COPY

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

In The Matter of Charges and

Respondent.

Complaint Against

Frank Silver, M.D.,

NO. _ Case No. 06-4041-1

FILED 13 JUL

EXECUTIVE DIRECTOR

COMPLAINT

The Investigative Committee of the Board of Medical Examiners of the State of Nevada, composed of Sohail U. Anjum, M.D., Chairman, Mrs. Marlene J. Kirch, Member, and S. Daniel McBride, M.D., Member, by and through Lyn E. Beggs, Deputy General Counsel for the Nevada State Board of Medical Examiners, having a reasonable basis to believe that Frank Silver, M.D., hereinafter referred to as "Respondent," has violated the provisions of NRS Chapter 630, hereby issues its formal Complaint, stating the Investigative Committee's charges and allegations, as follows:

- 1. Respondent is currently licensed in active status, and at all times alleged herein, was so licensed by the Nevada State Board of Medical Examiners, pursuant to the provisions of Chapter 630 of the Nevada Revised Statutes.
- 2. Patient A was a thirty-year-old female at the time of the incident in question. Her true identity is not disclosed to protect her privacy, but her identity is disclosed in the Patient Designation served on Respondent along with a copy of this Complaint.
- 3. Patient A initially presented to Respondent in September 2004 and Respondent performed a total abdominal hysterectomy on Patient A in October 2004.
- 4. Subsequent to the surgery, Patient A developed discomfort on her right side which was suspected to be an ovarian cyst and/or adhesions. Diagnostic laparoscopy with possible aspiration of

the ovarian cyst with lysis of adhesions was recommended after failing to resolve Patient A's symptoms with anti-inflammatory medications.

- 5. Patient A underwent the recommended surgical procedure on June 17, 2005, during which lysis of the adhesions was completed as well as drainage of the right ovarian cyst.
- 6. Patient A began experiencing abdominal pain and illness on June 18, 2005, and presented to the emergency room at North Vista Hospital on June 19, 2005, with these symptoms. Patient A's condition worsened and an exploratory laparotomy was to be performed, however, Patient A expired before undergoing surgery.
- 7. An autopsy was performed which stated the cause of death to be fibrinous peritonitis due to perforation of the sigmoid colon during the laparoscopic procedure and made the specific finding that the sigmoid colon showed an open defect with darkened, curled, and what appear to be, burnt edges.

Count I

- 8. All of the allegations in the above paragraphs are incorporated herein as if set forth in full.
- 9. Respondent was overly aggressive in his efforts to lyse Patient A's adhesions resulting in an injury to the sigmoid colon and thus his care of Patient A fell below the accepted standard of care.
- 10. Respondent's failure to provide Patient A with the accepted standard of care constitutes malpractice and thus violates Section 630.301(4) of the Nevada Revised Statues.
- 11. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in Section 630.352 of the Nevada Revised Statutes.

Count II

- 12. All of the allegations in the above paragraphs are incorporated herein as if set forth in full.
- 13. Respondent failed to recognize the injury to Patient A's sigmoid colon during the laparascopic procedure and take immediate action to repair the injury and thus his care fell below the standard of care.
- 14. Respondent's failure to provide Patient A with the accepted standard of care constitutes malpractice and thus violates Section 630.301(4) of the Nevada Revised Statues.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

15. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in Section 630.352 of the Nevada Revised Statutes.

WHEREFORE, the Investigative Committee prays:

- 1. That the Nevada State Board of Medical Examiners fix a time and place for a formal hearing;
- 2. That the Nevada State Board of Medical Examiners give respondent notice of the charges herein against him, the time and place set for the hearing, and the possible sanctions against him;
- 3. That the Nevada State Board of Medical Examiners determine what sanctions it determines to impose for the violation or violations committed by Respondent;
- 4. That the Nevada State Board of Medical Examiners make, issue and serve on Respondent its findings of facts, conclusions of law and order, in writing, that includes the sanctions imposed; and
- 5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

DATED this _____ day of July, 2006.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

Lyn **½**. Beggs

Attorney for the Investigative Committee of the Nevada

State Board of Medical Examiners

1	VERIFICATION
2	STATE OF NEVADA)
3	COUNTY OF CLARK)
4	
5	SOHAIL U. ANJUM, M.D., having been duly sworn, hereby deposes and states under penalty of
6	perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical
7	Examiners that authorized the complaint against the Respondent herein; that he has read the foregoing
8	Complaint; and that based upon information discovered in the course of the investigation into a
9	complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint
10	against Respondent are true, accurate, and correct.
11	DATED this, 2006.
12	
13	1 il aux
14	SOUHAIL U. ANJUM, M.D.
15	
16	
17	
18	
19	
20	
21	
22	
24	·
25	
26	
27	
28	
20	

ORIGINAL

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * *

In The Matter of Charges and

Complaint Against

Respondent.

AMENDED COMPLAINT

NO.

FILED SE No. 06-4041-1 & Deco

The Investigative Committee of the Board of Medical Examiners of the State of Nevada, composed of Sohail U. Anjum, M.D., Chairman, Mrs. Marlene J. Kirch, Member, and S. Daniel McBride, M.D., Member, by and through Lyn E. Beggs, Deputy General Counsel for the Nevada State Board of Medical Examiners, having a reasonable basis to believe that Frank Silver, M.D., hereinafter referred to as "Respondent," has violated the provisions of NRS Chapter 630, hereby issues its formal Amended Complaint, stating the Investigative Committee's charges and allegations, as follows:

- 1. Respondent is currently licensed in active status, and at all times alleged herein, was so licensed by the Nevada State Board of Medical Examiners, pursuant to the provisions of Chapter 630 of the Nevada Revised Statutes.
- 2. Patient A was a thirty-year-old female at the time of the incident in question. Her true identity is not disclosed to protect her privacy, but her identity is disclosed in the Patient Designation served on Respondent along with a copy of this Complaint.
- 3. Patient A initially presented to Respondent in September 2004 and Respondent performed a total abdominal hysterectomy on Patient A in October 2004.
- 4. Subsequent to the surgery, Patient A developed discomfort on her right side which was suspected to be an ovarian cyst and/or adhesions. Diagnostic laparoscopy with possible aspiration of

the ovarian cyst with lysis of adhesions was recommended after failing to resolve Patient A's symptoms with anti-inflammatory medications.

- 5. Patient A underwent the recommended surgical procedure on June 17, 2005, during which lysis of the adhesions was completed as well as drainage of the right ovarian cyst.
- 6. Patient A began experiencing abdominal pain and illness on June 18, 2005, and presented to the emergency room at North Vista Hospital on June 19, 2005, with these symptoms. Patient A's condition worsened and an exploratory laparotomy was to be performed, however, Patient A expired before undergoing surgery.
- 7. An autopsy was performed which stated the cause of death to be fibrinous peritonitis due to perforation of the sigmoid colon during the laparoscopic procedure and made the specific finding that the sigmoid colon showed an open defect with darkened, curled, and what appear to be, burnt edges.

Count I

- 8. All of the allegations in the above paragraphs are incorporated herein as if set forth in full.
- 9. Respondent was overly aggressive in his efforts to lyse Patient A's adhesions resulting in an injury to the sigmoid colon and thus his care of Patient A fell below the accepted standard of care.
- 10. Respondent's failure to provide Patient A with the accepted standard of care constitutes malpractice and thus violates Section 630.301(4) of the Nevada Revised Statues.
- 11. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in Section 630.352 of the Nevada Revised Statutes.

WHEREFORE, the Investigative Committee prays:

- 1. That the Nevada State Board of Medical Examiners fix a time and place for a formal hearing;
- 2. That the Nevada State Board of Medical Examiners give respondent notice of the charges herein against him, the time and place set for the hearing, and the possible sanctions against him;
- 3. That the Nevada State Board of Medical Examiners determine what sanctions it determines to impose for the violation or violations committed by Respondent;

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	

4. That the Nevada State Board of Medical Examiners make, issue and serve on Respondent its findings of facts, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

DATED this _____ day of December, 2006.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

Lyn E/Beggs

Attorney for the Investigative Committee of the Nevada

State Board of Medical Examiners

1	VERIFICATION
2	STATE OF NEVADA)
3	COUNTY OF CLARK) : ss.
4	
5	SOHAIL U. ANJUM, M.D., having been duly sworn, hereby deposes and states under penalty of
6	perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical
7	Examiners that authorized the complaint against the Respondent herein; that he has read the foregoing
8	Complaint; and that based upon information discovered in the course of the investigation into a
9	complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint
10	against Respondent are true, accurate, and correct.
11	DATED this 8th day of December , 2006.
12	
13	Le unt pyrus
14	freder figures
15	SOUHAIL U. ANJUM, M.D.
16	
17	
18	
19	
20	
21	
22	
23	
24	

COPY

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

In The Matter of Charges and

Complaint Against

FRANK SILVER, M.D.,

Respondent.

ORDER OF DISMISSAL

The above-entitled matter came on regularly for decision before the Nevada State Board of Medical Examiners, hereinafter "Board," on June 13, 2008, at the Board's Offices located at 1105 Terminal Way, Reno, Nevada, on the complaint filed herein pursuant to Nevada's Open Meeting Laws, NRS and NAC chapters 630, and NRS Chapter 233B. Neither Frank Silver, M.D. ("Respondent") nor his attorney, John Cotton, Esq., were present for the proceedings.

The members of the Board participating in the decision were Jean Stoess, M.A., Cindy Lamerson, M.D., Benjamin Rodriguez, M.D., Charles Held, M.D. and Javaid Anwar, M.D. Rene West was absent and thus did not participate in the adjudication of the matter. All other remaining members of the Board, being members of the Investigative Committee that issued the complaint in this matter, were excused from participating and took no part in the proceedings of the Board.

The Board having received and read the Synopsis of the Hearing Officer of the hearing conducted in this matter, having received and read a copy of the hearing transcript, and having been provided with the complaint and exhibits in this matter, and having reviewed and read all the above, proceeded to make a decision pursuant to the provisions of NRS 630.352.

26 | /// 27 | /// 28 | ///

The Board, after due consideration of the record, evidence and law, and being fully advised in the premises, hereby finds Respondent not guilty of the count alleged against him in the above identified matter.

IT IS HEREBY ORDERED that the complaint against Frank Silver, M.D., is hereby dismissed.

Done in open session this 13th day of June, 2008.

Javaid Anwar, M.D., President
Nevada State Board of Medical Examiners

INSURER:

ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY

PHOENIX MEDICAL OFFICE - 02A

8900 N 22nd Avenue

Apt/ste 300

Phoenix, AZ 850216018

RECEIVES

NEVADA STATE BOARD OF MEDICAL EXAMINERS P.O. Box 7238 Reno, NV 89510

Claim No.:	DM06628927-02A001/YY00152	Date:	January 31, 2002
Date of Loss: Date Suit Filed:	November 8, 1996 September 30, 1998	Date of Claim: Date Closed:	November 3, 1998 January 17, 2002
MLSP Complaint No Findings: Other Dispositions:	Example 2.2 L98-10-1574 Reasonable probability of malpractice. Case settled prior to trial.		
Address:	Frank P. Silver, M.D. 341 N Buffalo, Apt/ste B Las Vegas, NV 89128	Settlemen #45	t & . 0,000.00
Loss Description	Complaint alleges insured was negligent du patient's bladder resulting in urine leak and	ring ablation surgery and sepsis in then 47 year old	burned two holes in I woman.
Loss Location:	Lake Mead Hospital, Las Vegas, NV		
CLAIMANT: Patient:	Pauline Lam Same as Claimant	2024	

c/o Daniel Marks, Esq., 302 E. Carson, Suite 702, Las Vegas, NV 89101

Person Making Report:

Connie Heinsohn, Claim Specialist

Address:

8900 N 22nd Ave, Ste 300, Phoenix, AZ 85021

Phone:

(602) 678-3424

Same as Claimant

Summons & Complaint

If Summons & Complaint not attached,

Case No.: A414074

DOB/Age:

53 years

Attached.

Address:

INSURER:

ST. PAUL FIRE & MARINE INSURANCE COMPANY

P.O. Box 39600

PHOENIX, AZ 85069-9600

(602) 678-3400

RECEIVED

NEVADA STATE BOARD OF MEDICAL EXAMINERS

P.O. Box 7238 Reno, NV 89510 DEC 2 2 1997

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Claim No.: <u>DM08900582-02A001</u>	Date:DECEMBER 17, 1997
Date of Loss: 04/04/91 Date Suit Filed:	Date of Claim: 06/14/91 Date Closed: 10/29/97
MLSP Complaint No.: Findings: Other Dispositions:	
INSURED: FRANK SILVER, MD	
Address: 2031 McDaniel St., Suite 210, North Las Vega	as, NV 89030
Loss Description: Suit alleges insured negligently injured boy hysterectomy procedure. Loss Location: Las Vegas, NV	wel of 44-year old woman during
CLAIMANT: BRENDA FAYE YOUNG	
Patient: {Same as Claimant} Address: c/o Atty Pick Petrone 2000 Per live I to the	DOB/Age: 44
Address: c/o Atty. Rick Petrone, 3900 Paradise Ln., #18	1, Las Vegas, NV 89109
Person Making Report: Address: P.O. Box 39600, Phoenix, AZ 850 Phone: (602) 678-3400	ative 069-9600
□ Summons & Complaint Attached. If Summons & Complaint no	ot attached, Case No.: N/A
CH/tlj	

Nevada State Board of Medical Examiners P. O. Box 7238 Reno, NV 89510

RECEIVEL

DEC 13 1996

NEVADA STATE BOARD OF MEDICAL EXAMINERS

INSURER: St. Paul Fire & Marine Insurance C	Omnany
Address: P.O. Box 10291, Phoenix, A7.	
Telephone: (602) 553-3400	Zip Code: 85064
Date Of Alleged Injury: 08/29/94	Claim ID No.: <u>DM06610233-02A003</u>
MLSP Complaint Number: Unknown	Date Of Claim: 08/21/95
Findings: Claim settled prior to being reviewed	hy the Medical Land C
	by the Medical Legal Screening Panel. Medical
Date Suit Filed: N/A Colon (777)	D.A. Cit.
Other Dispositions: Lump sum payment poid is	pate Closed: 11/05/96
release agreement with a confidentiality and non-	disclosure
INSURED'S NAME: Frank & Silver M.D.	생
Address: 2031 McDaniel Street, Suite 210 North	h I on Vanna NIV
Lake Mead Hospital Ma	dical Canta
Address: 1409 E. Lake Mead Blvd., North Las V	7
	/egas, NV Zip Code: 89030
DESCRIPTION OF ACTION OR INJURY PR Insured physician failed to diagnose tubal pregna Patient had to undergo removal of one tube. Patient CLAIMANT'S NAME: Gwendolyn Chaney-Bra	ncy in 31 year old woman, with subsequent rupture nt now pregnant.
PATIENT'S NAME: Gwendolyn Chaney-Braim	umon
Address: c/o Anita A Webster Esq. 225 C No.	On Birth Date:
Address: c/o Anita A. Webster, Esq., 325 S. Mar	yland Parkway, Las Vegas, NV 89101
PERSON MAKING THIS REPORT: Connie I	leinsohn
Address: P.O. Box 10291, Phoenix, AZ	Zip Code: _85064
Telephone: (602) 553-3400	
☐ Summons and Complaint Attached	
If Summons And Complaint not attached, Case Rev. 5/89	No.: <u>N/A</u>

CH:mkl



RECEIVED
JUN U 8 1993
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Nevada State Board of Medical Examiners P.O. Box 7238 Reno, Nevada 89510

REPORT OF MEDICAL MALPRACTICE CLAIM PURSUANT TO NEVADA REVISED STATUTES - §690b.045 NOT FOR PUBLICATION

Address: P.O. Boy 10291 Phoening Insurance Company
Date Of Alleged Injury: 12/9/86
Settlement: C
Settlement: \$ Award: \$99.090.93 Date: 5/17/93 Other Dispositions:
INSURED'S NAME: De Brent Cit
Place Of Occurrence: Women's Hospital
Address: 2025 E. Sahara Ave., Las Vegas. NV Zip Code: 89106
OTHER DEFENDANTS MAMED IN SAME CLAIM OR SUIT:
±• <u>καπ1ιτ Jain, M.D.</u>
4. John Dudek, M.D.
3.
4.
Failure to diagnose and properly treat the plaintiff's vesicovaginal fistula resulting in urinary incontinence. Plaintiff originally underwent hysterectomy which resulted in the fistula that Insured tried to repair.
CLAIMANT'S NAME: Jerlean McFarland
PATIENT'S NAME: Jerlean McFarland Birth Date:
PATIENT'S NAME: Jerlean McFarland Birth Date: Address: C/O Atty. Gerald Gillock, 43053 3rd St., Las Vegas, NV
Rip Code: 89101
PERSON MAKING THIS REPORT: Cindy R. Robertson
Address: P.O. Box 10291, Phoenix, AZ Zip Code: 85064-0291
Telephone: (602) 553-3400
Summons and Complaint Attached
If Summons And Complaint not attached, Case No.: 22646
Rev. 5/89 ik

INSURER: ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY

PHOENIX MEDICAL OFFICE - 02A

8900 N. 22nd Avenue, #300 Phoenix, AZ 85021-6018

RECEIVED

JUN 2 3 2003

NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEVADA STATE BOARD OF MEDICAL EXAMINERS P.O. Box 7238 Reno, NV 89510

Claim No.:	DM0662	28927-02A002 / HT00145	Date:	June 19, 2003
Date of Loss: Date Suit Filed:		20, 1997 16, 2000	Date of Claim: Date Closed:	July 1, 1999 April 30, 2003
MLSP Complaint No Findings: Other Dispositions:	P	99-06-1706 robable malpractice ase settled amount confidential		
INSURED: Address:	341 N. I	Buffalo, Suite B pas, NV 89128		
Loss Description:	RECT SHE	CLAIMANT, A 62 YEAR OLD FEMALE TOVAGINAL FISTULA FOLLOWING A ALSO ALLEGES LACK OF POST-OP PLICATIONS AS WELL.	E, ALLEGES SHE DEVE CHYSTERECTOMY PE CARE AND OTHER SI	ELOPED A RFORMED BY INSURED. GNIFICANT POST-OP
Loss Location:		/egas, Nevada		
CLAIMANT: Patient: Address:		MARLENE LEWIN Same as Claimant c/o Burris & Thomas 844 E. Sahara Avenue Las Vegas, NV 89104-3017	DOB/Age	e:
	eport: dress: hone:	Connie Heinsohn, Medical Claim Spec 8900 N. 22nd Avenue, #300 Phoenix, AZ 85021-6018 (602) 678-3424	cialist	

Summons & Complaint Attached. If Summons & Complaint not attached,

Case No.: <u>A423093</u>

JUN 23 2003

Nevada Medical Professional Liability Closed Claim Report

l. Background					in several and the several sev
Name of Insurer ST. PAUL MEDICAL LIAB	ILITY INSURAN	CE COMPANY	2. Insurer D	M06628927-02A002	: / HT00145
3. Injury Date (Date of Loss) 10/20/1997	4	l. Report Date 06/30/1999)	5. Closure Date 04/30	/2003
6. Policy Type (choose a, b, or	c) a) 🗌 Occum				
7. Policy Limits (Per Claim/Agg	regate) \$ 1 MIL	. / \$ 3 MIL.	8. Date Th	is Closed Claim Report 06/20/2003	
9. Type of Report (choose a or	b) a) 🛛 Initial	Report b) Upda	ited Report		
II. Defendant & Co-Defen	dants				
1. Defendant's Name Last	SILVER	First FRANK	M.I. P	Credentials (e.g. MI	D, DO, DMD, DDS)
	3. Specialty	GYNIS	O Codo	4. Co-Defendan	
5. Number of Co-Defendant(s)			o coue		LI UNKIKWII
5. Number of Co-bereficiality 5/	· ~	Onlown			
6. Name, License Number and	Insurer of Each (Co-Defendant, if kno	wn:		
N/A					
III. Injured & Injury					
1. Injured Party's Name Las	t LEWIN	First MARLEN		4.I. 2. Sex: 🗌 Ma	sie 🗵 Female
3. Age 4. Date of Birth (1		. Malpractice code (p		1): 6. Injury Code	(per appendix 2): ORG
7. Description of Alleged Malpr Claimant alleges she develop	ped a rectovagir	nal fistula following	a hysterec	tomy performed by in	
alleges lack of post-op care	and other signif				
8. City Where Injury Occurred Las Ve	gas	9. Nar	ne of Institu	tion (If Injury Occurred	in Institution)
IV. Medical/Dental Screen 1. Case Filed with Panel?	ing Panel (Hei	reafter, Panel)	ED OUECTIO	2NC 2 4ND 23	
2. Panel Case Number	s, <u>∟</u> 110, ∟∪⊓k	HOWIT (IF TES, MINST	EK QUESTIX	DINS 2 AND 3)	· · · · · · · · · · · · · · · · · · ·
L99-06-1706 3. Panel Decision: Is there Rea	econable Probabili	ihr of Maloractice?			
a) ⊠Yes b) □No c) □Unab)	ase settled/withdrawn	before panel met]
4. Court Case Filed After Panel	Decision XYes	□No □Unknown	-		
V. Court Case				······································	
1. Court Case Filed?			UESTIONS 2		
2. Court Case Number A423093		ourt Name st. Court, Clark Co	untv. Nevac	4. Court Departr	nent Number 21
5. Date Court Case Was Filed 08/16/2000				nte Settlement Offer Ao 04/23/20	cepted, if Applicable
VI. Reserves (Amounts At	tributed to thi	s Defendant Only	. If Multipl	le Defendants)	
	Initial \$150,000		t \$350,000	Last \$35	0,000
VII. Claim Disposition (Att					
	Decided By Trial or of Plaintiff	a) Decided E		b) Decided by Arbitrator in Favor of	c) Decided by Arbitrator in Favor of
				Plaintiff	Defendant
d) Settled w/o e Court or Prior to Trial) 🗌 Claim Denie	d f) 🗍 Claim In		g) 🔲 Claim Withdrawn	h) 🗌 Other
2. If Claim Disposition is e, f, g	or j, Please Expl	ain	<u>.</u>	TELUISMI CITE)	<u></u>

Form NDOI-1102

Name of Insurer	·			Insurer Claim N	<u></u>		
ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY				Y DM06628927-02A002 / HT00145			
Defendant's Name (Last SILV	t, First, M.I.) /ER, FRANK M	1.D.	Date This Closed Claim Report Submitted 06/20/2003				
VIII. Verdict Informa 1. Verdict Awarded \$	tion (Attribut or ⊠ N/A	ed to All Defen	dants	in Case)			
		Add books of the Abs					
iX. Claim Information 1. Verdict or Settlement	Awarded \$550,	.000 or □ N/A	2. \	endant Only, I Verdict or Settlem	<i>Multiple</i> ent Paid \$	De:	fendants) 000 or N/A
Costs Awarded e) Non-economic	c damages limit	Award Reduc	eu w	rresent value c)_	Into	erest	ore than One, if Applicable) Awarded d) Court dge at Policy Limit
Other (Explain How Will/Did Plaintiff Payments?	'''						□ N/A
royments:							· = •
5. If Periodic Payments,			vate of	Award) of the Pa	yments? \$	N/	
6. Sources of Award Payments		•		Defendant \$		c) (Other (describe) \$
7. Allocated Loss Adjustn	nent Expenses	Total \$53,113.2	:3	Attorney's Fees	\$40,655.	00	Other \$12,458.23
X. Claim Information	(Amounts At	tributed to Oth	er Dei	fendants)	" "		· · · · · · · · · · · · · · · · · · ·
1. Co-Defendant's Name	Last		First		M.I.	Cre	dentials (e.g. M.D., D.O)
	3. Specialty Description		ISO	Code	4. Verdic	t Awa	arded Unknown
5. Settlement Made a)	Unknown			erdict or Settlerne			
1. Co-Defendant's Name	Last		First		M.I.	Cre	dentials (e.g. M.D., D.O)
	3. Specialty Description		ISO	Code	4. Verdict	SWA :	arded No c) Unknown
5. Settlement Made a) ☐ Yes b) ☐ No c) ☐] Unknown		6. Ve	erdict or Settleme	nt Awarde	d \$	or N/A
1. Co-Defendant's Name	Last	·	First	T	M.I.	Cred	lentials (e.g. M.D., D.O)
	3. Specialty Description		_ ISO	Code	4. Verdict a) ☐ Yes	Awa b) [rded Unknown
5. Settlement Made a)	Unknown		6. Ve	rdict or Settlemer			or N/A
. Co-Defendant's Name	Last		First		M.I.	Cred	entials (e.g. M.D., D.O)
	3. Specialty Description		ISO (Code	4. Verdict	Awar	rded Unknown
. Settlement Made) ☐ Yes b) ☐ No c) ☐	Unknown			rdict or Settlemen			or N/A
Attach Additional She		ssary.)					
(I. Closed Claim Re	port Informa	tion					
. Contact Person's Name (einsohn, Connie	Last, First)		Na To	ame of Person Res	sponsible 1	for Re	eport (Last, First)
. Contact Person's Phone I 602) 678-3424 . Contact Person's Address		999-9999}	Sig	inature of Person	Responsi	ole/io	r Report W
. Contact Person's Address 900 N. 22nd Avenue, #30 hoenix, AZ 85021-6018	5 10			' (•		IZE ISO CODES

Form NDOI-1102

Renewal Questions for License Number 2641



license Type	s Sort Name	Question	Answer	Date
Medical Doctor	SILVER, Frank Paul	Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? If you do not have a medical condition, select No.	N	5/5/2009
Medical Doctor	SILVER, Frank Paul	Explanation 1: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.		
Medical Doctor	SILVER, Frank Paul	If you have a medical condition which in any way impairs or limits your ability to practice medicine, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If you do not have a medical condition, select No.	N	5/5/2009
Medical Doctor	SILVER, Frank Paul	Explanation 2: For the above question if your answer is "Yes" for the time period July 1, 2007 – June 30, 2009, or since your last renewal, please type your explanation in this text box.	-	
Medical Doctor	SILVER, Frank Paul	If you use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety? If you do not use chemical substances, select No.	N	5/5/2009
Medical Doctor	SILVER, Frank Paul	Explanation 3: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.		
Medical Doctor	SILVER, Frank	Have you been named as a defendant, or been requested to respond as a defendant or potential defendant, to a legal action involving professional liability (malpractice)?	N	5/5/2009
DOCKO!	Paul	Please Include: who, what, where (provide state), and when in the textbox directly below this question.		-, -,
Medical Doctor	SILVER, Frank Paul	Explanation 4: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.		
Medicai Doctor	SILVER, Frank Pauł	Explanation 5: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box. Please fax a copy of the complaint, civil or otherwise to 775-688-2551.		
Medical Doctor	SILVER, Frank Paul	Have you been arrested, investigated for, charged with, convicted of, or pled guilty or noto contendere to any criminal offense 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, sealing of a record, or expungement.	N :	5/5/2009
Medical Doctor	SILVER, Frank Paul	Explanation 6: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.		
Medical Doctor	SILVER, Frank Paul	Have you been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?	N !	5/5/2009
Medical Doctor	SILVER, Frank Paul	Explanation 8: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.		
Medical Doctor	SILVER, Frank Paul	Have you had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?	N 5	i/5/200 9
Medical Doctor	SILVER, Frank Paul	Explanation 9: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.		
Medicai Doctor	SILVER, Frank Paul		N S	/5/2009
Medical Doctor	SILVER, Frank Paul	Explanation 10: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.		
Medical Doctor	SILVER, Frank Paul		N 5	/5/2009
Medicai Doctor	SILVER, Frank Paul	Explanation 11: For the above question if your answer is "Yes" for the time period July 1, 2007 – June 30, 2009, or since your last renewal, please type your explanation in this text box.		
		Regarding any medical licensing board, hospital medical society, or other governmental entity or agency (other than the Nevada State Board of Medical Examiners), have you been:		

Med Doc	Frank	 (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? 	N	5/5/2009
Med Doc	Frank	Explanation 12: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.	,	
Med Doc	Frank	, Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	N	5/5/2009
Med Doc		Explanation 13: for the above question if your answer is "Yes" for the time period July 1, 2007 — June 30, 2009, or since your last renewal, please type your explanation in this text box.	,	
		Have you had hospital staff privileges denied, suspended, limited, revoked or not renewed by the hospital, including any and all resignations from any medical staff in lieu of disciplinary or administrative action?		
Med Doc		If the answer is " Yes," type the name of the hospital, the hospital's mailing address, the type of action taken, and the date or dates of the actions taken in the textbox directly below this question.	N	5/5/2009
		(Please Note:) Do not include suspensions or restrictions for failure to complete hospital medical records, attend hospital department or staff meetings, or maintain required malpractice insurance.)		
Med Doct	Frank	Explanation 14: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.	,	
	SILVER.	Are you out of compliance with court ordered child support? If this does not apply to you, please answer "no".		
Medi Doct	Frank	If "Yes" during the time period July 1, 2007- June 30, 2009 type an explanation in the textbox directly below this question.	N	5/5/2009
Medi Doct	Frank	Explanation 15: For the above question if your answer is "YES" for the time period July 1, 2007 - June 30, 2009, or since your last renewal, please type your explanation in this text box.		
	SILVER,	I hereby request my license to be placed on Inactive status, which means I will not physically practice in the state of Nevada.		
Medi Doct	FFAAL	If you choose to place your license on Inactive status, make certain to select "Yes" to this question AND choose the Inactive status in the dropdown box located at the end of the questions.	N	5/5/2009
Medi- Doct	Frank	Explanation 16: For the above question, if your answer is "Yes" and you want to change to Inactive status for the next blennial July 1, 2009 – June 30, 2011, please provide a brief explanation in this text box.		
Medic Docto	Frank	Explanation 17: For the above question if your answer is "YES" , please type your new scope of practice or specialty in this text box.		
Medic	cal SILVER,	Do you want to change your scope of practice or specialty?		
Docto	Frank	If you answer "Yes" type your current scope of practice or specialty in the textbox directly below this question.	N	5/5/2009
	CTUER	I have completed the required amount of AMA Category 1 CME within the current blennial. (Review CME information online at www.medboard.nv.gov)		
Medic Docto		30, 2003.	Y	5/5/2009
		If renewing to an <u>Inactive</u> status, CME is not required and "No" can be selected.		
Medic Docto	Frank	I SWEAR OR AFFIRM UNDER THE PENALTY OF PERJURY THAT I PERSONALLY ANSWERED ALL OF THE QUESTIONS IN THIS APPLICATION AND THAT THE ANSWERS I HAVE PROVIDED ARE TRUE AND CORRECT.	,	5/5/2009

		Renewal Questions for License Number 2641	M	y License
Ucense Type	Sort Name	Question	Answe	er Date
Medical	SILVER,	Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?		
Doctor	Frank Paul	If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbme@medboard.nv.gov	N	5/4/2007
Medical	SILVER, Frank	Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?		
Doctor	Paul Paul	If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbme@medboard.nv.gov	N	5/4/2007
Medical	SILVER, Frank	If you use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety?		
Doctor	Paul	If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbme@medboard,ny.gov	N	5/4/2007
Medical	SILVER, Frank	If you use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety?		
Doctor	Paul	If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbine@medboard.nv.gov	N	5/4/2007
Medical Doctor	SILVER, Frank Paul	Involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself?	Y	5/4/2007
Medical Doctor	SILVER, Frank Paul	Have you been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself?	Y	5/4/2007
Medical Doctor	SILVER, Frank Paul	Have you been investigated for, arrested for, charged with, convicted of, or plead guilty or noio contendere to any offense or violation of any federal (including the U.S. Military), state or local law, including any foreign country, which is in a foreign jurisdiction equivalent to, a misdemeanor, gross misdemeanor, court martist, or felony, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of any chemical substance and/or 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, even if the ultimate disposition was dismissal or expungement.	N	5/4/2007
		If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbme@medboard.ny.gox		
Medical Doctor	SILVER, Frank Paul	Have you been investigated for, arrested for, charged with, convicted of, or plead guilty or nolo contendere to any offense or violation of any federal (including the U.S. Military), state or local law, including any foreign country, which is in a foreign jurisdiction equivalent to, a misdemeanor, gross misdemeanor, court martial, or felony, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of any chemical substance and/or 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, even if the ultimate disposition was dismissal or expungement.	v	5/4/2007
		If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensenstme@medboard.nv.gov		
Medical Doctor	SILVER, Frank Paul	Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal 8 government or a state or local government for your medical education?	•	5/4/2007
Doctor	SILVER, Frank Paul	Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal in government or a state or local government for your medical education?	ı	5/4/2007
medical	SILVER, Frank	Have you been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?		=1-2
Doctor	Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensenshme@medboard.nv.gov.	ı	5/4/2007
	SILVER, Frank	Have you been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?		E/4/2009
		ir "res" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.nv.gov.		5/4/2007
Doctor	Frank	Have you had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory? N		5/4/2007
		ir res' during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensime@medboard.nv.gov.		-, -,
		Have you had a medical license or license to practice any other healing art revoked, suspended, limited, or		

50 dr	. SILVER	restricted in any state, country or U.S. territory?		
Medica Doctor	Frank Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbine@medboard.nv.gov.	N	5/4/2007
Medica	SILVER, Frank	Have you voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory by the direct request of a medical board?		F4419.00
Doctor	Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@mediboard.nv.gov.	N	5/4/2007
Medica Doctor	Frank	Have you voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory by the direct request of a medical board?	N	5/4/2007
	Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.nv.gov. Have you been:		4,4000
		a) notified that you were under investigation for; b) investigated for; c) charged with; or		
Medical	SILVER,	d) convicted of		
Doctor	' Frank Paul	any violation of a statute, rule or regulation governing your practice as a physician by any medical licensin board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?	g N	5/4/2007
		If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensime@medboard.nv.gov. Have you been:		
		a) notified that you were under investigation for; b) investigated for; c) charged with; or		
Medical	SILVER,	d) convicted of		
Doctor	Frank Paul	any violation of a statute, rule or regulation governing your practice as a physician by any medical licensin board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?	g N	5/4/2007
		If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.nv.gov.		
Medical	SILVER, Frank	Have you been denied membership or expelled from a medical society or other professional medical organization?	N	5/4/2007
Doctor	Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.ny.gov.	N	3/4/2007
Medical Doctor	Frank	Have you been denied membership or expelled from a medical society or other professional medical organization?	N	5/4/2007
	Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.nv.gov. Have you surrendered your state or federal controlled substance registration or had it revoked or restricted		-, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Medical Doctor	SILVER, Frank Paul	in any way?	N	5/4/2007
	reui	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicansenshme@medboard.ny.gov. Have you surrendered your state or federal controlled substance registration or had it revoked or restricted		
Medical	SILVER, Frank	in any way?		F444000
Doctor	Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbrae@medboard.nv.gov. Have you had hospital staff privileges denied, suspended, limited, revoked or not renewed by the hospital?	N	5/4/2007
Medical Doctor	SILVER, Frank Paul	If you have answered "Yes" you will be required to submit a list of any and all resignations from any medical staff in lieu of disciplinary or administrative action via email to elicensenshme@medboard.ny.gov (Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attend hospital department or staff meetings, or maintain required malpractice insurance.)	N	5/4/2007
		If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.ny.gov. Have you had hospital staff privileges denied, suspended, limited, revoked or not renewed by the hospital?		
Medical Doctor	SILVER, Frank Paul	If you have answered "Yes" you will be required to submit a list of any and all resignations from any medical staff in lieu of disciplinary or administrative action via email to elicensensbrine@medicard.nv.gov (Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attend hospital department or staff meetings, or maintain required maipractice insurance.)	N	5/4/2007
		If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensenshme@madboard.nv.gov.		
Medical Doctor	Frank	Is your license currently contingent upon compliance with the Diversion program also known as the Nevada Health Professionals Assistance Foundation?	N	5/4/2007
J-0.001		ir rest during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbrie@medboard.ny.gov.		5/4/2007
		Is your license <u>currently</u> contingent upon compliance with the Diversion program also known as the Nevada		

Medical	SILVER,	Health Professionals Assistance Foundation?		
Doctor	Fr ank Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbrne@medboard.nv.gov.	N	5/4/2007
Medical Doctor	SILVER, Frank	Are you a foreign medical doctor, who holds a Conditional Resident Alien Card, Employment Authorization Card, or Visa with the Department of Homeland Security, Immigration and Naturalization Services?	N	5/4/2007
(>OCCO	Paul	If "yes" please fax a copy of proof to (775) 688-2551 ATTN:Online License Renewal.		3/ 1/ 2007
Medical Doctor	SILVER, Frank	Are you a foreign medical doctor, who holds a Conditional Resident Alien Card, Employment Authorization Card, or Visa with the Department of Homeland Security, Immigration and Naturalization Services?		5/4/2007
., 0444	Paul	If "yes" please fax a copy of proof to (775) 688-2551 ATTN:Online License Renewal.		-, ,, 2007
Medical	SILVER, Frank	Are you out of compliance with court ordered child support? If this does not apply to you please		-
Doctor	Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbine@medboard.ny.gov.	N	5/4/2007
Medical	SILVER, Frank	Are you out of compliance with court ordered child support? If this does not apply to you please answer "no".		
Doctor	Paul	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.nv.gov.	N	5/4/2007
Medical Doctor	SILVER, Frank Paul	I HEREBY SWEAR OR AFFIRM UNDER THE PENALTIES OF PERJURY THAT I AM IN FULL COMPLIANCE WITH ANY AND ALL OBLIGATIONS, TERMS OR CONDITIONS OF MY NEVADA MEDICAL LICENSE SPECIFIED BY THE BOARD.	Y	5/4/2007
Medical Doctor	Paul	I HEREBY SWEAR OR AFFIRM UNDER THE PENALTIES OF PERJURY THAT I AM IN FULL COMPLIANCE WITH ANY AND ALL OBLIGATIONS, TERMS OR CONDITIONS OF MY NEVADA MEDICAL LICENSE SPECIFIED BY THE BOARD.	Y	5/4/2007
Medical Doctor	SILVER, Frank Paul	I have actively practiced medicine in Nevada within the past 24 months.	Y	5/4/2007
Medical Doctor	SILVER, Frank Paul	I have completed the required amount of AMA Category 1 CME within the current biennial. (Review CME information online at www.medboard.ny.gov)		
		I understand that I may be included in a random audit following July 1st 2007 renewal. I agree to retain CME's taken between July 1, 2005 and June 30, 2007.	Y	5/4/2007
Medical	SILVER,	Do you want to change your scope of practice or specialty?		
Doctor	Frank Paul	If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbme@medboard.nv.gov	N	5/4/2007
Medical	SILVER, Frank	If you have a medical condition which in any way impairs or limits your ability to practice medicine, is that Impairment or limitation reduced or amellorated because of the field of practice, the setting, or the manner In which you have chosen to practice?		****
Doctor	Paul	If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbrie@medboard.ny.gov	N	5/4/2007
Medical Doctor	SILVER, Frank	If you have a medical condition which in any way impairs or limits your ability to practice medicine, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?	N	5/4/2007
D 00101	Paul	If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbme@medboard.ny.goy	.,	3/4/2007
Medical Doctor	Paul	Are you currently supervising a Physician Assistant or an Advanced Practitioner of Nursing? If you answer "Yes" please email a list of names of those you are supervising to elicensenshme@medboacd.rv.gov	Y	5/4/2007
Medical	Frank	Was your license issued contingent upon maintaining certification by the American Board of Medical Specialties in the specialty of Family Practice, Emergency Medicine or Preventative medicine?		8 141 8 22-
Doctor	CHARD	If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.ny.gov.	N	5/4/2007
Medical Doctor	SILVER, Frank Paul	I hereby request my license to be placed on Inactive status. I will not physically practice in the state of Nevada.	N	5/4/2007

Street 34/ N. Buffalo suite B City Las Vegas County Clark State NV. Zip 89/45								
FIGH THE BIENNIAL REGISTRATION PERIOD 2005 - 2007 NEVADA STATE BOARD OF MEDICAL EXAMINERS Prescription Box 728 Reno, Nevada 80510 Phone (75) 888-2599 (For Board Use Crity) Increby apply for renewal of biennial registration and enclose the appropriate feet(s) as indicated below: ACTURE STATUS S800.00 (INACTIVE STATUS STATUS S800.00) INACTIVE STATUS S800.00 (INACTIVE STATUS S800.00) INACTIVE STATUS S800.00 (INACTIVE STATUS S900.00) INACTIVE STATUS S900.00 (INACTIVE STATUS DOES NOT PERMIT THE PRACTICE OF MEDICINE INCLUDING THE WRITING OF PRESCRIPTIONS IN NEVADA) FIRE NO. FIRE NO. (IP YOU ARE REQUESTING NON-RENEWAL, SEE BELOW) FIRENCEST NON-RENEWAL OF MY LICENSE THE PRACTICE OF MEDICINE INCLUDING THE WRITING OF PRESCRIPTIONS IN NEVADA) FIRENCEST NON-RENEWAL OF LICENSE TO PRACTICE MEDICINE INCLUDING THE WRITING OF PRESCRIPTIONS IN NEVADA) FIRENCEST NON-RENEWAL OF LICENSE TO PRACTICE MEDICINE IN NEVADA AT 18 Buffallo #B Las Vegas NV 89145- REQUEST FOR NON-RENEWAL OF LICENSE TO PRACTICE MEDICINE IN NEVADA IN NEVADA STATE BOARD OF MEDICINE IN NEVADA PREVENTA FOR THE WRITING OF PRESCRIPTIONS IN NEVADA IN NEVADA STATE BOARD OF MEDICINE IN NEVADA THE WRITING OF PRESCRIPTIONS IN NEVADA IN SUPPLICATION FOR REGISTRATION RENEWAL OF LICENSE TO PRACTICE OF MEDICINE IN NEVADA IN SUPPLICATION FOR REGISTRATION RENEWAL OF LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. YOU BY LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. YOUR LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. YOU BY LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVED THE RENEWAL FORM. YOU MUST PROVED TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVED TO MAIL YOUR COMPLETED APPLICATION FOR ALL QUESTIONS ANSWERS OF TO MAIL YOUR COMPLETED APPLICATION FOR ALL QUESTIONS ANSWERS OF TO MAIL YOUR COMPLETED APPLICATION FOR ALL QUESTIONS ON THIS APPLICA	PHYSIC	CIAN		C		76.41		
REVAND STATE BOARD OF MEDICAL EXAMINERS PRINCIPATE BOARD OF MEDICAL EXAMINERS File No. ACTURE STATUS SECON. INACTIVE STATUS INEQUEST NON-RENEWAL OF MY LICENSE: THE PRACTICE OF MEDICINE INCLUDING THE WRITING OF PRESCRIPTIONS IN NEVADA FIRE NO. FIEND OF PRESCRIPTIONS IN NEVADA FILE WRITING OF PRESCRIPTIONS IN NEVADA STATE BOARD OF MEDICAL EXAMINERS 341 N Buffelo #B Las Vegas NV 89145- REQUEST FOR NON-RENEWAL OF LICENSE to Practice Medicine in Nevada NV 89145- REQUEST FOR NON-RENEWAL OF LICENSE to Practice Medicine in Nevada Inhereby represent that I am the parson named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada State Board of Medical Examiners. I will return this signed form to the Board office. PUELASE NOTE: YOUR CURRENT MO. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ALL QUESTIONS AND WRED YES. YOUR CURRENT MO. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAND OF CREATE AND ADDRESS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAND OF THE AREA OF THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ALL QUESTIONS PLEASE TYPE OF PRINTLEGIBLY 1. Active status registration renewal requires the submission of p	APPLICATION FOR REG	SISTRATION	RENEWAL		MAR 1 4 2005	License No.		
NEVADA STATE BOARD OF MEDICAL EXAMINERS Perolificia box 723. Reno. Nevada 9501. Pienes (175) 588-2599. (For Board Use Only) Physical Address: 1105 Terminal Wey, Sule 301. Reno. Nevada 9502. (For Board Use Only) NACTIVE STATUS \$000.00 NACTIVE STATUS SOUDO	FOR THE BIENNIAL REGISTS	RATION PERI	OD 2005 - 20	07				
PROJUCTOR BOX 7238 Reno, Newada 98910 Prone (779) 888-2599 Intereby apply for renewal of blennial registration and enclose the appropriate feet(s) as indicated below: ACTIVE STATUS \$300.00 INACTIVE STATUS \$300.00 INACTIVE STATUS \$300.00 INACTIVE STATUS IREQUEST NON-RENEWAL OF MY LICENSE THE PRACTICE OF MEDICINE MCLUDING THE YOU ARE REQUESTIVE NON-RENEWAL, SEE BELOW) FIRENDESS THE WRITING OF PRESCRIPTIONS IN NEVADA FILENDESS NON-RENEWAL OF MY LICENSE THE WRITING OF PRESCRIPTIONS IN NEVADA FILENDESS NON-RENEWAL OF LICENSE THE WRITING OF PRESCRIPTIONS IN NEVADA FILENDESS NON-RENEWAL OF LICENSE TO PRACTICE OF MEDICINE MCLUDING THE WRITING OF PRESCRIPTIONS IN NEVADA FILENDESS NO 89145- REQUEST FOR NON-RENEWAL OF LICENSE TO PRACTICE MEDICINE IN NEVADA REQUEST FOR NON-RENEWAL OF LICENSE TO PRACTICE MEDICINE IN NEVADA REQUEST FOR NON-RENEWAL OF LICENSE TO PRACTICE MEDICINE IN NEVADA IN SUPPLY OF THE WRITING OF PRESCRIPTIONS IN NEVADA REQUEST FOR NON-RENEWAL OF LICENSE TO PRACTICE MEDICINE IN NEVADA REQUEST FOR NON-RENEWAL OF LICENSE TO PRACTICE MEDICINE IN NEVADA REQUEST FOR NON-RENEWAL OF LICENSE TO PRACTICE MEDICINE IN NEVADA By signing on the signature line below, I am requesting that my license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT PRACTICE TO PRACTICE	NEVADA STATE BOARD C	OF MEDICAL	EXAMINERS			File No		
Inereby represent that I am the person named in this APPLICATION FOR REGISTRATION REPREVAL of Medical Examiners. I will return this signed form to the Board office. PECAUSE TO NON-RENEWAL OF MY LICENSE* THE PRACTICE OF MEDICINE MICLIUMS	Post Office Box 7238 Reno, Nevada	89510 Phone (775) 688-2559		(For Board Use Only)			
ACTIVE STATUS \$600.00	Physical Address: 1105 Terminal Way	y, Suite 301 Rer	no, Nevada 8950	2	sista face(a) as india	ated below		
INACTIVE STATUS DOES NOT PERMIT I REQUEST NON-RENEWAL OF MY LICENSE* (IF YOU ARE REQUESTING NON-RENEWAL SER BELOW) FIRE NO. LICENSE* NO. 2641: Make checks payable to:	I hereby apply for renewal of bit	enniai registra	tion and enck	Se (ne a Conno	o O as maios	ited below.		
FILE NO. Make chocks payable to: Make chocks payable to: Make chocks payable to: M.D. NEVADA STATE BOARD OF MEDICAL EXAMINERS (Foreign checks must indicate "U.S. FUNDS") Foreign checks must indicate "U.S. FUNDS") FOR REGISTRATION RENEWAL of License to Practice Medicine in Nevada It hareby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. FILE NOTE: YOUR CURRENT MD. LICENSE EXPIRES ON JUNE 30, 2008. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. TO AN ABLE OF ANY PREASON, AS NEVADA AND SECRET PRINCIP. (JUST THE BOARD OFFICE BY JULY 1, 2008 AT 5:00 P.M. ARE AUTOMATICALLY SERVENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY BEASON, AS NEVADA AND SECRET PRINCIP. (JUST THE PRINCIPLE TO AND FOR REGISTRATION F						S DOES NOT PEPMIT		
FILE NOT. Frank Paul SILVER 341 N Buffalo #B Las Vegas NV 89145- Request for NON-RENEWAL of License to Practice Medicine in Nevada I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. PLEASE NOTE: YOUR CURRENT MD. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL OF LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. ON TRECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD, USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED YES." ALL INFORMATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED YES." ALL INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal required se the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2003. Additionally, pursuant to Nevada Revised Statutes (NRS) 830.253(2/b), an applicant must complete a course of instruction relating to the medical ethics of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction (2) Personal protective equipment required for acts of terrorism yappingtons and methods of treatment associated with exposure to, or injurées caused by, chemical, biological agents, and (5) An overview of the information available on, an			MANUTOENCE	•				
Firank Paul SILVER 341 N Buffato #B Las Vegas NV 89145- Request for NON-RENEWAL of License to Practice Medicine in Nevada I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. PLEASE NOTE: YOUR CURRENT MD. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YEs." ALL INFORMATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical education (CME), which includes yours of the medical education of the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction reliable (section), and of the renewal form. Consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction reliable (sectivation), (2) Personal protective equipm								
Frank Paul SILVER 341 N Buffalo #B Las Vegas NV 89145- Request for NON-RENEWAL of License to Practice Medicine In Nevada In levely represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada State Board of Medical Examiners. I will return this signed form to the Board office. PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON. AN EVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION FOR REGISTRATION RENEWAL FORM.) YOU MUST PROYIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION OF DETAIL FORM. YOU MUST PROYIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION OF PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROYIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROYIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION OF PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specially completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevade Revised to the proof of the Province of the Instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction (2) Personal prot	("IF YOU ARE REQUES!	ING NUN-KENE	WAL, SEE DELL	(11)	7112 WATTING OF 1	1,0,0		
Frank Paul SILVER 341 N Buffalo #B Las Vegas NV 89145- Request for NON-RENEWAL of License to Practice Medicine in Nevada I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada State Board of Medical Examiners. I will return this signed form to the Board office. Date Signature (SIGNATURE STAMP UNACCEPTABLE) PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXPENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AN EVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION FOR REGISTRATION RENEWAL FORM.) YOU MUST PROYUDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERD "YES." ALL INFORMATION OF DETERMENT OF A PROYUDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERD "YES." ALL INFORMATION OF DETERMENT OF A PROYUDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERD "YES." ALL INFORMATION OF PROYUDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROYUDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERD "YES." ALL INFORMATION OF THE ORD AND A PROYUDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERD "YES." ALL INFORMATION THE ORD AND A PROYUDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERD "YES." ALL INFORMATION THE ORD AND A PROYUDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS AND A PROYUDE AND A PROYUDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS AND A PROYUDE AND A	File Not 1.450	licenée No. 2	644 -3-3-3-3	4				
AST N Buffalo #B Las Vegas NV 89145- Request for NON-RENEWAL of License to Practice Medicine In Nevada I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. Date Signature (SIGNATURE STAMP UNACCEPTABLE) PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2006 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renew are negles to the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical education (CME), which includes 2 hours of the interest of the structure of the vada Revised and to the rorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that involves instruction in the following subjects: (1) ho noverview of acts of terrorism and weapons of mass destruction; Personal protective equipment required for acts of terrorism; (3) Common symptoms and methods of treatment associated with the time instruction in the following subjects: (1) no overview of acts of terrorism and weapons of mass destruction; Personal protectiv								
Las Vegas NV 89145- Request for NON-RENEWAL of License to Practice Medicine in Nevada I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. Date PLEASE NOTE: YOUR CURRENT MD. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM. YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED YES. ALL INFORMATION TOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction (2) Personal protective equipment required for acts of terrorism (3) Common symptoms and methods of treatmen	Frank Paul SILVER			M.D.				
I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. Date Signature (SIGNATURE STAMP UNACCEPTABLE) PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON. AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS CANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your soope of practice propriets during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide the sate 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction; (2) Personal protective equipm	341 N Buffalo #B				(Foreign checks n	rust indicate "U.S. FUNDS")		
I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. Date PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION PROPERTY. ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specially completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630, 253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weepon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism that involves the use of an exepton of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the foll	Las Vegas	NV	89145-					
I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. Date PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION PROPERTY. ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specially completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630, 253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weepon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism that involves the use of an exepton of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the foll	Paguest for NO	N-RENEV	NAL of Li	censi	to Practice Medi	cine in Nevada		
Precice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 39, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLAINATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specially completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction; 2) Personal protective equipment required for acts of terrorism; (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, redioactive and nuclear agents; (4) Syndromic surveillance and reporting procedures for acts of terrorism that involves of the information	<u>Nequest for NC</u>	// Y = 1 \ L_ 1 \ X L_ 9	VAL VI LI	COMO	to i racaco inca	<u> </u>		
Precise medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLAINATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLAINATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specially completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that involves instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction; 2) Personal protective equipment required for acts of terrorism; (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemica	I hereby represent that I am	the person n	amed in this	APPLIC	ATION FOR REGISTRA	FION RENEWAL of license		
By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the Board office. Date Signature (SIGNATURE STAMP UNACCEPTABLE) PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADO HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION. YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or speciatry completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 800.253(2)(b), an applicant must complete a course of instruction relating the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. "The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction; (2) Personal protective equipment required for acts of terrorism; (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents; (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agen	practice medicine in the state	e of Nevada.						
Date Signature (SIGNATURE STAMP UNACCEPTABLE) PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. "The course must provide at least 4 hours of instruction it at involves the use of a weapon of mass destruction." The course must provide at least 4 hours of instruction reporting procedures for acts of terrorism that involves the use of a the submission of a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a three provides destruction. (2) Personal protective equipment required for acts of terrorism; (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological, radi	•		i am request	ing that	my license to practice n	redicine in Nevada NOT		
Date Please Note:	renewed by the Nevada State	Board of Me	dicai Exami	ners. I v	vill return this signed for	m to the Board office.		
PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. "The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents; (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and (5) An overview of the information available on, and the use of, the Health Alert Network." Submit your proof of completion of CME with your completed Application for Registration Renewal form. (See last page of this form for CME statement.) 2. If your	iditanen by the Havada Otate	177	rerour Examin			10 0.00 = 0.000		
PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. "The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents; (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and (5) An overview of the information available on, and the use of, the Health Alert Network." Submit your proof of completion of CME with your completed Application for Registration Renewal form. (See last page of this form for CME statement.) 2. If your	1	UM						
PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. "The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents; (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and (5) An overview of the information available on, and the use of, the Health Alert Network." Submit your proof of completion of CME with your completed Application for Registration Renewal form. (See last page of this form for CME statement.) 2. If your	Date	Signature (S	SIGNATURE	STAMP	UNACCEPTABLE)			
■ YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2005. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2005 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) ■ YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ■ ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completed on 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. "The course must provide at leasts 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction; (2) Personal protective equipment required for acts of terrorism; (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents; (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and (5) An overview of the information available on, and the use of, the Health Alert Network." Submit your proof of completion of CME with your completed Application for Registration Renewal form. (See last page of this form for CME statement.) 2. If your name and/	Date	7.9						
1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. "The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction; (2) Personal protective equipment required for acts of terrorism; (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents; (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and (5) An overview of the information available on, and the use of, the Health Alert Network." Submit your proof of completion of CME with your completed Application for Registration Renewal form. (See last page of this form for CME statement.) 2. If your name and/or address has changed from that printed on the label on this form, clearly indicate the change in the space provided below. Also, please indicate your current telephone and fax numbers. [Please note: a notarized or certified copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.] Name FRANK Paul SilveR, MD Street 34/ N Buffalo Sulfe B County CMRK State NV Zip 89/95	SUSPENDED FOR NON-PAY HAS NO GRACE PERIOD. (I REGISTRATION RENEWAL YOUR LICENSE WILL NOT B REGISTRATION RENEWAL ANSWERED "YES." ALL INFORMATION YOU PRO	YMENT. EXTE USE THE ENC FORM.) BE RENEWED I FORM. YOU N	INSIONS OF T LOSED ENVEI JNLESS YOU IUST <u>PROVID</u>	IME ARE LOPE TO ANSWEF E WRITT	NOT ALLOWED FOR ANY MAIL YOUR COMPLETED RALL QUESTIONS ON THIS EN EXPLANATIONS FOR A	REASON, AS NEVADA APPLICATION FOR S APPLICATION FOR ALL QUESTIONS		
1. Active status registration renewal requires the submission of proof of completion of 44 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. "The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction; (2) Personal protective equipment required for acts of terrorism; (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents; (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and (5) An overview of the information available on, and the use of, the Health Alert Network." Submit your proof of completion of CME with your completed Application for Registration Renewal form. (See last page of this form for CME statement.) 2. If your name and/or address has changed from that printed on the label on this form, clearly indicate the change in the space provided below. Also, please indicate your current telephone and fax numbers. [Please note: a notarized or certified copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.] Name FRANK Paul Silver, MD Street 34/ N Buffalo Sulfe B County CMRK State NV Zip 89/95		PLEASE	TYPE O	R PRI	NT LEGIBLY			
medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2003 through June 30, 2005. Additionally, pursuant to Nevada Revised Statutes (NRS) 630.253(2)(b), an applicant must complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. "The course must provide at least 4 hours of instruction that includes instruction in the following subjects: (1) An overview of acts of terrorism and weapons of mass destruction; (2) Personal protective equipment required for acts of terrorism; (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents; (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and (5) An overview of the information available on, and the use of, the Health Alert Network." Submit your proof of completion of CME with your completed Application for Registration Renewal form. (See last page of this form for CME statement.) 2. If your name and/or address has changed from that printed on the label on this form, clearly indicate the change in the space provided below. Also, please indicate your current telephone and fax numbers. [Please note: a notarized or certified copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.] Name FRANK PALL SILVER, MD Street 341 N. Buffalo Suff B County CMRK State NV. Zip 87/45	1 Active status registration ren					s of AMA Category 1 continu		
space provided below. Also, please indicate your current telephone and fax numbers. [Please note: a notarized or certified copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.] Name FRANK Paul Silver, MD Street 34/ N. Buffalo suite B City Las Vegas County Clark State NV- Zip 89/45	medical education (CME), whice specialty completed during the Statutes (NRS) 630.253(2)(b), and act of terrorism that involves the that includes instruction in the free Personal protective equipment to exposure to, or injuries caused reporting procedures for acts of and the use of, the Health Ale	th includes 2 has period July an applicant man assert a weal following subject required for action of the for action of	ours of CME in the complete point of mass dects: (1) An outs of terrorism also biologicals involve biologicals.	n medica pugh Ju a course estruction verview (; (3) Con radioaction gical ago proof of	al ethics and 20 hours of C ine 30, 2005. Additionally e of instruction relating to the on. "The course must provi of acts of terrorism and we armon symptoms and metho we and nuclear agents; (a ents; and (5) An overview completion of CME with	ME in your scope of practice, pursuant to Nevada Revision medical consequences of ide at least 4 hours of instruct apons of mass destruction; ods of treatment associated value information available of the information available.		
space provided below. Also, please indicate your current telephone and fax numbers. [Please note: a notarized or certified copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.] Name FRANK Paul Silver, MD Street 34/ N. Buffalo suite B City Las Vegas County Clark State NV- Zip 89/45	O 16 carm pages and law address	e hae shansa	d from that a	inted or	the label on this form sta	early indicate the chance is		
Street 34/ N. Buffalo suite B City LAS VEGAS County Clark State NV. Zip 87/45	space provided below. Also, pl	lease indicate	your current t	elephon	e and fax numbers. [Pleas	se note: a notarized or certif		
Street 34/ N. Buffalo suite B City LAS VEGAS County Clark State NV- Zip 89/45	Name FRANK	Paul S	WER.	mI	>			
City LAS VEGAS County Clark State NV. Zip 89/45			. /	}				
Phone Number (702) 228-4004 Fax Number (702) 228-5653	City LAS VEGAS	Co	unty C/F	rk	State NV-	Zip 89145		
	Phone Number 702)	228-40	oy Fax	Number	(702) 228-5	653		

いいいし				(Mo./Yr.)	·····	(Mo./Yr.)
ubbo	ard					
pard	AMERICAN BUAR	ed Ol	SGYN	Date of Initial Certific 1962 (Mo.Yr.)	NO EXPIR	Date of Last Recertific (Mo./Yr.)
LE/	ASE INDICATE AMERICAN	BOARD OF	MEDICAL SPECI			
rim	ary Scope of Practice	26		Secondary Scope	of Practice	<u>33</u>
		<u>Code</u>				Code
! 1	IEOPLASTIC DISEASES		PEDIATRIC, RHEUM	ATOLOGY	126 UROLOG	
١	EOPERINATAL MEDICINE	83	PEDIATRIC, RADIOL	OGY	125 URGENT	CARE
-	MEDICAL ETHICS MEDICAL GENETICS		PEDIATRIC, PULMO		124 TRANSPL	
	MEDICAL ACUPUNCTURE		PEDIATRIC, OPHTH. PEDIATRIC, PHYSIA		122 SURGER' 123 TOXICOL	A. T. C.
N	MATERNAL/FETAL MEDICINE	79	PEDIATRIC, NEURO	LOGY	121 SURGER	
L	EGAL MEDICINE	78	PEDIATRIC, NEPHR	OLOGY	120 SURGER	Y, TRAUMATIC
	NTERNAL MEDICINE ARYNGOLOGY		PEDIATRIC, INTENS			T, TRANSPLANT
	NFERTILITY		PEDIATRIC, HEMATO PEDIATRIC, INFECT		117 SURGER 118 SURGER	
#	NFECTIOUS DISEASES		PEDIATRIC, GASTR			Y, ORTHOPEDIC
I	VIMUNOLOGY	73	PEDIATRIC, ENDOC	RINOLOGY	115 SURGER	Y, NEUROLOGICAL
	IOMEOPATHY IYPNOSIS		PEDIATRIC, CRITICA PEDIATRIC, EMERG			Y, MAXILLOFACIAL
۴	IEMATOLOGY		PEDIATRIC, CARDIC PEDIATRIC, CRITICA		112 SURGER	Y, HAND Y, HEAD/NECK
	IAIR TRANSPLANTATION	69	PEDIATRIC, ANESTI	HESIOLOGY	111 SURGER	Y, GENERAL
	SERIATRICS SYNECOLOGY		PATHOLOGY, FORE PEDIATRIC, ALLERO			Y, COLON/RECTAL Y, CRANIOFACIAL
	SERIATRIC PSYCHIATRY		PATHOLOGY, CLINIC			Y, CARDIOVASCULAR
	SENERAL PRACTICE	6 5	PATHOLOGY, ANAT		107 SURGER	Y, CARDIOTHORACIC
	ORENSIC MEDICINE CASTROENTEROLOGY		PATHOLOGY			MEDICINE Y, ABDOMINAL
	AMILY PRACTICE		OTOLOGY PAIN MANAGEMENT	•	104 SLEEP DI 105 SPORTS	
	NDOCRINOLOGY	61	OTOLARYNGOLOGY		103 RHINOLO	
į.	MERGENCY MEDICINE		OPHTHALMOLOGY		102 RHEUMA	TOLOGY
	DERMATOLOGY DERMATOPATHOLOGY	58 59				GY, THERAPEUTIC GY, VASCULAR
(RITICAL CARE	57				GY, NUCLEAR
	LINICAL PHARMACOLOGY	56	ONCOLOGY, GYNEO		98 RADIOLO	GY, INTERVENTIONAL
	:HILD NEUROLOGY :HILD PSYCHIATRY		ONCOLOGY	DIONE		GY, DIAGNOSTIC
	ATSCAN/ULTRASOUND		OBSTETRICS/GYNE OCCUPATIONAL ME		96 RADIOLO	FIONAL MEDICINE
	ARDIOVASCULAR DISEASES		OBSTETRICS	001.007		ARY DISEASES
E	RONCO-ESOPHAGOLOGY	51	NUTRITION		93 PUBLIC H	EALTH
	NESTHESIOLOGY LOODBANKING	50				MATIC MEDICINE
	MBULATORY MEDICINE	48 49		AL MEDICINE	90 PSYCHIA 91 PSYCHO	
	LLERGY/IMMUNOLOGY		NEURORADIOLOGY			TVE MEDICINE
-	LLERGY	46	NEUROPATHOLOGY	,		MEDICINE/REHABILITA
	DOLESCENT MEDICINE EROSPACE MEDICINE		NEURO-OPHTHALM	OLOGY	87 PEDIATR	
	DDICTION MEDICINE		NEPHROLOGY		85 PEDIATR	IC, SURGERY
A	DDICTION MEDICINE	S (COPES OF PRAC			IC, SURGERY
ne	Number	nd second	ary scones of pra	ctice using the fo	ilowina code	g.
		ounty	17	State		Zip
		——— <i>—</i>				
et_			137.2			

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.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, vision, speech, hearing, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.

FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST SUBMIT YOUR WRITTEN EXPLANATION(S) ON A SEPARATE SHEET ATTACHED TO YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.

			N KENEWAL FURI	
Do you have a medical cosafety?	ondition which in any	way impairs or limits yo	ur ability to practice med	lcine with reasonable skill andYesiNo
2. If you have a medical co limitation reduced or amelia practice?	ondition which in any orated because of th	way impairs or limits yne field of practice, the	our ability to practice mo setting, or the manner	edicine, is that impairment or in which you have chosen to YesNoN/A
3. If you use chemical substitution skill and safety?	stances, does your u	se in any way impair or	limit your ability to pract	ice medicine with reasonableYesNoN/A
4. Have you failed to initiate begin to satisfy a requiren government for your medicate.	nent of your receiving	f public service within o ng a loan or scholarsh	ne year after the date the ip from the federal gov	e public service is required to vernment or a state or localNoN/A
5. Have you been a defend paid in your behalf or paid s			bility (malpractice) or ha	d a professional liability claim
violation of any federal, sta felony, excluding any minor	ate or local law, inclu r traffic offense (drivi ed a minor traffic o	ding any foreign count ng or in control of a mo	ry, which is a misdemea tor vehicle while under t	contendere to any offense or anor, gross misdemeanor, or the influence of any chemical o, distribution, prescribing, or YesNo
7. Have you ever been den examination to practice me	ied a license, permis dicine or any other h	ssion to practice medic ealing art in any state, o	ine or any other healing country or U.S. territory?	art, or permission to take anYesNo
8. Have you ever had a meany state, country or U.S. to		e to practice any other l	nealing art revoked, susp	pended, limited, or restricted inNo
9. Have you ever voluntaril territory?	y surrendered a licer	nse to practice medicine	or any other healing ar	t in any state, country or U.S. No
10. Have you ever been de	nied membership or	expelled from a medica	al society or other profes	sional medical organization?
11. Have you ever been: a) any violation of a statute, rumedical society, government	ule or regulation gove	erning your practice as	a physician by any med	harged with; or d) convicted of ical licensing board, hospital, idical Examiners? YesNo
12. Have you ever surrend way?	lered your state or fe	deral controlled substa	nce registration or had i	t revoked or restricted in any YesNo
List any and all resignations	from any medical sta for failure to complet ice insurance.) (If mo	aff in lieu of disciplinary of te hospital medical reco pre space is needed, at	or administrative action. ords, attend hospital dep	not renewed by the hospital. (<u>Please Note</u> : Do not include artment or staff meetings, or
Hospital	Mailing Address	Type of Action	ı	Dates of Action From (Mo./Yr.) To (Mo./Yr.)
N/A				
5				

CHILD SUPPORT STATEMENT

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 incompliance 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 of a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owe pursuant to the order.
CONTINUING MEDICAL EDUCATION (CME) STATEMENT
Please place a check mark next to one of the following statements: (a) I completed a minimum of 44 hours of AMA Category 1 continuing medical education (CME), 2 hours of which were in medical ethics and 20 hours of which were in my scope of practice or specialty, and an additional 4 hours of AMA Category 1 continuing medical education in acts of terrorism, during the past biennial period of July 1, 2003 through June 30 2005;
(b) I was initially licensed in Nevada during the time period January 1, 2004 through June 30, 2004, the second si months of the past biennial period, and completed a minimum of 34 hours of AMA Category 1 continuing medical educatio (CME), 2 hours of which were in medical ethics and 20 hours of which were in my scope of practice or specialty, and a additional 4 hours of AMA Category 1 continuing medical education in acts of terrorism;
(c) I was initially licensed in Nevada during the time period July 1, 2004 through December 31, 2004, the third si months of the past biennial period, and completed a minimum of 24 hours of AMA Category 1 continuing medical education (CME), 2 hours of which were in medical ethics and 18 hours of which were in my scope of practice or specialty, and a additional 4 hours of AMA Category 1 continuing medical education in acts of terrorism;
(d) I was initially licensed in Nevada during the time period January 1, 2005 through June 30, 2005, the fourth simonths of the past biennial period, and completed a minimum of 14 hours of AMA Category 1 continuing medical education (CME), 2 hours of which were in medical ethics and 8 hours of which were in my scope of practice or specialty, and additional 4 hours of AMA Category 1 continuing medical education in acts of terrorism; OR
(e) I am exempt from submitting proof of completion of continuing medical education (CME) because I have completed a full year of residency or fellowship training during the biennial period July 1, 2003 through June 30, 2005.
 ATTACH COPIES OF PROOF OF YOUR COMPLETION OF CONTINUING MEDICAL EDUCATION (CME) HOURS. IF YOU COMPLETED A FULL YEAR OF RESIDENCY OR FELLOWSHIP TRAINING DURING THE BIENNIAL PERIOD JULY 1, 2003 THROUGH JUNE 30, 2005, ATTACH A COPY OF PROOF OF COMPLETION OF YOUR TRAINING. YOUR COPIES OF PROOF OF CME OR TRAINING COMPLETION WILL NOT BE RETURNED TO YOU.
HAVE NOT (CHECK ONE) ACTIVELY PRACTICED MEDICINE IN NEVADA WITHIN THE PAST 12 MONTHS.
BY SIGNING ON THE SIGNATURE LINE BELOW: 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR REGISTRATION RENEWAL OF LICENSE TO PRACTICE MEDICINE IN THE STATE OF NEVADA AND THAT ALL STATEMENTS I HAVE MADE HEREIN ARE TRUE;
2) I UNDERSTAND THAT THIS APPLICATION FOR REGISTRATION RENEWAL WILL BE DENIED IF I HAVE NOT PLACED A CHECK MARK NEXT TO (a), (b), OR (c) UNDER THE CHILD SUPPORT STATEMENT SECTION; AND
3) I UNDERSTAND THAT THIS APPLICATION FOR REGISTRATION RENEWAL WILL BE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO: (a) THE APPROPRIATE COPIES OF PROOF OF CONTINUING MEDICAL EDUCATION (CME), OR RESIDENCY OR FELLOWSHIP TRAINING COMPLETION; (b) PAYMENT OF THE APPROPRIATE REGISTRATION RENEWAL FEE; AND (c) WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S).
x2/17/05 x (;;
Date / Signature (SIGNATURE STAMP UNACCEPTABLE)

Date Received by Board PHYSICIAN APPLICATION FOR REGISTRATION RENEWAL FOR THE BIENNIAL REGISTRATION PERIOD 2003-2005 FEB 2 4 2003 **NEVADA STATE BOARD OF MEDICAL EXAMINERS** Post Office Box 7238 Rono, Nevada 80510 Phone (775) 688-2559 (For Board Use Only) Physical Address: 1105 Terminal Way, Suite 301 Reno, Nevada 89502 Thereby apply for renewal of biennial registration and enclose the appropriate fee(s) as indicated below: \$400.00. **ACTIVE STATUS** \$200,00..... (INACTIVE STATUS DOES NOT PERMIT INACTIVE STATUS THE PRACTICE OF MEDICINE INCLUDING I REQUEST NON-RENEWAL OF MY LICENSE' THE WRITING OF PRESCRIPTIONS IN NEVADA) ("IF YOU ARE REQUESTING NON-RENEWAL, SEE BELOW) License no: 201) File no: Frank P SILVER M.D. Make checks payable to: **NEVADA STATE BOARD OF MEDICAL EXAMINERS** 341 N Buffalo #B (Foreign checks must indicate "U.S. FUNDS") Las Vegas, NV 89145 Request for NON-RENEWAL of License to Practice Medicine In Nevada I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada. By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the board office. Signature (SIGNATURE STAMP UNACCEPTABLE) Date PLEASE NOTE: YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2003. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2003 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.) YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES." ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION. PLEASE TYPE OR PRINT LEGIBLY 1. Active status registration renewal requires the submission of proof of completion of 40 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2001 through June 30, 2003. Submit your proof of completion of CME with your completed Application for Registration Renewal form. (See last page of this form for CME statement.) 2. If your name and/or address has changed from that printed on the label on this form, clearly indicate the change in the space provided below. Also, please indicate your current telephone and fax numbers. [Please note: a notarized or certified copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.] Street City County State Zip Phone Number (702) 228-9004 Fax Number (702) 228-5653 3. IF YOU HAVE RETIRED OR MOVED YOUR PRACTICE, indicate the location of patient records below: County

Phone Number

4. Indicate below your primary and secondary scopes of practice using the following codes:

SCOPES OF PRACTICE CODES

41 NEOPLASTIC DISEASES 81 PEDIATRIC, BHEUMATOLOGY ADDICTION MEDICINE 42 NEPHROLOGY PEDIATRIC, SURGERY ADOLESCENT MEDICINE AEROSPACE MEDICINE 43 NEUROLOGY PEDIATRIC, UROLOGY 44 NEURO-OPHTHALMOLOGY **PEDIATRICS** ALLERGY PHYSICAL MEDICINE/REHABILITATION 35 ALLERGY/IMMUNOLOGY 45 NEUROPATHOLOGY PREVENTIVE MEDICINE AMBULATORY MEDICINE 46 NEURORADIOLOGY **NON-CONVENTIONAL MEDICINE** 37 **PSYCHIATRY ANESTHESIOLOGY** 47 48 NUCLEAR MEDICINE **PSYCHOANALYSIS** BLOODBANKING NUTRITION 89 PUBLIC HEALTH **BRONCO-ESOPHAGOLOGY** 49 50 **OBSTETRICS PSYCHOMATIC MEDICINE** CARDIOVASCULAR DISEASES **OBSTETRICS/GYNECOLOGY** 91 **PULMONARY DISEASES** CATSCANULTRASOUND 51 CHILD NEUROLOGY 52 OCCUPATIONAL MEDICINE 92 RADIOLOGY 12 53 **ONCOLOGY** 33 RADIOLOGY, DIAGNOSTIC CHILD PSYCHIATRY 54 ONCOLOGY, GYNECOLOGICAL RADIOLOGY, INTERVENTIONAL 14 CLINICAL PHARMACOLOGY RADIOLOGY, NUCLEAR 5**5** ONCOLOGY, HEMATOLOGY **CRITICAL CARE** 96 RADIOLOGY, THERAPEUTIC **ONCOLOGY, RADIATION** DERMATOLOGY 56 DERMATOPATHOLOGY 57 ONCOLOGY, SURGICAL 97 RADIOLOGY, VASCULAR 17 98 RHEUMATOLOGY 58 OPHTHALMOLOGY EMERGENCY MEDICINE ENDOCRINOLOGY **9** OTOLARYNGOLOGY 39 RHINOLOGY SLEEP DISORDERS 60 OTOLOGY 100 TAMILY PRACTICE 61 PAIN MANAGEMENT 101 SPORTS MEDICINE TARTHOUNDEROLOGY CLINERAL PRACTICE 62 PATHOLOGY 102 SURGERY, ABDOMINAL SURGERY, CARDIOTHORACIC 63 PATHOLOGY, ANATOMIC 103 23 GERIATRIC PSYCHIATRY 64 PATHOLOGY, CLINICAL SURGERY, CARDIOVASCULAR 104 **GEHIATRICS** 65 PATHOLOGY, FORENSIC 105 SURGERY, COLON/RECTAL GYMECOLOGY 294 SURGERY, GENERAL 106 66 PEDIATRIC, ALLERGY HAIR TRANSPLANTATION 27 HEMATOLOGY 67 PEDIATRIC, CARDIOLOGY 107 SURGERY, HAND PEDIATRIC, CRITICAL CARE 108 SURGERY, HEAD/NECK 68 HOMEOPATHY 23 PEDIATRIC, EMERGENCY MEDICINE 109 SURGERY, MAXILLOFACIAL 29 **HYPNOSIS** 69 70 PEDIATRIC, ENDOCRINOLOGY 110 SURGERY, NEUROLOGICAL **IMMUNOLOGY** 71 PEDIATRIC, GASTROENTEROLOGY SURGERY, ORTHOPEDIC 111 INFECTIOUS DISEASES 72 PEDIATRIC, HEMATOLOGY/ONCOLOGY INFERTILITY 112 SURGERY, PLASTIC INTERNAL MEDICINE 73 PEDIATRIC, INFECTIOUS DISEASES 113 SURGERY, THORACIC 33 114 SURGERY, TRANSPLANT 74 PEDIATRIC, INTENSIVIST 34 LARYNGOLOGY 75 PEDIATRIC, NEPHROLOGY SURGERY, TRAUMATIC 35 **LEGAL MEDICINE** 76 PEDIATRIC, NEUROLOGY SURGERY, UROLOGIC MATERNAL/FETAL MEDICINE 116 PEDIATRIC, OPHTHALMOLOGY 37 MEDICAL ACUPUNCTURE 77 117 SURGERY, VASCULAR 78 PEDIATRIC, PHYSIATRY TOXICOLOGY 118 MEDICAL ETHICS 38 **URGENT CARE** PEDIATRIC, PULMONARY 119 MEDICAL GENETICS **NEO/PERINATAL MEDICINE** 30 PEDIATRIC, RADIOLOGY 120 UROLOGY

Code

Primary Scope of Practice 25 Secondary Scope of Practice 45.

All of the following questions refer to the time period July 1, 2001, through the present date only.

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.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, vision, speech, hearing, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental itiness, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.

FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST SUBMIT YOUR WRITTEN EXPLANATION(S) ON A SEPARATE SHEET ATTACHED TO YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.

 Do you have a medical condition which in an affect of the second condition which in an affect of the second condition. 	ny way impairs or limits you	ability to practice medicine w	ith reasonable skill and YesNo
If you have a medical condition which in a imitation reduced or ameliorated because of practice?	ny way impairs or limits you the field of practice, the se	etting, or the manner in whic	, is that impairment or h you have chosen to sNoN/A
If you use chemical substances, does your skill and safety?	ruse in any way impair or lii	mit your ability to practice me	dicine with reasonable sNo/N/A
4. Have you failed to initiate the performance begin to satisfy a requirement of your receigovernment for your medical education?	of public service within one iving a loan or scholarship	from the federal governme	c service is required to ent or a state or local sNoNA
5. Have you been a defendant in a legal action paid in your behalf or paid such a claim yours	n involving professional liab elf?	ility (malpractice) or had a pro 	fessional liability claim YesNo
6. Have you ever been investigated for, chaviolation of any federal, state or local law, incredeny, excluding any minor traffic offense (draubstance is not considered a minor traffic dispensing of controlled substances?	cluding any foreign country riving or in control of a moto	, which is a misdemeanor, g or vehicle while under the infl ed to the manufacture, distri	ross misdemeanor, or uence of any chemical
7. Have you ever been denied a license, perr examination to practice medicine or any other	mission to practice medicin rhealing art in any state, co	e or any other healing art, or untry or U.S. territory?	permission to take anYesNo
8. Have you ever had a medical license or lice any state, country or U.S. territory?	ense to practice any other he	ealing art revoked, suspended 	, limited, or restricted inNo
Have you ever voluntarily surrendered a licterritory?	cense to practice medicine	or any other healing art in an	y state, country or U.S. Yes <u>~</u> No
10. Have you ever been denied membership	or expelled from a medical	society or other professional	medical organization?YesNo
11. Have you ever been: a) notified that you w any violation of a statute, rule or regulation go medical society, governmental entity or other	overning your practice as a	physician by any medical lice ada State Board of Medical E	ensing board, hospital,
12. Have you ever surrendered your state or way?	r federal controlled substan	ce registration or had it revol	ced or restricted in any
13. List all hospitals where you have had staff List any and all resignations from any medical suspensions or restrictions for failure to comp maintain required malpractice insurance).	staff in lieu of disciplinary or	r administrative action. (<u>Plea</u>	<u>se Note</u> : Do not include
Mailing	Type of	ì	Dates of Action
Hospital Address	Action		Mo./Yr.) To (Mo./Yr.)
<u> </u>	h A		

(If more space is needed, attach a separate sheet.)

CHILD SUPPORT STATEMENT
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.
CONTINUING MEDICAL EDUCATION (CME) STATEMENT
Please place a check mark next to one of the following statements:
(a) I completed a minimum of 40 hours of AMA Category 1 continuing medical education (CME), 2 hours of which were in my scope of practice or specialty, during the past biennial period of July 1,7001 through June 30, 2003;
(b) I was initially licensed in Nevada during the time period January 1, 2002 through June 30, 2002, the second six months of the past biennial period, and completed a minimum of 30 hours of AMA Category I continuing medical education (CME), 2 hours of which were in medical ethics and 20 hours of which were in my scope of practice or specialty;
(c) I was initially licensed in Nevada during the time period July 1, 2002 through December 31, 2002, the third six months of the past biennial period, and completed a minimum of 20 hours of AMA Category I continuing medical education (CME), 2 hours of which were in medical ethics and 18 hours of which were in my scope of practice or specialty;
(d) I was initially licensed in Navada during the time period January 1, 2003 through June 30, 2003, the fourth signorths of the past biennial period, and completed a minimum of 10 hours of AMA Category I continuing medical education (CME), 2 hours of which were in medical ethics and 8 hours of which were in my scope of practice or specialty; OR
(e) I am exempt from submitting proof of completion of continuing medical education (CME) because I have completed a full year of residency or followship training during the biennial period July 1, 2001 through June 30, 2003.
ATTACH COPIES OF PROOF OF YOUR COMPLETION OF CONTINUING MEDICAL EDUCATION (CME) HOURS. IF YOU COMPLETED A FULL YEAR OF RESIDENCY OR FELLOWSHIP TRAINING DURING THE BIENNIAL PERIOR JULY 1, 2001 THROUGH JUNE 30, 2003, ATTACH A COPY OF PROOF OF COMPLETION OF YOUR TRAINING. YOUR COPIES OF PROOF OF CME OR TRAINING COMPLETION WILL NOT BE RETURNED TO YOU.
HAVE NOT (CHECK ONE) ACTIVELY PRACTICED MEDICINE IN NEVADA WITHIN THE PAST 12 MONTHS.
BY SIGNING ON THE SIGNATURE LINE BELOW:
1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR REGISTRATION RENEWAL OF LICENSE TO PRACTICE MEDICINE IN THE STATE OF NEVADA AND THAT ALL STATEMENTS I HAVE MADE HEREIN ARE TRUE; 2) I UNDERSTAND THAT THIS APPLICATION FOR REGISTRATION RENEWAL WILL BE DENIED IF I HAVE NOT PLACED A CHECK MARK NEXT TO (a), (b), OR (c) UNDER THE CHILD SUPPORT STATEMENT SECTION; AND
3) I UNDERSTAND THAT THIS APPLICATION FOR REGISTRATION RENEWAL WILL BE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO: (a) THE APPROPRIATE COPIES OF PROOF OF CONTINUING MEDICAL EDUCATION (CME), OR RESIDENCY OR FELLOWSHIP TRAINING COMPLETION: (b) PAYMENT OF THE APPROPRIATE REGISTRATION RENEWAL FEE; AND (c) WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S).
Date (Signature STAMP UNACCEPTABLE)
Date / Sitmature (SIGNATURE STAMP UNACCEPTABLE)

Date

PHYSICIAN	Date	e Rece	ived by Board	
APPLICATION FOR REGISTRATION RENEWAL			,	License No. 2641
FOR THE BIENNIAL REGISTRATION PERIOD 2001- 2003	ill	AY 2	2 2081	1
· NEVADA STATE BOARD OF MEDICAL EXAMINERS				File No
Post Office Box 7238 Reno, Nevada 89510 Phone (775) 688-2559			ard Use Only)	
I hereby apply for renewal of biennial registration and enclose			e tee(s) as indicated	below:
ACTIVE STATUS	•	0.00 0.00	IDETIDED STATIL	S REQUIRES THAT THE
INACTIVE STATUS RETIRED STATUS		0.00		PRACTICE MEDICINE
SUPERVISING/COLLABORATING PHYSICIAN	•	0.00	ANYWHERE)	717777017711711711
THE REPORT OF THE PERSON OF TH				•
Frank P SILVER	M.D.	. LC**		s payable to:
341 N Buffaio #B		NEVA		OF MEDICAL EXAMINERS tindicate "U.S. FUNDS")
Las Vegas, NV 89145			(i oroign aneona mae	(individe 5.5.1 5.155)
DI FACE MOTE.				
PLEASE NOTE:				
YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30 RENEWAL FORMS NOT RECEIVED AT THE BOARD O				
SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF	rrice d	RE NO	TALOWED FOR	ANY REASON, AS NEVAGA
HAS NO GRACE PERIOD. (USE THE ENCLOSED ENV				
REGISTRATION RENEWAL FORM.)				
. YOUR LICENSE WILL NOT BE RENEWED UNLESS YO				
REGISTRATION RENEWAL FORM. YOU MUST PROV	IDE WRI	TTEN	EXPLANATIONS F	OR ALL QUESTIONS
ANSWERED "YES."				
- ALL INFORMATION YOU PROVIDE ON THIS APPLICA	TION FO	IR RE	GISTRATION REN	EWAL FORM IS PUBLIC
INFORMATION,			···········	
PLEASE TYPE O	JK PR	<u>(IN I</u>	<u> </u>	
		.		
1. To be eligible to act as a SUPERVISING PHYSICIAN FO	RAPHY	/SICIA	N ASSISTANT , and	/or as a COLLABORATING
PHYSICIAN FOR AN ADVANCED PRACTITIONER OF NURS	SING for	the bie	nnial period of July	1, 2001 through June 30, 2003,
you must complete the enclosed Application for Approval a	as Super	vising	/Collaboraung ⊬ny	sician and return it with your
payment in the amount of \$200.00 in the enclosed envelope.				
2. Active status registration renewal requires the submission of	of proof o	f com	pletion of 40 hours o	of AMA Category 1 continuing
medical education (CME), which includes 2 hours of CME in r	medical e	thics.	and 20 hours of CM	E in your scope of practice or
specially completed during the period July 1, 1999 through	h June 3	9, 200	Submit your pro	of of completion of CME with
your completed Application for Registration Renewal form. (S	See last	page (of this form for CME	statement.)
a contract the second and the second		ما ما ما	. Maria Sarana al assudas fa	diants the shappy in the angles
 If your name and/or address has changed from that printed provided below. Also, please indicate your current telephone. 	ond fav n	umbai	re i (Dioasa nota: a n	orage the change in the space
decument authorizing your name change (marriage license, o	anu iax ii divorce d	ecree	etc) must be inclu	ded 1
" -				
Name FRANK P. SILVER, I Street 341 N. Buffalo Suite City Las VEgas County Class Phone Number (202) 228-4004 Fax No.	<u>m . D .</u>			
Street 341 Al. Buffale Suite	B			
21000 21000	a 1.	·····	01-4- A/1/	- 09/UE
City LAS VEGAS County CIAR	<u> </u>	<u></u>	State 700.	ZIB 3 7/73
Phone Number (202) 228-4004 Fax Nu	umber(<u>(70.</u>	<u>1) 228-5</u>	653
4. IF YOU HAVE RETIRED OR MOVED YOUR PRACTICE,	indicate	(ne loc	sagon or pagent rect	ons below:
Name				
Street	····			уудуудар өө өсүүн жайгараар аны бүчөөт өөгөөт оны онын онын онын онын онын онын онын
CityCounty	Sta	ite	······································	Zip
Phone Number				
5. Indicate below the EXACT NAME AND LOCATION of the M	Medical S	chool	from which you grad	luated and your EXACT DATE
of graduation:				
Traffice and medical College	مبر		191	4.7
JEFFERSON MEDICAL COLLEGE Medical School Name and Location			Date of Gradus	ation (Month / Day / Year)
Manical Online Marina suc Facation			Date of Gradin	auon (mionin) way real)

6. Indicate below your primary, secondary and tertiary practice specialties using the following codes:

SCOPE OF PRACTICE SPECIALTY CODES

1	ADDICTION MEDICINE	40	NEUROLOGY		PEDIATRIC, UROLOGY			
2	ADOLESCENT MEDICINE	41	NEURO-OPHTHALMOLOGY		PEDIATRICS			
3	AEROSPACE MEDICINE	42	NEUROPATHOLOGY	81				
4	ALLERGY	43			PREVENTIVE MEDICINE			
5	ALLERGY/IMMUNOLOGY		NON-CONVENTIONAL MEDICINE		PSYCHIATRY			
6	ANESTHESIOLOGY	45	NUCLEAR MEDICINE	84				
7	BLOODBANKING	46	NUTRITION		PSYCHOMATIC MEDICINE			
8	BRONCO-ESOPHAGOLOGY	47	OBSTETRICS		PUBLIC HEALTH			
9	CARDIOVASCULAR DISEASES	48	OBSTETRICS/GYNECOLOGY	87	PULMONARY DISEASES			
10	CATSCAN/ULTRASOUND	49	OCCUPATIONAL MEDICINE	88	RADIOLOGY			
11	CHILD NEUROLOGY	50	ONCOLOGY	89	RADIOLOGY, DIAGNOSTIC			
12	CHILD PSYCHIATRY	51	ONCOLOGY, GYNECOLOGICAL	90	RADIOLOGY, INTERVENTIONAL			
13	CLINICAL PHARMACOLOGY	52	ONCOLOGY, HEMATOLOGY	91	RADIOLOGY, NUCLEAR			
14	CRITICAL CARE	53	ONCOLOGY, RADIATION		RADIOLOGY, THERAPEUTIC			
15	DERMATOLOGY	54	ONCOLOGY, SURGICAL	93				
16	DERMATOPATHOLOGY	55	OPHTHALMOLOGY	94	RHEUMATOLOGY			
17	EMERGENCY MEDICINE	56	OTOLARYNGOLOGY	95				
18	ENDOCRINOLOGY	57	OTOLOGY	96	SLEEP DISORDERS			
19	FAMILY PRACTICE	58	PAIN MANAGEMENT	97	SPORTS MEDICINE			
20	GASTROENTEROLOGY	59	PATHOLOGY	98				
21	GENERAL PRACTICE	60	PATHOLOGY, ANATOMIC	39				
22	GERIATRICS	61	PATHOLOGY, CLINICAL		SURGERY, CARDIOVASCULAR			
23	GYNECOLOGY	62	PATHOLOGY, FORENSIC		SURGERY, COLON/RECTAL			
24	HEMATOLOGY	63	PEDIATRIC, ALLERGY		SURGERY, GENERAL			
25	HOMEOPATHY	64	PEDIATRIC, CARDIOLOGY	103				
26	HYPNOSIS	65	PEDIATRIC, CRITICAL CARE		SURGERY, HEAD/NECK			
27	IMMUNOLOGY	66	PEDIATRIC, EMERGENCY MEDICINE		SURGERY, MAXILLOFACIAL			
28	INFECTIOUS DISEASES	67	PEDIATRIC, ENDOCRINOLOGY		SURGERY, NEUROLOGICAL			
29	INFERTILITY	68		107	SURGERY, ORTHOPEDIC			
30	INTERNAL MEDICINE	69	PEDIATRIC, HEMATOLOGY/ONCOLOGY		SURGERY, PLASTIC			
31	LARYNGOLOGY	70	PEDIATRIC, INFECTIOUS DISEASES		SURGERY, THORACIC			
32	LEGAL MEDICINE	71	PEDIATRIC, INTENSIVIST	110	SURGERY, TRANSPLANT			
33	MATERNAL/FETAL MEDICINE	72	PEDIATRIC, NEPHROLOGY	111				
34	MEDICAL ACUPUNCTURE		PEDIATRIC, NEUROLOGY		SURGERY, UROLOGIC			
35	MEDICAL ETHICS	74	PEDIATRIC, OPHTHALMOLOGY		SURGERY, VASCULAR			
36	MEDICAL GENETICS	75	PEDIATRIC, PHYSIATRY		URGENT CARE			
37	NEO/PERINATAL MEDICINE	76	PEDIATRIC, PULMONARY	115	UROLOGY			
38	NEOPLASTIC DISEASES		PEDIATRIC, RADIOLOGY					
39	NEPHROLOGY	78	PEDIATRIC, SURGERY					
	Code		Code		<u>Code</u>			
	CAMA							
n.:	Primary Specialty <u>23</u> Secondary Specialty <u>29</u> Tertlary Specialty <u>19</u>							
rm	mary specially	Authority Speciality S						

All of the following questions refer to the time period July 1, 1999, through the present date only.

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.
- "Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, vision, speech, hearing, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, HIV disease, tuberculosis, drug addiction, and alcoholism.
- "Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.

FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST SUBMIT YOUR WRITTEN EXPLANATION(S) ON A SEPARATE SHEET ATTACHED TO YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.

l . Do you h <mark>ave</mark> a medica safety?	al condition whic	h in any way impairs or limits your	ability to practice medicine with	reasonable skill and YesNo
2. If you have a medica	al condition which netiorated became	ch in any way impairs or limits you use of the field of practice, the s	etting, or the manner in which	s that impairment or you have chosen to NoN/A
3. If you use chemical st and safety?	ubstances, does	your use in any way impair or limi	t your ability to practice medicine	with reasonable skillNoN/A
4. Have you failed to in begin to satisfy a require for your medical educat	ment of your rec	nance of public service within one ceiving a loan or scholarship from	the federal government or a stat	service is required to e or local government No/N/A
5. Have you been a defe paid in your behalf or pa		i action involving professional liab yourself?	ility (malpractice) or had a profe 	ssional liability claim YesNo
of any federal, state or excluding any minor traf	local law, inclu fic offense (drivit	charged with, convicted of, or plea iding any foreign country, which ng or in control of a motor vehicle ie) or which is related to the mai	is a misdemeanor, gross misd while under the influence of any o nufacture, distribution, prescribi	emeanor, or felony, chemical substance is
7. Have you ever been examination to practice	denied a licens medicine or any	e, permission to practice medicin other healing art in any state, co	e or any other healing art, or puntry or U.S. territory?	ermission to take an YesNo
8. Have you ever had a any state, country or U.S		or license to practice any other he		mited, or restricted in YesNo
9. Have you ever volun territory?	tarity surrender	ed a license to practice medicine	or any other healing art in any s	state, country or U.S. YesNo
10. Have you ever bee	n denied memb	ership or expelled from a medical		edical organization? _YesNo
any violation of a statute	e, rule or regula	you were under investigation for; ition governing your practice as a other agency <u>other than</u> the Neva	i physician by any medical licen ada State Board of Medical Exa	sing board, hospital,
12. Have you ever surre	endered your sta	ite or federal controlled substance	registration or had it revoked or	restricted in any way? YesNo
any and all resignations	s from any med ons for failure to	d staff privileges denied, suspende ical staff in lieu of disciplinary or o complete hospital medical recor e).	administrative action. (Please I	Note: Do not include
	Mailing	Type of	Dates of Act	
Hospital	Address	Action	From (Mo./Yr.) To	(Mo./Yr.)
\	<u> </u>			***************************************
- N	1	<u>,,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	H			
	[[

CHILD SUPPORT STATEMENT

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 an compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of 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 approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursu to the order.	or a ant
CONTINUING MEDICAL EDUCATION (CME) STATEMENT	
Please place a check mark next to one of the following statements:	
(a) I completed a minimum of 40 hours of AMA Category 1 continuing medical education (CME), 2 hours of which wind medical ethics and 20 hours of which were in my scope of practice or specialty, during the past blennial period of July 1, 19 through June 30, 2001;	
(b) I was initially licensed in Nevada during the time period January 1, 2000 through June 30, 2000, the second months of the past biennial period, and completed a minimum of 30 hours of AMA Category I continuing medical educat (CME), 2 hours of which were in medical ethics and 20 hours of which were in my scope of practice or specialty;	six ion
(c) I was initially licensed in Nevada during the time period July 1, 2000 through December 31, 2000, the third six monor of the past biennial period, and completed a minimum of 20 hours of AMA Category I continuing medical education (CME hours of which were in medical ethics and 18 hours of which were in my scope of practice or specialty;	
(d) I was initially licensed in Nevada during the time period January 1, 2001 through June 30, 2001, the fourth six mon of the past biennial period, and completed a minimum of 10 hours of AMA Category I continuing medical education (CME) hours of which were in medical ethics and 8 hours of which were in my scope of practice or specialty; OR	
(e) I am exempt from submitting proof of completion of continuing medical education (CME) because I have comple a full year of residency or fellowship training during the biennial period July 1, 1999 through June 30, 2001.	ted
 ATTACH COPIES OF PROOF OF YOUR COMPLETION OF CONTINUING MEDICAL EDUCATION (CME) HOURS. IF YOU COMPLETED A FULL YEAR OF RESIDENCY OR FELLOWSHIP TRAINING DURING THE BIENNIAL PERIODLY 1, 1999 THROUGH JUNE 30, 2001, ATTACH A COPY OF PROOF OF COMPLETION OF YOUR TRAINING. YOUR COPIES OF PROOF OF CME OR TRAINING COMPLETION WILL NOT BE RETURNED TO YOU. 	OD
I HAVE V HAVE NOT <i>(CHECK ONE)</i> ACTIVELY PRACTICED MEDICINE IN NEVADA WITHIN THE PAST MONTHS.	12
BY SIGNING ON THE SIGNATURE LINE BELOW:	
1) THEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR REGISTRATION RENEWAL	OF

- 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR REGISTRATION RENEWAL OF LICENSE TO PRACTICE MEDICINE IN THE STATE OF NEVADA AND THAT ALL STATEMENTS I HAVE MADE HEREIN ARE TRUE;
- 2) I UNDERSTAND THAT THIS APPLICATION FOR REGISTRATION RENEWAL WILL BE DENIED IF I HAVE NOT PLACED A CHECK MARK NEXT TO (a), (b), OR (c) UNDER THE CHILD SUPPORT STATEMENT SECTION; AND
- 3) I UNDERSTAND THAT THIS APPLICATION FOR REGISTRATION RENEWAL WILL SE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO: (a) THE APPROPRIATE COPIES OF PROOF OF CONTINUING MEDICAL EDUCATION (CME), OR RESIDENCY OR FELLOWSHIP TRAINING COMPLETION; (b) PAYMENT OF THE APPROPRIATE REGISTRATION RENEWAL FEE; AND (c) WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S).

1/2/61 (Signature STAMP UNACCEPTABLE)

Date Received by Board License No. 2641 **PHYSICIAN** APPLICATION FOR RENEWAL REGISTRATION MAY 1 4 1999 **NEVADA STATE BOARD OF** MAY 2 0 1999 He No. MEDICAL EXAMINERS (Board Use Only) Post Office Box 7238 Reno, Nevada 89510 Phone (775) 688-2559 . hereby apply for renewal of biennial registration and enclose the appropriate fee(s) as indicated below: \$600.00 ACTIVE STATUS \$200.00 **INACTIVE STATUS** \$ 50.00 **RETIRED STATUS** SUPERVISING/COLLABORATING PHYSICIAN \$200.00 Frank P. Silver, MD Make checks payable to: 2031 McDaniel St #210 **NEVADA STATE BOARD OF MEDICAL EXAMINERS** N Las Vegas NV 89030 (Foreign checks must indicate "U.S. FUNDS") 3004041 PLEASE NOTE NEVADA HAS NO GRACE PERIOD ----- LICENSES NOT RENEWED BY JULY 1, 1999 ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON. YOUR LICENSE WILL NOT BE RENEWED WITHOUT ANSWERING ALL QUESTIONS. ALL YES ANSWERS MUST BE EXPLAINED. YOU MUST INCLUDE PROOF OF 40 HOURS OF AMA CATEGORY 1 CME WHICH INCLUDES 2 HOURS IN MEDICAL ETHICS AND 20 HOURS IN YOUR SCOPE OF PRACTICE OR SPECIALTY. ALL FEES MUST BE PAID AND ARE NON-REFUNDABLE. DO NOT SEND CASH THROUGH THE MAIL. PLEASE ALLOW SIXTY (60) DAYS FOR PROCESSING OF YOUR APPLICATION. PLEASE TYPE OR PRINT LEGIBLY 1. YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 1999. THIS IS THE NOTICE TO RENEW YOUR M.D. LICENSE. 2. To be eligible to act as a supervising physician for a physician's assistant, or as a collaborating physician for an advanced practitioner of nursing, complete the enclosed Application for Approval as Supervising/Collaborating Physician. 3. ACTIVE STATUS REGISTRATION RENEWAL REQUIRES THE SUBMISSION OF PROOF OF 40 HOURS OF AMA CATEGORY 1 CONTINUING MEDICAL EDUCATION which includes 2 hours of medical ethics and 20 hours in your scope of practice or specialty completed during the period July 1, 1997 through June 30, 1999. Submit your proof of CME with your completed Application for Registration Renewal form. 4. In order to provide sufficient time for processing, please complete and return your Application for Registration Renewal form and Application for Approval as Supervising/Collaborating Physician form (if applicable) with your proof of 40 hours AMA Category I CME and the correct fee(s) BY JUNE 30, 1999. Use the enclosed self-addressed envelope to return your completed form(s) and fee(s). 5. If your name and/or address has changed from that printed on this form, clearly indicate the change in the space provided. A notarized or certified copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included. State 3. IF YOU HAVE RETIRED OR MOVED YOUR PRACTICE, INDICATE THE LOCATION OF PATIENT RECORDS BELOW:

State

7. Are you currently active in me a. [] YES, in trainin		b. [V YE	S, working full-tim	ıρ	
a. [] YES, in trainin c. [] YES, working		d.[] NO			
e. NO, other (spe)
		1 & 4i		nt of wasting times an	
Please indicate your primar Indicate your primar	y, secondar	y and terdary spe SCOPE OF		ent of practice time spe	ent in each, using the
following codes:		SPECIALI			
	04	UCODI ACTIO DICE	1050	en projetnje panj	al opv
102 ADDICTION MEDICINE 1 ADDLESCENT MEDICINE	31 32	NEOPLASTIC DISE.	4959	62 PEDIATRIC, RADIO 63 PEDIATRIC, SURG	
2 AEROSPACE MEDICINE	3 3	NEUROLOGY		64 PEDIATRIC, UROL	
3 ALLERGY/IMMUNOLOGY		NEUROPATHOLOG	_	65 PEDIATRICS 66 PHYSICAL MEDIC	INE/DENABILITATION
104 ALTERNATIVE MEDICINE 4 ANESTHESIOLOGY		NEURORADIOLOGY NUCLEAR MEDICIN		67 PREVENTIVE MED	
5 BLOODBANKING		NUTRITION		68 PSYCHIATRY	~
6 BRONCO-ESOPHAGOLOGY		OBSTETRICS/GYNI	-COLOGY	69 PSYCHOANALYSI 70 PSYCHOMATIC M	S FDICINE
7 CARDIOVASCULAR DISEASES 8 CATSCAN/ULTRASOUND		OCCUPATIONAL M	EDICINE	71 PUBLIC HEALTH	
U CHILD NEUROLOGY		ONCOLOGY	001.0010.11	72 PULMONARY DISI	EASES
10 CHILD PSYCHIATRY		ONCOLOGY, GYNE ONCOLOGY, HEMA		73 RADIOLOGY 74 RADIOLOGY, DIAG	SNOSTIC
11 CLINICAL PHARMACOLOGY 12 CRITICAL CARE		ONCOLOGY, RADIA		75 RADIOLOGY, NUC	
13 DERMATOLOGY		ONCOLOGY, SURG		76 RADIOLOGY, THE	
14 EMERGENCY MEDICINE 15 ENDOCRINOLOGY		OPHTHALMOLOGY OTOLARYNGOLOG		77 RHEUMATOLOGY 78 RHINOLOGY	
15 ENDOCRINOLOGY 16 FAMILY PRACTICE	48	OTOLOGY		79 SLEEP DISORDER	₹S
17 GASTROENTEROLOGY	49	PAIN MANAGEMEN	T	100 SPORTS MEDICIN	
18 GENERAL PRACTICE		PATHOLOGY PATHOLOGY, ANA	romic	30 SURGERY, ABDOI 103 SURGERY, CARDI	
19 GERIATRICS 20 GYNECOLOGY		PATHOLOGY, CLIN		81 SURGERY, CARD	
11 HEMATOLOGY		PATHOLOGY, FOR		91 SURGERY, COLO	
105 HOMEOPATHY		PEDIATRIC, ALLER PEDIATRIC, CARDI		82 SURGERY, GENE	
22 HYPNOSIS 23 IMMUNOLOGY		PEDIATRIC, CRITIC		84 SURGERY, HEAD	
24 INFECTIOUS DISEASES		PEDIATRIC, EMER		92 SURGERY, MAXIL	
25 INFERTILITY		PEDIATRIC, ENDO	CRINOLOGY FOLOGY/ONCOLOGY	93 SURGERY, NEUR 85 SURGERY, ORTH	
26 INTERNAL MEDICINE 27 LARYNGOLOGY		PEDIATRIC, INFEC		86 SURGERY, PLAST	nc .
28 LEGAL MEDICINE	59	PEDIATRIC, INTEN	SIVIST	87 SURGERY, THOR	
29 MATERNAL/FETAL MEDICINE		PEDIATRIC, NEPHR PEDIATRIC, NEURO		88 SURGERY, TRAUI 89 SURGERY, UROL	MATIC OGIC
106 MEDICAL ACUPUNCTURE 107 MEDICAL ETHICS		PEDIATRIC, OPHTH		90 SURGERY, VASC	
30 NEO/PERINATAL MEDICINE		PEDIATRIC, PHYSI		94 UROLOGY	
	95	PEDIATRIC, PULMO	DNARY		
	Code	Percent of T	îme	Board Certified (Ind	licate Yes/No)
Primary	7.0	, 60		صوب	
Secondary	40	90		alv	TBIME
Tertiary				<u> </u>	
•			, _ ,		
PLEASE INDICATE ALL AMER	RICAN BOAI	RD OF MEDICAL	SPECIALTIES B	oard or Subboar	D CERTIFICATIONS:
			_	Date of	Date of
0	704	AR -C-	in h	itial Certification	Last Certification
Board AMERICAN B	2120 D	00-44	<u>v · </u>	(Mo./Yr.)	(Mo./Yr.)
				(IT COM)	(.11 COM)
Subboard				(Mo./Yr.)	(Mo/Yr.)
Board AMERICAN BO	IRD T	MOESENDO	NT MEDICA	H EXM.	(197
Board HitCitis-1113 Val				(Mo./Yr.)	(Mo./Yr.)
Subboard				· · · · · · · · · · · · · · · · · · ·	
				(Mo./Yr.)	(Mo./Yr.)
			en 11 - 1	4	
9. Form of employment is 1	100	(Use on	e of the following		
SELF-EMPLOYED:				MPLOYED BY: (contin	เนซน)
1001) Solo Practice		400	A Other Man O	overnment Employee (happital askast stall
1002 Partnership or Group	Dan Alli	100			hospital, school, etc.)
	Practitioner	s 100	7 Federal Gove	rnment (armed service	s personnel only)
SALARIED, EMPLOYE	D BY:	s 100 100	7 Federal Gove 8 Federal Gove	rnment (armed service mment (civilian, P.H.S.	s personnel only)
SALARIED, EMPLOYE 1003 Individual Practitioner	D BY:	s 100 100 100	7 Federal Gove 8 Federal Gove 9 State Governi	rnment (armed service mment (civilian, P.H.S. nent	s personnel only)
SALARIED, EMPLOYE 1003 Individual Practitioner 1004 Partnership or Group	D BY: of Practition	s 100 100 100 ers 101	7 Federal Gove 8 Federal Gove 9 State Govern 0 County Gover	rnment (armed service mment (civillan, P.H.S. nent nment	s personnel only)
SALARIED, EMPLOYE 1003 Individual Practitioner	D BY: of Practition	s 100 100 100 ers 101	7 Federal Gove 8 Federal Gove 9 State Govern 0 County Gover	rnment (armed service mment (civillan, P.H.S. nent nment	s personnel only)

All of the following questions refer to the time period July 1, 1997, through the present date only.

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.
- "Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, vision, speech, hearing, cerebral palsy, epitepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, HIV disease, tuberculosis, drug addiction, and alcoholism.
- "Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.
- "Currently" does not mean on the day of, or even in the weeks or months preceding the completing of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee.

FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST SUBMIT YOUR EXPLANATION(S) ON A SEPARATE SHEET ATTACHED TO YOUR COMPLETED REGISTRATION APPLICATION FORM

 Do you have a medical condition which in any way impairs or limits your ability to practice m and safety? 	nedicine with reasonable skil
2. If you have a medical condition which in any way impairs or limits your ability to practice medical imitation reduced or ameliorated because of the field of practice, the setting, or the manner if practice?	edicine, is that impairment or in which you have chosen to YesNo\N/A
3. If you use chemical substances, does your use in any way impair or limit your ability to practi skill and safety?	ice medicine with reasonable YesNo/_N/A
4. Have you failed to initiate the performance of public service within one year after the date the begin to satisfy a requirement of your receiving a loan or scholarship from the federal gov government for your medical education?	e public service is required to remment or a state or local YesNoN/A
5. Have you been a defendant in a legal action involving professional liability (malpractice) or had paid in your behalf or paid such a claim yourself?	a professional liability claim YesNo
6. Have you ever been investigated for, charged with, convicted of, or plead guilty or noto or violation of any federal, state or local law, including any foreign country, which is a misdernea felony, excluding any minor traffic offense (driving or in control of a motor vehicle while under the substance is not considered a minor traffic offense) or which is related to the manufacture dispensing of controlled substances?	nor, gross misdemeanor, or ne influence of any chemical
7. Have you ever been denied a license, permission to practice medicine or any other healing an examination to practice medicine or any other healing art(s) in any state, country or U.S. territor	t(s), or permission to take an
8. Have you ever had a medical license or license to practice any other healing art revoked, sus in any state, country or U.S. territory?	pended, limited, or restrictedNo
Have you ever voluntarily surrendered a license to practice medicine or any other healing art emitory?	t in any state, country or U.S. YesNo
10. Have you ever been denied membership or expelled from a medical society or other profess	sional medical organization? Yes L-No

pr	- •	•	ety, governmental entity or other agency? YesNo
2. Have you ever surre ay?	ndered your state or fo	ederal controlled substance reg	pistration or had it revoked or restricted in any YesL_No
et any and all regionations	i from any medical sta s for failure to comple	iff in lieu of disciplinary or admir	nited, revoked or not renewed by the hospital. istrative action. (Please Note: Do not include end hospital department or staff meetings, or
antani required maiprac	Mailing	Type of	Dates of Action
Hospital	Address	Action	From (Mo./Yr.) To (Mo./Yr.)
			
/If more s	space is needed, attac	in a separate sheet.)	
(ii iiioi a s	paco is necessa, ando	ara copulate anothy	
LEASE CHECK ONE O	F THE FOLLOWING:		
\ lam not subject to	o a court order for the	support of a child.	
Lam subject to s	a court order for the SI	upport of one or more children :	and am in compliance with the order or am in
ventiance with a clan at	noroyed by the district	attorney or other public agency	y enforcing the order for the repayment of the
mount owed pursuant to	pproved by use district	account of outer basis agone,	,
mount owed pursuant to	gre order for the gre	nnort of one as more children a	nd am NOT in compliance with the order or a
I am subject to a	Court order for the suf	pport of one of more children a	order for the repayment of the amount owed
an approved by the dis	ithet autorney or other	hithic againty amoreing die	rues for the repayment of the disseast office
ursuant to the order.	_ ^		
gnature	/CICN	IATURE STAMP UNACCEPTA	QI E\
	(July)	MIONE O'MIN O'MOOLI 'M	
	ETHE COLLOWING.		
LEASE CHECK ONE O	FIME FULLUYING:	um approved AMA Category 1	continuing medical education (CMF) 2 hours
1. I have earne	d a minimum of 40 no	outs approved AWA Category 1	continuing medical education (CME), 2 hours
		of which were in my scope of p	ractice or specialty during the biennial period
uly 1, 1997, through Jur	16 30, 1999.		the biognical poriod tuby 1, 1007, through tupe
2 taran initially	licensed in Nevada du	unng the second six months of	the biennial period July 1, 1997, through June
Z. I was miliany		ours approved AMA Category I	continuing medical education (CiviE).
0 1000 and have earne	ed a minimum of 50 n		the maintaine and the state of 4007 the second transport
0, 1999, and have earne	icensed in Nevada dul	ring the third six months of the $\mathfrak l$	biennial period July 1, 1997, through June 30,
0, 1999, and have earne 3. I was initially light 999, and have earned a	icensed in Nevada du minimum of 20 hours	ring the third six months of the l s approved AMA Category I con	blennial period July 1, 1997, through June 30, tinuing medical education (CME).
0, 1999, and have earne 3. I was initially li 999, and have earned a	icensed in Nevada du minimum of 20 hours censed in Nevada dud	ring the third six months of the l s approved AMA Category I con ing the fourth six months of the	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30,
0, 1999, and have earne 3. I was initially li 999, and have earned a 4. I was initially li	icensed in Nevada du minimum of 20 hours censed in Nevada duri minimum of 10 hour	ring the third six months of the l s approved AMA Category I con ing the fourth six months of the rs approved AMA Category I co	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, attnuing medical education (CME).
0, 1999, and have earned 3. I was initially lighted and have earned a 4. I was initially lighted and have earned a	icensed in Nevada dui minimum of 20 hours censed in Nevada duri minimum of 10 hour from submitting proof	ring the third six months of the list approved AMA Category I con ing the fourth six months of the is approved AMA Category I con in of continuing medical education	blennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year
0, 1999, and have earned 3. I was initially lighted and have earned a 4. I was initially lighted and have earned a	icensed in Nevada dui minimum of 20 hours censed in Nevada duri minimum of 10 hour from submitting proof	ring the third six months of the s approved AMA Category I con ing the fourth six months of the s approved AMA Category I con of continuing medical education ennial period July 1, 1997, throu	blennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year
0, 1999, and have earne 3. I was initially li 999, and have earned a 4. I was initially li 999, and have earned a 5. I am exempt f residency or fellowship	icensed in Nevada du minimum of 20 hours censed in Nevada dur minimum of 10 hour from submitting proof training during the ble	ring the third six months of the list approved AMA Category I con ling the fourth six months of the results approved AMA Category I conformed and category I conformed approved July 1, 1997, throus IMPORTANT	blennial period July 1, 1997, through June 30, tinuing medical education (CME). blennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year gh June 30, 1999.
0, 1999, and have earne 3. I was initially li 999, and have earned a 4. I was initially li 999, and have earned a 5. I am exempt f residency or fellowship	icensed in Nevada du minimum of 20 hours censed in Nevada dur minimum of 10 hour from submitting proof training during the ble	ring the third six months of the liss approved AMA Category I con ling the fourth six months of the rs approved AMA Category I conformation of continuing medical education annual period July 1, 1997, throus IMPORTANT	blennial period July 1, 1997, through June 30, tinuing medical education (CME). blennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year gh June 30, 1999.
0, 1999, and have earne 3. I was initially li 999, and have earned a 4. I was initially li 999, and have earned a 5. I am exempt f residency or fellowship	icensed in Nevada du minimum of 20 hours censed in Nevada dur minimum of 10 hour from submitting proof training during the ble	ring the third six months of the liss approved AMA Category I con ling the fourth six months of the rs approved AMA Category I conformation of continuing medical education annual period July 1, 1997, throus IMPORTANT	blennial period July 1, 1997, through June 30, tinuing medical education (CME). blennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year gh June 30, 1999.
0, 1999, and have earned 3. I was initially lighted as a large of the second as a lar	icensed in Nevada dui minimum of 20 hours censed in Nevada duri minimum of 10 hour from submitting proof training during the bie	ring the third six months of the list approved AMA Category I conting the fourth six months of the reapproved AMA Category I continuing medical education ennial period July 1, 1997, throughous the CREDITS - PROOF OF	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year igh June 30, 1999. FCME CREDITS WILL NOT BE RETURNED.
0, 1999, and have earned 3. I was initially lighted as a large of the second as a lar	icensed in Nevada dui minimum of 20 hours censed in Nevada duri minimum of 10 hour from submitting proof training during the bie	ring the third six months of the list approved AMA Category I conting the fourth six months of the reapproved AMA Category I continuing medical education ennial period July 1, 1997, throughous the CREDITS - PROOF OF	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year igh June 30, 1999. FCME CREDITS WILL NOT BE RETURNED.
0, 1999, and have earned 3. I was initially li 999, and have earned a 4. I was initially li 999, and have earned a 5. I am exempt I residency or fellowship	icensed in Nevada dui minimum of 20 hours censed in Nevada duri minimum of 10 hour from submitting proof training during the bie	ring the third six months of the liss approved AMA Category I con ling the fourth six months of the rs approved AMA Category I conformation of continuing medical education annual period July 1, 1997, throus IMPORTANT	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year 1gh June 30, 1999. FCME CREDITS WILL NOT BE RETURNED.
0, 1999, and have earned 3. I was initially li 999, and have earned a 4. I was initially li 999, and have earned a 5. I am exempt I residency or fellowship TTACH COPIES OF PF	icensed in Nevada durminimum of 20 hours censed in Nevada durminimum of 10 hour from submitting proof training during the bie	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting medical education annial period July 1, 1997, through IMPORTANT COME CREDITS - PROOF OF MATURE STAMP UNACCEPTA	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). In (CME) because I have completed a full year 1991 June 30, 1999. FIGHE CREDITS WILL NOT BE RETURNED. BLE)
0, 1999, and have earned 3. I was initially li 999, and have earned a 4. I was initially li 999, and have earned a 5. I am exempt I residency or fellowship TTACH COPIES OF PF lignature	icensed in Nevada durminimum of 20 hours censed in Nevada durminimum of 10 hour from submitting proof training during the bie	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting medical education annial period July 1, 1997, through IMPORTANT COME CREDITS - PROOF OF MATURE STAMP UNACCEPTA	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year Igh June 30, 1999. FIGHE CREDITS WILL NOT BE RETURNED. BLE)
0, 1999, and have earned 3. I was initially li 999, and have earned a 4. I was initially li 999, and have earned a 5. I am exempt I residency or fellowship TTACH COPIES OF PF lignature	icensed in Nevada durminimum of 20 hours censed in Nevada durminimum of 10 hour from submitting proof training during the bie	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting medical education annial period July 1, 1997, through IMPORTANT COME CREDITS - PROOF OF MATURE STAMP UNACCEPTA	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). n (CME) because I have completed a full year 1gh June 30, 1999. FCME CREDITS WILL NOT BE RETURNED.
0, 1999, and have earned 3. I was initially li 999, and have earned a 4. I was initially li 999, and have earned a 5. I am exempt I residency or fellowship TTACH COPIES OF PF	icensed in Nevada durminimum of 20 hours censed in Nevada durminimum of 10 hour from submitting proof training during the bie	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting medical education annial period July 1, 1997, through IMPORTANT COME CREDITS - PROOF OF MATURE STAMP UNACCEPTA	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). In (CME) because I have completed a full year 1991 June 30, 1999. FIGHE CREDITS WILL NOT BE RETURNED. BLE)
0, 1999, and have earned 3. I was initially lighted as a light of the second a secon	icensed in Nevada dur minimum of 20 hours censed in Nevada dur minimum of 10 hour from submitting proof training during the bie ROOF OF DECLARED (SIGN	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting the football of continuing medical education ennial period July 1, 1997, throughout IMPORTANT COME CREDITS - PROOF OF STATE STAMP UNACCEPTARACTICED IN NEVADA WITHING APPROVED THE STAMP UNACCEPTARACTICED THE STAMP UNACCE	blennial period July 1, 1997, through June 30, tinuing medical education (CME). blennial period July 1, 1997, through June 30, ntinuing medical education (CME). In (CME) because I have completed a full year ligh June 30, 1999. FICME CREDITS WILL NOT BE RETURNED. BLE) NITHE PAST 12 MONTHS. (CHECK ONE)
0, 1999, and have earned 3. I was initially lively and have earned a 4. I was initially lively and have earned a 5. I am exempt a fresidency or fellowship and the service of the service	icensed in Nevada dui minimum of 20 hours censed in Nevada dud minimum of 10 hour from submitting proof training during the bie ROOF OF DECLARED (SIGN T ACTIVELY PI	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting medical education annial period July 1, 1997, through IMPORTANT COME CREDITS - PROOF OF MATURE STAMP UNACCEPTARACTICED IN NEVADA WITHING PERSON NAMED IN THIS	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). In (CME) because I have completed a full year 19th June 30, 1999. FICME CREDITS WILL NOT BE RETURNED. BLE) NITHE PAST 12 MONTHS. (CHECK ONE)
0, 1999, and have earned a 3. I was initially lives and have earned a 4. I was initially lives and have earned a 5. I am exempt of residency or fellowship attract copies of presidency earned a HAVE HAVE HAVE NOTHEREBY CERTIFY RENEWAL OF LICE	icensed in Nevada durminimum of 20 hours censed in Nevada durminimum of 10 hour from submitting proof training during the ble coop of DECLARED (SIGN TACTIVELY PIENSE TO PRACT	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting the footnote of continuing medical education and period July 1, 1997, throughout IMPORTANT COME CREDITS - PROOF OF MATURE STAMP UNACCEPTARACTICED IN NEVADA WITHIS ICE MEDICINE IN THE STAMP IN THE ST	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). In (CME) because I have completed a full year 1991 June 30, 1999. FIGHE CREDITS WILL NOT BE RETURNED. BLE)
0, 1999, and have earned a 3. I was initially lives and have earned a 4. I was initially lives and have earned a 5. I am exempt of residency or fellowship attract copies of presidency earned a HAVE HAVE HAVE NOTHEREBY CERTIFY RENEWAL OF LICE	icensed in Nevada durminimum of 20 hours censed in Nevada durminimum of 10 hour from submitting proof training during the ble coop of DECLARED (SIGN TACTIVELY PIENSE TO PRACT	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting the footnote of continuing medical education and period July 1, 1997, throughout IMPORTANT COME CREDITS - PROOF OF MATURE STAMP UNACCEPTARACTICED IN NEVADA WITHIS ICE MEDICINE IN THE STAMP IN THE ST	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). In (CME) because I have completed a full year 19th June 30, 1999. FICME CREDITS WILL NOT BE RETURNED. BLE) NITHE PAST 12 MONTHS. (CHECK ONE)
3. I was initially in 1999, and have earned a 4. I was initially in 1999, and have earned a 5. I am exempt in 1999, and have earned a 6. I am exempt in 1999, and have earned a 6. I am exempt in 1999, and have earned a 6. I am exempt in 1999	icensed in Nevada durinimum of 20 hours censed in Nevada durinimum of 10 hour from submitting proof training during the ble coop of DECLARED (SIGN) TACTIVELY PIENSE TO PRACT VE MADE HEREII	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting medical education annial period July 1, 1997, throughout IMPORTANT CAME CREDITS - PROOF OF MATURE STAMP UNACCEPTANT CACTICED IN NEVADA WITHING THE STAMP IN THE	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). In (CME) because I have completed a full year 19th June 30, 1999. FICME CREDITS WILL NOT BE RETURNED. BLE) NITHE PAST 12 MONTHS. (CHECK ONE) APPLICATION FOR REGISTRATION STATE OF NEVADA AND THAT ALL
3. I was initially ligged, and have earned a 4. I was initially ligged, and have earned a 5. I am exempt of residency or fellowship ATTACH COPIES OF PRESIGNATURE HAVE HAVE NO	icensed in Nevada durinimum of 20 hours censed in Nevada durinimum of 10 hour from submitting proof training during the ble coop of DECLARED (SIGN) TACTIVELY PIENSE TO PRACT VE MADE HEREII	ring the third six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting the fourth six months of the is approved AMA Category I conting medical education annial period July 1, 1997, throughout IMPORTANT CAME CREDITS - PROOF OF MATURE STAMP UNACCEPTANT CACTICED IN NEVADA WITHING THE STAMP IN THE	biennial period July 1, 1997, through June 30, tinuing medical education (CME). biennial period July 1, 1997, through June 30, ntinuing medical education (CME). In (CME) because I have completed a full year 19th June 30, 1999. FICME CREDITS WILL NOT BE RETURNED. BLE) NITHE PAST 12 MONTHS. (CHECK ONE)

		amostlu.	 Date received by 		
APPLICATION FO NEVADA MEDI Post Office Box 7238	R RENEWAL REGISTR A STATE BOARD OF CAL EXAMINERS Reno, Nevada 89510 Phone	(702) 638-2559	/99) JUN 1 5 (Board Use Only)		Fite No
hereby apply for renewal of biennial registr ACTIVE STATUS INACTIVE STATUS RETIRED STATUS P.A. SUPERVISING PHYSICIAN		\$600.00 \$150.00 \$ 50.00	ose the appropriate fe PLEASE NOTE:	NEVADA HAS LICENSES NO JULY 1, 1997	pelow: S NO GRACE PERIOD. OT RENEWED BY ARE AUTOMATICALLY FOR NON-PAYMENT
	Frank P. Silver, MD		****	Make charles as	
:	2031 McDaniel St #210		DA STA	Make checks pay TE BOARD OF	MEDICAL EXAMINERS
	N Las Vegas, NV	89030	(Foreig	n checks must indica	te "U.S. FUNDS")
LICENSE. 2. To be eligible to as Supervising Phy 3. ACTIVE STATE	act as a supervising physician form. JS REGISTRATION RE	ysician for a phy	ysician assistant, com	plete the enclose	TO RENEW YOUR M.D. ed Application for Approva F OF 40 HOURS OF AMA 25 through June 30, 1997
LICENSE. 2. To be eligible to as Supervising Phy 3. ACTIVE STATE CATEGORY I, CO Submit your proof of 4. In order to provide and Application for and the correct fee(and fee(s). 5. If your name and A notarized or certif	act as a supervising physician form. JS REGISTRATION REINTINUING MEDICAL EDIT COME with your complete sufficient time for proceed approval as Supervising SI PRIOR TO JULY 1, 19 Wor address has changed ied copy of the document	ysician for a physician for a physician form 997. Use the end of the form that prints the authorizing you	Visician assistant, completed during the properties and return your (if applicable) with ynclosed self-addressed on this form, clearly ur name change (mar	splete the enclose siON OF PROOI period July 1, 199 was form. For Application for our proof of 40 h d envelope to return indicate the cha	ed Application for Approva
LICENSE. 2. To be eligible to as Supervising Phy 3. ACTIVE STATI CATEGORY I, CO Submit your proof of 4. In order to provide and Application for and the correct fee(and fee(s). 5. If your name and A notarized or certificituded.	act as a supervising physician form. JS REGISTRATION RENTINUING MEDICAL End CME with your complete sufficient time for procedure as Supervisings) PRIOR TO JULY 1, 1: Vor address has changedied copy of the document	essing, please of Physician form that printed authorizing you	Visician assistant, completed during the properties and return your (if applicable) with your closed self-addressed on this form, clearly ur name change (mar	splete the enclose siON OF PROOI period July 1, 199 was form. For Application for our proof of 40 h d envelope to return indicate the cha	F OF 40 HOURS OF AMA 95 through June 30, 1997 Registration Renewal form ours AMA Category I CME arn your completed form(s
LICENSE. 2. To be eligible to as Supervising Phy 3. ACTIVE STATI CATEGORY I, CO Submit your proof of 4. In order to provide and Application for and the correct fee(and fee(s). 5. If your name and A notarized or certificility included.	act as a supervising physician form. JS REGISTRATION RENTINUING MEDICAL End CME with your complete sufficient time for procedure as Supervisings) PRIOR TO JULY 1, 1: Vor address has changedied copy of the document	essing, please of Physician form that printed authorizing you	Visician assistant, completed during the properties and return your (if applicable) with ynclosed self-addressed on this form, clearly ur name change (mar	splete the enclose siON OF PROOI period July 1, 199 was form. For Application for our proof of 40 h d envelope to return indicate the cha	F OF 40 HOURS OF AMA 95 through June 30, 1997 Registration Renewal form ours AMA Category I CME arn your completed form(s
LICENSE. 2. To be eligible to as Supervising Phy 3. ACTIVE STATE CATEGORY I, CO Submit your proof of the correct feet and fee(s). 5. If your name and A notarized or certifindled. Name	act as a supervising physician form. JS REGISTRATION RENTINUING MEDICAL End CME with your complete sufficient time for procedure as Supervisings) PRIOR TO JULY 1, 1: Vor address has changedied copy of the document	ysician for a physician for a physician form that printed authorizing you	Visician assistant, completed during the properties and return your (if applicable) with your closed self-addressed on this form, clearly ur name change (mar	splete the enclose siON OF PROOI period July 1, 199 wal form. Bur Application for our proof of 40 h d envelope to return indicate the chariage license, div	F OF 40 HOURS OF AMA 95 through June 30, 1997 Registration Renewal form ours AMA Category I CME arn your completed form(s
LICENSE. 2. To be eligible to as Supervising Phy 3. ACTIVE STATI CATEGORY I, CO Submit your proof of the correct feet and fee(s). 5. If your name and A notarized or certificituded. Name	act as a supervising physician form. JS REGISTRATION RENTINUING MEDICAL End CME with your complete sufficient time for proceed as Supervising as PRIOR TO JULY 1, 1. Wor address has changed ied copy of the document of the document of the copy of the copy of the document of the copy of the cop	esician for a physician for a physician for a physician form sessing, please of Physician form 1997. Use the end from that printed authorizing you	Visician assistant, completed during the properties of Registration Rendered and return your (if applicable) with your closed self-addressed and this form, clearly ar name change (many change) State	splete the enclose siON OF PROOI period July 1, 199 wal form. Bur Application for our proof of 40 hd envelope to return indicate the charriage license, div	F OF 40 HOURS OF AMA 95 through June 30, 1997 Registration Renewal form ours AMA Category I CME arm your completed form(s ange in the space provided orce decree, etc.) must be
LICENSE. 2. To be eligible to as Supervising Phy 3. ACTIVE STATI CATEGORY I, CO Submit your proof of the correct feet and fee(s). 5. If your name and A notarized or certificity of the correct feet and feet an	act as a supervising physician form. JS REGISTRATION REINTINUING MEDICAL ENTINUING MEDICAL ENTINUING MEDICAL ENTINUING MEDICAL ENTINUING MEDICAL ENTINUING MEDICAL ENTINE SUPERVISING S) PRIOR TO JULY 1, 19 Wor address has changedied copy of the document	esician for a physician for a physician for a physician form sessing, please of Physician form 1997. Use the end from that printed authorizing your property of the physician form that printed authorizing your property of the physician form that printed the physician form the physi	Visician assistant, completed during the properties of Registration Rendered and return your (if applicable) with your closed self-addressed and this form, clearly ar name change (many change) State	splete the enclose siON OF PROOI period July 1, 199 wal form. Bur Application for our proof of 40 hd envelope to return indicate the charriage license, div	F OF 40 HOURS OF AMA 5 through June 30, 1997 Registration Renewal formours AMA Category I CME irn your completed form(singe in the space provided orce decree, etc.) must be Zip 87030

YOUR LICENSE REGISTRATION WILL NOT BE RENEWED WITHOUT SUBMISSION OF THE CORRECT FEE(S),

PROPERLY COMPLETED FORM(S) AND PROOF OF 40 HOURS OF AMA CATEGORY I, CME'S

ALL PAGES OF THE FORM(S) MUST BE COMPLETED AND RETURNED

ALL FEES ARE NON-REFUNDABLE

DO NOT SEND CASH THROUGH THE MAIL

PLEASE ALLOW SIXTY (60) DAYS FOR THE PROCESSING OF YOUR REGISTRATION RENEWAL

a. () YES, in training. c. () YES, working parl	t-time	b. [🚧	YES, working NO, retired.	full-time		
e. [] NO, other (specify	')	
2. Please indicate your primary, secon	ndary an	d tertiary sp	pecialties and per	cent of ti	ime spent in each, using the	following codes.
		SI	PECIALTY CODE	i:		
1 ADOKES CENT MEDICINE		LIRORADIOLOGY		54	PED. UROLOGY	
2 AEROSPACE MEDICINE 3 ALLERGYMMUNOLOGY	37 NUT	CLEAR MEDICINE TRITION		65 98	PEDIATRICS PHYSICAL MEDIREHAB	
4 ANGSTRESHOLOGY 5 BLOCKORANKING	39 085	STETRICIGYNEC STETRICS		9 6 67	PREVENTIVE MED	
4 BRONCO ESCHIAGOLOGY 7 CARDIOVASC DISEASES		CUPATIONAL ME COLOGY	0	68 60	PSYCHIATRY PSYCHOANALYSIS	
8 CATCCANULTRASCUND	45 ON	COLOGY, GYNEC		70 71	PSYCHOMATIC MEDICINE PUBLIC HEALTH	
9 CHID NEUROLOGY 16 CHILD PSYCHIATRY	43 ON6	COLOGY, RADIA	TION	12	PULMONARY DISEASES	
11 CUNICAL PHARMACOL 12 CHITICAL CARE	46 OP1	COLOGY, SURGI HTHALMOLOGY		73 74	RADIOLOGY RADIOLOGY, DIAGNOSTIC	
13 DERMATOLOGY		OLARYNGOLOGY OLOGY	1	78 78	RADIOLOGY, NUCLEAR RADIOLOGY, THERAPEUT	
15 FINDOCRINOLOGY	49 PAI	in management	r	\widetilde{n}	PHELIMATOLOGY	
16 FANILY PRACTICE 17 GASTPOENTEROLOGY	51 PAT	THOLOGY THOLOGY, ANAT	OMIC	78 79	RHINOLOGY SLEEP DISORDERS	
16 CENERAL PRACTICE 19 CERIATRICS		THOLOGY, CLINE THOLOGY, FORE		100 80	SPORTS MEDICINE SURGERY, ABDOMINAL	
29 CYNECOLOGY	54 PEE	D. ALLERGY D. CARDIOLOGY		81 91	SURGERY, CARDIOVASC SURGERY, COLOMRECTAL	
25 FEMATOLOGY 77 HYPROSIS	OP PEL	D. CRITICAL CAR		02 83	SURGERY, GENERAL	
23 MAMPINOLOGY 24 INF4 CINOUS DISEASES	50 PEE	D. EMERGENCY : D. ENDOCRINOLI)GY	64	SURGERY, HAND SURGERY, HEADINECK	
25 SNELP TRATY 6 REFERRAL NEDBOINE	57 PEE 58 PEE	D. HEMAT/ONCO D. INFECTIOUS D	LOGY KS	72 93	SURGERY, MAXILLOFAC SURGERY, NEUROLOGICAL	
TANYA I DE GOY	50 PEC	D. INTENSIVIST D. NEPHROLOGY		36 36	SURGERY, ORTHOPEDIC SURGERY, PLASTIC	
7H - DECAL MEDICINE 25 - MATERNALITE FALRIED	98 PEC	D. NEUROLOGY		97 84	SURGERY, THORACIC SURGERY, TRAUMATIC	
90 NEU/ATERINATAL MED 111 NEU/PLASTIC DISEASES	61 PEE	D. OPHTHALMOL D. PHYSIATRY		50	SURGERY, UROLOGIC	
12 HEPHROLOGY III HEUROLOGY		D. PULMONARY D. RADIOLOGY		90 94	SURGERY, VASCULAR UROLOGY	
34 NEUROPATHOLOGY	63 PEC	D. SURGERY				
	Code	_	Percent of Tin	36	Board Certified (Indi-	cate Yes/No)
Primary	-24	<u>Q</u>	70.		<u> 40-5</u>	·
Secondary	_4	9	_30_			
Tertiary						************
PLEASE INDICATE AMERICAN BOARD OF M	IEDICAL	SPECIAL	TIES BOARD CE	RTIFIC4	ATION:	
PERSE INDICATE AMERICAN BOARD OF IN	7 1	1 1/2 1/			ate of Initial Certification	Date of Last Certification
Board The Umerican Board	17	MO A	Mss.		11/10/67	
Subboard	V		/		/ (ModYr.)	(Mo./Yr.)
1					(Mo./Yr.)	(Mo./Yr.)
3. Form of employment is 100 1	(Use	the followin	- '	HOVER	DV (sontinued)	
SELF-EMPLOYED 1001 Solo Practice		1008	SALARIED, EMP		<u>Enployer (hospital, school, e</u>	te)
1002 Partnership or Group Practitioners		1007			ned services personnel only)	•
SALARIED, EMPLOYED BY:		1008			ilian, P.H.S., etc.)	
1003 Individual Practitioner		1009	State Governme		, .,	
1004 Partnership or Group of Practitioners		1010	County Government	nent		
1005 Group Health Plan Facility (such as h		1011	Local Governme	ent		
1012	Other (sp	pecify)				
411 - £44 - £-11		4.n. 4 h .n. 4	duna mautad t		IOOF themselve the way	

All of the following questions refer to the time period July 1, 1995, through the present date only.

FOR ALL YES RESPONSES, PLEASE EXPLAIN ON A SEPARATE SHEET AND

RETURN WITH THIS REGISTRATION APPLICATION

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:

and the same of th

- 1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
- 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 physician 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.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, vision, speech, and hearing, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completing of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee.

ALL QUESTIONS ANSWERED 'YES'	MUST BE EXPLAINED ON A S	EPARATE ATTACHED SHEET (OF PAPER				
1. Do you have a medical condition which in any	way impairs or limits your ability to practic	e medicine with reasonable skill and safety	Yes No				
2. If you have a medical condition which in any way impairs or limits your ability to practice medicine is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? YesNoNA							
If you use chemical substances, does your use and safety?	e of chemical substance(s) in any way im	pair or limit your ability to practice medicin Ye	e with reasonable skill sNoN/A				
4. Have you failed to initiate the performance of p of your receiving a loan or scholarship from the f	oublic service within one year after the da lederal government or a state or local go	te the public service is required to begin to vernment for your medical education?	satisfy a requirement YesNo				
5. Have you been a defendant in a legal action is such a claim yourself?	involving professional liability (malpraction	e) or had a professional liability claim paid —	in your behalf or paid YesNo				
Have you ever been investigated for, charge local law, including any foreign country, which is of a motor vehicle while under the influence of any prescribing, or dispensing of controlled substance	s a misdemeanor, gross misdemeanor, o y substance is not considered a minor tr	r felony, excluding any minor traffic offens	e (Driving or in control				
7. Have you ever been denied a license, permissi or any other healing arts in any state, country of	ion to practice medicine or any other heal r U.S. territory?	ing arts, or permission to take an examination	on to practice medicineYesNo				
8. Have you ever had a medical license revoke	d, suspended, limited, or restricted in ar	y state, country or U.S. territory?	YesNo				
9. Have you ever voluntarity surrendered a lice	nse to practice a healing art in any state	, country or U.S. territory?	YesNo				
10. Have you ever been denied membership or	expelled from a medical society or other	r professional medical organization?	YesNo				
11. Have you ever been investigated for, charge any medical licensing board, hospital, medical s	ed with, or convicted of any violation of	statute, rule or regulation governing the p					
12. Have you ever surrendered your state or fe	deral controlled substance registration of	r had it revoked or restricted in any way?	Yes i No				
		•					
medical records, attend hospital department or Mailing Hospital Addres	Type of	include suspensions or restrictions for failu practice insurance). Dates of Action From (Mo./Yr.) To (Mo./Yr.)					
Malling	Type of Action	practice insurance). Dates of Action					
Hospital Addres	Type of Action	practice insurance). Dates of Action					
If more space is needed, at PLEASE CHECK ONE OF THE FOLLOWING: 1. I have earned a minimum of 40 hour June 30, 1997. 2. I was initially licensed in Nevada du minimum of 30 hours approved AM. 3. I was initially licensed in Nevada de minimum of 20 hours approved AM. 4. I was initially licensed in Nevada de minimum of 10 hours approved AM. 4. I was initially licensed in Nevada de minimum of 10 hours approved AM.	Type of Action Itach separate sheet. Itach	edical education (CME) for the biennial period July 1, 1995, through June 30, 19 on (CME). I period July 1, 1995, through June 30, 19 on (CME). I period July 1, 1995, through June 30, 19 on (CME). al period July 1, 1995, through June 3, 19 on (CME).	od July 1, 1995, through 997 and have earned a 997 and have earned a				
If more space is needed, at PLEASE CHECK ONE OF THE FOLLOWING: 1. I have earned a minimum of 40 hour June 30, 1997. 2. I was initially licensed in Nevada du minimum of 30 hours approved AM. 3. I was initially licensed in Nevada di minimum of 20 hours approved AM. 4. I was initially licensed in Nevada di minimum of 10 hours approved AM. 5. I am exempt from submitting proof of during the biennial period July 1 199	Type of Action Itach separate sheet. Itach	practice insurance). Dates of Action From (Mo./Yr.) To (Mo./Yr.) edical education (CME) for the biennial period al period July 1, 1995, through June 30, 19 on (CME). I period July 1, 1995, through June 30, 19 on (CME). al period July 1, 1995, through June 3, 19 on (CME).	od July 1, 1995, through 997 and have earned a 997 and have earned a				
If more space is needed, at PLEASE CHECK ONE OF THE FOLLOWING: 1. I have earned a minimum of 40 hour June 30, 1997. 2. I was initially licensed in Nevada du minimum of 30 hours approved AM. 3. I was initially licensed in Nevada de minimum of 20 hours approved AM. 4. I was initially licensed in Nevada de minimum of 10 hours approved AM. 5. I am exempt from submitting proof of during the biennial period July 1 199 Signature Signature Output Output IMPORTANT: ATTACH COPIES OF PRO	ttach separate sheet. s approved AMA Category I continuing maining the second six months of the blennia A Category I continuing medical education the third six months of the blennia A Category I continuing medical educationing the fourth six months of the blennia A Category I continuing medical education is continuing medical education (CME) bec 95, through June 30, 1997.	practice insurance). Dates of Action From (Mo./Yr.) To (Mo./Yr.) edical education (CME) for the biennial period al period July 1, 1995, through June 30, 19 on (CME). I period July 1, 1995, through June 30, 19 on (CME). al period July 1, 1995, through June 3, 19 on (CME). al period July 1, 1995, through June 3, 19 on (CME). ause I have completed a full year of resident PROOF OF CME CREDITS WILL	od July 1, 1995, through 997 and have earned a 997 and have earned a 997 and have earned a ncy or fellowship training				
If more space is needed, at PLEASE CHECK ONE OF THE FOLLOWING: 1. I have earned a minimum of 40 hour June 30, 1997. 2. I was initially licensed in Nevada du minimum of 30 hours approved AM. 3. I was initially licensed in Nevada de minimum of 20 hours approved AM. 4. I was initially licensed in Nevada de minimum of 10 hours approved AM. 5. I am exempt from submitting proof of during the biennial period July 1 199 Signature Signature Output Output IMPORTANT: ATTACH COPIES OF PRO	Type of Action Itach separate sheet. Itach	practice insurance). Dates of Action From (Mo./Yr.) To (Mo./Yr.) edical education (CME) for the biennial period all period July 1, 1995, through June 30, 19 on (CME). I period July 1, 1995, through June 30, 19 on (CME). all period July 1, 1995, through June 3, 19 on (CME). all period July 1, 1995, through June 3, 19 on (CME). ause I have completed a full year of resident PROOF OF CME CREDITS WILL PAST 12 MONTHS. (CHECK ONE)	od July 1, 1995, through 997 and have earned a 997 and have earned a 997 and have earned a ncy or fellowship training NOT BE RETURNED. ON RENEWAL OF VE MADE HEREIN				

APPLICATION FOR REGISTRATION RENEWAL **NEVADA STATE BOARD OF**

MEDICAL EXAMINERS

Date Received by State Board

IAY 04 1995

License	No.	The particular confined extension confined comments for the constraint was to
Pite	No.	National Confession of the control o

Post Office Box 7238 Reno, Nevada 39510 Phone (702) 688-2559

This shaded section for BOARD USE ONLY

	INACTI RETIRE	VE STATUS	\$420 \$150 (see attached NRS 630 \$-50 (see attached NRS 630 HYSICIAN \$200).255 & 630.25	EASE NOTE: (7) (2007 POYUR (7) PRACTICUM MANUFARE (CAME STATE)	NEVADA HAS NO GRACE PERIOD LICENSES NOT RENEWED BY JULY 1. 1995 ARE AUTOMATICALLY SUS- PENDED FOR NON-PAYMENT.
	T	ender († 1811) Park en lee		.77,4 3 0)	7	Metri checke psychle to: NEVADA STATE HOARD OF MERICAL EXAMINESS (Foreign checks must indicate "U.S. PUNDS"):
		· 그 : 1 글라다.	V (\$1500) (\$150)			
			INSTRUCTIONS - 1			HE NOTICE TO RENEW YOUR M.D.
2. 3.	LICENSE. To be eligition for Ap ACTIVE ST CATEGOR'S ubmit your nation Resproof of 40 self-address if your name space provilicense, divided the self-address of the sel	ble to act as proval as S FATUS REGIVER IN CONTINUT PROOF OF CONTINUT PROVIDE SUITE OF THE PROVIDE AND A CONTINUT	s a supervising physician appervising Physician for STRATION RENEWAL REUING MEDICAL EDUCATEME with your completed ficient time for procession Application for Approx Category I CME and the pet o return your compled dress has changed from the supersection of the super	o for a physical for a physical formula formul	ian assistant SUBMISSIC during Ju for Registra mplete and vising Physics) PRIOR TO nd fee(s).	nt, complete the enclosed Applica- ON OF PROOF OF 40 HOURS AMA
	City		County		State	Zip Code
6.	PATIENT R	ECORDS B				ATE THE LOCATION OF FORMER
						· 1 •
	City		County		State	Zip Code

YOUR LICENSE REGISTRATION WILL NOT BE RENEWED WITHOUT SUBMISSION OF THE CORRECT FEE(S), PROPERLY COMPLETED FORM(S) AND PROOF OF 40 HOURS OF CME.

ALL PAGES OF THE FORM(S) MUST BE COMPLETED AND RETURNED.

ALL FEES ARE NON-REFUNDABLE. DO NOT SEND CASH THROUGH THE MAIL.

PLEASE ALLOW 60 DAYS FOR THE PROCESSING OF YOUR REGISTRATION RENEWAL.

PLEASE PROVIDE ALL INFORMATION AS REQUESTED.

1.	Are you currently active in medici a. () YES, in training. b. () YES, working full-time. c. () YES, working part-time. d. () NO, retired. e. () NO, other (specify	ne?					
2.	Please indicate your primary, seco	ndary and ter	tiary s _i	ecialties an	d percent of	time spent in ea	ch, using the following
	codes.		SPECIA	LTY CODE:			
ı	ADOLESCENT MEDICINE	35	NEURO	RADIOLOGY		64	PED, UROLOGY
2	AEROSPACE MEDICINE	36		AR MEDICINE			PEDIATRICS
3	ALLERGY / IMMUNOLOGY ANESTHESIOLOGY	37 38	OBSTR	ion Tric / Gyneco	LOGY	96	PHYSICAL MED / REHAB PHYSICIAN ASSISTANT
4 5	BLOODBANKING		OBSTE	TRIC8		67	PREVENTIVE MED
ð	BRONCO-ESOPHAGOLOGY	40		ATTONAL MED		8 8 8 9	
7	CARDIOVASC DISEASES CATSCAN / ULTRASOUND	41 45	ONCOL	ogy, gynecol	.ogic		PSYCHOMATIC MEDICINE
•	CHILD NEUROLOGY	42	ONCOL	ogy, hematoi	LOGY	71	PUBLIC HEALTH
10	CHILD PSYCHIATRY	43		OGY, RADIATIO		72 73	PULMONARY DISEASES RADIOLOGY
11	CLINICAL PHARMACOL CRITICAL CARE	44		ogy, surgicai Almology		74	
13	DERMATOLOGY	47		RYNGOLOGY			RADIOLOGY, NUCLEAR
14	EMERGENCY MEDICINE	18	OTOLO			76 77	
136 136	ENDOCRINOLOGY JAMILY PRACTICE	49 50	PATHO	anagement Logy		78	RHINOLOGY
17	GANTROENTEROLOGY	51	PATHO	LOGY. ANATOM		79	
1.8	GENERAL PRACTICE	52 53		logy, Clinica Logy, Forensi		100	· · · · · · · · · · · · · · · · · · ·
30 19	GERIATRICS GYNSCOLOGY	54 54		LLERGY		31	
31	HEMATOLOGY	55	PED, C	ARDIOLOGY		91	
22	HYPNOSIS	99 97		ritical care Mergency me	D	82 83	
23 24	MMUNOLOGY INFECTIOUS DISEASES	5 8		NDOCRINOLOG		84	· · · · · · · · · · · · · · · · · · ·
25	INFERTILITY	57		emat / oncol		92	
26	INTERNAL MEDICINE	58 59		fectious dis Tensivist		93 85	SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC
27 28	Laryngology Legal medicine	60		EPHROLOGY		36	
29	MATERNAL / FETAL MED	98	PED, N	EUROLOGY		87	·
30	NEO / PERENATAL MED	101		PHTHALMOLOC UVOLATEV	OY .		
31 32	NEOPLASTIC DISEASES NEPHROLOGY	61 95		hysiatry Ulmonary		90	SURGERY, VASCULAR
33	NEUROLOGY	62	PED, R	ADIOLOGY		94	UROLOGY
34	NEUROPATHOLOGY	63	PED, SI	Brcery			
		Code		Percent	of Time	Roard Ceri	tifled (Indicate Yes/No)
		20		100	OI IIIIC	Doute our	Yas
Pri	lmary					· 	
Sec	condary						
Ter	rtlary					*****	
	•					THE DOADS	
P	PLEASE INDICATE AMERICA	M BOAKD	OF M	EDICAL S	Del Per	ted DVARU	CERTIFICATION. Bate of Last Recertification
	1-					1110	
Bo	and OB/GyN					11/67	
						(Mo/Yr.)	(Mo/Yr.)
Su	bboard			***********		(Mo/Yr.)	(Mo/Yr.)
		. !	48.	a fallamina	anthriting?		
	How many hours per week do you		n oi u	e ionowing	activities?		
4	D hours Patient care or service						
	hours Administration (school	ols, agencies,	associ	ations, etc.)	•		
	hours Teaching medical cou						
_	-						
	hours Research						,
0-1	hours Other (specify Sue	7 - xy		······································			
		Man Was del	110ve-t	nnder 1			
4.	Form of employment is 1001	. (Use the 10	noming	coucs.j			
	SELF-EMPLOYED				an Non Car-	anan an i Duantou.	rethognital cohoot st
	1001 Solo Practice						er (hospital, school, etc. rvices personnel only)
	1002 Partnership or Group Pra-	cutioners					
	SALARIED, EMPLOYED B	v				ment (civillan, P	alaga, cuaj
					te Governme inty Govern:		
		ractitionere			inty Governm		
	1004 Partnership or Group of P	v (such as H.)	M.O.)		ai Governu: er (specify	val t	ì

All of the following questions refer to the time period of July 1, 1993 through the present date only. FOR ALL YES RESPONSES, PLEASE EXPLAIN ON A SEPARATE SHEET AND RETURN WITH THIS REGISTRATION APPLICATION.

For the purpose 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:

- The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
- 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
- The physician capability to perform medical tasks such as physician examination and surgical procedures, with or without the use of sids or devices, such as corrective ienses or hearing sids.

"Modical condition" includes physiological, mental or psychological conditions or disorder, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

"filegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

ı.	Have you failed to repay, in accordance with the terms of the loan, any direct loan or loan which is insured or guaranteed by the Federa Government or a state or local government which you received to finance all or any part of your medical education?	i Gycs	- No			
2.	Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and nafety?	O Yen				
3. 4.	Does your use of chemical substance(s) in any way impair or limit your ability to practice medicine with reasonable skill and safety? Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the	☐ Yes	©∕No			
_	setting, or the manner in which you have chosen to practice? Have you been diagnosed as having, or have you been treated for pedophilla, exhibitionism, or voyenrism?					
_		U Yes				
6.		O Yes	9 17o			
7.	Have you been a defendant in a legal action involving professional liability (maipractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?	M Yes	O No			
8.	Have you been investigated for, charged with or convicted of, or pled noto contendere to a violation of any federal, state or local					
	law relating to the manufacture, distribution, prescribing, or dispensing of controlled substances?	Q Yes	W No			
9.	Have you been arrested, investigated for, charged with or convicted of, or pled note contendere to any offense, misdemeanor or					
	sciony in any state, the United States, or a foreign country?	O Yes	9 No			
	Have you previously applied for medical licensure in Nevada (including a residency program)?	W Pes	O No			
ı.	Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to					
	satisfy a requirement of your receiving a loan or scholarship from the federal government or a state or local government for your					
	medical education?	© Yes	· No			
12.	Have you been denied a license, permission to practice medicine or any other healing arts, or permission to take an					
	examination to practice medicine or any other healing arts in any state, country or U.S. territory?	🔾 Yes	9 No			
13.	Have you had a medical license revoked, suspended, limited, or restricted in any state, country or U.S. territory?	Q Yes				
14.	Have you voluntarily sucrendered a license to practice in the healing arts in any state, country or U.S. territory?	C) Yes				
15.	Have you been denied membership or expelled from a medical society or other professional medical organization?	Q Yes	@No			
16.	List all hospitals where you have had staff privileges denied, suspended, limited, revoked or not renewed by the hospital. List any and					
	all resignations from any medical staff in lieu of disciplinary or administrative action. (Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attend hospital department or staff meetings, or maintain required malpractic	ce insur	ance.)			
	Mailing Type of Dates of Ac	tion				
	Hospital Address Action From (Mo./fr.)		řc)			
	Have you been investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency? Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	Q Yes	#No			

CONTINUING MEDICAL EDUCATION

530.153 Continuing education: General requirements; exemption; failure to comply.

1. Except as otherwise provided in subsection 2 and NAC 630.157, each holder of a license to practice medicine shall, at the time of the biennial registration, submit to the board by the final date set by the board for submitting applications for blennial registration evidence, in such form as the board requires, the has completed 40 full hours of continuing medical education during the preceding 2 years in one or more educational programs. Each educational fram must:

(a) Offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the holder of the license;

- (b) Be approved by the board; and
- (c) Be sponsored in whole or in part by an organization accredited or deemed to be an equivalent organization to offer such programs by the American Medical Association or the Linison Committee on Continuing Medical Education.
 - 2. Any holder of a license who has completed a full year of residency or fellowship any time during the period for blennial registration immediately

preceding the submission of the application for blennial registration is exempt from the requirements set forth in subsection 4.

- 3. If the holder of a license fails to submit evidence of his completion of continuing medical education within the time and in the manner prescribed by subsection 1, his license will not be renewed. Such a person may not resume the practice of medicine unless, within 2 years after the end of the blennial period of registration, he:
 - (a) Pays a fee to the board which is twice the fee for biennial registration otherwise prescribed by subsection 1 of NRS 630,290;
- (b) Submits to the board, in such form as it requires, evidence that he has completed 40 full hours of continuing medical education in addition to that otherwise required by subsection 1 or NAC 630.157; and
 - (c) is found by the board to be otherwise qualified for active status pursuant to the provisions of this chapter and chapter 630 of NRS.

(Added to NAC by Bd. of Medical Exam'rs, 7-31-85, eff. 8-1-85; A 6-23-66; 11-21-88; 9-12-91)

PLEASE CHECK ONE OF THE FOLLOWING:

- . I have carned a minimum of 40 hours approved AMA Category I continuing medical education (CME) for the biennial period July 1, 1993 through June 30, 1995.
- 2. I was imitially licensed in Nevada during the second six months of the blennial period July 1, 1993, through June 30, 1995 and have earned a minimum of 30 hours approved AMA Category I continuing medical education (CME).
- 3. I was initially licensed in Nevada during the third six months of the biennial period July 1, 1993, through June 30, 1995 and have earned a minimum of 20 hours approved AMA Category I continuing medical education (CME).
 - 4. I was initially licensed in Nevada during the fourth six months of the blennial period July 1, 1993, through June 30, 1995 and have earned a minimum of 10 hours approved AMA Category I continuing medical education (CME).
- 5. I am exempt from submitting proof of continuing medical education (CME) because I have completed a full year of residency or fellowship training during the biennial period July 1, 1993 through June 30, 1995.

(SIGNATURE STAND UNACCEPTABLE)

IMPORTANT: ATTACH COPIES OF PROOF OF DECLARED CME CREDITS. PROOF OF CME CREDITS WILL NOT BE RETURNED.

I hereby certify that I am the person named in this Application for Registration Renewal of license to practice medicine in the State of Nevada: that all statements I have made herein are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this renewal application.

HAVE NOT () ACTIVELY PRACTICED IN NEVADA WITHIN THE PAST 12 MONTHS. (CHECK ONE)

If you have not practiced medicine in the State of Nevada during the period July 1, 1994, through June 30, 1995, please contact the Board office for further instruction.

Signature (SIONATURE STAMP UNACCEPTABLE)

630.288 Biennial registration: Fee; failure to pay fee; revocation and restoration of license; notice to licensee.

- 1. Each holder of a license to practice medicine must pay to the secretary-treasurer of the board on or before July 1 of each alternate year the applicable fee for blennial registration. This fee must be collected for the period for which a physician is licensed.
- 2. When a holder of a license fails to pay the fee for biennial registration after it becomes due, his license to practice medicine in this state is automatically suspended. The holder may, within 2 years after the date his itcense is suspended, upon payment of twice the amount of the current fee for biennial registration to the secretary-treasurer, and after he is found to be in good standing and qualified under the provisions of this chapter, be reinstated to practice.
 - The board shall notify a licensee:
 - (a) At least once that his fee for blennial registration is due; and
- (b) That his decase is suspended for nonpayment of the fee. A copy of this notice must be sent to the Drug Enforcement Administration o. 🕝 Julited States Department of Justice or its successor agency.

(Added to NRS by 1985, 2223; A 1987, 196) 630-255 Inactive licensees: Leaving state; ceasing or failing to practice; reinstatement.

- 1. Any licensee who changes the location of his practice of medicine from this state to another state or country, has never engaged in the practice of medicine in this state after licensure or has ceased to engage in the practice of medicine in this state for 12 consecutive months must be placed on inactive status.
 - 2. Before resuming the practice of medicine in this state, the inactive registrant shall:
 - (a) Notify the board of his intent to resume the practice of medicine in this state;
 - (b) File an affidavit with the board describing his activities during the period of his inactive status;
 - (c) Complete the form for registration for active status:
 - (d) Pay the applicable fee for blennial registration; and
 - (e) Satisfy the board of his competence to practice medicine.
- 3. If the board determines that the conduct or competence of the registrant during the period of inactive status would have warranted denial of an application for a license to practice medicine in this state, the board may refuse to place the registrant on active status.

(Added to NRS by 1985, 2222; A 1987, 195; 1993, 2299)

630.256 Retired licensees: Duties; requirements for reinstatement.

- I, if a licensee retires from the practice of medicine, he shall notify the board in writing of his intention to retire, and the board shall record the fact of retirement. A licensee who is retired may not engage in the practice of medicine. Any licensee who is retired and desires to return to the practice of medicine. must, before resuming the practice of medicine in this state:
 - (a) Notify the board of his intent to resume the practice of medicine in this state;
 - (b) File an affidavit with the board describing his activities during the period of his retired status;
 - (c) Complete the form for registration for active status;
 - (d) Pay the applicable fee for biennial registration; and
 - (e) Satisfy the board of his competence to practice medicine.
- 2. If the board determines that the conduct or competence of the registrant during the period of retirement would have warranted denial of an application for a license to practice medicine in this state, the board may refuse to place the registrant on active status.

(Added to NRS by 1985, 2222; A 1987, 195).

630.257 Re-examination of inactive or retired licensee. If a licensee does not practice allopathic medicine for a period of more than 12 consecutive months, the board may require him to take the same examination to test medical competency as that given to applicants for a license.

(Added to NRS by 1985, 2222; A 1993, 2300)

APPLICATION FOR REGISTRATION

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Post Office Box 7238 Reno, Nevada 59510 Phone (702) 688-2559

Date Received by State Board

APR 5 1993

License No. 2641
File No.

New 🔾

Renewal 1

This shaded section for HOARD USE ONLY

O ACTIVE STATUS O INACTIVE STATUS O RETIRED STATUS	\$320.00 \$150.00 \$-50.00	NOTE: NO GRACE PERIOD - LICENSED NOT RENEWED BY JULY 1 ARE AUTOMATICALLY SUSPENDED FOR NON PAYMENT.		
frank P. Silver 2031 HcDaniel S	t #21#	*******	7	Make checks payable to: BOARD OF MEDICAL EXAMINERS
N tas Vegas	NA 88838-8888			(Foreign checks must indicate 'U.S. PUNDS')

INSTRUCTIONS - TYPE OR PRINT LEGIBLY

- 1. YOUR CURRENT LICENSE EXPIRES ON **JUNE 30, 1993.** This is the notice to renew your M.D. license. You may apply for your license renewal upon receipt of this notice.
- 2. IN ORDER TO PROVIDE SUFFICIENT TIME FOR PROCESSING, PLEASE RETURN THIS RENEWAL APPLICATION WITH THE CORRECT RENEWAL FEE PRIOR TO JULY 1, 1993.
- 3. Use the enclosed self-addressed envelope to return this renewal notice and registration fee. ACTIVE registration requires submission of proof of 40 hours AMA Category I CME. If you register your license INACTIVE or RETIRED, you may not practice medicine in Nevada, including the writing of prescriptions.
- 4. All fees are non-refundable. Do not send cash through the mail.
- 5. If your name and/or address has changed from that printed on this notice, clearly indicate that change in the space provided. A NOTARIZED or CERTIFIED copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.

Name			
Street			
City	_ County	State	Zip Code

A LICENSE WILL NOT BE RENEWED WITHOUT THE CORRECT FEE AND SUBMISSION OF THIS PROPERLY COMPLETED FORM.

ACTIVE REGISTRANTS MUST SUBMIT PROOF OF 40 HOURS AMA CATEGORY I CONTINUING MEDICAL EDUCATION (CME).

PLEASE ALLOW 60 DAYS FOR THE PROCESSING OF YOUR LICENSE RENEWAL.
ALL PAGES MUST BE COMPLETED AND RETURNED.

ANSWER THE FOLLOWING QUESTIONS AND RETURN IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.

		athrastina in ma	oliotno ^O			
	-	ntly active in me	Adoute,			
		in training.				
b.	. •	working full tin				
c.	-	working part-tii	ne.			
d.	•	retired.				
e.	() NO, c	other (specify			······································	
2. Plea		e your primary.	secondary and tertiary speci	ialties ar	nd percent of time spen	t in each, using the following
i.ou	cs.		SPECIALT	Y CODE	:	
3 4 5 6 7 7 9 10 11 12 12 13 14 15 16 17 18 19 20 21 22 22	ADOLESCENT AEROSPACE ALLERGY/IM ANESTHESIO ELOODBAIK BRONCO-ESS CARDIOVASC CATSCAN/UI CHILD NEUR CHILD PSYCI CLINICAL TH CRITICAL CA EMERGENCY ENDOCRINOI FAMILY PRAC GASTROENTI GENERAL PR GERIATRICS GYNECOLOG HEMATOLOG INFECTIOUS	MEDICINE MUNOLOGY LOGY LOGY DINAGOLOGY DINAGOLOGY DINAGOLOGY HATRY ARMACOL RE GY MEDICINE LOGY ETICE FROLOGY ACTICE Y Y DISEASES	25 HEERTILITY 26 INTERNAL MEDICINE 27 I ARYNGOLOGY 28 LECAL MEDICINE 29 MATERNAL/FETAL MED 30 NEO/PENINATAL MED 31 NEOFLASTIC DISEASES 32 NEPHROLOGY 33 NEPHROLOGY 34 NEUROLOGY 35 NEUROLOGY 36 HULLICAR MEDICINE 37 HULLICAR MEDICINE 38 OUSTETRIC/GYNECOLOGY 39 OUSTETRIC/GYNECOLOGY 41 ONCOLOGY 42 ONCOLOGY, GYNECOLOGIC 43 ONCOLOGY, HEMATOLOGY 44 ONCOLOGY, HEMATOLOGY 45 ONCOLOGY, SURGICAL 46 OPHTHALMOLOGY 47 OTOLARYNGOLOGY 48 OTOLOGY	50 51 52 53 54 55 50 57 59 60 61 62 63 64 68 67 71	PAIN MANAGEMENT PATHOLOGY PATHOLOGY, ANATOMIC PATHOLOGY, CUNICAL PATHOLOGY, CUNICAL PATHOLOGY, PORENSIC PED, ALLERGY PED, CARDIOLOGY PED, ENDOCRINOLOGY PED, ENDOCRINOLOGY PED, INFECTIOUS DIS PED, URGLOGY PED, INFOLOGY PED, INF	72 PULMONARY DISEASES 73 RADIOLOGY 74 RADIOLOGY, DIAGNOSTIC 75 RADIOLOGY, NUCLEAR 76 RADIOLOGY, NUCLEAR 76 RADIOLOGY, THERAPEUT 77 RHEUMATOLOGY 79 SLEEP DISORDERS 80 SURGERY, ABDOMINAL 81 SURGERY, COLON/RECTAL 83 SURGERY, COLON/RECTAL 84 SURGERY, HAND 85 SURGERY, HAND 86 SURGERY, HAND 87 SURGERY, HAND 88 SURGERY, HAND/NECK 89 SURGERY, NEUROLOGICAL 89 SURGERY, NEUROLOGICAL 99 SURGERY, THORACIC 91 SURGERY, TRAUMATIC 92 SURGERY, UROLOGIC 92 SURGERY, VASCULAR 94 UROLOGY
		Code	Percent of Time	Board	Certified (Indicate Yes/	No)
Prin	mary	<u> </u>	do-10		مود	
Sec	ondary					
Ter	tiary		***************************************			
Boa	ard	CATE AMERICA	BOARD OF MEDICAL SPE	-9	ES BOARD CERTIFICA	rion:
Suc	oboard					
<u> </u>	hours hours	Patient care or Administration	n (schools, agencies, associa			
	hours	Teaching medi	cal courses			
		Research				
	hours	Other (specify)
4. For	uı of emplo	oyment is [04]	. (Use the following codes.)			
	SELF-EMI	•	-			
1001 1002	Solo Pract		's	1908 1909	Pederal Government (civilian P State Government	.H S., etc.)
1002	SALARIED	EMPLOYED BY		161 0 1011	County Government Local Government	
1004 1005 1006 1007	Parinershi Group Her Other Non	ip or Group of Practition with Plan Facility (such alth Plan Facility (such Covernment Employer overnment (armed servi-	as H.M.O.) (hospital, school, etc.)	1012	Other (specify)

All RE	of the following questions refer to the time period of July 1, 1991, through the present date only. SPONSES, PLEASE EXPLAIN ON A SEPARATE SHEET AND RETURN WITH THE RENEWAL APPLICAT	FOR AL ION.	VES
5.	Have you been rejected for membership by any medical society?	Yes 🔾	No 🛂
4	Have you been denied a license to practice medicine?	Yes □	No S
	Have you been denied staff membership with any licensed hospital, nursing home or other hospital care facility with an organized medical staff?	Yes 🔾	No D
	Have you been censured, reprimanded, disciplined, had privileges limited, had privileges suspended, been put on probation, or been requested to withdraw from any licensed hospital, nursing home, clinic, or other hospital care facility with an organized medical staff, in which you trained, have been a staff member, have been a partner, or have held hospital privileges?	Yes 🖸	No o
	Have you lost American Board certification because of disciplinary action?	Yes Q	No 🖬
	Have any U.S. state and/or Canadian provincial licensing or disciplinary agencies limited, restricted, suspended or revoked a license you have held or taken any other disciplinary action against you?		
11.	Have you voluntarily surrendered a license issued to you by any state and/or Canadian provincial licensing agency while an investigation or other disciplinary action was pending?	Yes 🗅 Yes 🗅	No M
	Have you been notified of any current/pending charges or complaints filed against you with any state and/or Canadian provincial licensing or disciplinary agency?	Yes 🔾	No W
13.	Have you been diagnosed or treated for any physical illness that would serve to hinder your ability to practice medicine?	Yes 🖸	No No
14.	Have you been diagnosed or treated for mental illness?	Yes 🗓	No O
15.	Have you been chemically dependent?	Yes 🔾	No v
16.	Have you interrupted your training because of illness or impairment?	Yes 🖬	No M
17.	Have you been unable to practice medicine because of illness or impairment?	Yes 🗀	No 🚾
	Have you been denied a controlled substances registration certificate by the Drug Enforcement Administration (DEA) or State Board of Pharmacy or other lawful authority concerned with controlled substances or been censured, reprimanded, restricted, voluntarily surrendered, placed on probation or had such authority revoked?	Yes 🖸	No 🛂
	Have you been indicted, arrested, charged with, convicted, pled guilty or nolo contendere in any criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of a physician, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude?	Yes 🔾	No No
	Have you been a defendant in a legal action involving professional liability (malpractice) or had	163 🖼	.00 ·
	a professional liability claim paid in your behalf or paid such a claim yourself?	Yes 🖸	No 🍎
21.	Have you been denied provider participation in any State Medicaid or Federal Medicare Program?	Yes 🔾	No D
2 2 .	Have you been terminated from, sanctioned or penalized by, or had to repay monies to any State Medicald or Federal Medicare Program as a result of administrative or criminal action?	Yes 🔾	No U
	PLEASE LIST CURRENT HOSPITAL AFFILIATION(S): Name Address Name Address Address Name	4.Fa	Uyos
	Name Address day Ung	tao	<u> </u>
	Name Address		

CONTINUING MEDICAL EDUCATION

630.153 Continuing education: General requirements; exemption; failure to comply.

1. Except as otherwise provided in subsection 2 and NAC 630.157, each holder of a license to practice medicine shall, at the time of the blennial registration, submit to the board by the final date set by the board for submitting applications for biennial registration evidence, in such form as the board requires, that he has completed 40 full hours of continuing medical education during the preceding 2 years in one or more educational programs. Each educational program must:

(a) Offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American edical Association to the holder of the license:

(b) Be approved by the board; and

(c) Be sponsored in whole or in part by an organization accredited or deemed to be an equivalent organization to offer such programs by the American Medical Association or the Liaison Committee on Continuing Medical Education.

2. Any holder of a license who has completed a full year of residency or fellowship any time during the period for biennial registration immediately preceding the submission of the application for blennial registration is exempt from the requirements set forth in subsection 1. 3. If the holder of a license fails to submit evidence of his completion of continuing medical education within the time and in the manner prescribed by subsection 1, his license will not be renewed. Such a person may not resume the practice of medicine unless, within 2 years after the end of the biennial period of registration, he: (a) Pays a fee to the board which is twice the fee for biennial registration otherwise prescribed by subsection 1 of NRS 630.290: (b) Submits to the board, in such form as it requires, evidence that he has completed 40 full hours of continuing medical education in addition to that otherwise required by subsection 1 or NAC 630.157; and (c) Is found by the board to be otherwise qualified for active status pursuant to the provisions of this chapter and chapter 630 of NRS. (Added to NAC by Bd. of Medical Exam'rs, 7-31-85, eff. 8-1-85; A 6-23-86; 11-21-88; 9-12-91) PLEASE CHECK ONE OF THE FOLLOWING: 1. Thave earned a minimum of 40 hours approved AMA Category I continuing medical education (CME) for the period July 1, 1991, through June 30, 1993. 2. I am exempt because I have completed a full year of residency or fellowship training during the period for biennial registration immediately preceding the submission of this application. 3. I am exempt as I am applying for INACTIVE or RETIRED status.

IMPORTANT: ATTACH COPIES OF CERTIFICATES OF DECLARED CME CREDITS PROOF OF CME CREDITS WILL NOT BE RETURNED.

•	Social Security Number:	<u> </u>	
Medical School: Throngs Je	ffrson-Un-	PH. City Phys	Pa_State
Residency: Spiscopal	Jeigest	City	State
		City	State
ACNG.		City	State
Fellowship:		City	State

I hereby certify that I am the person named in this application for renewal of license to practice medicine in the state of Nevada; that all statements I have made herein are true; that I am the original and lawful possessor of and person named in the various focuments and credentials furnished to the Board in connection with this renewal application.

MAMP NOT D. ACTIVELY PRACTICED IN NEVADA WITHIN THE PAST 12 MONTHS. (CHECK ONE)

THAT I MAN TO A TAGE	_	
642-4091	4/1/93	x (
Business Telephone #	Date	Signature (SIGNATURE STAMP UNACCEPTABLE)

APPLICATION FOR REGISTRATION **NEVADA STATE BOARD OF**

MEDICAL EXAMINERS

st Office Box 7238 - Reno, Nevada 89510 - Phone (702) 329-2559

Thereby apply for cortificate of blennial registration and enclose the appropriate fee as indicated below.

(No rubber stamps)

NOTE: Have you signed both "signature" lines.

APR 12 1991

License No. File No. New Cl

This shaded section for BOARD USE ONLY

MACTIVE STATUS DE MACTIVE STATUS DE RETIRED STATUS	\$400.00 \$150.00 \$ 50.00	ARE AUT	COMATICALLY S	LICENSES NOT REI USPENDED FOR NO In of status on re	ON PAYMENT:	'1
Frank P. SULV 1401 & Lake Me N Las Vegas L			пиодолі. П		MEDICAL EX	
		TPE OR PRINT	E GIBLY			
	Frank	P.		Speal Secur	•	
14141	Pirst	Mindle		Ingroces Pa	702 64	12 4091
BUSINESS OR MAILING ADD	RESS 1401 E.Lake		. N. Las e No. City	Vegas,NV 89	030	Zip Code
If you have retired or moved ye former patient's records for the	our practice, please indicate the he last 5 years below:		ARD OF CERTIF			
AME		Yes	*)	isa dala salak ki i i i i · · · · · · · · · · · · · ·
ADDRESS	egy ja saas sajan menerikankankankan kilo keng nas nasangan papunan menerikan kilo saja kengan sasan sasan sas	AM	. Bd. of _ The _	American Bo	ard of OF	- GYN
PHONE # ()		Da(te of Certificatio	n or Recertification	1967	
	ne) GYN		Specialties:	all advanta diddishir shiftigad y has ay deeddy fa'i blis o' dy 10 y hay i blis bed y a		mar on the control of the profit
I certify that within the past in my files does manufatton of	24 months, I have completed a	minimum of 40 ho ME requirement is	ours of Continua mandated by N	ng Medical Education RS 630.253 and NAC	ni, AMA-Category 2630,153.	y Land that Phave
Signature			<u> </u>	Date4	/4/91	\$0. \q
COUCH WARD I ACT DECISETE	(No rob (No rob) (ATION: - (If any question is answ	berstamps)	anitro de la lice	. 7		
t. Have you been investigated he conduct, professional incomp by any medical licensing be society?	y, or charged or convicted of unpro- betence or gross or repeated in ard or other agency, hospital c Yes	rofessional alpractice or medical i El No El	4. Have you bee to practice in an practice medicit	n dented a medical ti other jurisdiction or ne revoked, suspende	had your medical d or limited in an	l license or right to other jurisdiction. Yes 🖂 No 🗹
2. Have you been accested, fined (over \$100), charged with or convicted, of a crime, indicted, imprisoned or placed on probation? Yes \(\text{No.12} \) 3. Have you been investigated, arrested, charged or convicted for the possession, use of, or illegal sale or dispensing of controlled substances? 5. Have you had staff privileges in a hospital denied, suspended. I revoked or not renewed, or have you resigned from a medical staff evoked or not renewed, or have you resigned from a medical staff privileges in a hospital denied, suspended. I revoked or not renewed, or have you resigned from a medical staff privileges in a hospital denied, suspended. I revoked or not renewed, or have you resigned from a medical staff privileges in a hospital denied, suspended. I revoked or not renewed, or have you resigned from a medical staff disciplinary or administrative action, excluding failure to come investigated, arrested, charged or convicted for the possession, use of, or illegal sale or dispensing of controlled substances?					nedical staff in li e u	
possession, use of, or Illegal sa	le or dispensing of control led su Ye	ibstances? s □ No til	6. Have any mai against you in a	practice settlements my jurisdiction?	s, awards or judg	ments been made Yes (J.: No id
STAFF PRIVILEGES: List all !	Nevada Hespitals in which you	have any staff prit	/lleges: (Name ar	nd Location)		
Community Ho	ospital N.Las Veg	as, NV 8903	30			
	ltal Las Vegas,NV			markar kala papakan mari periode kapi ka kampandar kapi papamban papamban papam		
I certify that all my statement	dedical Center La s in this application are true. I	have have not 0] actively practic	ed in Nevada within	the past 12 mor	aths. (Check one)
Signature	aga apparapanga apasa			Date 4	/4/91	

630.255 Inactive licensees: Leaving state; ceasing or failing to practice; reinstatement.

- I. Any licensee who changes the location of his practice of medicine from this state to another state or country, has never engaged in the practice of medicine in this state after licensure or has ceased to engage in the practice of medicine in this state for a period of 12 consecutive months must be placed on inactive status upon notification of the board.
- 2. Before resuming the practice of medicine in this state, the inactive registrant shall:
- (a) Notify the board of his intent to resume the practice of medicine in this state:
- (b) File an affidavit with the board describing his activities during the period of his inactive status;
 - (c) Complete the form for registration for active status; and
 - (d) Pay the applicable fee for biennial registration.
- 3. If the board determines that the conduct of the registrant during the period of inactive status would have warranted denial of an application for a license to practice medicine in this state, the board may refuse to place the registrant on active status.

(Added to NRS by 1985, 2222)

630.256 Retired licensees: Duties; reinstatement. If a licensee retires from the practice of medicine, he shall notify the board in writing of his intention to retire, and the board shall record the fact of retirement. A licensee who is retired may not engage in the practice of medicine. If a licensee who is retired desires to return to the practice of medicine, he shall apply to the board for registration and pay the applicable fee for biennial registration.

(Added to NRS by 1985, 2222)

330.257 Re-examination of inactive or retired licensee. If a licensee does not practice allopathic or homeopathic medicine for a period of more than 12 consecutive months, the board may require him to take the same examination to test medical competency as that given to applicants for a license.

(Added to NRS by 1985, 2222)

REMINDER: NEVADA LAW REQUIRES NOTICE
TO THE BOARD PRIOR TO CHANGING
YOUR PRACTICE LOCATION OR
CLOSURE OF OFFICE.
(NRS 630.254)

APPLICATION FOR REGISTRATION

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Signature Je

License No. 2641

APR 2 4 1989

File No.__ New []

Renewal

1 Office Box 7238 Reno, Nevada 89510 Phone (702) 329-2559

nereby apply for certificate of bi	annial exdictivities a	and anadoms tha	(1)7)70(1)	riota foe w	MINERS	solove	
ACTIVE STATUS	eumai tegisitatkira 	ma encose enc	atrbioh	nate ree as	menearea r	MIOW;	
D INACTIVE STATUS	\$450.00	NC	TE: NO	GRACE PE	RIOD LI	CENSI	ES NOT RENEWED BY JULY I
U RETRED STATUS	\$ 50,00		ARE	AUTOMATI	CALLY SU	SPEND	DED FOR NON PAYMENT
CHANGA MANAGA AZ IZATA A AZ	y Mary		NRS	5630 exp	lanation	of sta	atus on reverse side
				1041			
Frank	P. SILVER	MD			•		ake checks payable to:
4.5		1					OARD OF MEDICAL EXAMINERS oreign checks must indicate "U.S. PUNDS")
	E Lake Mead : Vegas	NA PATAG	390:	30	1		
				T LEGIBI		<u> </u>	
Silver	Frank	Р.	/A ! A.I.				Social Security #
NAME STIVET	First		Midd	lic			Business Phone (702 642-4091
	1401 1	E. Take i	Mead	Bl vd.	C-1 N.	T.a.a	Vegas Nevada 39030
BUSINESS OR MAILING ADDRI		et Address or P.O. 8		Sutte No.	City		State Zip Code
					<i>J.</i> .,		
if you have retired or moved yo of former patient's records below	ur practice, please in	ndicate the loc	ation	BOARD OF	CERTIFIC	ATION	
ME				Yes			
ADDRESS				AM. Bd. of_			
PHONE # ()							rtification
				··- a ····			
Primary Specialty (List only one							
I certify that within the past 24 in my files documentation of su	months, I have comp ch. I understand tha	oleted a minim t the CME requ	um of 40 uiremen) hours of (t is manda	Continuing ted by NRS	Medica 630.25	al Education, AMA-Category 1 and that I hav 53 and NAC 630.153.
,	~~					_	$p_{\text{ate}} = 4/9/39$.
							7.770
SINCE YOUR <u>LAST</u> REGISTRA'S 1. Have you been investigated, or						احتناءا	a medical license or surrendered your licens
conduct, professional incompet by any medical licensing board	ence or gross or rep	cated malpract	tice	to pract	ice in anot	ber jur	a mether meense or surramered your needs Asoliction or had your medical ficense revoke Another jurisdiction, Yes LL No.
society?		Yes IIJ No	o (🏝	5. Have	you had sta	ill privi	ileges in a hospital denied, suspended, limiter
2. Have you been arrested, fined of a crime, indicted, imprisoned	or placed on probation	on? Yes⊟ No	ic ox	of disci	tor not rene plinary or a	3476Y L. (11	r have you resigned from a medical staff in lie strative action, excluding failure to comple)
3. Have you been investigated, a possession, use of, or illegal sale of	arrested, charged or	convicted for a	the es Y	medical	records?		Yes □ No I settlements, awards or judgments been mad
possession, not on or magazine		Yes⊡ No	<u> </u>	against	you in any	jurisd	letion? Yes \(\sigma\) No
STAFF PRIVILEGES: List all Nev	ada Hospit als in whi	ich you have an	ny stalT p	orivileges: (l	Vame and i	.ocatio	n)
UMC				4,			
2 Community							
			5				
3 Valley				3			
ertify that all the above staten	nents are true and th	at I have active	ly pract	iced in Nev			
<i>f</i>	•						

(No rubber stamps)

630.255 Inactive licensees: Leaving state; ceasing or failing to practice; reinstatement.

- 1. Any licensee who changes the location of his practice of medicine from this state to another state or country, has never engaged in the practice of medicine in this state after licensure or has ceased to engage in the practice of medicine in this state for a period of 12 consecutive months must be placed on inactive status upon notification of the board.
- 2. Before resuming the practice of medicine in this state, the inactive registrant shall:
- (a) Notify the board of his intent to resume the practice of medicine in this state:
- (b) File an affidavit with the board describing his activities during the period of his inactive status;
 - (c) Complete the form for registration for active status; and
 - (d) Pay the applicable fee for biennial registration.
- 3. If the board determines that the conduct of the registrant during the period of inactive status would have warranted denial of an application for a license to practice medicine in this state, the board may refuse to place the registrant on active status.

(Added to NRS by 1985, 2222)

630.256 Retired licensees: Duties; reinstatement. If a licensee retires from the practice of medicine, he shall notify the board in writing of his intention to retire, and the board shall record the fact of retirement. A licensee who is retired may not engage in the practice of medicine. If a licensee who is retired desires to return to the practice of medicine, he shall apply to the board for registration and pay the applicable fee for biennial registration.

(Added to NRS by 1985, 2222)

630.257 Re-examination of inactive or retired licensee. If a licensee does not practice allopathic or homeopathic medicine for a period of more than 12 consecutive months, the board may require him to take the same examination to test medical competency as that given to applicants for a license.

(Added to NRS by 1985, 2222)

REMINDER: NEVADA LAW REQUIRES NOTICE
TO THE BOARD PRIOR TO CHANGING
YOUR PRACTICE LOCATION OR
CLOSURE OF OFFICE.
(NRS 630.254)

APPLICATION FOR REGISTRATION **NEVADA STATE BOARD OF**

MEDICAL EXAMINERS

JUN 0 5 1987

File No.

License No.

•	 	_	٤.

New D Renewal &

5/28/87

__ Date____

st Office B	ox 7238 Reno, N	Vevada 89510 Phone (7	702) 329-2559	MEDIC		M BOARD USE OF	II.Y	
eby ay ply	for a 1987-89 ce	rtificate of biennial regis	stration and enclose	the approp	priate lee as ir	adicated below:		
CHNAC	VE STATUS THVE STATUS RED STATUS	\$300.00 \$150.00 \$ 50.00	NF	RS630 ല	xplanation	of status on	reverse sid	e
	•	The state of the s		1-11-11-11-11-11-11-11-11-11-11-11-11-1				
Γ		ប់ ៩ ៩៩៩៨ បី ៤ (១៩	*****		٦	ļ — ———— ·	of Medica	I. EXAMINERS ate "U.S. FUNDS")
L					L.			
			TYPE OR PR	int legi	BLY			
	Silver,	Frank	£³.			Social So	narity "	
NAME	lost	First	М	schile		Business	Fhone 17021 6	42-4091
BUSINESS	OR MABING AD	DRESS	L E. Lake Mead		No. las		ada 8903 ^{ate}	О /(р.с.ы.)
NAME	rank P. Sil	t your practice, please in pelow: Lver, M.D. ake Mead Blvd. N 2-4091			of03/G			- 56 y 12/67
		one) OB/GYN						
		985, I have completed a .I understand that the (al Education, A 2 53 and NAC 63	MA-Calegory 0.153.	
Signed:a						Date5	/28/87	
	~/ 		No rubber stamps please)	ab a detaile	d evolunation)			
1. Have you conduct. p by any me society?	u been investigate professional incon edical licensing b	RATION: (If any question of the convicted inpetence or gross or repoard or other agency, hand (over \$100), charged	of unprofessional peated malpractice ospital or medical Yes [] Note I with or convicted	4. H to p susp	lave you been ractice in ano pended or lim lave vou had st	denied a medic ther jurisdiction ited in another aff privileges in	n or had your : jurisdiction. a hospital der	urrendered your licens medical license revoke Yes Fl - No (nied, suspended, limite om a medical staff in licens
of a crime.	indicted, impriso u been investigat	ned or placed on probati ted, arrested, charged or sale or dispensing of cont	convicted for the	of d 6. H	isciplinary or lave any malpo	administrative	action?	Yes ID No i r judgments been mad Yes IM No i
STAFF PR	IVILECES: List all	i Nevada Hospitals in wh	ich you have any sta	ıff privilego	es: (Name and	Location)		
		Medical Center,						
2	Valley Hosp	ital, LV,NV		5	and the state of t		agga agi aga ang anta a mar sa ma	
3	Community	Hospital, LV,NV	na a a a a a a a a a a a a a a a a a a	6			· · · · · · · · · · · · · · · · · · ·	
certify th	at all the above st	atements are true and t	hat I have actively pr	acticed in	Nevada withii	n the past 12 m	onths.	

830.255 Inactive licensees: Leaving state; ceasing or failing to practice; reinstatement.

- 1. Any licensee who changes the location of his practice of medicine from this state to another state or country, has never engaged in the practice of medicine in this state after licensure or has ceased to engage in the practice of medicine in this state for a period of 12 consecutive months must be placed on inactive status upon notification of the board.
- Before resuming the practice of medicine in this state, the inactive registrant shall:
- (a) Notify the board of his intent to resume the practice of medicine in this state:
- (b) File an affidavit with the board describing his activities during the period of his inactive status;
 - (c) Complete the form for registration for active status; and
 - (d) Pay the applicable fee for biennial registration.
- 3. If the board determines that the conduct of the registrant during the period of inactive status would have warranted denial of an application for a license to practice medicine in this state, the board may refuse to place the registrant on active status.

(Added to NRS by 1985, 2222)

630.256 Retired licensees: Duties; reinstatement. If a licensee retires from the practice of medicine, he shall notify the board in writing of his intention to retire, and the board shall record the fact of retirement. A licensee who is retired may not engage in the practice of medicine. If a licensee who is retired desires to return to the practice of medicine, he shall apply to the board for registration and pay the applicable fee for biennial registration.

(Added to NRS by 1985, 2222)

630.257 Re-examination of inactive or retired licensee. If a licensee does not practice allopathic or homeopathic medicine for a period of more than 12 consecutive months, the board may require him to take the same examination to test medical competency as that given to applicants for a license.

(Added to NRS by 1985, 2222)

APPLICATION FOR REGISTRATION **NEVADA STATE BOARD OF**

Nevada License No. File No...

Renewal D

MEDICAL EXAMINERS

Make checks payable to: BOARD OF MEDICAL EXAMINERS (Foreign checks must indicate "U.S. FUNDS")

New 🗆 * Office Box 7238 | Reno, Nevada 89510 | Phone (702) 329-2559 This shaded section for BOARD USE ONLY I hereby apply for a 1985-87 certificate of biennial postration and enclose the appropriate provided fee as indicated below. ACTIVE STATUS 8250.00CHARCTIVE STATUS | \$100,00 11 RETIRED I INO FEE REQUIRED FOR 1985-871 Delinquent after September 15, 1985. 4041 Г Frank P SILVER PRACTICE: (Check One Only) id Direct Patient Care 🗇 Resident 1401 E Lake Mead Blvd □ Administration C Military 🗇 Retired Medical Teaching N Las Vedas 89030 ı TYPE OR PRINT LEGIBLY Sectal. grank Silver NAME. Business Phone POP Michelle BUSINESS OR MAILING ADDRESS NEW ADDRESS: If your address will change within the next two months, show new address below. (If ionger than two months, notify this office by letter just prior to changing location.) ADDRESS WILL CHANGE ON: 19 BUSINESS OR MAILING ADDRESS ... Street Address or E.O. 1908 If you have retired or moved your practice, please indicate the location BOARD CERTIFICATION: of former patient's records below: NAME. ADDRESS **Date of Certification or Recertification** PHONE # (Primary Specialty (List only one) _____ OB/_ CYN ____Sub-Specialties: SINCE YOUR LAST REGISTRATION: 1. Have you been investigated, charged or convicted of improfessional 3. Have you surrendered your license to practice medicine in another. conduct, professional incompetence or gross or repeated malprac-tice by any medical licensing bourd or other agency, hospital or jurisdiction? No 🖄 🕹 If "yes" attach a detailed explanation Yes 🗀 4. Have any malpractice settlements, awards or judgment been made against you in any jurisdiction? 2. Have you been investigated, charged or convicted for the possession. Yes ... No XX If "yes" attach a detailed explanation use of, or illegal sale or dispensing of controlled substances? Yes C. No CE. If "yes" attach a detailed explanation STAFF PRIVILEGES: List all Nevada Hospitals in which you have any staff privileges: (Name and Location) 2 Valley Hospital Southern Mevada Romorial Community Hospital

I certify that all the above statements are tweet

Signature No rubber stamp

APPLICATION FOR REGISTRATION NEVADA STATE BOARD OF MEDICAL EXAMINERS

NOV 13 1984

Post Office Box 7238 - Reno, Sevada S	9510 (96ne) 702) 329 3559		1104 13 1304	
Jinquent after March 2, 1985	Nevada License No.	W 2641	File No.	***
	Date of License		New 🖰 — Renewal 💍	
	This studed section	on for BOARD USE O	DNLY	
Chereby apply for a 1985 certificate o	Caumual registration AND ENCL	.056 the fee for \$40	0(),0(,
l ^{ee}	.46	41	7	
	Rama P 49 KE Beau 3L∀)	٥٥	(Administration) II M	Resident Affitary Reffred
<u> </u>	TYPE OR	PRINT LEGIBLY		
Silver,	Frank P.	ili Maria di Santa d	Status Lorent	····
NAME COLUMN TASK	rival Mi	ddle	10-70: 1542 -4001	*
1	401 E. Lakemead Bl	vd. N. Las	Vogas, NV 30030	
PUSINESS OR MAILING ADDRESS		State Plo Geg	State Systocia	*****
ocsiness or mailing address. If you have retired or moved your practification patient's records below:	ctice, picase indicate the locatio	on BOARD CERTIF	FICATION:	
ADDRESS				
PHONE 31)	A2. A45Y	Date of Certification	on or Recertification	
Primary Specialty (List only one)	Ob-GYN	Sub-Specialties: _		
SINCE YOUR LAST REGISTRATION: 1. Have you been investigated, charge conduct, professional incompeter tice by any medical licensing bor medical society? Yes U. No is alloyes alto 2. Have you been any stigated, charge use of, or degral safe or dispensing Yes U. As is all of three are	d or convicted of unprofessional cc or gross or repeated malpracted or other agency, hospital or act a detailed explanation docrotoxicted for the possession, of controlled substances?	jurisdiction? Yes (3 4. Have any ma	No Cf. If "yes" attach a detailed explanation appractice settlements, awards or judgment beer in any jurisdiction?	n n made
STAFF PRIVILEGES: 1 63 All Nevada H Southern Nevada W	ospitals in which you have any emorial Hosp. Las	staff privileges: (Nam Vegas , NV V	me and Location) VAlley Hospital Las Vegas.	*(7) .
North Las Vegas	Community Hosp; NV	4	The state of the s	
Make checks payable to: BOARD OF M Foreign checks must indicate "U.S. FUNDS	EDICAL EXAMINERS	I certify that all the a	above sourments are true	
TO SEE STANDARD BEING THE PROPERTY OF THE PROP	· •	Signature No rubber stamps pease		M

APPLICATION FOR REGISTRATION NEVADA STATE BOARD OF MEDICAL EXAMINERS

NOV 29 1983

Post Office Box 7238 Reno, Nevada 89510 Phone (702) 329-2559 Nevada License No. .. Delinquent after March 1, 1984 This shaded section for BOARD USE ONLY I hereby apply for a 1984 certificate of annual registration AND ENCLOSE the fee for \$75.00. Г 2641 SILVER. FRANK P MC 1401 E LAKE MEAU BLVD 89030 NU LAS VEGAS NV TYPE OR PRINT LEGIBLY Social Security NAME. Pasiness Phone (BUSINESS ADDRESS 1401 E. Lake Mead North Las Vegas, Nevada 1401 E. Lake Mead North Las Vegas, Nevada 39030 Zip Carte NOTE: Business Address will be used as directory address unless requested otherwise (N WRITING) NEW ADDRESS: If your address will change within the next two months, show new address below. (If longer than two months, notify this office by letter just prior to changlag location.) ADDRESS WILL CHANGE ON: 19 **BUSINESS ADDRESS** ('Itv State Zio Code MAILING ADDRESS State Zip Code If you have retired or moved your practice, please indicate the location BOARD CERTIFICATION: of former patient's records below: ADDRESS Date of Certification or Recertification PHONE # { Gynecology Primary Specialty (List only one) _ Obstetrics _Sub-Specialties: _ PRACTICE: Has any disciplinary action been taken against you in any jurisdiction since your last registration? Direct Patient Care If "yes" attach a detailed explanation Administration Medical Teaching Has any malpractice action been taken against you in any jurisdiction since your last registration? Military If "yes" attach a detailed explanation Retired _____ STAFF PRIVILEGES: List all Nevada Hospitals in which you have any staff privileges: (Name and Location) 2 Valley Hospital Southern Nevada memorial 3. North Las Vegas Make checks payable to: BOARD OF MEDICAL EXAMINERS I certify that all the above statements are true (Foreign checks must indicate "U.S. FUNDS") Signature

No rubber stamps please

AFFIDAVIT AS TO MORAL AND PROFESSIONAL CHARACTER

(To be filled in by two physicians in applicant's county)

In the State of Pannaylvania and am personally acquaint Dr. Frank Rs. Silvar and know h.im. to be the identical named in the accompanying diplome, and he is of good moral and professional character. Subscribed and sworn to before me this 2866. Name 170 Address 59.39 Oxford Avanue 1972 (Suggestion: Endorsement by the Secretary of County Medical Society) Charles Q. Griffith M.D., being duly sworn, deposes and says: I reside at 1789 Mashington Lane in the County of Montgomery in the State of Pennaylvania and he is of good moral and professional character. Subscribed and sworn to before me this 2866. Name and he is of good moral and professional character. Subscribed and sworn to before me this 2866. Name and he is of good moral and professional character. Subscribed and sworn to before me this 2866. Name and he is of good moral and professional character. Subscribed and sworn to before me this 2866. Name and he is of good moral and professional character. Subscribed and sworn to before me this 2866. Name and he is of good moral and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character. Subscribed and sworn to before me this 2866. Name and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character. Name and know h.im. to be the identical name and professional character.
Address 59.30 Oxford Avanue Motory Public 1972
Address 50.30 Oxford Avanue. Notery Public Service 1972 1972
I reside at 1789 Washington Lane , in the County of
I reside at 1789 Washington Lane , in the County of Montgomery in the State of Pennaylvania , and am personally acquaint Dr. Frank P. Silver , and know h.im to be the identical named in the accompanying diploma, and he is of good moral and professional character. Subscribed and sworn to before me this 25.54. Name Charles 2 Suffet 10 Name Charles 2 Suffet 10 Address 1789 Washington Lane Wester 1. Ziwisza , A. D. 19.7x Address 1789 Washington Lane My Commission Stripp Contract 17 177
Dr
named in the accompanying diplome, andhe is of good moral and professional character. Subscribed and sworn to before me this 28.44. Name Charles 2 Surfett 122 Name Charles 2 Surfett 122 Name Charles 2 Surfett 122 Address 1789 Washington Lane New Commission Oncome 19 10
Subscribed and sworn to before me this 28.44. day of
day of
day of
Mesdowbrook Pennsylvania Nestory Public, Philadelphia Co. My Commission Co. (20 10 10 10 10 10 10 10 10 10 10 10 10 10
P R O C I T Y L EXAMINERS L EXAMINERS L EXAMINERS 19 19 19 19 19 19 19 19 19 1
P R O C I T Y TATE BOARD L EXAMINERS Ga Cartificate No.



Signature applicant	el	
The	above photograph and stifled by your State Board	ignature must be
PHO	OTOGRAFH NOT AVAILAB	LE FOR COMPARISON.

Sign	nature of	,
the	Secretary	

FINGER PRINTS OF RIGHT HAND

CERTIFICATE OF STATE ENDORSEMENT

I, Alva R. Cockley	of Harrishurg, Pennsylvania
Secretary of thePennaylvania	ate Board of Medical Education & Licensure
hereby certify that Dr. Frank Silver	of
Philadelphia, Pennsylvania was gran	ted on the 20th day of July 1962
Certificate No. 28394 by the	Pennsylvania
State Board of Medical Education & Li	pensure upon examination by the said Board in
the following subjects: Anatomy & Bacteriology, 77 Anatomy	risprudence, 79
awarded a general average of	thereon. I further certify that no certificate issued by has ever been revoked or suspended, to the Nevada State Board of Medical Examiners as a nition by the Nevada State Board of Medical Examiners. Secretary of the Pennsylvania State
[SEAL]	Board of Medical Education & Licenture
• *	riaburg, Pannaylvania 17120
· ·	aylvania
this 10th day of May 19	. [2

NOTE — The applicant should, in all cases, fill in the information required in this application, certify to the same before the Clerk of a court of record and then forward the application to the Secretary of the Board issuing his original certificate for verification and certification.

Permit	
STATE OF NEWACA	1
STATE OF NEWSTA 2 County	· } **
,	IK Caul Siller, whose signature,
	page 4 of this from and made outh and says that
all of the foregoing statements are true and correct.	_
Sworn and subscribed to this	April: ,AD 1912
	Helen & Barrery
	All Qui
	A
{sext}	of Sale County State of Language
The above deposition must in all cases be duly acknowledged	y game, Philadephia, Philadephia fia.
Certificate, Intern Certificate, Nevade Basic Sciences Certific	ate, fee and application should in all cases be sent together, if
possible, to the Neveda State Board of Medical Exeminers, 366	
HISTORY OF TEARS OF PRACTICE SIN	CE GRADUATION (Including Recidences)
Where? Nazareth Hospital (Internshi	What Dates?
Episcopal Hospital	1962 - 1965
Ob-Gyn Residency	
Bedanaha Buanhi a	10/2 11 1 1
Private Practice Philadelphia, Pa.	1965 through present time
Have you ever been convicted of a felony?No	Morals charge?
Have you ever been addicted to the use of narcotics?	**
Have you ever been expelled from a Medical Society	
if Yes, please give details on separate sheet.	
II 163, piesas Bird ucumite ou separata arrest.	
List all State and County Medical Societies of which	you are, or have been, a member.
American Medical Association	
Philadelphia County Medical Society	
Philadelphia Obstetrics Society	
American College of Obstetrics-Gynec	cology
Give the name and address of all Hospitals of which (Do not give Residences.)	you are, or have been, a Staff member.
Episcopal Hospital, Front St. and Le	shigh Ave., Phila., Pa. 19125
Nazareth Hospital, 2601 Holme Avenu	ne, Philadelphia, Pa. 19152
Northeastern Hospital, 2301 E. Allegheny Ave., Philadelphia, Pa. 19134	

Temple University Hospital, Instructor, 3401 N. BroadSt., Phila., Pa. 19140

List Special Societies and Boards of which you are a member.

American Board of Obstetrics-Gynecology

APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE IN NEVADA NOTE — No certificate will be issued except in strict accordance with reciprocal agreements. The fee of TWO HUNDRED

DOLLARS (\$200) must accompany the application, together with State certificate, intern certificate, and college diploma. (Photostatic copies are acceptable.) No certificate as to the possession of these credentials will be accepted in Ileu thereof. All applications must be on file with the Secretary of this Board at least ONE MONTH prior to the date of Board meeting. 1, Frank P. Silvar, M.D. depose and say that I am an applicant for a certificate to practice medicine, surgery and obstetrics in the State of Nevada under reciprocal agreements with the State of Pennsylvania..... That I am a citizen of _____inited_States_____ and a native of _____Pennsylvania_____ If not a citizen of the United States, have you applied for U. S. citizenship? Aged ___37 __years, and a resident of ____715 Martin Road, Elkina Park ____ County of Philadelphia State of Pennsylvania where I have been engaged in the practice of medicine for a period of years preceding the date of this application. That I received my medical education in Thomas Jefferson Medical College - 1957 - 1961 (Give names of all medical schools and dates of attendence) That I was granted a diploma as a graduate in Medicine byThomas...Jeffexson....Medical..... College, 11th and Walnut Streets (Qive the name of your medical school of graduation) located in Philadelphia State of Pennsylvania on the Pennsylvania State Board of Medical Exeminers dated <u>luly 16</u>, 1962, upon Written Exemination (Writing experiention or distance) That I am the identical person to whom said Diploma and Certificate were originally granted., Applicant Signed,...., (Name must be signed in full, use no initials) DECLARATION AS TO PREVIOUS REGISTRATION OR EXAMINATIONS 1, Frank P. Silvar, M.D. , hereby declare that I am the applicant who signed the foregoing application; that the photograph of myself hereunto attached was taken on or about the <u>12th</u> day of <u>April</u> , 19 .72., my age then being 37.... years. I further state that I am not registered as a physician in any other State except as follows: and that no certificate issued to me by any State Board has even been revoked or suspended. I further state that I have not, previous to this date, applied for examination, license or registration to any State Examining Board except as follows:, Applicant (Name must be signed in full, use no initials)