

Demographic Details

First Name

Stanton

Middle Name

Thomas

Last Name *

Smith

Previous Name(s)

Social Security Number

Tax Identification Number

Height

-


Hair Color

-

Is this person deceased?

Yes No

Date Deceased



Gender

Male  

Date of Birth

-1977 

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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 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

9710 Cinnamon Teal Dr.

Address Line 2

City

Klamath Falls

County

OR

ZIP / Postal Code

97601-8703

State / Province

Oregon

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

(910) 409-8039

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)


State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *



  

Application Number

License Issued?

Yes No

Application Status

Assigned To


Manual Paper Application?

Yes No


License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

Application Details


Application Type

Application Date *

Reviewed Date

Decision Date

Submitted Date



Approved Date



Application Step

#

Expiration Date



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

Yes No

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




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

Subject to a court order and in compliance

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
Smith, Stanton Thomas	American Board	N/A	Surgery,General	Mar-01-2011	Oct-31-2025

Board Certification Details

Licensee / Applicant

Specialty

Certifying Board

Other Certifying Board

Initial Certification Date

Recertification Date


Certification Number

Archive Program

Historical Specialty

Connected Record

Application



 

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ▼	End Date ▼	Percent Clinical
Smith, Stanton Thomas	Sky Lakes Medical Center	Aug-01-2011	Oct-06-2025	100

Application Activity Details

Licensee / Applicant


Start Date

Percent Clinical *


#

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Declarations

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

Declaration

Licensee/Applicant

Smith, Stanton Thomas	▼	
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Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of	▼	
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Answer

Yes No

Answer Details

Ordinal


#	14
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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 -	- Smith, Stanton Thomas	
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Renewal


	▼	
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Declaration

Licensee/Applicant

Smith, Stanton Thomas	▼	
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Declaration Question

MD, PA, CCP, Hospital Privileges Denied, Suspended.	▼	
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Answer

Yes No

Answer Details


Ordinal

#	16
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Declaration Text

Related To

Application

Application -	- Smith, Stanton Thomas	
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Renewal



	▼	
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Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Smith, Stanton Thomas	Medical School	University of Connecticut School of Medicine	Medical Doctor Degree	Aug-20-2001	May-15-2005	May-15-2005

Education Details

Licensee/Applicant *


Address

City


State / Province

Zip / Postal Code

Country

Application



 

Specialty Type



  

Name of School


Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date
stanton smith	United States Medical Licensing Examination (USMLE)	Jun-28-2003
stanton smith	United States Medical Licensing Examination (USMLE)	Mar-19-2007
Smith, Stanton Thomas	United States Medical Licensing Examination (USMLE)	Sep-12-2004
Smith, Stanton Thomas	United States Medical Licensing Examination (USMLE)	Nov-10-2004
Smith, Stanton Thomas	United States Medical Licensing Examination (USMLE)	Aug-18-2004

Examination Details

Licensee / Applicant *

Smith, Stanton Thomas 

Attended Date

Jun-28-2003 

Number of Attempts

1

Application


Application - - Smith, Stanton Thomas 

Location

Result

206

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Smith, Stanton Thomas 

Attended Date

Mar-19-2007 

Number of Attempts

1

Application


Application - - Smith, Stanton Thomas 

Location

Result

201

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

3

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Smith, Stanton Thomas 

Attended Date

Sep-12-2004 

Number of Attempts

1

Application


Application - - Smith, Stanton Thomas 

Location

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 *

Smith, Stanton Thomas 

Attended Date

Nov-10-2004 

Number of Attempts

2

Application


Application - - Smith, Stanton Thomas 

Location

Result

194

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 *

Smith, Stanton Thomas 

Attended Date

Aug-18-2004 

Number of Attempts

2

Application


Application - - Smith, Stanton Thomas 

Location

Result

179 (Fail)

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




Hospitals

Licensee / Applicant	Name of Organization	Start Date	End Date
Smith, Stanton Thomas	Sky Lakes Medical Center	Aug-01-2011	Oct-06-2025

Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Smith, Stanton Thomas	048372	N/A	Jan-07-2010	Nov-30-2011	Connecticut
Smith, Stanton Thomas	2771687	N/A	Nov-19-2025	Jun-30-2027	Idaho
Smith, Stanton Thomas	RTL07-0783	N/A	Jul-13-2007	Jun-23-2010	North Carolina
Smith, Stanton Thomas	MD154338	N/A	May-16-2011	Dec-31-2027	Oregon
Smith, Stanton Thomas	MT189525	N/A	Jun-26-2006	Jun-30-2007	Pennsylvania

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

License Number

State / Province

Country

Application

License Type

License Status

Issue Date



Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application


License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application


License Type

License Status

Issue Date



Expiration Date

Notes

Other License Details

Licensee/Applicant


  

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application


License Type

License Status

Issue Date

Expiration Date


Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ↑ ▼	Date To ↑ ▼	Program Type
Smith, Stanton Thomas	University of Connecticut	Surgery, General	Jul-01-2005	Jun-01-2006	Internship
Smith, Stanton Thomas	Drexel University College of Medicine/Hahnemann University Hospital Program	Surgery, General	Jul-01-2006	Jun-30-2007	Residency
Smith, Stanton Thomas	Novant Health New Hanover Regional Medical Center Program	Surgery, General	Jul-13-2007	Jun-23-2010	Residency
Smith, Stanton Thomas	Saint Francis Hospital and Medical Center	Surgery, Bariatric / Laproscopic	Jul-01-2010	Jun-30-2011	Fellowship

Postgraduate Training Details


Licensee / Applicant *

Program Type *


 

Date From


Name of School or Institution

Specialty Type


 

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

Zip / Postal Code

State / Province

Country

County

Street Address 1

Postgraduate Training Details


Licensee / Applicant *

Program Type *


 

Date From

Name of School or Institution

Specialty Type


 

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

Zip / Postal Code

State / Province

Country

County

Street Address 1

Postgraduate Training Details


Licensee / Applicant *

Program Type *


 

Date From


Name of School or Institution

Specialty Type


 

Other (Specialty)


Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

Zip / Postal Code

State / Province

Country


County

Street Address 1

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)


Training Status *


Accreditation Type

Date To

Application

Historical Major Program



Historical Degree Attained

Location Details

City


State / Province

County

Zip / Postal Code

Country

Street Address 1

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Smith, Stanton Thomas	Surgery, General	Yes	Dec-29-2025	N/A

Specialty Details


Licensee / Applicant *

Effective Date

Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

