NEVADA STATE BOARD OF MEDICAL EXAMINERS

SPECIAL EVENT MEDICAL LICENSURE

Applications which appear to have been altered in any form will not be accepted. Applications must be typed or legibly handwritten in ink (illegible or incomplete applications will be returned). Applications must be received on single-sided, white bond paper, 8 ½" x 11" in size. Your application is a public document.

Applications not completed within six (6) months from date of receipt will be rejected per NAC 630.180(2).

SPECIAL EVENT LICENSURE FEES:

Special Event Medical License Application Fee $400
Criminal Background Investigation .....$ 75

TOTAL FEES $475

The Application fee and Criminal Background Investigation fee will not be refunded. You may pay by cashier's check or money order, payable to "NEVADA STATE BOARD OF MEDICAL EXAMINERS," or by credit card. If paying by credit card, please complete the Credit Card Authorization form on the last page of this application. A two percent (2.5%) service fee will be assessed for payment by credit card.

Per Nevada Revised Statute 630.161, "The Board shall not issue a license to practice medicine to an applicant who has been licensed to practice any type of medicine in another jurisdiction and whose license was revoked for gross medical negligence by that jurisdiction".

The Board's staff conducts an investigation into your background during the application process. If staff becomes aware of circumstances warranting a personal appearance at a Board meeting prior to acceptance of your application for licensure, your application must be completed 45 days prior to any regularly scheduled Board meeting in order for your appearance to be scheduled for that meeting for consideration of acceptance of your application. Under Nevada law, a public body cannot hold a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person unless it has given written notice to that person of the time and place of the meeting. The written notice must be sent by certified mail to the last known address of that person at least 21 working days before the meeting. A public body must receive proof of service of the notice before such a meeting may be held.

SPECIAL EVENT LICENSE
APPLICATION CHECKLIST

TO BE RETURNED DIRECTLY TO BOARD OFFICE BY APPLICANT

____	a.	APPLICATION: ☐ Properly completed, signed and notarized application, including Applicant Responsibility statement; ☐ Recent passport quality photograph (at least 2"x 2") attached to application; ☐ Appropriate explanations and copies of all pertinent documentation must be attached for affirmative responses to questions numbered 8, 9, 10, 11, and 12; ☐ Release form, signed and notarized (Form A);
____	b.	FEES: • 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. Note: Application and criminal background investigation fees are non-refundable;
____	c.	IDENTITY (Identity documents will be returned to you via secured mail.): • U.S. born citizens – photocopy of a certified Birth Certificate that bears an original seal of the issuing agency or photocopy of current (unexpired) U.S. Passport; • Foreign-born citizens – photocopy of Original Certificate of Naturalization or current U.S. Passport; • Non U.S. citizens - Copy of both sides of Alien Registration card or Employment Authorization card or Visa; • Non U.S. citizens - Copy of foreign passport; *Note: FCVS verification packet may provide appropriate "Seal verified" Identity documentation.*
____	d.	SELF-QUERY VERIFICATION: • National Practitioner Data Bank (NPDB); The NPDB will send the report directly to you and you will forward the final report to the board office; *The request form for the National Practitioner Data Bank (NPDB) is available at http://www.npdb.hrsa.gov. Click on 'Self-Query' for Healthcare Professionals on the right side of the page and follow the instructions provided. If you require additional information, please call the NPDB at (800) 767-6732. Once you have received the final report or self-query response from the NPDB, forward a copy of this report to the Board office either by mail, fax or email.*
____	e.	FOREIGN MEDICAL GRADUATES: • Copy of ECFMG certification report (per NRS 630.195);
____	f.	ACADEMIC CREDENTIALS: • Copy of ABMS Board certification certificate; ABMS Board re-certification certificate; or ABMS SubBoard certification or recertification certificate(s); • Copy of Medical School diploma or transcripts showing proof of Medical Doctor (MD) degree [per NRS 630.160(2)(b)(1)(2)]; • Copy of ACGME Postgraduate training certificate(s) of completion [per NRS 630.160(2)(d)(1)(I)].
____	g.	FINGERPRINTING: • 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 must 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.

Revised 7/24/2023

SPECIAL EVENT LICENSE
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.

___	a.	HOSPITAL VERIFICATION: • Verification from hospital or surgery center (Form B) to be completed and returned directly to the Board office by the institution where the Special Event will be taking place, if applicable.
___	b.	LICENSE VERIFICATION: • Verification of state license (Form C) where applicant is currently licensed in good standing and where he/she is practicing clinical medicine.
___	c.	MALPRACTICE CARRIER VERIFICATION: • Verification from malpractice insurance carriers (Form D) only if requested by the Board.

APPLICATION GUIDE

Malpractice

Provide signed and dated explanations for malpractice cases that occurred within the past 10 years answering who, what, where, when, why and settlement amount, if applicable. If you have a pending case or cases, you may be asked to request a status letter from your attorney to be sent directly to the Board.

Legal Documentation

The Board reserves the right to require you to provide copies of legal documentation including but not limited to Arrest reports, Judgments of Conviction, Complaints, Settlements and/or Dismissals for malpractice cases, and Investigation documentation by any medical licensing board, hospital, medical society, governmental entity or agency.

National Practitioner Data Bank's "Practitioner Request" For Information Disclosure

The request form for the National Practitioner Data Bank (NPDB) is available at http://www.npdb.hrsa.gov. Click on "Self-Query" for Healthcare Professionals on the right side of the page and follow the instructions provided. If you require additional information, please call the NPDB at (800) 767-6732. Once you have received the final report or self-query response from the NPDB, forward a copy of this report to the Board office.

Pursuant to Nevada Administrative Code

NAC 630.147 Special event license to demonstrate medical techniques and procedures: Application. An applicant for a special event license issued must, not later than 30 days before the requested effective date described in subsection 1, submit to the Board or, where appropriate, cause to be submitted to the Board:

1. An application for a special event license on a form approved by the Board. The application must include, without limitation, the date on which the applicant wishes the special event license to become effective. The application must also include:

(a) Verification that the applicant is currently licensed as a physician in another state and is in good standing in that state;

(b) The dates and locations of the demonstrations of medical techniques or procedures that the applicant plans to conduct pursuant to the special event license; and

(c) A description of the type of persons expected to attend the demonstrations.

2. The documentation and information, other than an application, that an applicant for a license to practice medicine is required to submit to the Board.
3. The applicable fee for the application for and issuance of the special event license as prescribed by the Board.
4. Such other pertinent information as the Board may require.

NAC 630.149 Special event license to demonstrate medical techniques and procedures: Validity; limitations on conduct of demonstrations.

1. If the Board issues a special event license, the Board will provide the period for which the special event license is valid. The period of validity will not exceed 15 days after the effective date of the special event license as established by the Board.
2. A holder of a special event license issued may, pursuant to the special event license:

(a) Conduct only those demonstrations of medical techniques or procedures approved by the Board; and

(b) Conduct those demonstrations only on the dates and at the locations approved by the Board.

THE FOLLOWING MAY CONSTITUTE GROUNDS FOR DENIAL OF LICENSURE, AS SET OUT IN NRS 630.301 THROUGH NRS 630.3065:

NRS 630.301 Criminal offenses; disciplinary action taken by other jurisdiction; surrender of previous license while under investigation; malpractice; engaging in sexual activity with patient; disruptive behavior; violating or exploiting trust of patient for financial or personal gain; failure to offer appropriate care with intent to positively influence financial well-being; engaging in disreputable conduct; engaging in sexual contact with surrogate of patient or relatives of patient. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Conviction of a felony relating to the practice of medicine or the ability to practice medicine. A plea of nolo contendere is a conviction for the purposes of this subsection.
2. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240, 616D.300, 616D.310, or 616D.350 to 616D.440, inclusive.
3. Any disciplinary action, including, without limitation, the revocation, suspension, modification or limitation of a license to practice any type of medicine, taken by another state, the Federal Government, a foreign country or any other jurisdiction or the surrender of the license or discontinuing the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Services of the United States, an insurance company, an agency of the Federal Government or an employer.
4. Malpractice, which may be evidenced by claims settled against a practitioner, but only if the malpractice is established by a preponderance of the evidence.
5. The engaging by a practitioner in any sexual activity with a patient who is currently being treated by the practitioner.
6. Disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.
7. The engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain.
8. The failure to offer appropriate procedures or studies, to protest inappropriate denials by organizations for managed care, to provide necessary services or to refer a patient to an appropriate provider, when the failure occurs with the intent of positively influencing the financial well-being of the practitioner or an insurer.
9. The engaging in conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.
10. The engaging in sexual contact with the surrogate of a patient or other key persons related to a patient, including, without limitation, a spouse, parent or legal guardian, which exploits the relationship between the physician and the patient in a sexual manner.
11. Conviction of:

(a) Murder, voluntary manslaughter or mayhem;
(b) Any felony involving the use of a firearm or other deadly weapon;
(c) Assault with intent to kill or to commit sexual assault or mayhem;
(d) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
(e) Abuse or neglect of a child or contributory delinquency;
(f) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS; or
(g) Any offense involving moral turpitude.

(Added to NRS by 1977, 824; A 1981, 590; 1983, 305; 1985, 2236; 1987, 197; 1991, 1070; 1993, 782; 1997, 684; 2001, 766; 2003, 2707, 3433; 2003, 20th Special Session, 264, 265; 2005, 2522; 2007, 3045; 2011, 847)

NRS 630.304 Misrepresentation in obtaining or renewing license; false advertising; practicing under another name; signing blank prescription forms; influencing patient to engage in sexual activity; discouraging second opinion; terminating care without adequate notice. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement.
2. Advertising the practice of medicine in a false, deceptive or misleading manner.
3. Practicing or attempting to practice medicine under another name.
4. Signing a blank prescription form.
5. Influencing a patient in order to engage in sexual activity with the patient or with others.
6. Attempting directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a second opinion.
7. Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient. (Added to NRS by 1983, 301; A 1985, 2236; 1987, 198)

NRS 630.305 Accepting compensation to influence evaluation or treatment; inappropriate division of fees; inappropriate referral to health facility, laboratory or commercial establishment; charging for services not rendered; aiding practice by unlicensed person; delegating responsibility to unqualified person; failing to disclose conflict of interest; failing to initiate performance of community service; exception.

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

(a) Directly or indirectly receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation which is intended or tends to influence the physician's objective evaluation or treatment of a patient.
(b) Dividing a fee between licensees except where the patient is informed of the division of fees and the division of fees is made in proportion to the services personally performed and the responsibility assumed by each licensee.
(c) Referring, in violation of NRS 439B.425, a patient to a health facility, medical laboratory or commercial establishment in which the licensee has a financial interest.
(d) Charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient.
(e) Aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of this chapter or the regulations of the Board.
(f) Delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.
(g) Failing to disclose to a patient any financial or other conflict of interest.
(h) Failing to initiate the performance of community service within 1 year after the date the community service is required to begin, if the community service was imposed as a requirement of the licensee's receiving loans or scholarships from the Federal Government or a state or local government for his medical education.

2. Nothing in this section prohibits a physician from forming an association or other business relationship with an optometrist pursuant to the provisions of NRS 636.373.

(Added to NRS by 1983, 301; A 1985, 2237; 1987, 198; 1989, 1114; 1991, 2437; 1993, 2302, 2596; 1995, 714, 2562)

THE FOLLOWING MAY CONSTITUTE GROUNDS FOR DENIAL OF LICENSURE, AS SET OUT IN NRS 630.301 THROUGH NRS 630.3065:
Cont.

NRS 630.306 Inability to practice medicine; deceptive conduct; violation of regulation governing practice of medicine or adopted by State Board of Pharmacy; unlawful distribution of controlled substance; injection of silicone; practice beyond scope of license; practicing experimental medicine without consent of patient or patient's family; lack of skill or diligence; habitual intoxication or dependency on controlled substances; filing of false report; failure to report certain changes of information or disciplinary or criminal action in another jurisdiction; failure to be found competent after examination; certain operation of a medical facility; prohibited administration of anesthesia or sedation; engaging in unsafe or unprofessional conduct; knowingly or willfully procuring or administering certain controlled substances or dangerous drugs; failure to supervise medical assistant adequately; allowing person not enrolled in accredited medical school to perform certain activities; failure to obtain required training regarding controlled substances.

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

(a) Inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance.

(b) Engaging in any conduct:

(1) Which is intended to deceive;

(2) Which the Board has determined is a violation of the standards of practice established by regulation of the Board; or

(3) Which is in violation of a regulation adopted by the State Board of Pharmacy.

(c) Administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or herself or to others except as authorized by law.

(d) Performing, assisting or advising the injection of any substance containing liquid silicone into the human body, except for the use of silicone oil to repair a retinal detachment.

(e) Practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training.

(f) Performing, without first obtaining the informed consent of the patient or the patient's family, any procedure or prescribing any therapy which by the current standards of the practice of medicine is experimental.

(g) Continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.

(h) Habitual intoxication from alcohol or dependency on controlled substances.

(i) Making or filing a report which the licensee or applicant knows to be false or failing to file a record or report as required by law or regulation.

(j) Failing to comply with the requirements of NRS 630.254.

(k) Failure by a licensee or applicant to report in writing, within 30 days, any disciplinary action taken against the licensee or applicant by another state, the Federal Government or a foreign country, including, without limitation, the revocation, suspension or surrender of a license to practice medicine in another jurisdiction.

(l) Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken or conviction obtained against the licensee or applicant, other than a minor traffic violation, in this State or any other state or by the Federal Government, a branch of the Armed Forces of the United States or any local or federal jurisdiction of a foreign country.

(m) Failure to be found competent to practice medicine as a result of an examination to determine medical competency pursuant to NRS 630.318.

(n) Operation of a medical facility at any time during which:

(1) The license of the facility is suspended or revoked; or

(2) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

➦ This paragraph applies to an owner or other principal responsible for the operation of the facility.

(o) Failure to comply with the requirements of NRS 630.373.

(p) Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board.

(q) Knowingly or willfully procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;

(2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328;

(3) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS; or

(4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

(r) Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.

(s) Failure to comply with the provisions of NRS 630.3745.

(t) Failure to obtain any training required by the Board pursuant to NRS 630.2535.

2. As used in this section, "investigational drug or biological product" has the meaning ascribed to it in NRS 454.351.

(Added to NRS by 1983, 302; A 1985, 2238; 1987, 199, 800, 1554, 1575; 2007, 3046; 2009, 533, 879, 2961, 2962; 2011, 257, 2612; 2015, 116, 492, 985, 1536)

NRS 630.3062 Failure to maintain proper medical records; altering medical records; making false report; failure to file or obstructing required report; failure to allow inspection and copying of medical records; failure to report other person in violation of chapter or regulations; failure to comply with certain requirements relating to controlled substances. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.

2. Altering medical records of a patient.

3. Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or knowingly or willfully obstructing or inducing another to obstruct such filing.

4. Failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061.

5. Failure to comply with the requirements of NRS 630.3068.

6. Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.

7. Failure to comply with the requirements of NRS 453.163 or 453.164.

(Added to NRS by 1985, 2223; A 1987, 199; 2001, 767; 2002 Special Session, 19; 2003, 3433; 2009, 2963; 2015, 493, 1170)

NRS 630.3065 Knowing or willful disclosure of privileged communication; knowing or willful failure to comply with law, subpoena or order; knowing or willful failure to perform legal obligation. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Knowingly or willfully disclosing a communication privileged pursuant to a statute or court order.

2. Knowingly or willfully failing to comply with:

(a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;

(b) A court order relating to this chapter; or

(c) A provision of this chapter.

3. Knowingly or willfully failing to perform a statutory or other legal obligation imposed upon a licensed physician, including a violation of the provisions of NRS 439B.410.

(Added to NRS by 1983, 302; A 1985, 2238; 1987, 200; 1989, 1663; 1993, 2302; 2015, 494)

NEVADA REVISED STATUTES – SPECIAL EVENT LICENSURE

1. Except as otherwise provided in NRS 630.161, the Board may issue a special event license to a licensed physician of another state to conduct demonstrations of medical techniques and procedures at a special event in this State.

2. A licensed physician of another state who applies for a special event license pursuant to this section:

(a) Must be in good standing in that state; and

(b) Is not required to take or pass a written examination concerning his or her qualifications to practice medicine but must satisfy the requirements for a special event license set forth in regulations adopted by the Board pursuant to subsection 5.

3. A physician who holds a special event license issued pursuant to this section may perform medical techniques and procedures pursuant to the license for demonstration purposes only.

4. A special event license issued pursuant to the provisions of this section is valid for a short period, as determined by the Board, and is not renewable.

5. The Board shall adopt regulations to carry out the provisions of this section.

6. For the purposes of this section, “special event” means a scheduled activity or event at which a physician appears as a clinician for teaching or demonstrating certain methods of technical procedures if:

(a) The persons attending the scheduled activity or event are:

(1) Members of a medical society or other medical organization;

(2) Persons who are attending a medical convention;

(3) Students or faculty members of a medical school; or

(4) Licensed physicians; and

(b) The scheduled activity or event is being held before any combination of the persons described in paragraph (a) and is being held at:

(1) A meeting or other gathering of a medical society or other medical organization;

(2) A medical convention;

(3) A medical school; or

(4) A licensed hospital.

ATTENTION APPLICANT

RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to: The Nevada State Board of Medical Examiners,
9600 Gateway Drive
Reno, NV 89521
(775) 688-2559

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete, or that you have omitted vital information.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your honesty before the entire Board of Medical Examiners. This includes a sanction or disciplinary action you may have experienced during medical school or your postgraduate training, or any conflict you may have had with the legal system **— even if the charge(s) has been expunged, lessened, or dismissed and no matter how long ago it occurred, the FBI will have your fingerprints on file. This will be discovered.**

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have *any* questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

○ ○ ○ ○ ○

I have read this cover sheet and understand that I alone am responsible for completing my application for medical licensure in Nevada.

Print your name_____

Sign your name_____

Date_____

Nevada Department of *Public Safety*
CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is subject pursuant to NRS 630.342, and who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada State Board of Medical Examiners that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov .

Applicant: Initial: _____ Date:_____

7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov . The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

9. I hereby authorize Nevada State Board of Medical Examiners to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original. In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
PLEASE PRINT Last Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account #: 881183

Agency Representative: _____
PLEASE PRINT Linn Kory

Agency Representative Signature: *K. Linn Interim Chief of Licensing*

Date: 1.30.23

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive · RENO · NV · 89521 · (775) 688-2559

License No. _____

File No. _____
(For Board Use Only)

SPECIAL EVENT MEDICAL LICENSE APPLICATION

PERSONAL INFORMATION

NOTE: All information requested is MANDATORY and MUST be provided except for the e-mail address which should be provided if you have one.

1. Present Legal Name _____
Last First Middle Maiden

List any other name(s) ever used _____ Gender: Male ☐ Female ☐

2. Mailing Address _____
Street City County State Zip

3. Home Address _____
Street City County State Zip

4. Telephone Numbers _(____)_____ _(____)_____ _(____)_____
Office Fax Home

(____)_____ Email address _____
Cellular (Optional)

5. Date of Birth _____ Place of Birth _____
City State Country

6. Citizenship: U.S. Citizen (Circle one): YES NO Alien Registration # _____

Employment Authorization # _____

7. Social Security Number _____ Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

Pursuant to NRS 630.197(1)(a) An applicant for the issuance of a license to practice medicine shall include the social security number of the applicant in the application submitted to the Board.

Pursuant to NRS 630.165(5) The applicant bears the burden of proving and documenting his or her qualifications for licensure.

QUESTIONS

For the purposes of the following questions, these phrases or words have these meanings:

"Ability to practice medicine" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments;
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physician examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Criminal offense" includes a felony, gross misdemeanor, and misdemeanor, and includes any violation of federal, state, or local law (including a violation of the Uniform Code of Military Justice). Minor traffic offenses are not included.

For all YES responses to the following questions, you must submit your written explanations on a separate sheet attached to this form.

8. Have you ever previously applied for a medical license in Nevada (including a residency program)? _____Yes _____No

(If "Yes," attach explanation on separate sheet.)

9. Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? *Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement. _____Yes _____No

(If "Yes," attach explanation on separate sheet.)

10. Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable? _____Yes _____No

(If "Yes," attach explanation on separate sheet.)

11. Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable? _____Yes _____No

(If "Yes," attach explanation on separate sheet.)

12. Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

(If "Yes," attach explanation on separate sheet.) _____Yes _____No

ACADEMIC CREDENTIALS

13. Doctor of Medicine Degree granted by:

Medical School Name	City/State/Country	Exact Date of Issuance (Month/Day/Year)

14. List all ACGME* approved postgraduate medical education you have received as an Intern, Resident or Fellowship in the United States or Canada.

*Accreditation Council for Graduate Medical Education

Postgraduate Year (e.g. PGY1, PGY2, etc.)	Hospital/ Institution	City/State	Specify (I =Internship or R = Residency) (F = Fellowship)	Type of Specialty	Dates of Attendance From (Mo./Yr.) To (Mo./Yr.)

(All information must begin on the application. If more space is needed, please attach separate sheet.)

15. If you graduated from a medical school located outside the United States of America or Canada, list your Educational Commission for Foreign Medical Graduates (ECFMG) #:_____

16. State your scope of practice specialty(ies):_____

17. List any and all certifications and re-certifications by a board or sub-board recognized by the **AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS).**

ABMS Primary Board	Specialty Board	If you are Lifetime Board Certified, indicate "Lifetime"	Certification #	Dates of Certification and Recertification (Mo./Yr.)

EVENT INFORMATION

18. Sponsor of Event and intended audience:

19. Provide the name of the Nevada facility, school or hospital in which you **are to perform the requested procedure(s)**.

Date of Procedure (Month / Day(s) / Year)	Facility / Hospital	Complete Mailing Address

20. Description of your role or function at the Special Event:

21. For all medical records that may be created in Nevada related to this special event medical license, please explain the arrangements you have made regarding the maintenance of those records and where they will be maintained per NRS 629.051 and NRS 629.061. (Please identify the Nevada Licensee, if applicable.)

22. Applicant's current Malpractice Insurer:

(Please attach proof of current malpractice insurance coverage)

STATE LICENSE INFORMATION

23. List the state in which you currently reside or practice clinical medicine and hold unrestricted medical licensure in good standing:

State/Territory	License #	Exact Date of Issuance	Status

ATTESTATIONS / AFFIRMATIONS

CHILD SUPPORT STATEMENT

The law of the state of Nevada requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. You are advised that this question is part of your application, your response is given under oath, and any response hereto which is false, fraudulent, misleading, inaccurate or incomplete, may result in your application being denied. You must mark one of the following responses, and failure to mark one of the responses may result in denial of your application.

Please place a check mark next to one of the following statements:

_____(a) I am not subject to a court order for the support of a child;

_____(b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; **OR**

_____(c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

ATTESTATION REGARDING THE REPORTING OF THE ABUSE OR NEGLECT OF A CHILD

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child. _____Yes _____No

http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220

SAFE INJECTION PRACTICE ATTESTATION

ATTESTATION TO KNOWLEDGE OF AND COMPLIANCE WITH THE GUIDELINES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR APPLICANT PHYSICIAN ASSISTANTS

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my supervision in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. _____Yes _____No

http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html

MILITARY SERVICE ATTESTATION

1-Have you ever served in the United States Military (to include National Guard or Reserves)? _____**Yes** _____**No**

If your answer is "No", you do not have to complete the remaining questions for the Military Service Attestation.

2-If yes, which branch of service did you serve?

- ☐ Air Force
- ☐ Army
- ☐ Navy
- ☐ Marine Corps
- ☐ Coast Guard

3-Military occupation specialty or specialties?

- ☐ Administration or Personnel
- ☐ Aviation
- ☐ Civil Engineering
- ☐ Communications
- ☐ Infantry or Armor
- ☐ Legal or Chaplin Corps
- ☐ Logistics or Supply
- ☐ Maintenance
- ☐ Medical Services
- ☐ Security Forces or Military Police
- ☐ Other

4&5-Dates of service in the Military:

4-From: _____/ _____/ _____ **5-To:** _____/ _____/ _____

DD MM YYYY DD MM YYYY

6-Are you still serving? _____Yes _____ No

7-Have you ever served on active duty in the Armed Forces of the United States? _____Yes _____No

8-Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States? _____Yes _____No

9-Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States? _____Yes _____No

10-If the answer to question(s) 7, 8 and/or 9 is "yes," did you separate from such service under conditions other than dishonorable? _____Yes _____No _____N/A

APPLICANT PHOTOGRAPH

ATTACH A FINISHED PHOTOGRAPH OF PASSPORT QUALITY OF YOUR HEAD AND SHOULDERS ONLY.

PHOTOGRAPH MUST HAVE BEEN TAKEN WITHIN THE LAST SIX MONTHS AND BE AT LEAST 2" x 2" IN SIZE.

CENTER AND ATTACH PHOTOGRAPH HERE.

I hereby certify that the attached photograph is a true likeness of me taken within the last six months.

_____ _____
Signature of applicant **Date**

APPLICATION AFFIRMATION

I, _____
(Print your full name)

being duly sworn, depose and say: That the answers to the foregoing questions and statements made in the above application as well as any and all further explanations contained on any separate attached pages are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied.

I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occur prior to my being granted licensure to practice medicine in the state of Nevada.

_____ _____
Signature of applicant Date

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

_____
Signature of Notary

FORM A

RELEASE

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present) business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Nevada State Board of Medical Examiners any information, files or records required by the Nevada State Board of Medical Examiners for its evaluation of my professional, ethical and physical and mental qualifications for licensure in the state of Nevada.

DATED this_____day of_____, 2_____.

Signature: _____

Typed or Printed Name: _____

State of_____County of _____

Subscribed and sworn to before me this_____day of

_____, 2_____.

Notary Public for the State of _____

(NOTARY SEAL)

My Commission Expires: _____

Residing at: _____
City State

_____
Signature of Notary

A photocopy of this form will serve as an original
(Board use only).

Please return completed form to:

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

FORM B

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

State of_____County of _____

Subscribed and sworn to before me this_____day of

_____, 2_____.

Notary Public for the State of _____

(NOTARY SEAL)

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.*

Applicant: *You may want to contact the state(s) where you were licensed since some states charge a fee for license verifications and some do not. The Nevada State Board of Medical Examiners also accepts VeriDoc and other secured sources of electronic verification. This is a courtesy form that provides the Board's address, however verification of your state license does not have to be met by use of this form.*

FORM C

NEVADA STATE BOARD OF MEDICAL EXAMINERS VERIFICATION OF STATE LICENSURE

PART 1 – TO BE COMPLETED BY APPLICANT

Printed Name Of Applicant: ______________________________

Address: ______________________________

____

Date of Birth: ______________________________

I am in the process of applying for medical licensure in the state of Nevada. I hereby authorize release of the following information directly to the Nevada State Board of Medical Examiners at the address below.

Signature of applicant: ______________________

- -

PART 2 – TO BE COMPLETED BY LICENSING AGENCY

Issuing State Board: ______________________

License Number: ______________________

Issue Date: ______________________ Expiration Date: ______________________

License was issued on the basis of ______________________________

Examination: NB / FLEX / USMLE / LMCC / State Licensing examination

I CERTIFY THAT the above license is:

______________ Current, in good standing

______________ Not current, due to non-payment of fees

______________ Subject to pending disciplinary charges

______________ Subject to restriction of licensure or practice

______________ Other (please attach explanation)

Note: Please attach any pertinent disciplinary documentation, if applicable.

I CERTIFY THAT to the best of my knowledge and belief the foregoing is a true, accurate, and complete statement of the record of the individual named on this form.

AFFIX BOARD SEAL HERE

Signature of certifying individual: ______________________

Print name: ______________________

Title: ______________________

Date: ______________________

Email: ______________________

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

State Licensing Board: *If you have questions, you may contact the Nevada Board at (775) 688-2559.*

FORM D

MALPRACTICE CLAIM VERIFICATION REQUEST

Insurance Carrier Information:

Name of Insured Physician**:** _____

Name of Insurance Company: _____

_____

_____

Phone: _____ Fax: _____

To be completed by verifying agency only

Policy Number: _____

Policy Period From: _____ To: _____

**Please provide a loss history report with this verification.

Claims Experience:

Has this Physician had a settlement paid on his/her behalf? _____Yes _____No

If "yes", please provide the following information:

Occurrence Date	*Status*	*Date Closed*	*Indemnity Amount*

Description of Claim:

_____

_____

_____

Insurance Carrier Agent:

_____
Print Name and Title

_____
Signature of Agent

_____
Telephone

_____
Email address

Please mail completed form to:

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

RELEASE

I hereby authorize the above named institution to release any information, files, or records required by the Nevada State Board of Medical Examiners for licensure in the State of Nevada.

_____
Medical Doctor (applicant) signature and date

Subscribed and sworn to before me this _____ day of

_____, 2_____,

Notary Public for the State of _____

My Commission Expires: _____

Residing at: _____
City State

_____
Signature and Seal of Notary Public

Malpractice Insurance Carrier: *If you have questions, you may contact the Nevada Board at (775) 688-2559.*

CREDIT CARD AUTHORIZATION FORM

If mailing or faxing this page separately from the application, please mail to:
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
or fax to:
775-688-2321

***Please type or print legibly*.**

Name of Applicant: _____

Method of Payment: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name on Credit Card: _____

Business Name (if applicable): _____

Credit Card Billing Address:

_____

_____

_____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ / _____ Three or Four Digit Credit Card Verification Code: CVC _____
(MM) (YYYY) (Code found of the back of the card)

For security of your financial information, please do not email this form to the Board; emailed forms will not be accepted.

I authorize the Nevada State Board of Medical Examiners to charge the above credit card for a one-time Payment in the amount of $ _____,

Printed Name: _____
Authorized Signature: _____ Date: _____

Email Address for receipt:_____
Disclosure: By continuing, you will be charged a non-refundable card payment-processing fee of 2.5% for debit and credit cards by our payment processor. If you do not wish to pay the fee, you can select another payment option.