

Demographic Details

First Name

Stephen

Middle Name

Myron

Last Name *

Goldstein

Previous Name(s)

Social Security Number

Tax Identification Number


Height

Hair Color

Is this person deceased?

Yes No

Date Deceased



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

Yes No

Nevada BIN

Historical File Number

Gender

Male  

Date of Birth

-1943 

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

#

Primary Phone Extension

Primary E-mail Address

✉

Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

10475 Luna Magico

Address Line 2

City

Las Vegas

County

Clark

ZIP / Postal Code



89135

State / Province

Nevada

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

(310) 995-0893

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 *


Submitted Date


Application Step

#


Reviewed Date

Decision Date

Approved Date

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

Yes No

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

Yes No

Invoices

Application Invoice

- Paid in Full	▼	
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Licensure Invoice

	▼	
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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


Expiration Date

	
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Is Simultaneous Application

Yes No

Application Payment Date

	
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Licensure Payment Date

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

Yes No

1/27/26, 12:52 PM

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

Open Regulate

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


Yes No

Board Certifications

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
Goldstein, Stephen Myron	American Board	N/A	Surgery, General	Dec-17-1975	N/A

Board Certification Details


Licensee / Applicant

Goldstein, Stephen Myron	▼	
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Specialty

Surgery, General	▼	
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Certifying Board

American Board	▼	
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Other Certifying Board

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Initial Certification Date

Dec-17-1975	
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Recertification Date

	
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Certification Number

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Archive Program

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Historical Specialty

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Connected Record

Application


Application -	- Goldstein, Stephen Myron	
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Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑	▼	End Date	▼	Percent Clinical
Goldstein, Stephen Myron	Long Beach Medical Center	Jun-30-1974		Dec-31-2024		50
Goldstein, Stephen Myron	Department of Social Services	Jan-01-2025		N/A		0

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

Declaration

Licensee/Applicant

Goldstein, Stephen Myron	▼	
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Declaration Question

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

Yes No

Answer Details

Ordinal

#	5
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Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To

Application


Application -	- Goldstein, Stephen Myron	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Goldstein, Stephen Myron	▼	
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Declaration Question

ALL – Q6 – Malpractice Claim Paid	▼	
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Answer

Yes No

Answer Details

Ordinal

#	6
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Declaration Text


Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To

Application

Application -	- Goldstein, Stephen Myron	
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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
Goldstein, Stephen Myron	Medical School	McGill University Faculty of Medicine and Health Sciences	Medical Doctor Degree	Jul-09-1964	May-03-1968	May-31-1968

Education Details

Licensee/Applicant *



Address

City

State / Province

Zip / Postal Code


Country

Application


 

Specialty Type



  

Name of School

Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date


Major Program

Examinations


Licensee / Applicant	Examination Type	Attended Date ↑
Goldstein, Stephen Myron	National Board of Medical Examiners (NBME)	Jun-21-1966
Goldstein, Stephen Myron	National Board of Medical Examiners (NBME)	Apr-23-1968
Goldstein, Stephen Myron	National Board of Medical Examiners (NBME)	Mar-12-1969

Examination Details

Licensee / Applicant *

Goldstein, Stephen Myron  

Attended Date

Jun-21-1966 

Number of Attempts

#

Application

Application - - Goldstein, Stephen Myron 

Location

Result

78 / Passed

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

Part I

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Attended Date

Number of Attempts

#


Application

Location

Result

Examination Type

Other Exam

Are you currently certified?

Yes No


Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Goldstein, Stephen Myron 

Attended Date

Mar-12-1969 

Number of Attempts

1

Application

Application - - Goldstein, Stephen Myron 

Location

Result

86 / Passed

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps


Part III

Certificate Number

Exam Date



Expiration Date




Hospitals

Licensee / Applicant	Name of Organization	Start Date ↑	End Date
Stephen Goldstein	Saint Mary Medical Center	Jun-30-1977	N/A
Stephen Goldstein	Harbor General Hospital	Jun-30-1977	N/A
Stephen Goldstein	Long Beach Memorial Hospital	Jun-30-1980	N/A

Hospital Details

Licensee / Applicant

Name of Organization


Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code


City

Country

Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code


City

Country

Hospital Details

Licensee / Applicant

Name of Organization


Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country



 

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Goldstein, Stephen Myron	G 26456	N/A	Mar-07-1974	Jul-31-2027	California

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date


Notes

Postgraduate Training


Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ↑ ▼	Date To ↑ ▼	Program Type
Goldstein, Stephen Myron	Royal Victoria Hospital / McGill University	Surgery, General	Jul-01-1968	Jun-30-1969	Internship
Goldstein, Stephen Myron	Royal Victoria Hospital / McGill University	Surgery, General	Jul-01-1969	Jun-30-1973	Residency

Postgraduate Training Details

Licensee / Applicant *

Training Status *


Program Type *

Accreditation Type

Date From


 

Date To


 

Name of School or Institution

Application

Specialty Type

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City


Zip / Postal Code

State / Province

Country


County


Street Address 1

Postgraduate Training Details


Licensee / Applicant *


Training Status *

Program Type *


Accreditation Type

Date From


 

Date To


 

Name of School or Institution

Application

Specialty Type

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Zip / Postal Code

State / Province

Country

County



Street Address 1

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Goldstein, Stephen Myron	Surgery, General	Yes	Jun-30-1973	N/A

Specialty Details

Licensee / Applicant *

Effective Date



Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

