



Nevada State Board of Medical Examiners

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medboard.nv.gov

CRIMINAL ACTION REPORT FORM (see page 2 for specific information)

This is a fillable form. Use the Tab key to advance and Space Bar to check boxes.

REPORTING LICENSEE INFORMATION

Name _____	License No. _____
Address _____	Telephone _____
_____	Date of Birth _____
Defense Counsel: _____	Telephone _____
Address _____	_____
_____	_____
_____	_____

ARREST & INDICTMENT INFORMATION

Date of Arrest _____	<input type="checkbox"/> Indictment	<input type="checkbox"/> Information Filed
	Court Case No. _____	
Name/Address of Arresting Agency _____	Name/Address of Court _____	
_____	_____	
Charges _____		

CRIMINAL CONVICTIONS

<input type="checkbox"/> MISDEMEANOR	<input type="checkbox"/> FELONY
<input type="checkbox"/> JURY VERDICT	<input type="checkbox"/> PLEA (<input type="checkbox"/> NOLO CONDENDERE/NO CONTEST; <input type="checkbox"/> GUILTY)
Name/Address of Court _____	Date of Conviction _____
_____	Court Case No. _____

Violations _____	

SENTENCING INFORMATION	Sentencing Date _____
<input type="checkbox"/> Prison or Jail – Length/Time Frame _____	
<input type="checkbox"/> Probation – Length/Time Frame _____	
<input type="checkbox"/> Special Terms/Conditions _____	
<input type="checkbox"/> Restitution – Amount _____	
<input type="checkbox"/> Fines/Fees – Amount _____	
<input type="checkbox"/> Community Service _____	
Additional Comments _____	

CRIMINAL ACTION REPORTING FORM - Continued

[Nevada Revised Statute 630.306\(1\)\(l\)](#) states:

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:
 - (l) Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken, or conviction obtained against the licensee or applicant, other than a minor traffic violation, in this State or any other state or by the Federal Government, a branch of the Armed Forces of the United States or any local or federal jurisdiction of a foreign country.

I certify under penalty of perjury under the laws of the State of Nevada that to the best of my knowledge the information provided within this report and any attachments is true and correct.

Signature of Preparer

Date

PLEASE SUBMIT THIS FORM BY ONE OF THE FOLLOWING METHODS:

Email: medboardreporting@medboard.nv.gov

Mail: Nevada State Board of Medical Examiners
Attn: Reporting
9600 Gateway Drive
Reno, NV 89521

Fax: 775-688-2553