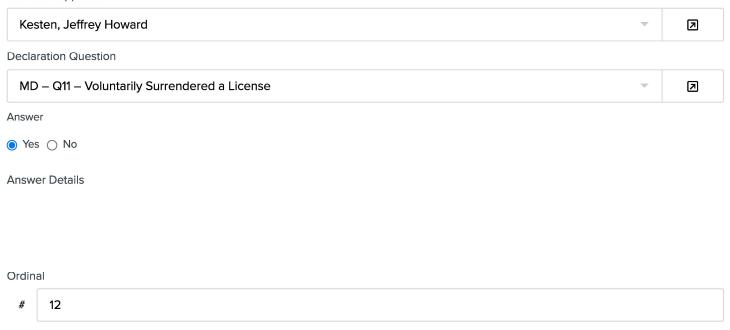


Declaration Text

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?

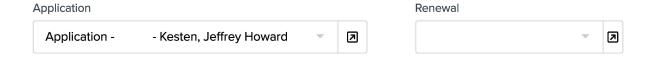


Licensee/Applicant



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?



Licensee/Applicant



Ordinal

14

Declaration Text

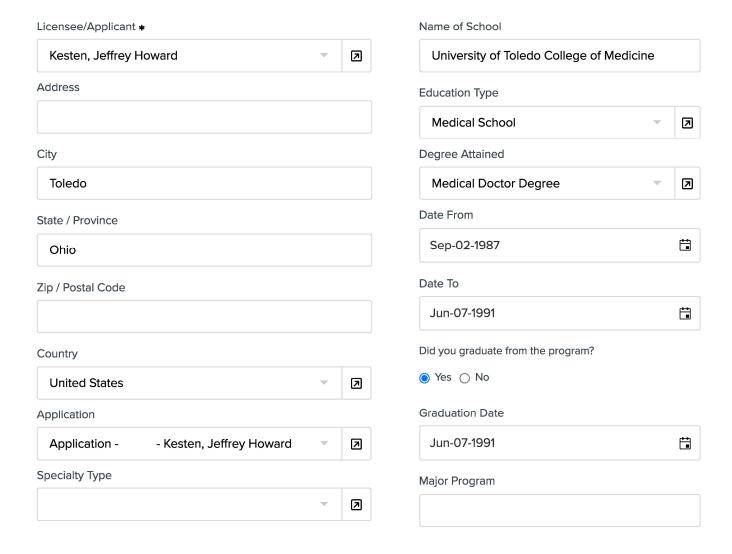
Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical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



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

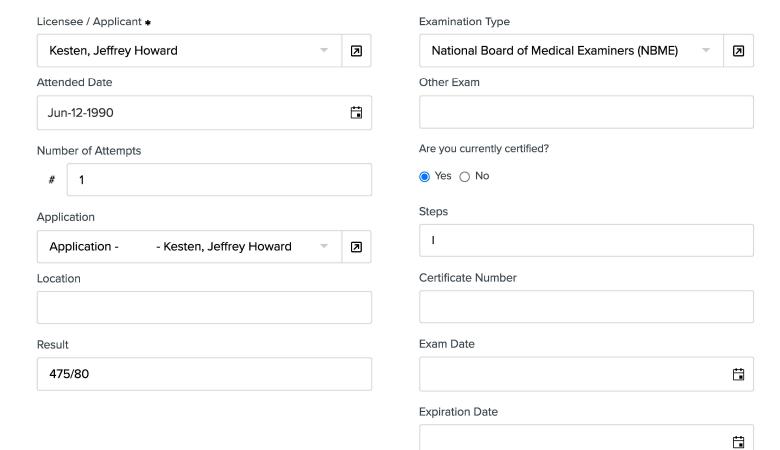
Education Details



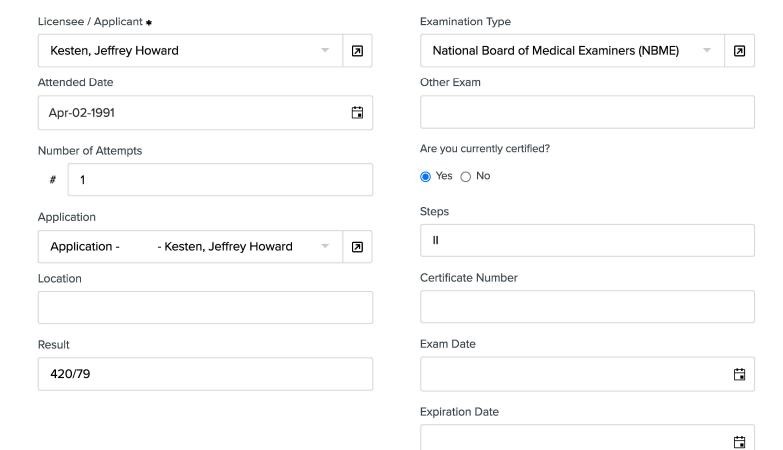
Examinations

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

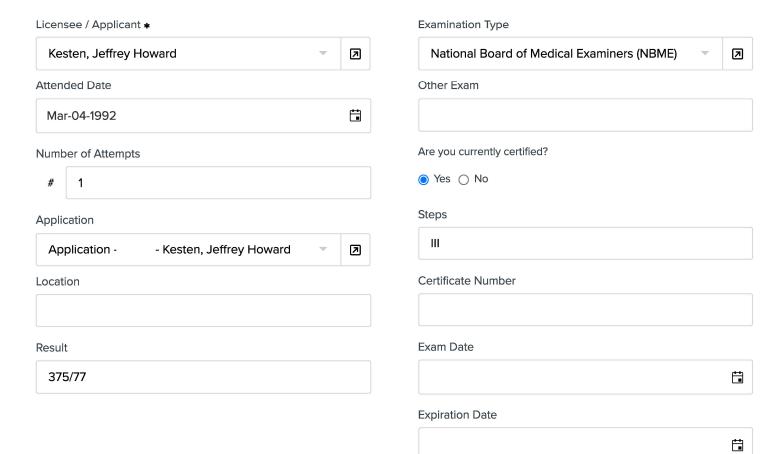
Examination Details



Examination Details

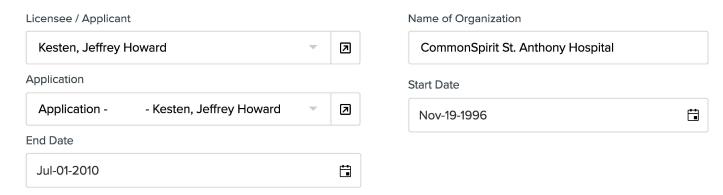


Examination Details

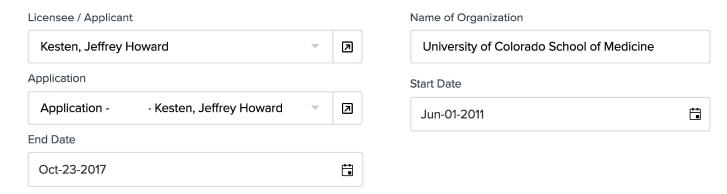


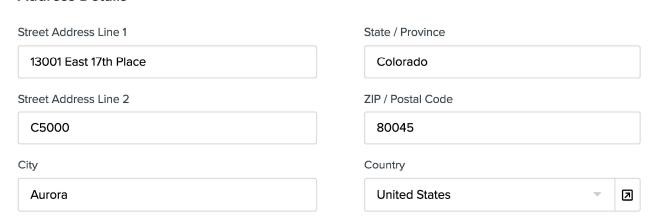
Hospitals

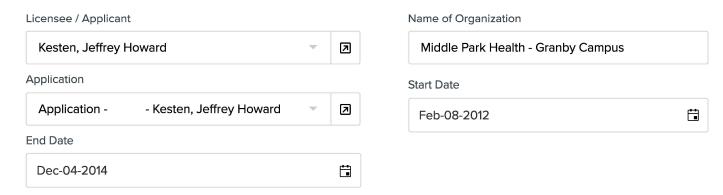
Licensee / Applicant	Name of Organization	Start Date ↑ ▼	End Date
Jeffrey Kesten	CommonSpirit St. Anthony Hospital	Nov-19-1996	Jul-01-2010
Jeffrey Kesten	University of Colorado School of Medicine	Jun-01-2011	Oct-23-2017
Jeffrey Kesten	Middle Park Health - Granby Campus	Feb-08-2012	Dec-04-2014
Jeffrey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



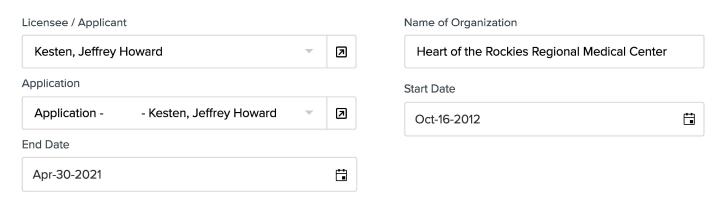










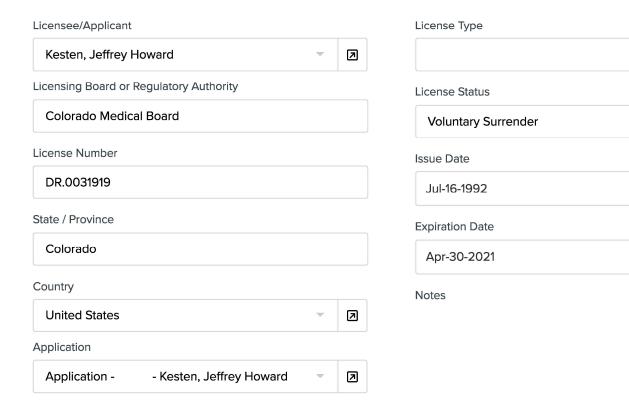




Other Licenses

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

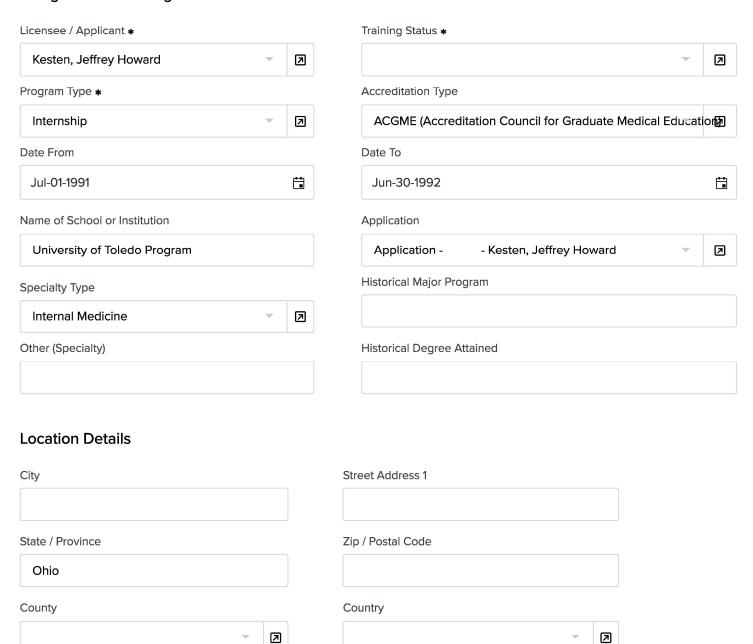
Other License Details



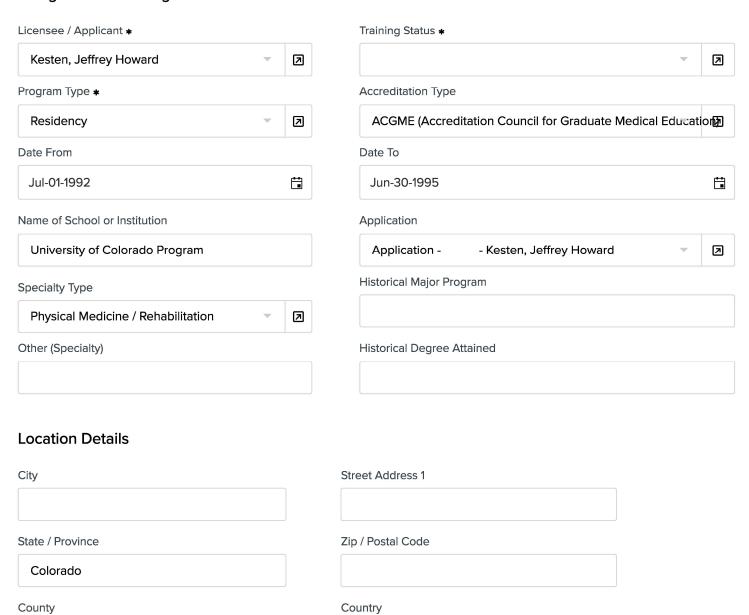
Postgraduate Training

Licensee / Applicant	Ŧ	Name of School or Institution	Ŧ	Specialty Type	T	Date From	r	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



Postgraduate Training Details



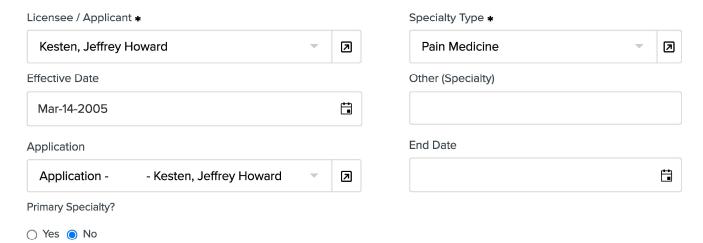
Z

7

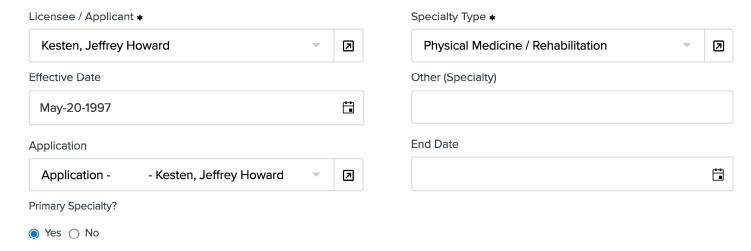
Specialties

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



Specialty Details



Specialty Details

