

Demographic Details

First Name

Thomas

Middle Name

Scott

Last Name *

Bartley

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No


Date Deceased



Gender

Male  

Date of Birth

-1961 

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Do you have a Nevada Business License in your individual name?

Yes No

Nevada BIN

Historical File Number

Military Detail

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

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

215 Palmer Dr.

Address Line 2

City

Four Seasons

County

Camden

ZIP / Postal Code

65049

State / Province

Missouri

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

323-547-3531

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *



  

Application Number

License Issued?

Yes No

Application Status

Assigned To

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)


License Category

Obtained By

Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

Application Details


Application Type

Application Date *

Reviewed Date

Decision Date

Submitted Date



Approved Date



Application Step

#

Expiration Date



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

Yes No

Is Simultaneous Application



Yes No

Are you the spouse of an active duty member or surviving spouse of a veteran?


Yes No

Invoices

Application Invoice



Application Payment Date



Licensure Invoice



Licensure Payment Date



Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes No

Child Support Attestation Type

Not subject to a court order



I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes No

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Thomas BARTLEY	Comprehensive Care Services	Jan-01-2017	Aug-10-2024	100
Thomas BARTLEY	Perfusion Solutions Inc.	Aug-01-2024	May-23-2025	100

Application Activity Details

Licensee / Applicant


Start Date

Percent Clinical *


#

Application


Name of Organization / Institution

End Date

Position

Activity Type


  

Location Details

Street Address 1

City

Country

State / Province


Zip / Postal Code

Application Activity Details

Licensee / Applicant


Start Date

Percent Clinical *

#

Application



Name of Organization / Institution

End Date

Position

Activity Type


  

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
1	Thomas BARTLEY	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
2	Thomas BARTLEY	ALL – Q5 – Named Defendant Respond to Legal Action	No	
3	Thomas BARTLEY	ALL – Q6 – Malpractice Claim Paid	No	
4	Thomas BARTLEY	ALL – Q7 – Arrest Question	Yes	
5	Thomas BARTLEY	LL – Q29 - Medical Condition Impair Safe Practice	No	
6	Thomas BARTLEY	LL – Q30 - Medical Condition Field of Practice	No	
7	Thomas BARTLEY	LL – Q31 – Chemical Substances Impair Safe Practice	No	
8	Thomas BARTLEY	CCP, Previously applied for Perfusionist licensure in Nevada	Yes	
9	Thomas BARTLEY	LL – Q32 – Denied License or Permission to Practice	No	
10	Thomas BARTLEY	LL – Q33 – Certificate / License Revoked	No	
11	Thomas BARTLEY	LL – Q34 – Voluntarily Surrendered License or Certificate	No	
12	Thomas BARTLEY	LL – Q35 – Failed ABCP Examination	Yes	
13	Thomas BARTLEY	LL – Q36 – Investigation Respond To / Notify Of	No	
14	Thomas BARTLEY	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	

Declaration

Licensee/Applicant

Bartley, Thomas Scott	▼	↗
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Declaration Question

ALL – Q7 – Arrest Question	▼	↗
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Answer

Yes No

Answer Details

Ordinal

#	4
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Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

Related To

Application

Application -	- Bartley, Thomas Scott	↗
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Renewal


	▼	↗
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Declaration

Licensee/Applicant

Bartley, Thomas Scott	▼	
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Declaration Question

CCP, Previously applied for Perfusionist licensure in Nevada	▼	
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Answer

Yes No

Answer Details

Ordinal


#	8
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Declaration Text


Have you previously applied for perfusionist licensure in Nevada? If "Yes," please explain.

Related To

Application

Application -	- Bartley, Thomas Scott	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Bartley, Thomas Scott	▼	↗
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Declaration Question

LL – Q35 – Failed ABCP Examination	▼	↗
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Answer

Yes No

Answer Details

Ordinal

#	12
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Declaration Text

Have you ever failed the ABCP examination, or any state or other jurisdiction Examination for certification as a perfusionist?

Related To

Application

Application -	- Bartley, Thomas Scott	↗
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Renewal



	▼	↗
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Education

Licensee/Applicant ↑ ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Bartley, Thomas Scott	College/University	University of Kansas	Bachelor of Science	N/A	May-17-1992	May-17-1992
Bartley, Thomas Scott	College/University	Newman University	Perfusionist Cardiovascular Degree	Aug-30-1994	Aug-12-1995	Aug-12-1995
Bartley, Thomas Scott	College/University	Newman University	Bachelor of Science	Aug-30-1994	Aug-12-1995	Aug-12-1995

Education Details

Licensee/Applicant *



Address

City


State / Province

Zip / Postal Code


Country

Application


 

Specialty Type



  

Name of School


Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No



Graduation Date

Major Program

Education Details

Licensee/Applicant *


Address

City

State / Province

Zip / Postal Code



Country

Application



 

Specialty Type



  

Name of School

Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No



Graduation Date

Major Program

Education Details

Licensee/Applicant *



Address

City


State / Province

Zip / Postal Code


Country

Application

Specialty Type



  

Name of School


Education Type


Degree Attained

Date From


Date To

Did you graduate from the program?

Yes No

Graduation Date



Major Program

Examination

Licensee / Applicant	Examination Type	Attended Date
Bartley, Thomas Scott	American Board of Cardiovascular Perfusion (ABCP)	Feb-09-2000

Examination Details

Licensee / Applicant *

Bartley, Thomas Scott  


Attended Date

Feb-09-2000 

Number of Attempts

2

Application


Application - - Bartley, Thomas Scott 

Location

Result

Pass

Examination Type

American Board of Cardiovascular Perfusion (ABCP) 

Other Exam

Are you currently certified?

Yes No


Steps

Certificate Number

Exam Date



Expiration Date



Dec-31-2025 

Military Service


Licensee / Applicant	Branch of Service	Military Occupation Specialty	Start Date	End Date
Bartley, Thomas Scott	U.S. Navy	Medical Services	Jun-17-1981	Jul-17-1993

Military Service Details

Licensee / Applicant *

Military Occupation Specialty *

End Date

Are you still serving?

Yes No


Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?

Yes No


Have you ever served the Commissioned Corps of the United States Public Health Service or the Comissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?

Yes No


Branch of Service *

Start Date *

Application

Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Did you separate from service under conditions other than dishonorable?

Yes No

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Thomas BARTLEY	214.000324	N/A	Dec-31-2024	Apr-30-2026	Illinois
Thomas BARTLEY	2009036460	N/A	Jan-31-2025	Jan-31-2026	Missouri

Other License Details

Licensee/Applicant

▼ 

Licensing Board or Regulatory Authority


License Number

State / Province

Country

▼ 

Application

▼ 


License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Bartley, Thomas Scott	Perfusionist, Cardiovascular	Yes	May-22-2025	N/A

Specialty Details


Licensee / Applicant *

Effective Date



Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date