



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

901 American Pacific Dr., Unit 180

Henderson, NV 89014

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

Med/Mal

RENEWAL RECEIVED
DATE 9-16-14

PD 9-17-14

CS

Sent 9-18-14

Craig Hartman, D.O. 1136

September 09, 2014

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/14

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$450.00 by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You **MAY** renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2014) the **CME Requirement**. If you are included in **2014 CME audit**, this reminder is stamped CME PROOF REQUIRED and the request is included with this reminder.
3. You have a Visa, MasterCard, or Discover Card for ONLINE payment.

You **MAY NOT RENEW ONLINE IF**:

1. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To **RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. Once you have successfully logged in, you will notice that your license record will appear on the screen. Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF YOU ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2015 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form AND **CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov

You may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
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Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

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Application History:

<u>Application Submitted</u> ▼	<u>License Applied For</u>	<u>Application Type</u>	<u>Application Status</u>	<u>Action</u>
2014-09-16	D.O. License	Renewal	Approved	View
2013-11-08	D.O. License	Renewal	Approved	View
2012-10-30	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License **Date Submitted:** 2014-09-16

Application Status: Approved **Application Type:** Renewal

Comments: 2015 license

Requirements:

✓ **CME Completion Affidavit**
Date Completed: 2014-09-17
[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)
✓ **Received By:** Tammy Sine **Date Completed:** 2014-09-16
N/A
[Expand](#)

✓ **Mailing Address Verified**
Date Completed: 2014-09-17
[Expand](#)

✓ **Medical Malpractice Claims Survey** - [Click Here to View Claims](#)
Date Completed: 2014-09-17
Printed out med/mal form.
[Expand](#)

Medical Specialty - [Click Here to View Medical Specialty Update](#)
Received By: Tammy Sine **Date Completed:** 2014-09-16

✓ AOA OB/GYN
[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)

✓ **Date Completed:** 2014-09-17
Printed out Conscious Sedation Report
[Expand](#)

✓ **Public Address**
Date Completed: 2014-09-17
[Expand](#)

Renewal Application Complete

✓ **Received By:** Tammy Sine **Date Completed:** 2014-09-18
Reviewed and printed out med/mal & conscious sedation.
[Expand](#)

✓ **Renewal Fee**
Date Completed: 2014-09-17
[Hide](#)


Comments:**This fee is paid in full.**

Fee Amount: \$450.00
Amount Paid: \$450.00
Amount Due: \$0.00

Enter new payment:

Date: 09/18/2014 ☐ Payment Received By: Sine, Tammy ✓
Type: None ✓ Amount: 0.00 Number: Comments:
Credit Card Type: None ✓

Payments Made:

Date	Amount	Type	Number	Comments	Action
2014-09-17	450.0	Credit Card			

Renewal Survey

✓ **Date Completed:** 2014-09-17
Has business license
[Hide](#)

Comments:

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No

#2 - Explain	
#3 - Surrendered controlled substance registration or had it revoked or restricted?	No
#3 - Explain	
#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)?	Yes
#4 - Explain	I was named in a malpractice suit and subsequently dismissed with prejudice. I am awaiting official court documentation for the dismissal.
#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?	Yes
#5 - Explain	I will begin using mild sedation for D&Cs in my office, which just received licensure from the state of Nevada as an outpatient facility. I am currently applying for accreditation by AAAASF as an outpatient ambulatory surgery facility and anticipate accreditation within 6 months.
#6 - Since last renewal, has been denied 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?	No
#6 - Explain	
#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory?	No
#7 - Explain	
#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?	No
#8 - Explain	
#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action?	No
#9 - Explain	
#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?	No
#10 - Explain	
#11 - Currently in treatment for a mental illness, drug addition, or acute substance, drug or alcohol abuse?	No
#11 - Explain	
#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or	No

alcohol?

#12 - Explain

#13 - Subject to a court order for the support of a child? No

#13 - Explain

#14 - In compliance with court order for the support of a child? No

#14 - Explain

#15 - Not in compliance with court order for the support of a child? No

#15 - Explain

#16 - Has a Nevada Business License Number Yes

#16 - Nevada Business License Number 2001019-650 exp. 3/31/15

Mark as Incomplete

Update Comments

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

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NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Medical Malpractice Forms

Licensee Name: Craig Hartman	
Date: 09/16/2014	

Claim Date: 2014-06-12	
Court Case #: A-14-701538-C	Court Filed In: District Court, Clark County, NV
Insurance Company: Self insured	Insurance Claim #: Self insured
Complainant: Self insured	Respondent: Estate of Santos Valdez
Allegations	
Dr. Alex Norton et al	
Claim Status: Dismissed (2014-08-12)	Claim Status Other:
Amount of Judgment/Settlement: 0.0	Amount Paid on Behalf: 0.0

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