

SPECIAL PURPOSE PHYSICIAN APPLICATION CHECKLIST

TO BE RETURNED DIRECTLY TO BOARD OFFICE BY APPLICANT

_____	a.	<p>APPLICATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Properly completed, signed and notarized application, including Applicant Responsibility statement; <input type="checkbox"/> Recent passport quality photograph (at least 2”x 2”) attached to application; <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, 25, 26, 27, 28, 29, 30, and 31; <input type="checkbox"/> Release form, signed and notarized (Form A);
_____	b.	<p>FEES:</p> <ul style="list-style-type: none"> • 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. <p>Note: Application and criminal background investigation fees are <u>non</u>-refundable;</p>
_____	c.	<p>IDENTITY (Identity documents will be returned to you via secured mail.):</p> <ul style="list-style-type: none"> • U.S. born citizens – Original or Certified Birth Certificate that bears an original seal or stamp of the issuing agency (notarized copies are not acceptable); • Proof of affiliation with the Armed Forces of the United States (DD214, Orders, Military ID., etc.); • Foreign-born citizens - 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; • Non U.S. citizens - Copy of foreign passport; • Non U.S. citizens – Individual Taxpayer Identification Number (ITIN) and original ITIN assignment letter from the IRS. Supporting documentation of identity also required. <p><i>Note: FCVS verification packet may provide appropriate “Seal verified” Identity documentation</i></p>
_____	d.	<p>SELF-QUERY VERIFICATION:</p> <ul style="list-style-type: none"> • Self-query response from the National Practitioner Data Bank (NPDB); see enclosed instruction sheet. The NPDB will send the report directly to you and you will forward <u>the final report</u> to the Board office;
_____	e.	<p>SUPPLEMENTARY FORMS:</p> <ul style="list-style-type: none"> • FORM B: ONLY if you have answered affirmatively to either of the two malpractice questions on the application; Also include: <ul style="list-style-type: none"> ○ Copy of the legal Complaint ○ Copy of the Settlement and/or filed Dismissal;
_____	f.	<p>BOARD CERTIFICATION:</p> <ul style="list-style-type: none"> • A notarized statement agreeing to maintain Board certification (include name of the Board) for the duration of your licensure in the state of Nevada;
_____	g.	<p>CONTINUING EDUCATION:</p> <ul style="list-style-type: none"> • 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; • Proof of 2 hours <u>AMA Category 1</u> continuing medical education (CME) in clinically-based suicide prevention and awareness; • Proof of 2 hours AMA Category 1 continuing medical education (CME) in the screening, brief intervention, and referral to treatment approach to substance use disorder. (SBIRT) • 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;
_____	h.	<p>FINGERPRINTING:</p> <ul style="list-style-type: none"> • Once the application and criminal background investigation fee have been received, a fingerprint card and instructions will be mailed to you. The fingerprint card you receive from the Board contains the necessary account numbers required for processing. The completed card <u>must</u> be returned to the Board as well as the signed Civil Applicant Waiver (included in your application package) prior to licensure. Note: Receipt of the Criminal history background results will not delay licensure.

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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.*

_____	*	a.	<p>MEDICAL SCHOOL:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verification of Medical Education (Form 1) to be completed by medical school(s); <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);
_____	*	b.	<p>POSTGRADUATE TRAINING PROGRAM:</p> <ul style="list-style-type: none"> • 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);
_____	*	c.	<p>EXAMINATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification of National Board, FLEX, USMLE, LMCC or SPEX scores - see instruction page; <input type="checkbox"/> Certification status report from the Educational Commission for Foreign Medical Graduates (ECFMG) – see instruction page;
_____		d.	<p>BOARD CERTIFICATION:</p> <ul style="list-style-type: none"> • Direct source verification of American Board of Medical Specialties (ABMS) Board certification;
_____		e.	<p>LICENSE VERIFICATIONS:</p> <ul style="list-style-type: none"> • License verification (Form 3) from <u>all</u> states where applicant is currently licensed or has ever been licensed (this does not include training licenses or temporary permits);
_____		f.	<p>MALPRACTICE INSURANCE CARRIER VERIFICATIONS:</p> <ul style="list-style-type: none"> • Malpractice insurance carrier verification (Form 4) to be completed by appropriate entity and returned directly by the verifying institution to the Board office; must include the loss history report for any and all malpractice cases that occurred within the past 10 years with a liability, settlement or claim paid on your behalf (see Disclaimer below).

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

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.