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Mail:

Nevada State Board of Medical Examiners

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REPORT OF DISCIPLINARY ACTION TAKEN BY ANOTHER STATE, THE FEDERAL GOVERNMENT, A FOREIGN COUNTRY OR ANY OTHER JURISDICTION

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

LICENSEE INFORMATION:	
Name Address	Telephone Email License Number
	LINARY ACTION: Il in the applicable information)
Other State Disciplinary Action	Other Jurisdiction Disciplinary Action
Federal Government Disciplinary Action	Foreign Country Disciplinary Action
Date of Action	Issuing Body
Action Taken	
*******Enclose a copy of Supporting Documents	(i.e., Stipulation & Order, Letter of Reprimand, etc.)*******
	ER'S INFORMATION er than licensee)
Name of Person Preparing Report	Telephone
(k) Failure by a licensee or applicant to report in licensee or applicant by another state, the Fed the revocation, suspension or surrender of a lic this paragraph do not apply to any disciplinar action taken by the Board.	unds for initiating disciplinary action or denying licensure: writing, within 30 days, any disciplinary action taken against the eral Government, or a foreign country, including, without limitation cense to practice medicine in another jurisdiction. The provisions o y action taken by the Board or taken because of any disciplinary tate of Nevada that to the best of my knowledge the information and correct.
Signature of Preparer	Date
PLEASE SUBMIT THIS FORM BY ONE OF THE FOLL	LOWING METHODS:

Fax: 775-688-2553

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