

Demographic Details

First Name

Barry

Middle Name

Lynn

Last Name *

Eppley

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

-1955 

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

12188A North Meridian Street

ZIP / Postal Code

46032-3008

Address Line 2

Suite 310

State / Province

Indiana

City

Carmel

Country

United States



County

Hamilton

Is your physical address different from your mailing address?

Yes No

Public Phone

#

(317) 506-5167

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (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 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

Board Certifications

Licensee / Applicant ▼	Certifying Board ▼	Other Certifying Board ▼	Specialty ▼	Initial Certification Date ▼	Recertification Date
Eppley, Barry Lynn	American Board	N/A	Surgery,Plastic	Nov-08-1997	Apr-01-2019

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
Barry Eppley	Eppley Plastic Surgery	Jul-01-2006	Feb-27-2025	95

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

Declaration

Licensee/Applicant

Eppley, Barry Lynn	▼	
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Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action	▼	
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Answer

Yes No

Answer Details

Ordinal


#	5
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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 -	- Eppley, Barry Lynn	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Eppley, Barry Lynn	▼	
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Declaration Question

ALL – Q6 – Malpractice Claim Paid	▼	
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Answer

Yes No

Answer Details

Ordinal


#	6
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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 -	- Eppley, Barry Lynn	
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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
Eppley, Barry Lynn	Medical School	Washington University School of Medicine	Medical Doctor Degree	Aug-01-1986	May-19-1989	May-19-1989

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
Eppley, Barry Lynn	National Board of Medical Examiners (NBME)	Jun-09-1987
Eppley, Barry Lynn	Federation Licensing Examination (FLEX)	Jun-13-1989

Examination Details

Licensee / Applicant *

Attended Date

Number of Attempts

#

Application

Location

Result

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date


 

Expiration Date

Examination Details

Licensee / Applicant *


Attended Date

Number of Attempts

#


Application

Location

Result

Examination Type

Other Exam


Are you currently certified?

Yes No


Steps

Certificate Number

Exam Date

Expiration Date



 

Hospitals


Licensee / Applicant	Name of Organization	Start Date	End Date
Barry Eppley	Indiana University Health West Hospital	Oct-01-2006	N/A
Barry Eppley	Indiana University Health North Hospitals	Oct-01-2006	N/A

Hospital Details

Licensee / Applicant

Application

End Date

Name of Organization

Start Date

Address Details

Street Address Line 1



Street Address Line 2

City

State / Province



ZIP / Postal Code

Country


  

Hospital Details

Licensee / Applicant

Application


 

End Date

Name of Organization

Start Date

Address Details

Street Address Line 1



Street Address Line 2

City

State / Province

ZIP / Postal Code

Country

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ↑ ▼	Issue Date ▼	Expiration Date ▼	State / Province
Eppley, Barry Lynn	01038976A	N/A	Jan-24-1991	Oct-31-2027	Indiana

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
Eppley, Barry Lynn	Indiana University School of Medicine	Surgery,Plastic	Jul-01-1989	Jun-30-1995	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

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Eppley, Barry N/A	Surgery,Plastic	Yes	Nov-08-1997	N/A

Specialty Details


Licensee / Applicant *

Effective Date

Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

