<u>Applicant</u>: Each state where licensure/certification is or ever was held must complete this form. If more than one state, photocopies of this blank form may be made and used.

FORM 3

## NEVADA STATE BOARD OF MEDICAL EXAMINERS VERIFICATION OF STATE LICENSURE/CERTIFICATION

## PART 1 - TO BE COMPLETED BY APPLICANT

ddress:(street) (a	pt. or suite #)	(city)	(state)	(zip)
		, ,,	,	( 1 /
ate of Birth:(month) (day) (year)				
am in the process of applying for perfusio oformation directly to the Nevada State Bo			release of the	e following
		(signature of applicant)		
ART 2 – TO BE COMPLETED BY LICE! examiners	NSING AGENCY and return	ned directly to the Nevada	State Board	 of Medica
lame of Licensee:La				
Issuing State Board:	ast First	Middle		
License/Certificate Number:				
Issue Date:	I	Expiration Date:		
icense was issued on the basis of	(examination: Af	BCP / State Licensing/Certifying exa	mination)	
certify that the above license/certificate is	: Current, i	in good standing		
	Not current, due to non-payment of fees			
	Subject to pending disciplinary charges			
	Subject to restriction of licensure or practice			
	Other (ple	ease attach explanation)		
	Note: Please attach a	any pertinent disciplinary docu	ımentation, if	applicable
certify that to the best of my knowledge a f the individual named on this form.	nd belief the foregoing is a t	true, accurate, and complete	statement of t	he record
	Signature of certifying	ng individual:		
	Print name:			
	r iiiit iiaiii <del>c</del> .			
AFFIX BOARD SEAL HERE	Title:			
AFFIX BOARD SEAL HERE				

Completed form or state license verification is to be mailed by the verifying institution directly to:

Nevada State Board of Medical Examiners 9600 Gateway Drive Reno, NV 89521