

RELEASE OF DOCUMENTATION FOR EMPLOYMENT CREDENTIALING

A licensee may authorize the Board to cooperate with and provide documentation to the employer of a licensee or any other person or entity responsible for credentialing a licensee to provide health care on behalf of the entity.

- I hereby authorize the Board to communicate with and provide documentation required by my employer or other entity responsible for my credentialing.
- I do not authorize the Board to communicate with and provide documentation required by my employer or other entity responsible for my credentialing.

DATED this _____ day of _____, 2____.

Signature: _____

Typed or Printed Name: _____

(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

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

nsbme@medboard.nv.gov