

## PHYSICIAN APPLICATION CHECKLIST

_____	a.	<p><b>APPLICATION:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Properly completed, signed and notarized application, including Applicant Responsibility statement;</li> <li><input type="checkbox"/> Recent passport quality photograph (at least 2"x 2");</li> <li><input type="checkbox"/> Appropriate explanations and copies of all pertinent documentation must be attached for affirmative responses to questions numbered 8, 9, 10, 11, 12, 12a, 13, 14, 19, 27, 28, 29, 30, 31, 32, and 33;</li> <li><input type="checkbox"/> Release form, signed and notarized (Form A);</li> </ul>
_____	b.	<p><b>FEES:</b></p> <ul style="list-style-type: none"> <li>• Proper application, registration, AND criminal background investigation fees – cashier’s check or money order made payable to Nevada State Board of Medical Examiners (NSBME) or by credit card as instructed. Credit cards will only be accepted by receipt of the signed credit card authorization form. <b>Note:</b> Application and criminal background investigation fees are <u>non</u>-refundable;</li> </ul>
_____	c.	<p><b>IDENTITY:</b></p> <ul style="list-style-type: none"> <li>• <b>U.S. born citizens</b> – Photocopy of U.S. Birth Certificate or current (unexpired) U.S. passport <u>with notarized</u> Certificate of Identification</li> <li>• Proof of affiliation with the Armed Forces of the United States (DD214, Orders, Military ID., etc.) <i>if applicable</i>;</li> <li>• <b>Foreign-born citizens</b> – Photocopy of current (unexpired) U.S. passport or Certificate of Naturalization <u>with notarized</u> Certificate of Identification</li> <li>• <b>Non U.S. citizens</b> – Copy of both sides of Alien Registration card, Employment Authorization card, or Visa <u>and</u> copy of foreign passport;</li> </ul> <p><i>Note: FCVS verification packet may provide appropriate “Seal verified” Identity documentation</i></p>
_____	d.	<p><b>SELF-QUERY VERIFICATION:</b></p> <ul style="list-style-type: none"> <li>• Self-query response from the National Practitioner Data Bank (NPDB) - see enclosed “Instructions” page. The NPDB will send the report directly to you and you will forward <u>the final report</u> to the Board office;</li> </ul>
_____	e.	<p><b>SUPPLEMENTARY FORMS:</b></p> <ul style="list-style-type: none"> <li>• <b>FORM B: ONLY</b> if you have answered affirmatively to either of the two malpractice questions on the application; Also include: <ul style="list-style-type: none"> <li>○ Copy of the legal Complaint</li> <li>○ Copy of the Settlement and/or filed Dismissal</li> </ul> </li> <li>• <b>FORM C: ONLY</b> if applying for a license by Endorsement (Endorsement is NOT reciprocity – please refer to the “License Description” page of your application for clarification.);</li> <li>• <b>FORM D: ONLY</b> if applying for an unlimited license as a Resident currently in a program – you must have passed all steps of United States Medical Licensing Examination (USMLE) and completed at least 24 months of ACGME accredited progressive postgraduate training in the United States or Canada;</li> </ul>
_____	f.	<p><b>BOARD CERTIFICATION:</b></p> <ul style="list-style-type: none"> <li>• <b>If you hold “lifetime or historical” ABMS Board certification</b>, submit a notarized statement agreeing to maintain your specific Board certification for the duration of your licensure in the state of Nevada, and you must request direct source verification of your ABMS Board certification</li> </ul>
_____	g.	<p><b>CONTINUING EDUCATION:</b></p> <ul style="list-style-type: none"> <li>• Proof of 4 hours bioterrorism <u>AMA Category 1</u> continuing medical education (CME) relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. Search for an online course “AMA Category 1 bioterrorism continuing medical education” or take a classroom course;</li> <li>• Proof of 2 hours <u>AMA Category 1</u> continuing medical education (CME) in clinically-based suicide prevention and awareness;</li> <li>• Screening, Brief Intervention &amp; Referral to Treatment (SBIRT);</li> <li>• Proof of 2 hours of AMA Category 1 continuing medical education (CME) in instruction relating to cultural competency, diversity, equity and inclusion, if practicing Psychiatry;</li> </ul>
_____	i.	<p><b>FINGERPRINTING:</b></p> <ul style="list-style-type: none"> <li>• Once the application and criminal background investigation fee have been received, a sample fingerprint card and instructions will be emailed to you. The fingerprint card sample you receive from the Board contains the necessary account numbers required for processing. You will take this sample to a fingerprinting service or Law Enforcement agency so they may use the correct card and enter the necessary information. Completed card <u>must</u> be returned to the Board as well as the signed Civil Applicant Waiver (included in your application package, which will be emailed to you) prior to licensure. Note: Receipt of the Criminal history background results will not delay licensure.</li> </ul>

# PHYSICIAN APPLICATION CHECKLIST

## DIRECT SOURCE VERIFICATIONS TO BE SOLICITED BY APPLICANT FOR DIRECT RETURN BY THE VERIFYING INSTITUTION TO BOARD OFFICE

*Verifying agencies may charge a fee. Do not provide pre-stamped or pre-addressed envelopes for direct source verifications.*

\* Federation Credentials Verification Service (FCVS) packet may verify these documents.

_____	*	a.	<p>MEDICAL SCHOOL:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verification of Medical Education (Form 1) to be completed by medical school(s);</li> <li><input type="checkbox"/> Official transcripts from all schools where professional medical instruction was received (if transcripts are not in English, a certified original and official English translation is required);</li> </ul>
_____	*	b.	<p>POSTGRADUATE TRAINING PROGRAM:</p> <ul style="list-style-type: none"> <li>• Certificate of Completion of Progressive Postgraduate Training (Form 2) to be completed by <u>all</u> institutions where any training occurred (internship, residency, fellowship and research fellowship);</li> </ul>
_____	*	c.	<p>RESIDENT APPLYING AFTER COMPLETION OF 24 MONTHS OF TRAINING:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verification of postgraduate training Form 2 showing current postgraduate year as “in progress”;</li> <li><input type="checkbox"/> Once postgraduate training program has been completed, proof of satisfactory completion of progressive postgraduate training (follow-up verification of postgraduate training Form 2) submitted directly to the Board from the program <u>within 60 days after</u> the scheduled completion of the <u>program</u>;</li> <li><input type="checkbox"/> Residents applying after completion of 24 months of training must meet Nevada’s USMLE requirements (see Examination information below);</li> </ul>
_____	*	d.	<p>EXAMINATION:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Certification of National Board, FLEX, USMLE, LMCC or SPEX scores - see “Instructions” page. For State written examination certification in combination with current ABMS certification, see “Instructions” page;  <b>Note: In the state of Nevada, for United States Medical Licensing Examination (USMLE) a person must pass Steps I, II and III of the USMLE within 7 years after the date on which the person first passes any step of the USMLE and a person is limited to a combined maximum of 9 attempts to pass steps I, II, and III and no more than 3 attempts at step III of the USMLE.</b></li> <li><input type="checkbox"/> Certification status report from the Educational Commission for Foreign Medical Graduates (ECFMG) – see “Instructions” page;</li> </ul>
_____		e.	<p>BOARD CERTIFICATION:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verification of ABMS Board certification, if applying via state written exam/board certification;</li> <li><input type="checkbox"/> Verification of ABMS Board certification, if eligible to apply based on NRS 630.160 (2)(c) or (2)(d);</li> </ul>
_____		f.	<p>MALPRACTICE INSURANCE CARRIER VERIFICATIONS:</p> <ul style="list-style-type: none"> <li>• Malpractice insurance carrier verification (Form 4) to be completed by appropriate entity and returned directly by the verifying institution to the Board office and must include the loss history report for any and all malpractice cases that occurred within the past 10 years (see Disclaimer below);</li> </ul>
_____		g.	<p>HOSPITAL VERIFICATIONS:</p> <ul style="list-style-type: none"> <li>• Verification of hospital privileges (Form 5) to be completed by appropriate entity and returned directly by the verifying institution to the Board office if you answered affirmatively to having had any disciplinary issues regarding your hospital privileges within the past 10 years (see Disclaimer below);</li> </ul>

**Disclaimer: Per Nevada Revised Statute 630.173(2), the Board has the right to consider information for any malpractice history or derogatory hospital privilege history that is more than 10 years old.**