

## Demographic Details

First Name

Marcel

Middle Name

Javon

Last Name \*

HAWKINS

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

-1995 

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

1641 Borden Rd Apt A1

Address Line 2

City

Escondido

County

San Diego

ZIP / Postal Code

92026

State / Province

California

Country

United States



Is your physical address different from your mailing address?

Yes  No

Public Phone

#

(909) 658-5712

## 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

Not subject to a court order	<input checked="" type="checkbox"/>
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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

## Declarations

Ordinal ↑ ▼	Licensee/Applicant ▼	Declaration Question ▼	Answer ▼	Answer Details
1	Marcel Hawkins	RT – Q15 – Medical Condition Impair Safe Practice	No	
2	Marcel Hawkins	RT – Q16 – Medical Condition Field of Practice	No	
3	Marcel Hawkins	RT – Q17 – Substances Impair Safe Practice	No	
4	Marcel Hawkins	ALL – Q5 – Named Defendant Respond to Legal Action	No	
5	Marcel Hawkins	ALL – Q6 – Malpractice Claim Paid	No	
6	Marcel Hawkins	ALL – Q7 – Arrest Question	No	
7	Marcel Hawkins	RT, Have you previously applied for an allied health license in Nevada?.	No	
8	Marcel Hawkins	RT – Q18 – Denied License / Permission to Provide Services	No	
9	Marcel Hawkins	RT – Q19 – Certificate / License Revoked	No	
10	Marcel Hawkins	RT – Q20 – Voluntarily Surrendered License / Certificate	Yes	
11	Marcel Hawkins	RT – Q21 - Failed NBRC Examination	Yes	
12	Marcel Hawkins	RT – Q22 – Registration / Certification Revoked	No	
13	Marcel Hawkins	RT – Q23 – Investigation Respond To / Notify Of	Yes	

## Declaration

Licensee/Applicant

HAWKINS, Marcel Javon	▼	<a href="#">🔗</a>
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Declaration Question

RT – Q20 – Voluntarily Surrendered License / Certificate	▼	<a href="#">🔗</a>
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Answer

Yes  No

Answer Details

Ordinal

#	10
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Declaration Text

Have you ever voluntarily surrendered a license or certificate to provide respiratory care services or any other healing art in any state, country or U.S. territory?

## Related To

Application

Application -	- HAWKINS, Marcel Javon	<a href="#">🔗</a>
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Renewal

	▼	<a href="#">🔗</a>
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## Declaration

Licensee/Applicant

HAWKINS, Marcel Javon	▼	<a href="#">↗</a>
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Declaration Question

RT – Q21 - Failed NBRC Examination	▼	<a href="#">↗</a>
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Answer

Yes  No

Answer Details

Ordinal

#	11
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Declaration Text

Have you ever failed the National Board for Respiratory Care examination, or any state or other jurisdiction examination for certification, licensure or registration? If your answer is “yes”, give details regarding how many times you failed, including dates and the reason(s) you believe you failed the examination(s).

## Related To

Application

Application -	- HAWKINS, Marcel Javon	<a href="#">↗</a>
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Renewal


	▼	<a href="#">↗</a>
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## Declaration

Licensee/Applicant

HAWKINS, Marcel Javon	▼	
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Declaration Question

RT – Q23 – Investigation Respond To / Notify Of	▼	
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Answer

Yes  No

Answer Details

Ordinal


#	13
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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 provider of respiratory care by any licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners? (If “Yes,” provide an explanation.)

## Related To

Application

Application -	- HAWKINS, Marcel Javor	
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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
HAWKINS, Marcel Javon	College/University	American Career College	Associate Degree	Feb-16-2018	Feb-19-2019	Feb-19-2019

## 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 ↑
HAWKINS, Marcel Javon	The National Board for Respiratory Care (NBRC)	Apr-10-2019
HAWKINS, Marcel Javon	The National Board for Respiratory Care (NBRC)	May-23-2019

## Examination Details

Licensee / Applicant \*

HAWKINS, Marcel Javon 


Attended Date

Apr-10-2019 

Number of Attempts

# 2


Application

Application - - HAWKINS, Marcel Javon 

Location

Result

Examination Type

The National Board for Respiratory Care (NBRC) 

Other Exam

Are you currently certified?

Yes  No

Steps

CRT

Certificate Number

Exam Date



Expiration Date

May-31-2029 

## Examination Details

Licensee / Applicant \*

HAWKINS, Marcel Javon 


Attended Date

May-23-2019 

Number of Attempts

# 3


Application

Application - - HAWKINS, Marcel Javon 

Location

Result

Examination Type

The National Board for Respiratory Care (NBRC) 

Other Exam

Are you currently certified?


Yes  No

Steps


Certificate Number

173676

Exam Date



Expiration Date

May-31-2029 

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Marcel Hawkins	41421	N/A	Dec-31-2020	Aug-18-2024	California
Marcel Hawkins	RTL.0010105	N/A	Aug-15-2024	Aug-31-2026	Colorado
Marcel Hawkins	122.0134855	N/A	Oct-08-2024	Nov-30-2026	Vermont

## 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

Specialties


Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
HAWKINS, Marcel Javon	Practitioner of Respiratory Care	Yes	Oct-16-2026	N/A

## Specialty Details

Licensee / Applicant \*

Effective Date

Application

Primary Specialty?

Yes  No

Specialty Type \*

Other (Specialty)

End Date