



Hudson Insurance Company  
Hudson Specialty Insurance Company

851 Napa Valley Corporate Way  
Suite N  
Napa, CA 94558

T 707 225.3300  
F 707 225.3333  
www.hudsoninsgroup.com

An OdysseyRe | Fairfax Company

RECEIVED

JUN 13 2011

June 10, 2011

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

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

RE: [REDACTED] vs. Silver, Frank P., MD

Dear Mr. Cooper,

Pursuant to NRS 630.306, enclosed please find:

- ☐ A copy of the lawsuit which was served on \_\_\_\_\_.
- ☐ A copy of the lawsuit associated with the subject matter which was submitted to arbitration or mediation on \_\_\_\_\_.
- ☒ A copy of the Nevada Medical Professional Liability Close Claim Report for the subject matter which reached its final disposition.

If you have any questions or concerns, please contact the undersigned.

Regards,

A handwritten signature in cursive script that reads 'Sandra Gish'.

Sandra Gish  
Sr. Claims Support Specialist  
Hudson Healthcare  
851 Napa Valley Corporate Way, Suite N  
Napa, CA 94558  
SGish@Hudsoninsgroup.com  
(707) 225-3339

# Nevada Medical Professional Liability Closed Claim Report

## I. Background

1. Name of Insurer: <u>Hudson Insurance</u>		2. Claim No.: <u>67551</u>	
3. Injury Date (Date of Loss): <u>05/23/07</u>	4. Report Date: <u>02/13/08</u>	5. Closure Date: <u>06/02/11</u>	
6. Policy Type (choose a, b, or c): a) <input type="checkbox"/> Occurrence b) <input checked="" type="checkbox"/> Claims made c) <input type="checkbox"/> Tail/Reporting Endorsement			
7. Policy Limits (Per Claim/Aggregate): <u>\$1MM / \$3MM</u>		8. Date This Closed Claim Report Submitted: <u>06/10/11</u>	
9. Type of Report (choose a or b): a) <input checked="" type="checkbox"/> Initial Report b) <input type="checkbox"/> Updated Report			

## II. Defendant & Co-Defendants

1. Defendant's Name:	Last: <u>Silver</u>	First: <u>Frank</u>	M.I.: <u>P.</u>	Credentials (e.g. MD, DO, DMD, DDS): <u>MD</u>
2. License Number: <u>2641, NV</u>	3. Specialty: Gynecology – Description: <u>major surgery</u> ISO Code: <u>80167</u>			4. Co-Defendant(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
5. Number of Co-Defendant(s): <u>N/A</u> or <input type="checkbox"/> Unknown				
6. Name, License Number and Insurer of Each Co-Defendant, if known:				

## III. Injured & Injury

1. Injured Party's Name:	Last: <u>[REDACTED]</u>	First: <u>[REDACTED]</u>	M.I.:	2. Sex: <input type="checkbox"/> Male or <input checked="" type="checkbox"/> Female
3. Age: <u>24</u>	4. Date of Birth (MM/DD/YY): <u>03/14/86</u>	5. Malpractice code (per Appendix 1): <u>MP</u>		6. Injury Code (per Appendix 2): <u>FnB</u>
7. Description of Alleged Malpractice and Injuries (Attach Additional Sheet(s) if Necessary.): <u>The claimant incurred septic shock due to retained fragments of a laminaria placed in her cervix by the insured.</u>				
8. City Where Injury Occurred: <u>Las Vegas</u>		9. Name of Institution (If Injury Occurred in Institution):		

## IV. Medical/Dental Screening Panel (Hereafter, Panel)

1. Case Filed with Panel? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or <input type="checkbox"/> Unknown (IF YES, ANSWER QUESTIONS 2 AND 3)	
2. Panel Case Number:	
3. Panel Decision: Is there Reasonable Probability of Malpractice? a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No c) <input type="checkbox"/> Unable to Decide d) <input type="checkbox"/> Case Dismissed e) <input type="checkbox"/> Other [case settled/withdrawn before panel met]	
4. Court Case Filed After Panel Decision: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

## V. Court Case

1. Court Case Filed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (IF YES, ANSWER QUESTIONS 2-7)			
2. Court Case Number: <u>A556577</u>	3. Court Name: <u>District Court Clark County, Nevada</u>	4. Court Department Number: <u>22</u>	
5. Date Court Case Was Filed: <u>02/04/08</u>	6. Date Verdict Was Filed, if Applicable: <u>N/A</u>	7. Date Settlement Offer Accepted, if Applicable: <u>12/20/10</u>	

## V. Reserves (Amounts Attributed to this Defendant Only, If Multiple Defendants)

1. Reserves:	Initial: <u>\$10,000</u>	Highest: <u>\$ 240,000</u>	Last: <u>\$ 240,000</u>
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## VI. Claim Disposition (Attributed to this Defendant only)

1. Claim Disposition (check one)	a) <input type="checkbox"/> Decided By Trial in Favor of Plaintiff	b) <input type="checkbox"/> Decided By Trial in Favor of Defendant	c) <input type="checkbox"/> Decided by Arbitrator in Favor of Plaintiff	d) <input type="checkbox"/> Decided by Arbitrator in Favor of Defendant
e) <input checked="" type="checkbox"/> Settled w/o Court or Prior to Trial	f) <input type="checkbox"/> Claim Denied	g) <input type="checkbox"/> Claim Inactive	h) <input type="checkbox"/> Claim Withdrawn	i) <input type="checkbox"/> Other
2. If Claim Disposition is e, f, g, h or I, Please Explain: <u>The case settled at the MSC on 12/20/10.</u>				

Name of Insurer: <b>Hudson Insurance</b>	Claim No.: <b>67551</b>
Defendant's Name (Last, First, M.I.): <b>Silver, Frank P., MD</b>	Date This Closed Claim Report Submitted: <b>06/10/11</b>

### VIII. Verdict Information (Attributed to All Defendants in Case)

1. Verdict Awarded: \$ or <input checked="" type="checkbox"/> N/A
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### IX. Claim Information (Amounts Attributed to this Defendant Only, If Multiple Defendants)

1. Verdict or Settlement Awarded: <b>\$240,000</b> or <input type="checkbox"/> N/A	2. Verdict or Settlement Paid: <b>\$240,000</b> or <input type="checkbox"/> N/A
3. Reasons for Amount Awarded (1) Not Being Equal to Amount Paid (2), if Applicable (Check more than one if Applicable): a) <input type="checkbox"/> Post Verdict Settlement    b) <input type="checkbox"/> Award Reduced to Present Value    c) <input type="checkbox"/> Interest Awarded d) <input type="checkbox"/> Court Costs Awarded    e) <input type="checkbox"/> Non-economic damages limited by Judge to \$350,000    f) <input type="checkbox"/> Award Capped by Judge at Policy Limit g) <input type="checkbox"/> Other (Explain):	
4. How Will/Did Plaintiff Receive Payments?:	a) <input checked="" type="checkbox"/> Lump Sum    b) <input type="checkbox"/> Periodic Payments    c) <input type="checkbox"/> N/A
5. If Periodic Payments, What is the Present Value (as of Date of Award) of the Payments?: \$	
6. Sources of Award Payments:	a) Company: <b>\$240,000</b> b) Defendant: \$    c) Other (describe): \$
7. Allocated Loss Adjustment Expenses:	Total: <b>\$82,140.04</b> Attorney's Fees: <b>\$63,214.50</b> Other: <b>\$18,925.54</b>

### X. Claim Information (Amounts Attributed to Other Defendants)

1. Co- Defendant's Name:	Last:	First:	M.I.:	Credentials (e.g. MD, DO):
2. License Number:	3. Specialty: Description: ISO Code:		4. Verdict Awarded: a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No    c) <input type="checkbox"/> Unknown	
5. Settlement Made: a) <input type="checkbox"/> Yes    b) <input type="checkbox"/> No    c) <input type="checkbox"/> Unknown			6. Verdict or Settlement Awarded: \$ or <input type="checkbox"/> N/A	


1. Co- Defendant's Name:	Last:	First:	M.I.:	Credentials (e.g. MD, DO):
2. License Number:	3. Specialty: Description: ISO Code:		4. Verdict Awarded: a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No    c) <input type="checkbox"/> Unknown	
5. Settlement Made: a) <input type="checkbox"/> Yes    b) <input type="checkbox"/> No    c) <input type="checkbox"/> Unknown			6. Verdict or Settlement Awarded: \$ or <input type="checkbox"/> N/A	

1. Co- Defendant's Name:	Last:	First:	M.I.:	Credentials (e.g. MD, DO):
2. License Number:	3. Specialty: Description: ISO Code:		4. Verdict Awarded: a) <input type="checkbox"/> Yes b) <input type="checkbox"/> No    c) <input type="checkbox"/> Unknown	
5. Settlement Made: a) <input type="checkbox"/> Yes    b) <input type="checkbox"/> No    c) <input type="checkbox"/> Unknown			6. Verdict or Settlement Awarded: \$ or <input type="checkbox"/> N/A	

(Attach Additional Sheet(s) if Necessary.)

### XI. Closed Claim Report Information

1. Contact Person's Name (Last, First): <b>Gish, Sandra</b>
2. Contact Person's Phone Number: <b>(707) 225-3339</b>
3. Contact Person's Address: <b>851 Napa Valley Corporate Way, Suite N, Napa, CA 94558</b>

Name of Person Responsible for Report (Last, First): <b>Gish, Sandra</b>
Signature of Person Responsible for Report: 

Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?

N

If you do not have a medical condition, select No.

Explanation 1: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.

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**

If you do not have a medical condition, select No.

**Explanation 2: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.**

**If you use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety?**

**N**

**If you do not use chemical substances, select No.**

**Explanation 3: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.**

**NSBME Renewal Responses Report**

10/1/2015

Have you been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, malpractice, including any military tort claims if applicable? Please include: who, what, where (provide state), and when in the textbox directly below this question.

N

06/07/2011

**Explanation 4: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.**

**NSBME Renewal Responses Report**

10/1/2015

N

06/07/2011

Have you had a professional liability, malpractice, claim paid on your behalf or paid such a claim yourself including any military tort claims if applicable?  
If "Yes" during the time period July 1, 2009 - June 30, 2011 type an explanation in the textbox directly below this question.

**Explanation 5:** For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, 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.



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

Explanation 6: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.

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

06/07/2011

Explanation 7: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.

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

06/07/2011

**Explanation 8: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.**

Have you voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of any disciplinary action?

N

06/07/2011

Explanation 9: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.

Have you been denied membership, been asked to resign or expelled from a medical society or other professional medical organization (including the ABMS)?

N

06/07/2011

**Explanation 10: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.**

**NSBME Renewal Responses Report**

10/1/2015

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

N

06/07/2011

**Explanation 11: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.**

10/1/2015

**NSBME Renewal Responses Report**

N

Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?

06/07/2011

Explanation 12: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, 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? 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.

(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.)

Explanation 13: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.



**NSBME Renewal Responses Report**

10/1/2015

N

06/07/2011

Are you out of compliance with court ordered child support? If this does not apply to you, please answer "no".

If "Yes" during the time period July 1, 2009 - June 30, 2011 type an explanation in the textbox directly below this question.

Explanation 14: For the above question if your answer is "YES" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.

I hereby request my license to be placed on Inactive status, which means I will not physically practice in the state of Nevada.

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.

**Explanation 15: For the above question, if your answer is "Yes" and you want to change to Inactive status for the next biennial July 1, 2011 – June 30, 2013, please provide a brief explanation in this text box.**

Is your license contingent upon maintaining certification with the American Board of Medical Specialties (ABMS) in the specialty of Family Practice, Emergency Medicine, or Preventative Medicine?

N

**Explanation 16:** For the above question if your answer is "YES" , please type your new scope of practice or specialty in this text box.

Do you want to change your scope of practice or specialty?  
If you answer "Yes" type your current scope of practice or specialty in the textbox directly below this question.

Explanation 17: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.

**NSBME Renewal Responses Report**

10/1/2015

I have completed the required amount of AMA Category 1 CME within the current biennial.  
(Review CME information online at [www.medboard.nv.gov](http://www.medboard.nv.gov))  
I understand that I may be included in a random audit following the July 1st, 2011 renewal. I agree to  
retain CME's taken between July 1, 2009 and June 30, 2011.  
If renewing to an Inactive status, CME is not required and "No" can be selected.

Y

06/07/2011

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.

Y

06/07/2011

PHYSICIAN  
APPLICATION FOR REGISTRATION RENEWAL  
FOR THE BIENNIAL REGISTRATION PERIOD 2013 - 2015  
NEVADA STATE BOARD OF MEDICAL EXAMINERS  
Post Office Box 7238 Reno, Nevada 89510 Phone (775) 688-2559  
Physical Address: 1105 Terminal Way, Suite 301 Reno, Nevada 89502

RECEIVED  
Date Received by Board

JUN - 5 2013

License No.

2641

File No.

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

I hereby apply for renewal of biennial registration and enclose the appropriate fee(s) as indicated below:

☐ ACTIVE STATUS ----- \$850.00

☐ INACTIVE STATUS ----- \$450.00

SAVE \$35 by renewing online at [www.medboard.nv.gov](http://www.medboard.nv.gov)

Make checks payable to:  
NEVADA STATE BOARD OF MEDICAL EXAMINERS  
(Foreign checks must indicate "U.S. Funds")  
Credit card authorization may also be utilized.

PLEASE NOTE THE FOLLOWING IMPORTANT INSTRUCTIONS REGARDING YOUR APPLICATION:

- Your current physician's license expires on **JUNE 30, 2013**. If this form is not received by the Nevada State Board of Medical Examiners' (Board) office by July 1, 2013 at 5:00 p.m., your license will be automatically expired and you will not be able to practice medicine until you reinstate your license. **NEVADA HAS NO GRACE PERIOD.**
- Your license will not be renewed unless you answer **ALL** questions on this application and provide written explanation(s) for any/all question(s) answered "yes".
- Your license will not be renewed unless it is accompanied with a check for the proper fee or credit card authorization.
- You may have been selected in a random continuing medical education (CME) audit of all licensees. If you were randomly selected, you will be contacted by the Board for proof of your CME. Your license will not be renewed if you do not have proof of the required CME. Refer to page 4 for a review of your CME requirement. Please retain proof of your CME as the Board does not retain copies.
- All information provided on this application is **PUBLIC** information.
- If you select "INACTIVE STATUS," you are prohibited from practicing medicine and prohibited from writing prescriptions in the state of Nevada. Inactive licensees are not required to maintain CME.
- PLEASE TYPE OR PRINT LEGIBLY.**

RENEWED  
7/1/13 - 6/30/15  
BIENNIAL

Please print your name and address clearly in the space provided below. Be advised that the address you indicate below is viewable on the Board website and is listed as the public address. Also, please indicate your current public telephone and fax numbers. [Note: If your name has changed, a copy of the document authorizing your legal name change (marriage license, divorce decree, etc.) must be included.]

Name Frank Silver MD  
Street 1900 E. DESERT INN RD  
City LV. County CLARK State NV  
Zip 89169  
Phone Number 702-735-1960 Cell Phone Number \_\_\_\_\_  
Fax Number 702-735-3431 E-mail address \_\_\_\_\_

In the event that you were selected in the random audit, providing an email address will greatly assist the Board to expedite communication for your renewal.

Please indicate any American Board of Medical Specialties Board Certification or Recertification:

Date of Initial Certification (Mo./Yr.)

Date of Last Recertification (Mo./Yr.)

Board:

Subboard:

7/67  
Independent Medical examiner 10 yrs ago

If any of the ABMS Certifications or Recertifications were received after your last application with the Board, please attach copies of documents evidencing your Certifications or Recertifications.

QUESTIONS

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

"Medical condition" includes physiological, mental or psychological condition or disorder.

"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.

Please answer all of the following questions for the time period  
July 1, 2011 – June 30, 2013, or since your last renewal.

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

1. Do you currently have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? \_\_\_\_ Yes ☒ No
2. If you currently 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? \_\_\_\_ Yes \_\_\_\_ No ☒ N/A
3. If you currently use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety? \_\_\_\_ Yes \_\_\_\_ No ☒ N/A
4. Have you been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable? \_\_\_\_ Yes ☒ No
5. Have you had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable? ☒ Yes \_\_\_\_ No
6. Have you been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? \*Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement. \_\_\_\_ Yes ☒ No
7. 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? \_\_\_\_ Yes ☒ No
8. 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? \_\_\_\_ Yes ☒ No

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NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

9. Have you voluntarily surrendered a license to practice medicine or any other health care license in any state, country or U.S. territory in lieu of any disciplinary action? \_\_\_\_ Yes ☒ No
10. 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
11. Have you been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners? \_\_\_\_ Yes ☒ No
12. Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? \_\_\_\_ Yes ☒ No
13. Have you had 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? *If the answer is "YES," on a separate sheet list the name of the hospital, the hospital's mailing address, the type of action taken, and the date or dates of the actions taken. (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.)* \_\_\_\_ Yes ☒ No
14. Have you actively practiced medicine in Nevada within the past 12 months? ☒ Yes \_\_\_\_ No

If your answer is "yes", please indicate the approximate percentage of time allotted to the following medical activities.

Clinical practice 100 % Administrative \_\_\_\_ % Teaching \_\_\_\_ % Other \_\_\_\_ %

### ATTESTATIONS

## SAFE INJECTION PRACTICE ATTESTATION

### ATTESTATION TO KNOWLEDGE OF AND COMPLIANCE WITH THE GUIDELINES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION

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

<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

I hereby attest that I have knowledge of my duties and responsibilities under the guidelines of the Centers for Disease Control and Prevention and of safe and appropriate injection practices.

☒ Yes \_\_\_\_ No

## CONSCIOUS SEDATION DEEP SEDATION OR GENERAL ANESTHESIA ATTESTATION

Nevada Revised Statutes (NRS) require the Nevada State Board of Medical Examiners to obtain from each applicant who seeks renewal of his or her license to practice medicine, a report stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his or her office or any other facility, excluding any surgical care performed at a medical facility as defined in NRS 449.0151, or outside the state of Nevada.

I hereby attest that I am in compliance with the reporting requirements of NRS 630.30665, and am aware that failure to submit a report or filing false information in a report is grounds for disciplinary action under Nevada's Medical Practice Act.

☒ Yes \_\_\_\_ No



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MEDICAL EXAMINERS

CHILD SUPPORT

PLEASE PLACE AN "X" NEXT TO THE STATEMENT THAT APPLIES TO YOU:

- ☒ I am not subject to a court order for the support of a child;
- ☐ 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
- ☐ 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 EDUCATION

ALL CONTINUING MEDICAL EDUCATION MUST HAVE BEEN COMPLETED DURING THE PERIOD OF JULY 1, 2011 THROUGH JUNE 30, 2013. Please place a check mark next to the statement that applies to you.

☒ I was initially licensed in Nevada prior to July 1, 2011 or during the first 6 months of the biennial period of registration (July 1, 2011 through December 31, 2011) and have completed a minimum of forty (40) hours of AMA Category 1 continuing medical education (CME), two (2) hours of which were in medical ethics and twenty (20) hours of which were in my scope of practice or specialty.

☐ I was initially licensed in Nevada during the second 6 months of the biennial period of registration (January 1, 2012 through June 30, 2012) and have completed a minimum of thirty (30) hours of AMA Category 1 CME, two (2) hours of which were in medical ethics and twenty (20) hours of which were in my scope of practice or specialty.

☐ I was initially licensed in Nevada during the third 6 months of the biennial period of registration (July 1, 2012 through December 31, 2012) and have completed a minimum of twenty (20) hours of AMA Category 1 CME, two (2) hours of which were in medical ethics and eighteen (18) hours of which were in my scope of practice or specialty.

☐ I was initially licensed in Nevada during the fourth 6 months of the biennial period of registration (January 1, 2013 through June 30, 2013) and completed a minimum of ten (10) hours of AMA Category 1 CME, two (2) hours of which were in medical ethics and eight (8) hours of which were in my scope of practice or specialty.

☐ I am exempt from submitting proof of completion of CME because I have completed a full year of residency or fellowship training during the biennial period of July 1, 2011 through June 30, 2013. If you checked this statement, please attach a copy of proof of completion of your training.

AFFIRMATION

BY SIGNING BELOW, I SWEAR OR AFFIRM UNDER 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.

Signature (Stamp Unacceptable)

Date

5/30/13

System Automation

My License Information supports

[Reports Home Page](#)

## Renewal Questions for License Number 2641



Licensee	Question	Answer	Date
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? <b>If you do not have a medical condition, select No.</b>	N	6/3/2015
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, the manner in which you have chosen to practice, or by any other reasonable accommodation? <b>If you do not have a medical condition, select No.</b>	N	6/3/2015
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? <b>If you do not use chemical substances, select No.</b>	N	6/3/2015
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, including any military tort claims if applicable?  Please include: who, what, where (provide state), and when in the textbox directly below this question.	N	6/3/2015
SILVER, Frank Paul	Have you had a professional liability, malpractice, claim paid on your behalf or paid such a claim yourself including any military tort claims if applicable?  If "Yes" during the time period July 1, 2013 - June 30, 2015 type an explanation in the textbox directly below this question.	N	6/3/2015
SILVER, Frank Paul	Have you been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? <b>Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.</b>	N	6/3/2015
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	6/3/2015
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	6/3/2015
SILVER, Frank Paul	Have you voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of any disciplinary action?	N	6/3/2015
		N	6/3/2015

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 government or a state or local government for your medical education?		
SILVER, Frank Paul	Have you been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency <u>other than</u> the Nevada State Board of Medical Examiners?	N	6/3/2015
SILVER, Frank Paul	Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	N	6/3/2015
SILVER, Frank Paul	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?  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.  <b>(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.)</b>	N	6/3/2015
SILVER, Frank Paul	Have you actively practiced medicine in Nevada within the past 12 months?	Y	6/3/2015
SILVER, Frank Paul	OPTION TO CHANGE LICENSE STATUS FROM ACTIVE TO INACTIVE:  NOTE: If you choose to drop to Inactive status during this renewal, your status will be changed to "Inactive" <b>as of the date of your renewal</b> . If you do NOT wish to change your status to "Inactive" as of today, DO NOT COMPLETE YOUR RENEWAL UNTIL SUCH TIME AS YOU ARE PREPARED TO HAVE YOUR STATUS CHANGED (prior to JULY 1ST). For your information, your answers to the questions that you've already completed will remain, but you should not complete the renewal and pay until such time as you are prepared to change your status to "Inactive."  I hereby request my license to be placed on Inactive status, which means I will <u>not</u> physically practice in the state of Nevada.  If you choose to place your license on Inactive status, make certain to select "Yes" to this question <b>AND</b> choose the Inactive status in the dropdown box located at the end of the questions.	N	6/3/2015
SILVER, Frank Paul	<b>If you believe that you are in compliance with the Centers for Disease Control safe injection practices, your answer should be "YES".</b>  I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.  <a href="http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html">http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html</a>	Y	6/3/2015
SILVER, Frank Paul	I hereby attest that I am in compliance with the reporting requirements of NRS 630.30665, and am aware that failure to submit a report or filing false information in a report is grounds for disciplinary action under Nevada's	Y	6/3/2015

	<p>Medical Practice Act.</p> <p>I HAVE SUBMITTED A "FORM A" OR "FORM B" REPORT TO THE BOARD.</p> <p>Instructions and Forms A and B for in-office surgery/procedure reporting can be located on the Board's website by clicking the red "In-Office Surgery Reporting" link on the home page of the Board's website:  <a href="http://www.medboard.nv.gov">www.medboard.nv.gov</a>.</p> <p><b>If you have submitted your in-office surgery/procedure reporting forms (A/B Forms) to the Board and are in compliance with NRS 630.30665, your answer should be "YES."</b></p>		
SILVER, Frank Paul	<p>Are you out of compliance with court ordered child support? <b>If this does not apply to you, please answer "no".</b></p> <p>If "Yes" during the time period July 1, 2013 - June 30, 2015 type an explanation in the textbox directly below this question.</p>	N	6/3/2015
SILVER, Frank Paul	<p>Once you have read the statute regarding the reporting of the abuse or neglect of a child, your answer to this question will be "YES".</p> <p><b>I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.</b></p> <p><b><u><a href="http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220">www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220</a></u></b></p>	Y	6/3/2015
SILVER, Frank Paul	Have you ever served in the United States Military (to include National Guard or Reserves)?	Y	6/3/2015
SILVER, Frank Paul	<p><b>Explanation 17: If your answer is "No", you do not have to provide information in the text box for the remaining questions regarding the Military Service Attestation.</b></p> <p>1. If yes, in which branch of service did you serve?  2. What was your Military occupation specialty or specialties?  3. Provide your dates of service in the Military.</p>		6/3/2015
SILVER, Frank Paul	Do you hold a Nevada state business license issued <u>in your individual name</u> ?	N	6/3/2015
SILVER, Frank Paul	<b>Explanation 18: If yes, provide the business license number:</b>		6/3/2015
SILVER, Frank Paul	<p>I have completed the required amount of AMA Category 1 CME within the current biennial. I understand that I may be included in a random audit. I agree to retain CME's taken between July 1, 2013 and June 30, 2015. (Review CME information online at <a href="http://www.medboard.nv.gov">www.medboard.nv.gov</a>)</p> <p>If renewing to an <u>Inactive</u> status, CME is not required and "No" can be selected.</p>	Y	6/3/2015
SILVER, Frank Paul	<b>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.</b>	Y	6/3/2015