

REQUEST FOR LICENSURE BY A RESIDENT

(You must be currently enrolled in an approved postgraduate training program.)

ONLY complete this form if you are currently enrolled in a postgraduate training program, have completed at least 24 months of progressive postgraduate training and meet all requirements for an unlimited license in the state of Nevada, including having passed all 3 steps of USMLE within the time period allowed by NAC 630.080.

Acknowledgement of statutory requirements NRS 630.160

I, _____, am a Resident who is enrolled in a progressive postgraduate

(print your name)

training program in the United States or Canada, approved by the Board, the Accreditation Council for Graduate Medical Education or the Coordinating Council of Medical Education of the Canadian Medical Association, and have completed at least 24 months of the program, and now commit in writing to the Nevada State Board of Medical Examiners (Board) that I will complete the program; and I hereby acknowledge that I will provide or cause to be provided to the Board proof of satisfactory completion of the program within sixty (60) days after the scheduled completion of the program.

If, after issuing a license to practice medicine to me, the Board obtains information from a primary or other source of information, and that information differs from the information provided by me (the applicant) or otherwise received by the Board, or if I fail to provide or cause to be provided to the Board proof of satisfactory completion of the program within sixty (60) days after the scheduled completion of the program, the Board may take action pursuant to Sections 4 and 5 of NRS 630.160, as well as any other disciplinary action deemed appropriate.

Applicant Signature

Date

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

(NOTARY SEAL)

Notary Public for the State of _____

My Commission Expires: _____

Residing at: _____
City State

Signature of Notary