

PROPOSED REGULATIONS

**PROPOSED REGULATION OF THE
BOARD OF MEDICAL EXAMINERS**

LCB File No. R046-26

April 13, 2026

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§ 1, 2, 5 and 15, NRS 630.130; §§ 3 and 8, NRS 630.130 and 630.275; § 4, NRS 630.130 and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; § 6, NRS 630.130, 630.160, as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597, and NRS 630.1605, as amended by section 15 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1599; § 7, NRS 630.130 and 630.265; §§ 9, 10 and 16, NRS 630.130 and 630.279; § 11, NRS 630.130, 630.269, as amended by section 34 of Assembly Bill No. 319, Statutes of Nevada 2025, at page 1612, and NRS 630.2691, as amended by section 35 of Assembly Bill No. 319, Statutes of Nevada 2025, at page 1612; §§ 12 and 17, NRS 630.130 and 630.269, as amended by section 34 of Assembly Bill No. 319, Statutes of Nevada 2025, at page 1612; § 13, NRS 630.130, 630.253 and 630.275; § 14, NRS 630.130, 630.253 and 630.26825; § 18, NRS 630.130 and 630.26825.

A REGULATION relating to health care; authorizing the Board of Medical Examiners to prohibit an applicant whose application for licensure is denied from reapplying for a license for a certain amount of time; providing that the Board will notify an applicant for certain licenses of deficiencies in his or her application; authorizing an applicant for certain licenses to appeal the denial of his or her application; authorizing the Board to waive certain requirements relating to examinations; prohibiting a physician or physician assistant from asking or requiring a patient to waive certain rights under certain circumstances; revising the criteria for educational programs for respiratory care that are recognized by the Board for certain purposes; eliminating references to certain examinations that are no longer required by law; eliminating certain requirements for the issuance of certain licenses by endorsement; increasing the number of hours of continuing education that the Board may approve for certain activities; establishing the eligibility of certain persons who have completed certain postgraduate training programs to apply to practice in a new medical specialty area; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law provides for the licensure and regulation of physicians, physician assistants, anesthesiologist assistants, genetic counselors, perfusionists and practitioners of respiratory care by the Board of Medical Examiners. (Chapter 630 of NRS) Existing regulations provide that the

Board may prohibit an applicant for any type of license to practice medicine whose application is denied from reapplying for a period of 1 to 3 years after the date of the denial. (NAC 630.050) **Section 5** of this regulation eliminates this provision, and **section 2** of this regulation establishes a similar provision that authorizes the Board to prohibit an applicant for any type of license to practice medicine, including a license that is in a special category, whose application is denied from reapplying for a license or applying for any type of other license to practice medicine for a period of 1 to 3 years after the date of the denial. **Sections 3, 4 and 16-18** of this regulation establish similar provisions that are applicable to other professions regulated by the Board.

Existing law and existing regulations: (1) provide that the Board will notify an applicant for a license to practice medicine or a license as a practitioner of respiratory care, a perfusionist or an anesthesiologist assistant of any deficiencies in his or her application; and (2) authorize such an applicant to appeal the denial of his or her application. (NRS 630.200; Sections 5-7 of LCB File No. R033-24) **Sections 3, 4 and 7** of this regulation establish similar provisions that are applicable to an applicant for a license as a physician assistant or genetic counselor or a limited license to practice medicine as a resident physician in a graduate program of clinical training, respectively.

Existing law authorizes the Board to issue a license by endorsement to practice medicine to an applicant who: (1) is similarly licensed in another jurisdiction; (2) submits to the Board with his or her application proof that the applicant has passed the certain examinations required to have been passed by other applicants for a license to practice medicine, with certain exceptions; and (3) meets certain other requirements. (NRS 630.1605, as amended by section 15 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1599) Existing regulations require an applicant for a license to practice medicine to successfully pass an examination to test the competency of the applicant to practice medicine. Existing regulations deem an applicant to have satisfied that requirement if he or she has passed certain examinations within 10 years before the date of his or her application. Existing regulations also require an applicant for a standard license to practice medicine to have passed all steps of certain examinations within a specified time and number of attempts. (NAC 630.080) **Section 6** of this regulation makes the requirement to have passed all steps of certain examinations within a specified time and number of attempts applicable to applicants for licensure by endorsement unless waived by the Board. **Section 6** also authorizes the Board to waive for such an applicant the requirement to have passed the competency examination within 10 years before the date of his or her application.

Existing regulations prohibit a physician or physician assistant from requiring or asking a patient to waive his or her right to file a complaint with the Board or conditioning care or treatment on the provision of such a waiver. (NAC 630.230) **Section 8** of this regulation also prohibits a physician or physician assistant from requiring or asking a patient to waive his or her right to file a civil action against the physician or physician assistant or conditioning care or treatment on the provision of such a waiver.

Existing law requires an applicant for a license as a physician to have completed his or her residency in the United States or an equivalent foreign country under certain circumstances. (NRS 630.160, as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597) **Section 15** of this regulation accordingly revises a provision of existing regulations that establishes the qualifications to practice in a medical specialty area to account for residencies completed in equivalent foreign countries. (Section 2 of LCB File No. R069-23)

Existing regulations require an applicant for a license to practice respiratory care to, in addition to certain other requirements, provide the Board with proof that the applicant has completed an educational program as a practitioner of respiratory care that is approved by certain entities. (NAC 630.505, 630.513) **Sections 9 and 10** of this regulation revise the entities whose approval the Board will accept for that purpose to instead require an applicant for a license to practice respiratory care to have completed an educational program that is approved by the Commission on Accreditation for Respiratory Care.

Sections 10 and 12 of this regulation eliminate requirements that an applicant for a license by endorsement as a practitioner of respiratory care or as a perfusionist, respectively, must have engaged in the practice of respiratory care or perfusion, as applicable, for a period of at least 12 months preceding the date on which the application is submitted. (NAC 630.513, 630.715)

Assembly Bill No. 319 of the 2025 Legislative Session removed a requirement that an applicant for a license as a perfusionist pass an examination given by the American Board of Cardiovascular Perfusion, or its successor organization, and instead requires such an applicant to be certified by that organization. (Sections 34-37 and 84 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at pages 1612, 1613 and 1644) **Sections 11 and 12** of this regulation accordingly eliminate references to the examination.

Existing regulations provide that the Board will issue not more than 15 hours of continuing education during a biennial licensing period to a physician assistant or 10 hours of continuing education during a biennial licensing period for an anesthesiologist assistant who performs a medical review for the Board. (Section 10 of LCB File No. R068-23 and section 12 of LCB File No. R069-23) **Sections 13 and 14** of this regulation increase the number of hours of continuing education that the Board will issue to a physician assistant or anesthesiologist, respectively, for performing such medical reviews.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. *If the Board denies an application for any type of license to practice medicine, including, without limitation, a limited license or other special category of license, the Board may prohibit the applicant whose application was denied from reapplying for such a license or applying for any other type of license to practice medicine offered by the Board for a period of 1 year to 3 years after the date of the denial.*

Sec. 3. 1. *The Board will notify an applicant for a license as a physician assistant of any deficiency which prevents any further action on the application or results in the denial of*

the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a physician assistant, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 4. *1. The Board will notify an applicant for a license as a genetic counselor of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.*

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a genetic counselor, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 5. NAC 630.050 is hereby amended to read as follows:

630.050 1. The Board will not accept any application for any type of license to practice medicine in this State if the Board cannot substantiate that the medical school from which the applicant graduated provided the applicant with a resident course of professional instruction equivalent to that provided in the United States or a Canadian medical school approved by either

the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or by the Committee on Accreditation of Canadian Medical Schools.

2. Except as otherwise provided in NAC 630.130, an applicant for any license to practice medicine must file his or her sworn application with the Board. The application must:

- (a) Include all documentation required by the application;
- (b) Include complete answers to all questions on the form; and
- (c) Be accompanied by the applicable fee.

~~[3.— If the Board denies an application for any type of license to practice medicine in this State, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.]~~

Sec. 6. NAC 630.080 is hereby amended to read as follows:

630.080 1. ~~[For the purposes of paragraph (d) of subsection 2 of NRS 630.160, an]~~ **An** applicant for a license to practice medicine must, except as otherwise provided in subsection 2, pass an examination, designated by the Board, to test the competency of the applicant to practice medicine, including, without limitation:


- (a) The Special Purpose Examination;
- (b) An examination testing competence to practice medicine conducted by physicians; or
- (c) Any other examination designed to test the competence of the applicant to practice medicine.

2. The Board will deem an applicant to have satisfied the requirements of subsection 1 if:

- (a) Within 10 years before the date of an application for a license to practice medicine in this State, the applicant has passed:

- (1) Part III of the examination given by the National Board of Medical Examiners;
- (2) Component II of the Federation Licensing Examination;
- (3) Step 3 of the United States Medical Licensing Examination;
- (4) All parts of the examination to become a licentiate of the Medical Council of Canada;
- (5) The examination for primary certification or recertification by a specialty board of the American Board of Medical Specialties and received primary certification from that board; or
- (6) The Special Purpose Examination; or

(b) The applicant is currently certified and was certified prior to recertification or maintenance of certification requirements by a specialty board of the American Board of Medical Specialties, agrees to maintain that certification throughout any period of licensure in this State and has actively practiced clinical medicine for the past 5 years in any state or country in which the applicant is licensed or officially authorized to practice.

3. For the purposes of subparagraph (3) of paragraph (b) of subsection 2 of NRS 630.160 , *as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597:*

(a) An applicant for a license to practice medicine must pass Step 1, Step 2 and Step 3 of the United States Medical Licensing Examination in not more than a total of nine attempts and must pass Step 3 in not more than a total of three attempts; and

(b) An applicant:

(1) Who holds a degree of doctor of medicine must pass all steps of the examination within 7 years after the date on which the applicant first passes any step of the examination; or

(2) Who holds a degree of doctor of medicine and a degree of doctor of philosophy must pass all steps of the examination within 10 years after the date on which the applicant first passes any step of the examination.

4. *Unless waived by the Board upon a determination that the applicant has demonstrated sufficient qualifications to practice medicine in this State, an applicant for a license by endorsement to practice medicine who has passed Step 1, Step 2 and Step 3 of the United States Medical Licensing Examination to satisfy the requirements of subparagraph (1) of paragraph (b) of subsection 1 of NRS 630.1605, as amended by section 15 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1599, must satisfy the requirements of subsection 3.*

5. *If an applicant for a license by endorsement to practice medicine has passed an examination listed in paragraph (a) of subsection 2 more than 10 years before the date of his or her application, the Board may deem the applicant to have satisfied the requirements of subsection 1 upon a determination that the applicant has demonstrated sufficient qualifications to practice medicine in this State.*

6. For any examination conducted by the Board for a license to practice medicine, an applicant must answer correctly at least 75 percent of the questions propounded. The Board will use the weighted average score of 75, as determined by the Federation of State Medical Boards of the United States, Inc., to satisfy the required score of 75 percent for passage of the Special Purpose Examination and the United States Medical Licensing Examination.

~~{5.}~~ 7. The Board will authorize the Federation of State Medical Boards of the United States, Inc., to administer the Special Purpose Examination or the United States Medical Licensing Examination on behalf of the Board.

~~6.~~ 8. An applicant for a license to practice medicine and a person who holds a license to practice medicine must pay the reasonable costs of any examination required for licensure and any examination ordered pursuant to NRS 630.318.

Sec. 7. NAC 630.130 is hereby amended to read as follows:

630.130 1. The applicant for a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application with the Board on the standard form for application for a license to practice medicine and submit with the application such proofs and documents as are required on the form to the extent that the proofs and documents are applicable to the issuance of the limited license.

2. The application must be accompanied by written confirmation from the institution sponsoring the graduate program of clinical training that the applicant has been appointed to a position in the program. If the applicant is not a citizen of the United States, the applicant must also provide satisfactory evidence from the United States Citizenship and Immigration Services of the Department of Homeland Security that he or she is lawfully entitled to remain and work in the United States.

3. The Board will review the application and, upon approval, issue the limited license. An applicant for a limited license may be required to appear before the Board or one of its members for an oral interview before the issuance of the limited license.

4. *An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.*

5. A limited license issued under this section will state on its face that it is a limited license to practice medicine as a resident physician in a graduate program of clinical training, and the

period during which it is valid. If the licensee is not a citizen of the United States, a limited license is valid only as long as the licensee is lawfully entitled to remain and work in the United States.

Sec. 8. NAC 630.230 is hereby amended to read as follows:

630.230 1. A person who is licensed as a physician or physician assistant shall not:

- (a) Falsify records of health care;
- (b) Falsify the medical records of a hospital so as to indicate his or her presence at a time when he or she was not in attendance or falsify those records to indicate that procedures were performed by him or her which were in fact not performed by him or her;
- (c) Render professional services to a patient while the physician or physician assistant is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;
- (d) Acquire any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge;
- (e) Prescribe anabolic steroids for any person to increase muscle mass for competitive or athletic purposes;
- (f) Make an unreasonable additional charge for tests in a laboratory, radiological services or other services for testing which are ordered by the physician or physician assistant and performed outside his or her own office;
- (g) Allow any person to act as a medical assistant in the treatment of a patient of the physician or physician assistant, unless the medical assistant has sufficient training to provide the assistance;

(h) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;

(i) If the person is a physician, fail to provide adequate supervision of a physician assistant or an anesthesiologist assistant or adequate collaboration with an advanced practice registered nurse with whom the physician is collaborating;

(j) Fail to honor the advance directive of a patient without informing the patient or the surrogate or guardian of the patient, and without documenting in the patient's records the reasons for failing to honor the advance directive of the patient contained therein;

(k) Engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the policies set forth in the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187;

(l) Administer or use, or allow any person under his or her supervision, direction or control to administer or use, a single-use medical device:

(1) For more than one procedure;

(2) For more than one patient; or

(3) In a manner inconsistent with the manufacturer's instructions or directions included on or with the single-use medical device;

(m) Require or ask a patient to waive his or her right to file a complaint with the Board;

(n) ***Require or ask a patient to waive his or her right to file a civil action against the physician or physician assistant in any court;***

(o) Condition care or treatment on the provision of a waiver described in paragraph (m) ~~(n)~~ ***or (n)***; or

~~(p)~~ (p) Engage in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient’s privacy or sexually demeaning.

2. *The provisions of paragraph (n) of subsection 1 must not be construed to prohibit a physician or physician assistant from engaging in legitimate, good faith discussions with a patient or his or her attorney regarding the settlement of a claim.*

3. A physician or physician assistant shall comply with all applicable provisions of chapters 440 and 629 of NRS and any regulation adopted pursuant thereto.

~~(3)~~ 4. As used in this section:

(a) “Chronic pain” has the meaning ascribed to it in section 3 of the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187.

(b) “Single-dose vial” means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer’s instructions:

(1) Contains only one dose of a medication; and

(2) May be used for only one patient.

(c) “Single-use medical device” means a medical device that is intended for one use or on a single patient during a single procedure and includes, without limitation, a blade, clip, catheter, implant, insufflator, lancet, needle, sleeve, syringe and single-dose vial.

Sec. 9. NAC 630.505 is hereby amended to read as follows:

630.505 1. An application for licensure as a practitioner of respiratory care must be made on a form supplied by the Board. The application must include:

(a) The date of birth and the birthplace of the applicant and his or her sex;

(b) The postsecondary education of the applicant as a practitioner of respiratory care, including, without limitation, postsecondary institutions and professional institutions attended, the length of time in attendance at each institution and whether he or she is a graduate of those institutions;

(c) A list of each license as a practitioner of respiratory care that the applicant currently holds or has held in the District of Columbia or in another state or territory of the United States or in any other country;

(d) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;

(e) Whether the applicant has ever been investigated for misconduct as a practitioner of respiratory care or had a license as a practitioner of respiratory care revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against him or her by a licensing body in the District of Columbia or in another state or territory of the United States or in any other country;

(f) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) An offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding a minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(g) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of controlled substances;

(h) Whether the applicant has an untreated medical condition that may affect his or her ability to practice respiratory care; and

(i) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

(a) Proof of completion of an educational program as a practitioner of respiratory care that is approved by the ~~[Commission on Accreditation of Allied Health Education Programs or its successor organization or the]~~ Commission on Accreditation for Respiratory Care or its successor organization;

(b) Proof of passage of the examinations required by NRS 630.277 and NAC 630.500 and 630.515; and

(c) Such further evidence and other documents or proof of qualifications as required by the Board.

3. Each application must be signed by the applicant accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of an education program as a practitioner of respiratory care required by subsection 2;

(b) The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

5. An applicant shall pay the reasonable costs of any examination required for licensure.

6. As used in this section, “license as a practitioner of respiratory care”:

(a) Means any professional credential that authorizes a person to engage in the practice of respiratory care; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a practitioner of respiratory care.

Sec. 10. NAC 630.513 is hereby amended to read as follows:

630.513 1. An application for licensure by endorsement as a practitioner of respiratory care must be made on a form supplied by the Board. The application must include:

(a) The date of birth and the birthplace of the applicant and his or her sex;

(b) The postsecondary education of the applicant as a practitioner of respiratory care, including, without limitation, postsecondary institutions and professional institutions attended, the length of time in attendance at each institution and whether he or she is a graduate of those institutions;

(c) A list of each license as a practitioner of respiratory care that the applicant currently holds or has held in the District of Columbia or in another state or territory of the United States or in any other country;

(d) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;

(e) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States or in any other country in which the applicant currently holds or has held a license as a practitioner of respiratory care;

(f) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States or in any other country for misconduct relating to his or her license as a practitioner of respiratory care;

(g) Whether the applicant has had a license as a practitioner of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States or in any other country;

(h) Whether the applicant has pending any disciplinary action concerning his or her license as a practitioner of respiratory care in the District of Columbia or any state or territory of the United States or in any other country;

(i) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding a minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(j) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution prescribing or dispensing of controlled substances;

(k) Whether the applicant has an untreated medical condition that may affect his or her ability to practice respiratory care; and

(l) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

(a) Proof that he or she holds a corresponding valid and unrestricted license to engage in the practice of respiratory care in the District of Columbia or any state or territory of the United States;

~~(b) Proof that he or she has engaged in the practice of respiratory care for a period of at least 12 months immediately preceding the date on which the application is submitted;~~

~~(c)~~ Proof of completion of an educational program as a practitioner of respiratory care that is approved by the ~~Commission on Accreditation of Allied Health Education Programs or its successor organization or the~~ Commission on Accreditation for Respiratory Care or its successor organization, or another educational program as approved by the Board;

~~(d)~~ (c) Proof of passage of the examinations required by NRS 630.277 and NAC 630.500 and 630.515;

~~(e)~~ (d) Such further evidence and other documents or proof of qualifications as required by the Board;

~~(f)~~ (e) The statement prescribed by the Division of Social Services of the Department of Human Services pursuant to NRS 425.520;

~~(g)~~ (f) An affidavit stating that the information contained in the application and any accompanying material is true and complete; and

~~(h)~~ (g) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of an education program as a practitioner of respiratory care required by subsection 2;

(b) The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

5. An applicant shall pay the reasonable costs of any examination required for licensure.

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to engage in the practice of respiratory care to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph ~~(h)~~ (g) of subsection 2,

↳ whichever occurs later.

7. A license by endorsement to engage in the practice of respiratory care in this State issued pursuant to this section may be issued at a meeting of the Board or between its meetings by the presiding member of the Board and the executive director of the Board. Such an action shall be deemed to be an action of the Board.

8. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge not more than one-half the fee established pursuant to NRS 630.268, as amended by section 3 of Assembly Bill No. 56, chapter 18, Statutes of Nevada 2025, at page 92, for the initial issuance of the license.

9. The Board will not issue a license by endorsement pursuant to this section if an applicant has:

(a) Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant current holds or has held a license as a practitioner of respiratory care or an equivalent license;

(b) Had his or her license as a practitioner of respiratory care or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

(c) Been refused or denied a license as a practitioner of respiratory care or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in subsection 9 and NAC 630.510 and 630.540, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph ~~(h)~~ (g) of subsection 2; or

(b) The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary action against the applicant as a licensee and the Board has not previously taken disciplinary action against the applicant based on that conviction.

11. As used in this section, “license as a practitioner of respiratory care”:

(a) Means any professional credential that authorizes a person to engage in the practice of respiratory care; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a practitioner of respiratory care.

Sec. 11. NAC 630.700 is hereby amended to read as follows:

630.700 1. An application for licensure as a perfusionist must be made on a form provided by the Board. The application must set forth:

(a) The date and place of birth of the applicant;

(b) The gender of the applicant;

(c) The postsecondary education of the applicant as a perfusionist, including, without limitation, each postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those institutions;

(d) Each license to practice perfusion that the applicant currently holds or has held in the District of Columbia another state or territory of the United States or in any other country;

(e) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;

(f) If the applicant has ever been investigated for misconduct in the practice of perfusion, had a license to practice perfusion revoked, modified, limited or suspended or had any disciplinary action or proceeding instituted against the applicant by a licensing body in the District of Columbia or in another state or territory of the United States or in any other country, the dates, circumstances and disposition of each such occurrence;

(g) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(h) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of a controlled substance;

(i) Whether the applicant has an untreated medical condition that may affect his or her ability to practice perfusion; and

(j) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

(a) Proof of completion of a perfusion education program that satisfies the requirements of NRS 630.2691. For the purpose of that section, the following perfusion education programs shall be deemed approved by the Board:

(1) Any perfusion education program completed by the applicant on or before June 1, 1994, which was approved by the Committee on Allied Health Education and Accreditation of the American Medical Association;

(2) Any perfusion education program completed by the applicant after June 1, 1994, which was accredited by the Accreditation Committee-Perfusion Education and approved by the

Commission on Accreditation of Allied Health Education Programs of the American Medical Association, or its successor; or

(3) Any other perfusion education program completed by the applicant, the educational standards of which the Board determines are at least as stringent as those established by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association, or its successor.

(b) ~~Except as otherwise provided in NRS 630.2693, proof of passage of the certification examination given by the American Board of Cardiovascular Perfusion or its successor, as required by NRS 630.2692.~~

~~(c)~~ Such further evidence and other documents or proof of qualifications as are required by the Board.

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of a perfusion education program required by subsection 2;

(b) The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant was aware; and

(c) All of the information contained in the application and any accompanying material is complete and correct.

4. The application must be accompanied by the applicable fee.

5. An applicant shall pay the reasonable costs of any examination required for licensure.

6. As used in this section, “license to practice perfusion”:

(a) Means any professional credential that authorizes a person to engage in the practice of perfusion; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a perfusionist.

Sec. 12. NAC 630.715 is hereby amended to read as follows:

630.715 1. An application for licensure by endorsement as a perfusionist must be made on a form supplied by the Board. The application must include:

- (a) The date and place of birth of the applicant;
- (b) The gender of the applicant;
- (c) The postsecondary education of the applicant as a perfusionist, including, without limitation, each postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those institutions;
- (d) Each license to practice perfusion that the applicant currently holds or has held in the District of Columbia or in another state or territory of the United States or in any other country;
- (e) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;
- (f) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States or in any other country in which the applicant currently holds or has held a license to practice perfusion;
- (g) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States or in any other country for misconduct relating to his or her license to practice perfusion;

(h) Whether the applicant has had a license to practice perfusion suspended or revoked in the District of Columbia or any state or territory of the United States or in any other country;

(i) Whether the applicant has pending any disciplinary action concerning his or her license to practice perfusion in the District of Columbia or any state or territory of the United States or in any other country;

(j) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense involving or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(k) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of a controlled substance;

(l) Whether the applicant has an untreated medical condition that may affect his or her ability to practice perfusion; and

(m) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

(a) Proof that he or she holds a corresponding valid and unrestricted license to practice perfusion in the District of Columbia or any state or territory of the United States.

(b) ~~Proof that he or she has engaged in the practice of perfusion for a period of at least 12 months immediately preceding the date on which the application is submitted.~~

~~(e)~~ Proof of completion of a perfusion education program that satisfies the requirements of NRS 630.2691. For the purpose of that section, the following perfusion education programs shall be deemed approved by the Board:

(1) Any perfusion education program completed by the applicant on or before June 1, 1994, which was approved by the Committee on Allied Health Education and Accreditation of the American Medical Association;

(2) Any perfusion education program completed by the applicant after June 1, 1994, which was accredited by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association or its successor; or

(3) Any other perfusion education program completed by the applicant, the educational standards of which the Board determines are at least as stringent as those established by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association or its successor.

~~[(d) Unless the examination requirement is waived pursuant to NRS 630.2693, proof of passage of the certification examination given by the American Board of Cardiovascular Perfusion or its successor, as required by NRS 630.2692.]~~

~~(e)~~ (c) Such further evidence and other documents or proof of qualifications as required by the Board.

~~[(f)]~~ (d) The statement prescribed by the Division of Social Services of the Department of Human Services pursuant to NRS 425.520.

~~(g)~~ (e) An affidavit stating that the information contained in the application and any accompanying material is true and complete.

~~(h)~~ (f) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of an education program as a perfusionist required by subsection 2;

(b) The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

5. An applicant shall pay the reasonable costs of any examination required for licensure.

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice perfusion to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph ~~(h)~~ (f) of subsection 2,

↳ whichever occurs later.

7. A license by endorsement to practice perfusion in this State issued pursuant to this section may be issued at a meeting of the Board or between its meetings by the presiding member of the Board and the executive director of the Board. Such an action shall be deemed to be an action of the Board.

8. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of the veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268, as amended by section 3 of Assembly Bill No. 56, chapter 18, Statutes of Nevada 2025, at page 92, for the initial issuance of the license.

9. The Board will not issue a license by endorsement pursuant to this section if an applicant has:

(a) Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license as a perfusionist or an equivalent license;

(b) Had his or her license as a perfusionist or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

(c) Been refused or denied a license as a perfusionist or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in subsection 9 and NAC 630.710 and 630.770, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph ~~(4)~~ (f) of subsection 2; or

(b) The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary action against the applicant as a licensee and the Board has not previously taken disciplinary action against the applicant based on that conviction.

11. As used in this section, “license to practice perfusion”:

(a) Means any professional credential that authorizes a person to engage in the practice of perfusion; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a perfusionist.

Sec. 13. Section 10 of LCB File No. R068-23 is hereby amended to read as follows:

Sec. 10. The Board may issue not more than ~~(15)~~ 20 hours of continuing medical education during a biennial licensing period to a physician assistant if the physician assistant performs a medical review for the Board. The hours issued by the Board:

1. May be credited against the hours required by NAC 630.350 for a biennial period of registration;

2. Except as otherwise provided in subsection 3, must be equal to the actual time of the medical review; and

3. May not be more than 10 hours per medical review.

Sec. 14. Section 12 of LCB File No. R069-23 is hereby amended to read as follows:

Sec. 12. The Board may issue not more than ~~10~~ 20 hours of continuing education during a biennial licensing period to an anesthesiologist assistant who performs a medical review for the Board. The hours issued by the Board:

1. May be credited against the hours of continuing education required for a biennial licensing period by section 11 of LCB File No. R069-23;
2. Except as otherwise provided in subsection 3, must be equal to the actual time involved in performing the medical review; and
3. May not exceed 10 hours per medical review.

Sec. 15. Section 2 of LCB File No. R033-24 is hereby amended to read as follows:

Sec. 2. 1. Each applicant for a license to practice medicine or physician who wishes to practice in a new medical specialty area must:

(a) Designate to the Board each medical specialty area in which the applicant or physician, as applicable, intends to practice; and

(b) Provide to the Board:

(1) Evidence that the applicant or physician, as applicable, meets the requirements of paragraph (a) or (b) of subsection 2; or

(2) The evidence required by subsection 3.

2. A physician may only practice in a medical specialty area if the physician has:

(a) Been certified in that medical specialty area by a specialty board of the American Board of Medical Specialties;

(b) Successfully completed a postgraduate training program which ~~is~~ :

(1) Is approved by the Accreditation Council for Graduate Medical Education or an organization approved by the Board that accredits graduate medical education in an

equivalent foreign country and is nationally recognized in the applicable equivalent foreign country; and ~~[which provides]~~

(2) *Provides* the physician with complete training in the medical specialty area; or

(c) Obtained the approval of the Board pursuant to subsection 3 to practice in that medical specialty area.

3. An applicant for a license to practice medicine or a physician who wishes to practice in a medical specialty area for which no specialty board of the American Board of Medical Specialties exists may request the approval of the Board to practice in that medical specialty area by submitting to the Board evidence that the applicant or physician, as applicable:

(a) Is not able to satisfy the requirements of paragraph (b) of subsection 2; and

(b) Has successfully completed training in the medical specialty area that is substantially similar in rigor, length and examinations of competency as is required by a specialty board of the American Board of Medical Specialties.

4. For the purposes of paragraph (e) of subsection 1 of NRS 630.306, a physician who practices outside the medical specialty area designated pursuant to this section shall, except as otherwise provided in this section, be deemed to be performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training. This subsection does not apply to a physician who is practicing outside of the medical specialty area designated pursuant to this section in:

(a) A life-threatening emergency, including, without limitation, at the scene of an accident;

(b) An emergency situation, including, without limitation, human-caused or natural disaster relief efforts; or

(c) Any other situation where the physician is authorized by law to practice outside of that medical specialty area.

Sec. 16. Section 5 of LCB File No. R033-24 is hereby amended to read as follows:

Sec. 5. 1. The Board will notify an applicant for a license as a practitioner of respiratory care of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a practitioner of respiratory care, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 17. Section 6 of LCB File No. R033-24 is hereby amended to read as follows:

Sec. 6. 1. The Board will notify an applicant for a license as a perfusionist of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a perfusionist, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 18. Section 7 LCB File No. R033-24 is hereby amended to read as follows:

Sec. 7. 1. The Board will notify an applicant for a license as an anesthesiologist assistant of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as an anesthesiologist assistant, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 19. 1. This section and sections 1, 2, 3 and 5 to 18, inclusive, of this regulation become effective on the date on which this regulation is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070.

2. Section 4 of this regulation becomes effective:

(a) If, and only if, LCB File No. R055-25 is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070; and

(b) On the later of:

(1) The date on which this regulation is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070; or

(2) The date on which LCB File No. R055-25 is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070.

MINUTES OF WORKSHOP

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Nick M. Spirtos, M.D., F.A.C.O.G.
Board President

Edward O. Cousineau, J.D.
Executive Director



*** * * MINUTES * * ***

REGULATION WORKSHOP ON LCB FILE NO. R046-26

Held in the Conference Room at the Offices of the
Nevada State Board of Medical Examiners
9600 Gateway Drive, Reno, Nevada 89521

and teleconferenced to

The Conference Room at the Offices of the
Nevada State Board of Medical Examiners
325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119

and via Teams

THURSDAY, MAY 14, 2026 – 1:30 p.m.

Staff Present

Sarah A. Bradley, J.D., MBA, Deputy Executive Director
Mercedes Fuentes, Senior Legal Assistant
Emily Tozer, Legal Assistant
Kory Linn, Chief of Licensing
Lynna Pili-Eskeets, Investigations Administrative Assistant

Public Present

RENO
No Public Present

LAS VEGAS
No Public Present

ONLINE VIA TEAMS
Cade Grogan
Sabrina Petrel
Zoe Houghton

Agenda Item 1

CALL TO ORDER AND INTRODUCTIONS

The meeting was called to order by Sarah A. Bradley, J.D., MBA, Deputy Executive Director, at 1:32 p.m. Ms. Bradley stated that this was the time and place for the regulation workshop for R046-26.

Agenda Item 2

PUBLIC COMMENT

Ms. Bradley stated this was the time for members of the public to provide general public comment. She noted that written comments could also be submitted for the record and that any comments, whether verbal or written, would be received by the Board.

There was no public comment from participants online or at the Board's Reno and Las Vegas offices.

Agenda Item 3

PRESENTATION AND DISCUSSION OF PROPOSED REGULATION LCB FILE NO. R046-26

Ms. Bradley advised this workshop will be followed by a public regulation hearing that is scheduled for May 22, 2026. All the comments received from both this workshop and the public hearing will be compiled and presented to the Board at the June 5, 2026 Board Meeting for possible adoption by the Board. The next steps include sending the regulation and required forms to the Legislative Counsel Bureau after the Board adopts the regulation and approval of the regulation by the Legislative Commission at a meeting.

Sections 2 through 4:

Ms. Bradley stated that these sections add provisions to NAC Chapter 630 regarding incomplete applications and license denials for physicians, physician assistants, and genetic counselors in order to be consistent with provisions for the other license types issued by the Board.

Section 5:

Ms. Bradley stated that this section removes NAC 630.050(3) and adds it to Section 2 of this regulation.

Section 6:

Ms. Bradley stated this section amends NAC 630.080 to be consistent with changes made to NRS 630.160 in the 2025 Legislative Session in AB319. It also specifies what requirements the Board may waive for physician applicants applying for licensure by endorsement pursuant to NRS 630.1605, as amended in the 2025 Legislative Session.

Section 7:

Ms. Bradley stated this provision adds the ability of an applicant for a license as a resident physician to appeal a denial of licensure to the Board within 90 days. Applicants for all other license types issued by the Board already can appeal a denial in this same timeframe.

Section 8:

Ms. Bradley stated this section amends NAC 630.230 and adds that a physician or physician assistant may not condition the provision of care upon a patient's waiver of his or her right to file a civil action against the physician or physician assistant.

Section 9:

Ms. Bradley stated this section amends NAC 630.505 updating the name of the accrediting entity for respiratory care programs. She explained that subsection (2)(a) is being amended to reflect that programs are now accredited by the Commission on Accreditation for Respiratory Care and removing the reference to the Commission on Accreditation of Allied Health Education Programs. Ms. Bradley noted that while a recent legislative subcommittee update incorporates a grandfather clause into the statutes to protect past graduates who were credentialed under the prior entity, this specific amendment serves to update the current regulatory text for modern accreditation standards.

Section 10:

Ms. Bradley stated this section amends NAC 630.513 regarding licensure by endorsement for practitioners of respiratory care. Currently, the regulation requires endorsement applicants to have actively practiced for the 12 months immediately preceding their application date. The proposed amendment strikes this 12-month practice requirement and allows applicants to qualify for licensure by endorsement by demonstrating a license in good standing in another state or territory, completion of an approved educational program, current certification, and passing scores on the necessary examinations. For applicants that have not practiced clinically for more than 24 months prior to applying for licensure, the Board may require the applicant to prove his or her clinical competency pursuant to NRS 630.257.

Section 11:

Ms. Bradley stated this section amends NAC 630.700(2)(b) and removes the requirement for applicants to submit separate proof of passing the required examinations. She explained that because obtaining an active certification requires passing the examination, verifying an applicant's certification satisfies this requirement.

Section 12:

Ms. Bradley stated this section amends NAC 630.715 regarding licensure by endorsement for perfusionists. Currently, the regulation requires endorsement applicants to have actively practiced for the 12 months immediately preceding their application date. The proposed amendment strikes this 12-month practice requirement and allows applicants to qualify for licensure by endorsement by demonstrating a license in good standing in another state or territory, completion of an approved educational program, and current certification. For applicants that have not practiced clinically for more than 24 months prior to applying for licensure, the Board may require the applicant to prove his or her clinical competency pursuant to NRS 630.257. This section also removes the requirement for applicants to submit proof of passing the required examinations in order to be consistent with the changes made in Section 11.

Section 13:

Ms. Bradley stated this amends section 10 of LCB File No. R068-23 regarding CMEs for physician assistants when they perform medical reviews for the Board. Ms. Bradley explained that a review of CME provisions revealed inconsistencies across professions licensed by the Board regarding the number of continuing education hours allowed. Other licensees conducting medical reviews are permitted to earn up to half of their total required CME hours needed for renewal. Because physician assistants are required to complete 40 CME hours per renewal cycle, matching the requirement for physicians, this amendment increases the maximum allowable credit for Board medical reviews from 15 hours to 20 hours to ensure consistency.

Section 14:

Ms. Bradley stated this section mirrors the amendments made in Section 13, applying the same CME adjustments for anesthesiologist assistants providing medical reviews for the Board. The amendment increases the maximum possible credit for performing Board medical reviews to 20 hours, ensuring consistency and equity across license types.

Section 15:

Ms. Bradley stated this section amends LCB File Number R033-24 to update from a change enacted during the 2025 Legislative Session in AB319. She explained that the legislation, introduced by Assemblymember Orentlicher, added provisions recognizing specific "equivalent foreign countries" for physicians. While the Board historically treated Canadian postgraduate training programs as equivalent to United States programs, the new statutory language expands this designation to include the United Kingdom, Australia, and New Zealand. This amendment updates Section 2 of LCB File No. R033-24 to specify that acceptable postgraduate training programs must be accredited either by the Accreditation Council for Graduate Medical Education or by a nationally recognized equivalent entity approved by the Board within equivalent foreign countries.

Section 16:

Ms. Bradley stated this section amends Section 5 of LCB File Number R033-24, incorporating the standardized language regarding licensure denials and subsequent reapplication prohibitions. The provision grants the Board the authority to restrict a denied respiratory care practitioner applicant from reapplying for a period of one to three years. She reiterated that while licensing denials for this profession are historically rare, this amendment ensures consistency across all license types.

Sections 17-18:

Ms. Bradley stated that these sections update Sections 5 and 6 of LCB File No. R033-24 regarding the Board potentially including a timeframe (1 to 3 years) during which an applicant may not re-apply for licensure, if the Board denies licensure to an applicant for licensure as a practitioner of respiratory care or perfusionist in order to be consistent with provisions for the other license types issued by the Board.

Section 19:

Ms. Bradley stated this section establishes the effective dates for the proposed regulatory changes. Generally, the specified regulatory sections will become effective on the date the regulation is formally

approved by the Legislative Commission and stamped filed by the Secretary of State. She further explained that for Section 4, those changes will become effective on the later of the date when these regulations are approved by the Legislative Commission and filed with the Secretary of State or when the regulations contained in LCB File No. R055-25 are approved by the Legislative Commission and filed with the Secretary of State.

Agenda Item 4

QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION LCB FILE NO. R046-26

Ms. Bradley opened the question-and-answer period for the proposed regulations, explaining that this portion of the meeting was intended for participants to raise any questions they might have regarding this regulation.

There was no public comment from Teams attendees or at the Board's Reno and Las Vegas offices.

Agenda Item 5

PUBLIC COMMENT FOR PROPOSED REGULATION LCB FILE NO. R046-26

Ms. Bradley moved to Item 5, the period for public comment specifically on the regulation. She again checked with Teams attendees, the Reno office, and the Las Vegas office; no public comment was offered in any location.

Agenda Item 6

PUBLIC COMMENT

Ms. Bradley then moved to Item 6, the general public comment period not limited to the regulation. She asked for general public comment online, and in Reno, and Las Vegas. No comments were offered.

Agenda Item 7

ADJOURNMENT

Ms. Bradley thanked everyone for attending, encouraged participants to reach out with any questions, and adjourned the meeting at 1:54 p.m.

* * * * *

TRANSCRIPT OF PUBLIC HEARING

1 Notice of Intent to Act Upon Regulation
2 Of the Board of Medical Examiners
3 For LCB File No. R046-26
4
5
6

7 Moderated by Sarah Bradley

8 Friday, May 22, 2026

9 11:04 a.m.

10
11
12 Nevada State Board of Medical Examiners Office

13 9600 Gateway Drive

14 Reno, NV 89521

15 (775) 321-6111
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20 Reported by: Adriane Bell

21 JOB NO: 8047999
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A P P E A R A N C E S

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List of Attendees:

Sarah Bradley, JD, MBA Deputy Executive Director

Lynna Pili Eskeets, Administrative Assistant

Mercedes Fuentes, Legal Assistant

1 P R O C E E D I N G S

2 MS. BRADLEY: All right. So it is
3 11:04 a.m., and it is Friday, May 22, 2026. And my
4 name is Sarah Bradley, and I am the deputy executive
5 director of the board. And I will be leading this
6 regulation workshop.

7 And then, for anyone observing that's
8 new, I'm generally the one that works on regulation.
9 So if you have questions or comments or other things
10 about regulations, please do reach out to me, and we
11 can talk about that.

12 So we are today doing a regulation
13 hearing on LCB File Number R046-26. So we will now
14 move to item number 2.

15 Oh, actually, before we do that, just
16 for anyone listening in, so this is one of the steps
17 to make this regulation effective. However, we have a
18 little bit more to go. So after today, today's the
19 public hearing, we will compile all of the comments
20 received and provide those to the board.

21 And the board will review those on its
22 June 5th board meeting. We hope that the board will
23 vote to adopt the regulation after they review those
24 comments and review the regulation itself.

25 And then once they adopt it, I then

1 prepare some paperwork to send it to the Legislative
2 Counsel Bureau. They will then review that, and they
3 will add it to a Legislative Commission meeting.

4 And the Legislative Commission is a
5 group of legislators, a subset of the legislature,
6 that reviews regulations and approves them or not.
7 And we do have to have the regulation approved by them
8 before it will be effective.

9 Okay. So we'll now move on to public
10 comment. And this is the time where any member of the
11 public can provide public comment, and it can be on
12 any issue you'd like to bring to our attention, not
13 related to the regulation or related, but I do have
14 specific spots for you to make comments about the
15 regulation later in the agenda.

16 So if there's any public comment
17 online, please raise your hand, and I will call on
18 you. Not seeing that.

19 Is there any public comment in the Reno
20 office?

21 MS. FUENTES: Hi, Sarah, it's Mercedes.
22 There is no public comment here.

23 MS. BRADLEY: Thank you.

24 Any public comment in the Las Vegas
25 office?

1 MS. ESKEETS: Hi, Sarah, it's Lynna.
2 There's no public comment from the south.

3 MS. BRADLEY: All right. Thank you so
4 much.

5 All right, I will move on to item
6 number 3. And so this is a presentation and
7 discussion of the proposed regulations contained in
8 LCB File Number R046-260. And this is really where
9 I'm just going to go through the regulation and talk
10 about what it does and why it's here.

11 So we will start with -- so Section 1,
12 and I always wonder why they do this. They just give
13 me this general sentence that says we're amending the
14 chapter. And so really the meat of it starts in
15 Section 2.

16 This is adding in that if the board
17 denies an application for licensure, they can
18 prescribe a period of one to three years after the
19 date of denial, where -- well, they can, excuse me, a
20 one to three-year period wherein which the person
21 could not apply for licensure. So it would start on
22 that date of denial, and it'd be potentially one to
23 three years.

24 I'm adding this because we had this for
25 other licensed types, and I believe we had this for

1 physicians elsewhere in a provision that was altered.
2 And so we just -- we did want to keep it, and I guess
3 it looks like it's going to be a standalone now based
4 on the drafting that LCB did for us.

5 Section 3. This is adding in the
6 ability for a physician assistant to appeal a denial
7 of an application. We had that for some. It's really
8 just for consistency. We have -- the intent is that
9 all of the license -- all of the applicants for all
10 types of license could appeal to the board within 90
11 days after a denial. Before this, we had it for some
12 and not for others.

13 We're also adding it in Section 4,
14 there for genetic counselors. So again, it's saying
15 that, you know, if there's a deficiency, we will let
16 them know in writing. They can then respond.

17 If they're denied, they have 90 days to
18 appeal to the board, and they would have to show that
19 what we did was wrong. And then if they're still
20 denied, then there's that one to three-year period
21 that the board could impose. They don't have to.

22 Really, that's just there in case we
23 have someone that just keeps applying, or something
24 like that. And it's kind of, you know, a burden. And
25 we want to kind of have them wait some time.

1 Section 5 is amending NAC 630.050. And
2 yeah, this is why there's that standalone. So in this
3 provision, there was already that one to three-year
4 period for a physician that could be prohibited from
5 reapplying if they were denied.

6 And I'm not really sure why, but when
7 we asked for these other changes, the Legislative
8 Counsel Bureau will be removed that number three, and
9 created that new standalone provision that's in number
10 two -- Section 2. I'm not certain why they did that,
11 but it -- the content is there, so we're fine with it.

12 Section 6, this is amending NAC
13 630.080. Getting rid of that first sentence there
14 because we amended NRS 630.160 this last session. And
15 so we don't need that reference there anymore. This
16 is just kind of to update this provision so that it
17 complies with the changes made to the NRS 630.160.

18 And then we also are adding in, in
19 number three there, a reference to 319, AB319, which
20 again was part of the amendment to the 160, and it's
21 really talking about the number of times that a person
22 takes to pass the USMLE. And so that's really what's
23 here in number four.

24 So if someone is applying for
25 endorsement, they have to pass all the steps of the

1 USMLE, but the board could potentially waive that.

2 And that's really what we're trying to clarify here.

3 So the board could waive that they have
4 to do it within nine attempts and within the years
5 that we require for traditional applicants, if they're
6 applying by endorsement, and if the board opts to do
7 so.

8 And then the same is true with number
9 five, there is, we are clarifying that if they haven't
10 taken a major exam in more than ten years, the board
11 could not require that.

12 But the board could, and we get a lot
13 of questions about this sometimes, because a lot of
14 times people will have more than one thing they want
15 the board to waive, and the board sometimes says,
16 "Well, we'd like you to take that exam, but we will
17 waive the USMLE time and number requirements."

18 And so this is clarifying that, and
19 it's again primarily because of the change that we
20 made in 630.160 and our intent to make this more clear
21 to applicants.

22 Section 7 is amending NAC 630.130. And
23 this also is adding in an appeal ability for a
24 resident if their application is denied, just like we
25 had for the others. I'm not sure that we really had

1 that happen. We have very few denials.

2 I know -- I presented yesterday at the
3 legislature, and we haven't had any denials since -- I
4 mean, that -- I can't even say that there was one
5 before that, but at least from July 1 of last year to
6 April 30th of this year, there's been no denials.

7 Section 8 is amending NAC 630.230. And
8 this is adding in there in number N, it's on page 10,
9 or number, I should say, letter N on page 10.
10 Basically, adding that you can't -- a licensee can't
11 ask a patient to waive their right to file a civil
12 action against the physician or physician assistant
13 and condition care on that.

14 So we're -- previously, we added that
15 letter M that's above it that says they can't make the
16 person waive their right to file a complaint with the
17 board because we've actually had -- we've seen things
18 like that where that's been requested of patients.

19 And so the board -- that's not okay.
20 And -- but this part was left out, the civil action
21 part; it was supposed to be included. So we ask that
22 they be added there.

23 And then LCB added this language in
24 number two that says we can't construe that language
25 to prohibit them from discussing legitimate

1 good-faiths discussions regarding a settlement of a
2 claim. And, yeah, I don't think -- you know, that's
3 not the intent. The intent is really you can't have
4 your consent form say I'll provide treatment if you
5 agree not to sue me.

6 Section 9 amends NAC 630.505. And this
7 is updating on -- it's page 13, Subsection 2. It's
8 updating the name of the entity that's credentialing
9 education programs for practitioners of respiratory
10 care.

11 So they are now all accredited by the
12 Commission on Accreditation for Respiratory Care.
13 Before, that was like a subset group, so we're just
14 updating the name there.

15 Section 10 is amending NAC 630.513. We
16 are -- and I need to look at these provisions and make
17 them be consistent. But -- so this is for
18 endorsement, and we had a question come up because it
19 says here that they have to give us proof that they've
20 practiced respiratory care for at least 12 months
21 immediately preceding the application. But we don't
22 intend for that.

23 Generally speaking, the board wants to
24 see practice within 24 months prior to application for
25 everybody. And if you haven't practiced within 24

1 months prior, the board may ask you to do some sort of
2 competency evaluation or other kind of preceptoring so
3 that they know that you're clinically competent to
4 practice.

5 But this, I'm not sure why this is
6 here, and this was something that kind of came up, and
7 we realized it's just not consistent. It wouldn't be
8 fair to say you have to have 12 months for
9 endorsement, but you don't. You know, you can have 24
10 for the other, and it's really about exam and
11 competency.

12 So we're just getting rid of this here,
13 and I do need to double check, because I think, for
14 some reason, this language is in a couple other of the
15 endorsements.

16 Section 11 is amending NAC 630.700.
17 This is removing a reference on page 21 to -- that
18 requires the person to give us the applicant proof of
19 passage of the examination given by the American Board
20 of Cardiovascular Perfusion. And we don't require
21 that.

22 We do require, obviously, that they
23 take the exam and they pass it, and that they're
24 certified. But knowing that they're certified and
25 giving us proof that they're certified is really all

1 we need. And so we're removing this requirement that
2 they have to give us proof of the examination passage.

3 It's my understanding, actually, that
4 we're not getting that, like, that American Board just
5 tells us that they're certified, and that's kind of
6 the documentation that we get.

7 Section 12 is amending NAC 630.715.
8 Again, we're removing that proof of practice of at
9 least 12 months immediately preceding the date that
10 they submit an endorsement application for a
11 profusionist, because again, it just didn't seem like
12 it made sense, since elsewhere we say the board can
13 ask you to do a competency exam if you haven't
14 practiced in 24. This 12-month period seemed to kind
15 of conflict with that.

16 And then again, we're removing in D,
17 there on page 24, the reference that they have to
18 provide proof of passing the exam. Again, they'll
19 show us that they are certified, and that will tell us
20 that they passed the exam.

21 Section 13 is amending LCB File Number
22 R068-23. And this is about reviewing -- doing reviews
23 for the board. If a physician assistant does a
24 medical review for the board, they can get a maximum
25 of 20 hours of continuing medical education.

1 The reason I'm changing it from 15 to
2 20 is when I was looking at all the other regulations,
3 I realized that for physicians, and I think others, we
4 gave them half a maximum; they could get a max of half
5 of the total they need in a biennium. And so, since
6 physician assistants need 40, just like physicians, I
7 was unclear why we had said 15 here. So it's just to
8 be consistent and increase this to 20.

9 Section 14 is amending LCB File Number
10 R069-23. Again, this is increasing the continuing
11 education that an anesthesiologist assistant can
12 receive for doing a medical review for the board. And
13 again, they have to do 40 hours, and for some reason,
14 we had set this at 10.

15 And so it seems fair to increase it to
16 20 so that all of the licensed types that need 40
17 hours all can get a maximum of 20 hours if they do a
18 medical review.

19 Section 15 is amending LCB File Number
20 R033-24. And this has to do with -- okay, so we're
21 updating this because of the new equivalent foreign
22 country language that was added last session.

23 So in AB319, the board is now
24 recognizing education in the United Kingdom, New
25 Zealand, and Australia as equivalent to the U.S. and

1 Canada. And so this is just being updated here
2 because the Accreditation Council for Graduate Medical
3 Education, they do accrediting for post-grad training
4 for U.S. and Canada. But in those other countries,
5 there would be, like, a similar group.

6 And so we're just adding this reference
7 that a similar group there would be for those
8 equivalent foreign countries that would be recognized
9 for that post-grad training.

10 Section 16 is amending LCB File Number
11 R033-24. And then this is adding that same language
12 that if a practitioner of respiratory care has their
13 application denied for licensure, that the board could
14 add that one to three-year period that they're not
15 allowed to reapply.

16 Section 17 amends our LCB File Number
17 R033-24. And again, this is adding that same one to
18 three-year period for denial for licensure as a
19 perfusionist, again, just to be consistent.

20 Section 18 is making that same change
21 in LCB File Number R033-24. And that's for
22 applications for anesthesiologist assistants. That
23 one to three-year period.

24 Section 19 is talking about the
25 effective date of these regulations. So basically,

1 they're effective. Like I said earlier, they have to
2 be approved by the Legislative Commission, stamped by
3 the Secretary of State.

4 But they are saying Section 4, they're
5 kind of giving it a different caveat there, having to
6 do with when the regulations for genetic counselors,
7 which is LCB File Number R055-25. When those are
8 approved, that can maybe alter the date for Section 4
9 on this, because Section 4, we are addressing genetic
10 counselors.

11 But I'm hoping actually they're going
12 to be approved on the same day, because they should be
13 approved by the board on the 5th of June, and then
14 sent to the Legislative Commission after that,
15 hopefully be on the same agenda.

16 So that is an overview of the
17 regulation. So now it's item 4. It's time for any
18 questions regarding LCB File Number R046-26 from
19 members of the public.

20 So if you have questions and you are
21 online, please do raise your hand, and I will call on
22 you. Okay. I'm not seeing anyone online.

23 Are there any questions from members of
24 the public in Las Vegas?

25 MS. ESKEETS: No questions from the

1 public.

2 MS. BRADLEY: Thank you.

3 Any questions from members of the
4 public in Reno?

5 MS. FUENTES: Hi, Sarah, it's Mercedes.
6 We have no questions in Reno.

7 MS. BRADLEY: Thank you. Okay. I will
8 then move on to item number 5. This is a general
9 public comment period for the regulation, and this is
10 where any member of the public can provide comment
11 regarding the regulation.

12 They can also submit written comments.
13 I don't believe I have any written comments on this
14 regulation.

15 Any public comment on it online? If
16 you have some, please raise your hand, and I will call
17 on you. I'm not seeing anyone online.

18 Is there any public comment in Reno?

19 MS. FUENTES: This is Mercedes. No
20 public comment in Reno.

21 MS. BRADLEY: Thank you.

22 Is there any public comment in Las
23 Vegas?

24 MS. ESKEETS: This is Lynna. No public
25 comment in Las Vegas.

1 MS. BRADLEY: Thank you. And, Lynna,
2 would you spell your name for the record, just for our
3 court reporter, because I'm not sure she has that?

4 MS. ESKEETS: Sure, that's L-Y-N-N-A.

5 MS. BRADLEY: Thank you.

6 Okay. We will now move on then to item
7 6, which is general public comment again. If there's
8 any public comment online, please raise your hand, and
9 I will call on you. Not seeing any.

10 Any general public comment in the Reno
11 office?

12 MS. FUENTES: This is Mercedes. No
13 general public comment in the Reno office.

14 MS. BRADLEY: Thank you.

15 Any public comment in Las Vegas, Lynna?

16 MS. ESKEETS: No public comment in Las
17 Vegas.

18 MS. BRADLEY: Thank you so much. We
19 will then move to item 7 and adjourn the meeting at
20 11:24 a.m. Thank you all for being here.

21 Thank you, Ms. Bell.

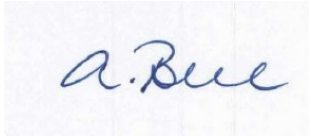
22 THE REPORTER: Thank you. You have a
23 good day.

24 (Whereupon, the meeting was concluded
25 at 11:24 a.m.)

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CERTIFICATE

I, ADRIANE BELL, the officer before whom the foregoing proceedings were taken, do hereby certify that any witness(es) in the foregoing proceedings, prior to testifying, were duly sworn; that the proceedings were recorded by me and thereafter reduced to typewriting by a qualified transcriptionist; that said digital audio recording of said proceedings are a true and accurate record to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.



ADRIANE BELL

Notary Public in and for the
State of Nevada

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CERTIFICATE OF TRANSCRIBER

I, KELLY TAYLOR, do hereby certify that this transcript was prepared from the digital audio recording of the foregoing proceeding, that said transcript is a true and accurate record of the proceedings to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.



KELLY TAYLOR

[1 - applicant]

<p>1</p> <p>1 5:11 9:5 10 9:8,9 10:15 13:14 11 11:16 11:04 1:9 3:3 11:24 17:20,25 12 10:20 11:8 12:7,9,14 13 10:7 12:21 14 13:9 15 13:1,7,19 16 14:10 160 7:20 17 14:16 18 14:20 19 14:24</p>	<p>31925 19:14 321-6111 1:15 35497 18:16</p> <p>4</p> <p>4 6:13 15:4,8,9 15:17 40 13:6,13,16</p> <p>5</p> <p>5 7:1 16:8 5th 3:22 15:13</p> <p>6</p> <p>6 7:12 17:7 630.050. 7:1 630.080. 7:13 630.130. 8:22 630.160 7:14 8:20</p>	<p>9</p> <p>9 10:6 90 6:10,17 9600 1:13</p> <p>a</p> <p>a.m. 1:9 3:3 17:20,25 ab319 7:19 13:23 ability 6:6 8:23 18:10 19:7 above 9:15 accreditation 10:12 14:2 accredited 10:11 accrediting 14:3 accurate 18:9 19:5 act 1:1 action 9:12,20 18:12,16 19:8 19:12 actually 3:15 9:17 12:3 15:11 add 4:3 14:14 added 9:14,22 9:23 13:22 adding 5:16,24 6:5,13 7:18 8:23 9:8,10</p>	<p>14:6,11,17 addressing 15:9 adjourn 17:19 administrative 2:4 adopt 3:23,25 adriane 1:20 18:2,17 agenda 4:15 15:15 agree 10:5 allowed 14:15 alter 15:8 altered 6:1 amended 7:14 amending 5:13 7:1,12 8:22 9:7 10:15 11:16 12:7,21 13:9 13:19 14:10 amendment 7:20 amends 10:6 14:16 american 11:19 12:4 anesthesiolog... 13:11 14:22 anymore 7:15 appeal 6:6,10 6:18 8:23 applicant 11:18</p>
<p>2</p> <p>2 3:14 5:15 7:10 10:7 20 12:25 13:2,8 13:16,17 2026 1:8 3:3 21 11:17 22 1:8 3:3 24 10:24,25 11:9 12:14,17</p>	<p>630.160. 7:17 630.230. 9:7 630.505. 10:6 630.513. 10:15 630.700. 11:16 630.715. 12:7</p> <p>7</p> <p>7 8:22 17:19 775 1:15</p>		
<p>3</p> <p>3 5:6 6:5 30th 9:6 319 7:19</p>	<p>8</p> <p>8 9:7 8047999 1:21 89521 1:14</p>		

[applicants - couple]

<p>applicants 6:9 8:5,21 application 5:17 6:7 8:24 10:21,24 12:10 14:13 applications 14:22 apply 5:21 applying 6:23 7:24 8:6 approved 4:7 15:2,8,12,13 approves 4:6 april 9:6 asked 7:7 assistant 2:4,5 6:6 9:12 12:23 13:11 assistants 13:6 14:22 attempts 8:4 attendees 2:2 attention 4:12 attorney 18:14 19:10 audio 18:8 19:3 australia 13:25</p>	<p>believe 5:25 16:13 bell 1:20 17:21 18:2,17 best 18:9 19:6 biennium 13:5 bit 3:18 board 1:2,12 3:5,20,21,22,22 5:16 6:10,18 6:21 8:1,3,6,10 8:12,15,15 9:17,19 10:23 11:1,19 12:4 12:12,23,24 13:12,23 14:13 15:13 bradley 1:7 2:3 3:2,4 4:23 5:3 16:2,7,21 17:1 17:5,14,18 bring 4:12 burden 6:24 bureau 4:2 7:8</p>	<p>case 6:22 caveat 15:5 certain 7:10 certificate 18:1 19:1 certified 11:24 11:24,25 12:5 12:19 certify 18:3 19:2 change 8:19 14:20 changes 7:7,17 changing 13:1 chapter 5:14 check 11:13 civil 9:11,20 claim 10:2 clarify 8:2 clarifying 8:9 8:18 clear 8:20 clinically 11:3 come 10:18 comment 4:10 4:11,16,19,22 4:24 5:2 16:9 16:10,15,18,20 16:22,25 17:7 17:8,10,13,15 17:16 comments 3:9 3:19,24 4:14 16:12,13</p>	<p>commission 4:3 4:4 10:12 15:2 15:14 competency 11:2,11 12:13 competent 11:3 compile 3:19 complaint 9:16 complies 7:17 concluded 17:24 condition 9:13 conflict 12:15 consent 10:4 consistency 6:8 consistent 10:17 11:7 13:8 14:19 construe 9:24 contained 5:7 content 7:11 continuing 12:25 13:10 council 14:2 counsel 4:2 7:8 18:10,13 19:7 19:10 counselors 6:14 15:6,10 countries 14:4 14:8 country 13:22 couple 11:14</p>
	c		
	<p>c 2:1 3:1 call 4:17 15:21 16:16 17:9 canada 14:1,4 cardiovascular 11:20 care 9:13 10:10 10:12,20 14:12</p>		
b			
<p>based 6:3 basically 9:10 14:25</p>			

[court - hand]

<p>court 17:3 created 7:9 credentialing 10:8</p>	<p>double 11:13 drafting 6:4 drive 1:13 duly 18:5</p>	<p>exam 8:10,16 11:10,23 12:13 12:18,20 examination 11:19 12:2 examiners 1:2 1:12 excuse 5:19 executive 2:3 3:4</p>	<p>further 18:12 19:9</p>
<p>d</p>	<p>e</p>	<p>f</p>	<p>g</p>
<p>d 3:1 12:16 date 5:19,22 12:9 14:25 15:8 day 15:12 17:23 days 6:11,17 deficiency 6:15 denial 5:19,22 6:6,11 14:18 denials 9:1,3,6 denied 6:17,20 7:5 8:24 14:13 denies 5:17 deputy 2:3 3:4 different 15:5 digital 18:8 19:3 director 2:3 3:5 discussing 9:25 discussion 5:7 discussions 10:1 documentation 12:6 doing 3:12 12:22 13:12</p>	<p>e 2:1,1 3:1,1 earlier 15:1 education 10:9 12:25 13:11,24 14:3 effective 3:17 4:8 14:25 15:1 employed 18:11,14 19:8 19:11 employee 18:13 19:10 endorsement 7:25 8:6 10:18 11:9 12:10 endorsements 11:15 entity 10:8 equivalent 13:21,25 14:8 es 18:4 eskeets 2:4 5:1 15:25 16:24 17:4,16 evaluation 11:2 everybody 10:25</p>	<p>fair 11:8 13:15 faiths 10:1 file 1:3 3:13 5:8 9:11,16 12:21 13:9,19 14:10 14:16,21 15:7 15:18 financially 18:15 19:11 fine 7:11 first 7:13 five 8:9 foregoing 18:3 18:4 19:4 foreign 13:21 14:8 form 10:4 four 7:23 friday 1:8 3:3 fuentes 2:5 4:21 16:5,19 17:12</p>	<p>g 3:1 gateway 1:13 general 5:13 16:8 17:7,10 17:13 generally 3:8 10:23 genetic 6:14 15:6,9 getting 7:13 11:12 12:4 give 5:12 10:19 11:18 12:2 given 11:19 giving 11:25 15:5 go 3:18 5:9 going 5:9 6:3 15:11 good 10:1 17:23 grad 14:3,9 graduate 14:2 group 4:5 10:13 14:5,7 guess 6:2</p>
			<p>h</p>
			<p>half 13:4,4 hand 4:17 15:21 16:16</p>

[hand - nac]

<p>17:8 happen 9:1 hearing 3:13,19 hereto 18:14 19:11 hi 4:21 5:1 16:5 hope 3:22 hopefully 15:15 hoping 15:11 hours 12:25 13:13,17,17</p>	<p style="text-align: center;">j</p> <p>jd 2:3 job 1:21 july 9:5 june 3:22 15:13</p>	<p>leading 3:5 left 9:20 legal 2:5 legislative 4:1,3 4:4 7:7 15:2,14 legislators 4:5 legislature 4:5 9:3 legitimate 9:25 letter 9:9,15 license 6:9,10 licensed 5:25 13:16 licensee 9:10 licensure 5:17 5:21 14:13,18 list 2:2 listening 3:16 little 3:18 look 10:16 looking 13:2 looks 6:3 lot 8:12,13 lyнна 2:4 5:1 16:24 17:1,15</p>	<p>making 14:20 max 13:4 maximum 12:24 13:4,17 mba 2:3 mean 9:4 meat 5:14 medical 1:2,12 12:24,25 13:12 13:18 14:2 meeting 3:22 4:3 17:19,24 member 4:10 16:10 members 15:19 15:23 16:3 mercedes 2:5 4:21 16:5,19 17:12 moderated 1:7 month 12:14 months 10:20 10:24 11:1,8 12:9 move 3:14 4:9 5:5 16:8 17:6 17:19</p>
<p style="text-align: center;">i</p>	<p style="text-align: center;">k</p> <p>keep 6:2 keeps 6:23 kelly 19:2,15 kind 6:24,25 7:16 11:2,6 12:5,14 15:5 kingdom 13:24 know 6:15,16 6:24 9:2 10:2 11:3,9 knowing 11:24 knowledge 18:9 19:6</p>	<p style="text-align: center;">m</p> <p>m 9:15 made 7:17 8:20 12:12 major 8:10 make 3:17 4:14 8:20 9:15 10:16</p>	<p style="text-align: center;">n</p> <p>n 2:1 3:1 9:8,9 17:4,4 nac 7:1,12 8:22 9:7 10:6,15 11:16 12:7</p>
<p>immediately 10:21 12:9 impose 6:21 included 9:21 increase 13:8 13:15 increasing 13:10 intend 10:22 intent 1:1 6:8 8:20 10:3,3 interested 18:15 19:12 issue 4:12 it'd 5:22 item 3:14 5:5 15:17 16:8 17:6,19</p>	<p style="text-align: center;">l</p> <p>l 17:4 language 9:23 9:24 11:14 13:22 14:11 las 4:24 15:24 16:22,25 17:15 17:16 lcb 1:3 3:13 5:8 6:4 9:23 12:21 13:9,19 14:10 14:16,21 15:7 15:18</p>	<p style="text-align: center;">n</p>	

[name - public]

<p>name 3:4 10:8 10:14 17:2 need 7:15 10:16 11:13 12:1 13:5,6,16 neither 18:10 19:7 nevada 1:12 18:19 new 3:8 7:9 13:21,24 nine 8:4 notary 18:18 notice 1:1 nrs 7:14,17 number 3:13 3:14 5:6,8 7:8 7:9,19,21,23 8:8,17 9:8,9,24 12:21 13:9,19 14:10,16,21 15:7,18 16:8 nv 1:14</p>	<p>okay 4:9 9:19 13:20 15:22 16:7 17:6 once 3:25 online 4:17 15:21,22 16:15 16:17 17:8 opts 8:6 outcome 18:15 19:12 overview 15:16</p>	<p>period 5:18,20 6:20 7:4 12:14 14:14,18,23 16:9 person 5:20 7:21 9:16 11:18 physician 6:6 7:4 9:12,12 12:23 13:6 physicians 6:1 13:3,6 pili 2:4 please 3:10 4:17 15:21 16:16 17:8 post 14:3,9 potentially 5:22 8:1 practice 10:24 11:4 12:8 practiced 10:20 10:25 12:14 practitioner 14:12 practitioners 10:9 preceding 10:21 12:9 preceptoring 11:2 prepare 4:1 prepared 19:3</p>	<p>prescribe 5:18 presentation 5:6 presented 9:2 previously 9:14 primarily 8:19 prior 10:24 11:1 18:5 proceeding 19:4 proceedings 18:3,4,6,8 19:6 profusionist 12:11 programs 10:9 prohibit 9:25 prohibited 7:4 proof 10:19 11:18,25 12:2 12:8,18 proposed 5:7 provide 3:20 4:11 10:4 12:18 16:10 provision 6:1 7:3,9,16 provisions 10:16 public 3:19 4:9 4:11,11,16,19 4:22,24 5:2 15:19,24 16:1 16:4,9,10,15,18 16:20,22,24</p>
<p>o</p>	<p>p</p>		
<p>o 3:1 observing 3:7 obviously 11:22 office 1:12 4:20 4:25 17:11,13 officer 18:2 oh 3:15</p>	<p>p 2:1,1 3:1 page 9:8,9 10:7 11:17 12:17 paperwork 4:1 part 7:20 9:20 9:21 parties 18:11 18:14 19:8,11 pass 7:22,25 11:23 passage 11:19 12:2 passed 12:20 passing 12:18 patient 9:11 patients 9:18 people 8:14 perfusion 11:20 perfusionist 14:19</p>		

[public - show]

17:7,8,10,13,15 17:16 18:18	receive 13:12 received 3:20 recognized 14:8 recognizing 13:24 record 17:2 18:9 19:5 recorded 18:6 recording 18:8 19:4 reduced 18:6 reference 7:15 7:19 11:17 12:17 14:6 regarding 10:1 15:18 16:11 regulation 1:1 3:6,8,12,17,23 3:24 4:7,13,15 5:9 15:17 16:9 16:11,14 regulations 3:10 4:6 5:7 13:2 14:25 15:6 related 4:13,13 18:11 19:7 relative 18:13 19:10 removed 7:8 removing 11:17 12:1,8 12:16	reno 1:14 4:19 16:4,6,18,20 17:10,13 reported 1:20 reporter 17:3 17:22 requested 9:18 require 8:5,11 11:20,22 requirement 12:1 requirements 8:17 requires 11:18 resident 8:24 respiratory 10:9,12,20 14:12 respond 6:16 review 3:21,23 3:24 4:2 12:24 13:12,18 reviewing 12:22 reviews 4:6 12:22 rid 7:13 11:12 right 3:2 5:3,5 9:11,16	16:5 saying 6:14 15:4 says 5:13 8:15 9:15,24 10:19 secretary 15:3 section 5:11,15 6:5,13 7:1,10 7:12 8:22 9:7 10:6,15 11:16 12:7,21 13:9 13:19 14:10,16 14:20,24 15:4 15:8,9 see 10:24 seeing 4:18 15:22 16:17 17:9 seem 12:11 seemed 12:14 seems 13:15 seen 9:17 send 4:1 sense 12:12 sent 15:14 sentence 5:13 7:13 session 7:14 13:22 set 13:14 settlement 10:1 show 6:18 12:19
q			
qualified 18:7 question 10:18 questions 3:9 8:13 15:18,20 15:23,25 16:3 16:6			
r			
r 2:1 3:1 r033-24 13:20 14:11,17,21 r046-26 1:3 3:13 15:18 r046-260 5:8 r055-25 15:7 r068-23 12:22 r069-23 13:10 raise 4:17 15:21 16:16 17:8 reach 3:10 realized 11:7 13:3 really 5:8,14 6:7,22 7:6,21 7:22 8:2,25 10:3 11:10,25 reapply 14:15 reapplying 7:5 reason 11:14 13:1,13			
	s		
	s 2:1 3:1 sarah 1:7 2:3 3:4 4:21 5:1		

[signature - zealand]

<p>signature 18:16 19:14 similar 14:5,7 skills 18:10 19:6 sort 11:1 south 5:2 speaking 10:23 specific 4:14 spell 17:2 spots 4:14 stamped 15:2 standalone 6:3 7:2,9 start 5:11,21 starts 5:14 state 1:12 15:3 18:19 steps 3:16 7:25 submit 12:10 16:12 subsection 10:7 subset 4:5 10:13 sue 10:5 supposed 9:21 sure 7:6 8:25 11:5 17:3,4 sworn 18:5</p>	<p>takes 7:22 talk 3:11 5:9 talking 7:21 14:24 taylor 19:2,15 tell 12:19 tells 12:5 ten 8:10 testifying 18:5 thank 4:23 5:3 16:2,7,21 17:1 17:5,14,18,20 17:21,22 thing 8:14 things 3:9 9:17 think 10:2 11:13 13:3 three 5:18,20 5:23 6:20 7:3,8 7:19 14:14,18 14:23 time 4:10 6:25 8:17 15:17 times 7:21 8:14 today 3:12,18 today's 3:18 total 13:5 traditional 8:5 training 14:3,9 transcriber 19:1 transcript 19:3 19:5</p>	<p>transcriptionist 18:7 treatment 10:4 true 8:8 18:9 19:5 trying 8:2 two 7:10 9:24 types 5:25 6:10 13:16 typewriting 18:7</p> <p style="text-align: center;">u</p> <p>u.s. 13:25 14:4 unclear 13:7 understanding 12:3 united 13:24 update 7:16 updated 14:1 updating 10:7 10:8,14 13:21 usmle 7:22 8:1 8:17</p> <p style="text-align: center;">v</p> <p>vegas 4:24 15:24 16:23,25 17:15,17 vote 3:23</p> <p style="text-align: center;">w</p> <p>wait 6:25 waive 8:1,3,15 8:17 9:11,16</p>	<p>want 6:2,25 8:14 wants 10:23 we've 9:17,17 witness 18:4 wonder 5:12 works 3:8 workshop 3:6 writing 6:16 written 16:12 16:13 wrong 6:19</p> <p style="text-align: center;">y</p> <p>y 17:4 yeah 7:2 10:2 year 5:20 6:20 7:3 9:5,6 14:14 14:18,23 years 5:18,23 8:4,10 yesterday 9:2</p> <p style="text-align: center;">z</p> <p>zealand 13:25</p>
t			
<p>take 8:16 11:23 taken 8:10 18:3 18:12 19:9</p>			

No written comments were received regarding these proposed regulations.