NEVADA STATE BOARD OF MEDICAL EXAMINERS

TRANSITIONAL LIMITED PHYSICIAN LICENSE | APPLICANT AFFIDAVIT

Instructions: This Affidavit must be completed by the Applicant and submitted directly to the Nevada State Board of Medical Examiners (Board) at 9600 Gateway Drive, Reno, NV 89521, or by email to sb124info@medboard.nv.gov.

Section I: Applicant Information

Name:

Primary Mailing Address:

Date of Birth:

Telephone:

Email Address:

Application Number (if any):

Instructions: For question 3, if your country did not require a residency or postgraduate training program before you were eligible to practice as a physician, please respond with N/A and complete question 4. Please attach copies of any supporting documentation regarding your residency or postgraduate training program to this Form. For question 4, please include the country and dates of practice and provide a summary of the duties you provided as a physician during your licensure. If you are still practicing medicine in that country, please provide a description of your current practice as well. Please attach copies of any supporting documentation regarding your licensure in your country to this Form.

Section II: Applicant's Professional/Training Background

I hereby swear or affirm that:

1. I have never had a license to practice medicine revoked, modified, limited or suspended or had any disciplinary action imposed by a licensing body in any domestic or foreign jurisdiction;
2. I am not currently under investigation or subject to disciplinary proceedings for misconduct as a physician in any domestic or foreign jurisdiction;
3. I completed a residency or other postgraduate program after graduation from medical school as detailed below; and

DATES:

NAME OF INSTITUTION(S):

LOCATION AND MAILING ADDRESS:

PROGRAM TYPE:

PROGRAM DESCRIPTION (INCLUDING SPECIALTY FOCUS):

4. I practiced as a physician in a country other than the U.S., Canada, the United Kingdom, Australia, and New Zealand as detailed below. *See* NRS 630.2667.

JURISDICTION/ COUNTRY:

DATE OF ISSUANCE:

DATE OF EXPIRATION (N/A, if active):

GAPS IN LICENSURE (if any):

PHYSICIAN DUTIES PERFORMED:

Section III: Notarized Declaration

I declare under penalty of perjury under the law of the State of Nevada that the foregoing statements are true and correct, and I understand that submission of false or misleading information to the Board constitutes grounds for disciplinary action.

DATED this day of , 20 .

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APPLICANT

SUBSCRIBED and SWORN before me by
in the presence of (notary)
on this day of , 20 .

_____

NOTARY PUBLIC

FOR BOARD USE ONLY:

Affidavit Received: