

Nevada State Board of Medical Examiners

9600 Gateway Drive, Reno, NV 89521

Phone: (775) 688-2559; (888) 890-8210 (Toll-Free)

Fax: (775) 688-2321

BOARD LICENSEE LIST ORDER FORM

Date: _____

Name: _____

Company Name: _____

Attention: _____

Street/P.O. Box: _____

City, State, Zip: _____

Phone: _____

Email: _____

Your licensee list will be prepared as an Excel spreadsheet and provided to you via email.

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

- All lists, other than Quarterly Newly Licensed Lists, shown on the following page (including custom lists) are produced upon request and provide current information about the Board's licensees. These lists include name, address, license number, license status, license issue and expiration dates, and specialty(ies).
- Quarterly Newly Licensed Lists include all physicians, physician assistants, practitioners of respiratory care (respiratory therapists) and perfusionists newly licensed in the specified quarter. They are produced during the month following the end of the preceding quarter, in January, April, July and October. These lists include name, license number, license status, license issue and expiration dates, 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. The Board cannot accept personal or business checks. 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.

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: ____ / ____
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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: _____

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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.