REQUEST FOR LICENSURE BY A SPOUSE OF ACTIVE DUTY MILITARY PERSONNEL

l,, ,	ann a spouse of an active duty member of one of the
medicine in the state(s) oflicense to practice medicine in the state of	orces. I currently hold an active license to practice and wish to apply for a property of Nevada. I acknowledge that I have reviewed and or licensure as set forth in Nevada Revised Statute ualifications therein.
documentation required to verify my qualificate of Nevada and acknowledge that if by the Nevada State Board of Medical	ne procurement of the necessary primary source ications to obtain a license to practice medicine in the the necessary documentation has not been received Examiners (Board) within ninety (90) days of the ne, my licensure status shall be changed to Expired by the Board.
information from a primary or other sou provided by me in my application for licens	cine in the state of Nevada to me, the Board obtains rce of information that differs from the information sure, the Board may take action on the license as set ny other disciplinary action deemed appropriate.
Dated this day of, 20	0
Signature of Applicant	
(NOTARY SEAL)	State of County of day of, 2 Notary Public for the state of My Commission Expires:
	Signature of Notary