

Nevada State Board of Medical Examiners

9600 Gateway Drive, Reno, NV 89521

Phone: In Reno/Sparks/Carson City: (775) 688-2559

(If calling from any other area of Nevada, call the Board's in-state toll-free number: (888) 890-8210))

Fax: (775) 688-2321

## Board Licensee Lists Order Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Send copies via: (check one)     Mail     E-mail

The following licensee lists are available from the Nevada State Board of Medical Examiners.

- The Quarterly Newly Licensed Lists include physicians, physician assistants, practitioners of respiratory care (respiratory therapists) and perfusionists. They are produced one to two weeks following the end of the preceding quarter, in January, April, July and October. ***These lists are currently available in Excel spreadsheet format.***
- All other lists shown on the following page are produced upon request and provide current information about the Board's licensees. ***These are available in Excel spreadsheet format.***
- All lists include name, address, city, state, zip code, phone number, license number, license status, license issue date and expiration date, and specialty(ies).

**PAYMENT:** Payment must be made in advance. You may pay by cashier's check or money order, payable to "NEVADA STATE BOARD OF MEDICAL EXAMINERS," or by credit card. If paying by credit card, please complete the Credit Card Authorization Form on the last page of this order form. A non-refundable card payment-processing fee of 2.5% will be assessed by our payment processor for payment by credit card.

LIST REQUESTED:	COST:
Quarterly Newly Licensed List: <input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October	\$25.00 _____ x \$25.00
<input type="checkbox"/> Physician List, (Active status only unless Inactive status requested also)	\$ 75.00
<input type="checkbox"/> Physician Assistant List (Active status only)	\$ 25.00
<input type="checkbox"/> Practitioner of Respiratory Care List (Active status only)	\$ 50.00
<input type="checkbox"/> Perfusionist List (Active status only)	\$ 5.00
<input type="checkbox"/> Custom List*: Please specify below, after contacting the Board office:	\$* See Below

*\* We also offer custom order lists. A custom list is one that contains special requests, such as licensees in particular counties only, or licensees in particular specialties only, for example. Please call the Board office for further information and cost before ordering.*

# CREDIT CARD AUTHORIZATION FORM

*If mailing or faxing this page separately from an application or order form, please mail to:  
Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, NV 89521  
or fax to: 775-688-2321*

**Please type or print legibly.**

Method of Payment: MasterCard / Visa / American Express / Discover

Name on Credit Card: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Credit Card Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_  
(MM) (YYYY)

Credit Card Verification Code (CVC): \_\_\_\_  
(Three or four digit code found on the front or back of the card)

***For security of your financial information, please do not email this form to the Board; emailed forms will not be accepted.***

I authorize the Nevada State Board of Medical Examiners to charge the above credit card for a

One-time payment in the amount of \$\_\_\_\_\_.

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address for receipt: \_\_\_\_\_

***Disclosure: By continuing, you will be charged a non-refundable card payment-processing fee of 2.5% for debit and credit cards by our payment processor. If you do not wish to pay the fee, you can select another payment option.***