

NEVADA STATE BOARD OF MEDICAL EXAMINERS
VERIFICATION OF HOSPITAL / SURGERY CENTER PRIVILEGES
FOR A SPECIAL EVENT LICENSE

Attn: Medical Staff Office
Hospital:
Address:

Physician's Name:
Physician's DOB:
Specialty:
Affiliation dates:

The above named physician submitted an application to obtain a Special Event Medical license in Nevada. The applicant has indicated that he/she has been granted one time procedure privileges at your hospital / surgery center. In order that the processing of the application may be completed, we ask that you provide us with the information requested below.

- 1. What privileges will be extended to the special event license applicant?
2. Name of the licensed Nevada physician who is receiving the assistance / training during the one time procedure:
3. Date of procedure:
4. Type of procedure:

Hospital Chief of Staff or Administrator:
Signature
Hospital Chief of Staff or Administrator:
Type or Print Name and Title

(NOTARY SEAL)

State of County of
Subscribed and sworn to before me this day of
, 2.
Notary Public for the State of
My Commission Expires:
Residing at: City State
Signature of Notary

Please return completed form to:

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
Phone: (775) 688-2559

Hospital Administrator: If you have questions, you may contact the Nevada Board at (775) 688-2559.