IMLCC - Nevada; Required Addenda Checklist

Please submit the following required documents to the address below:

earagona@medboard.nv.gov

-OR BY MAIL-

ATTN: Licensing Division
Attn: Elaina Aragona
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

_____	a	**ATTESTATIONS:** ☐ Properly completed, signed attestations **(Wet signature or Docusign ONLY)** ☐ Recent, passport-quality photograph (at least 2"x 2") attached to attestations and affirmations document
_____ _____ _____	b	**IDENTITY:** **U.S. Born Citizens**: ☐ Copy of Original or Certified Birth Certificate that bears an original seal or stamp of the issuing agency; or copy of current and unexpired U.S. Passport **Foreign-born Citizens:** ☐ Copy of Original Certificate of Naturalization or current U.S. Passport **Non-U.S. Citizens:** ☐ Copy of both sides of Alien Registration card, Employment Authorization card, or Visa ☐ Copy of foreign passport ☐ Individual Tax Identification Number (ITIN) and original ITIN assignment letter from the IRS supporting documentation of identity also required, e.g., Passport, or USCIS, US Military, or US State I.D.** **NOTE: If you are a non-U.S. citizen who holds a valid U.S. Social Security number, please disregard the information related to providing Individual Tax Identification Numbers (ITIN) **Legal Name Changes (If applicable)** ☐ Copy of Court Documentation or Marriage Certificate

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive Reno, Nevada 89521 Phone (775) 688-2559

Licensee Full Legal Name

First: _____

Middle: _____

Last: _____

Public Address
*Your public address and public telephone number **will** be viewable to the public, to include on the Board website*

Street Address: _____

City, State, Zip: _____

Public Telephone Number: _____

Residential Mailing Address
*Your residential mailing address, personal telephone number and email address **will not** be made public. They **will not** be visible on the Board website, and this information **will not** be released to the public in any way*

Street Address_____

City, State, Zip: _____

Personal Telephone Number: _____

Personal Email: _____

Attestations/Affirmations:

1. CHILD SUPPORT STATEMENT

The law of the state of Nevada requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. You are advised that this question is part of your application, your response is given under oath, and any response hereto which is false, fraudulent, misleading, inaccurate or incomplete, may result in your application being denied. You must mark one of the following responses, and failure to mark one of the responses may result in denial of your application.

Please place a check mark next to one of the following statements:

_____ (a) I am not subject to a court order for the support of a child;

_____ (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; **OR**

_____ (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

2. ATTESTATION REGARDING THE REPORTING OF THE ABUSE OR NEGLECT OF A CHILD

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220 _____**Yes** _____**No**

3. SAFE INJECTION PRACTICE ATTESTATION

ATTESTATION TO KNOWLEDGE OF AND COMPLIANCE WITH THE GUIDELINES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR APPLICANT PHYSICIANS

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html _____**Yes** _____**No**

4. MILITARY SERVICE ATTESTATION

1. Have you ever served in the United States Military (to include National Guard or Reserves)? _____**Yes** _____**No**
If your answer is "No", you do not have to complete the remaining questions for the Military Service Attestation.

2. If yes, which branch of service did you serve?
- ☐ Air Force
- ☐ Army
- ☐ Navy
- ☐ Marine Corps
- ☐ Coast Guard

3. Military occupation specialty or specialties?
- ☐ Administration or Personnel
- ☐ Logistics or Supply
- ☐ Aviation
- ☐ Maintenance
- ☐ Civil Engineering
- ☐ Medical Services
- ☐ Communications
- ☐ Security Forces Military Police
- ☐ Infantry or Armor
- ☐ Legal or Chaplin Corps
- ☐ Other

4. & 5. Dates of service in the Military: **4-From:** _____/ _____/ _____ **5-To:** _____/ _____/ _____
DD MM YYYY DD MM YYYY

6. Are you still serving? _____Yes _____No

7. Have you ever served on active duty in the Armed Forces of the United States? _____Yes _____No

8. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States? _____Yes _____No

9. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States? _____Yes _____No

10. If the answer to question(s) 7, 8 and/or 9 is "yes," did you separate from such service under conditions other than dishonorable? (Unless you were dishonorably discharged, your answer should be "yes.") _____Yes _____No _____N/A

LICENSEE PHOTOGRAPH

ATTACH A FINISHED COLOR PHOTOGRAPH OF PASSPORT QUALITY OF YOUR HEAD AND SHOULDERS ONLY.

PHOTOGRAPH MUST HAVE BEEN TAKEN WITHIN THE LAST SIX MONTHS AND BE AT LEAST 2" x 2" IN SIZE.

CENTER AND ATTACH PHOTOGRAPH HERE

By signing below, I certify the following:

1. I hereby certify that the attached photograph is a true likeness of me taken within the last six months.

2. Consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States: I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Personal Email Address: _____

_____

Printed Name of Licensee

_____ _____

Signature of Licensee **Date**