

License No.

NEVADA STATE BOARD OF MEDICINE No.

(For Board Use Only) **MEDICAL EXAMINERS**

**YOUR COMPLETED APPLICATION FOR
INITIAL REGISTRATION MUST BE
RETURNED TO THE BOARD OFFICE
WITHIN THIRTY (30) DAYS OF RECEIPT.**

Name _____
Street _____
City _____ County _____ State _____ Zip _____
Phone Number _____ Fax Number _____

“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 INITIAL REGISTRATION FORM.**

1. Do you have a medical condition which in any way impairs or limits your ability to practice as a physician assistant 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 as a physician assistant, 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 use chemical substances, does your use in any way impair or limit your ability to practice as a physician assistant with reasonable skill and safety? _____ Yes _____ No ☒ N/A

4. 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 ☒ N/A

5. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? _____ Yes ☒ No

6. Have you ever been investigated for, charged with, convicted of, or plead guilty or nolo contendere to any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding any minor traffic offense (driving or in control of a motor vehicle while under the influence of any chemical substance is **not** considered a **minor traffic offense**) or which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? _____ Yes ☒ No

7. Have you ever been denied a license or certificate to practice as a physician assistant, or in any other healing art, or permission to take an examination to practice as a physician assistant or in any other healing art(s) in any state, country or U.S. territory? _____ Yes ☒ No

8. Have you ever had a physician assistant license or certificate, or license or certificate to practice in any other healing art, revoked, suspended, limited, or restricted in any state, country or U.S. territory? _____ Yes ☒ No

9. Have you ever voluntarily surrendered a license or certificate to practice as a physician assistant, or in any other healing art, in any state, country or U.S. territory? _____ Yes ☒ No

10. Have you ever been denied membership or expelled from a medical society or other professional medical organization? _____ Yes ☒ No

11. Have you ever been: a) notified that you were under investigation for; b) investigated for; c) charged with; or d) convicted of any violation of a statute, rule or regulation governing your practice as a physician assistant by any medical licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners? _____ Yes ☒ No

12. Have you ever surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? _____ Yes ☒ No

13. 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.

Hospital	Mailing Address	Type of Action	Dates of Action From (Mo./Yr.) To (Mo./Yr.)

(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.

BY SIGNING ON THE SIGNATURE LINE BELOW:

- 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS *APPLICATION FOR INITIAL REGISTRATION OF LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT IN THE STATE OF NEVADA* AND THAT ALL STATEMENTS I HAVE MADE HEREIN ARE TRUE;
- 2) I UNDERSTAND THAT THIS *APPLICATION FOR INITIAL REGISTRATION* 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 INITIAL REGISTRATION* WILL BE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S).

09.26.05

Date

Signature (SIGNATURE STAMP UNACCEPTABLE)

APPLICANT PHOTOGRAPH:

RECEIVED

AUG 29 2005

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

ATTACH A FINISHED PHOTOGRAPH OF PASSPORT
QUALITY OF YOUR HEAD AND SHOULDERS ONLY.

PHOTOGRAPH MUST HAVE BEEN TAKEN WITHIN
THE LAST SIXTY (60) DAYS AND BE AT LEAST
2" x 2" IN SIZE.

SIGN THE PHOTOGRAPH IN INK ACROSS THE
LOWER PORTION OF ITS FRONT SIDE.

PROOF PHOTOS AND NEGATIVES AND DIGITAL PHOTOS
ARE NOT ACCEPTABLE.



I hereby certify that the attached photograph is a true likeness of myself taken within the last sixty (60) days.

(signature of applicant)

08/15/05
(date)

PHYSICIAN ASSISTANT
APPLICATION FOR LICENSURE
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

RECEIVED
Date Received SEP 19 2005
License No. _____
File No. _____

Post Office Box 7238 Reno, Nevada 89510 Phone (775) 688-2559
Physical Address: 1105 Terminal Way, Suite 301 Reno, Nevada 89502

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

1. Present Legal Name SIU VIRGILIO
Last First Middle Maiden
List any other name ever used Siu Chang, Virgilio Jr.
2. Business and/or Mailing Address _____
Street City County State Zip
3. Home Address 4608 W 142 Street Hawthorne Los Angeles California 90250
Street City County State Zip
4. Telephone Number () _____ Office _____ Home _____ Fax Number () _____
5. Date of Birth 1955 Place of Birth Nicaragua, Central America
(City, State, Country)
6. Citizenship: U.S. Citizen Yes Alien Registration # _____ Employment Authorization # _____
Submit a certified copy of birth certificate or original Certificate of Naturalization or current U.S. passport or copy of the front and back of your alien registration card, Employment Authorization or Visa. Please note: Copy of the document authorizing your name change (marriage license, divorce decree, etc) must be included.
7. Social Security Number _____ Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

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

"Ability to practice as a physician assistant" 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 LICENSURE FORM.**

8. Do you have a medical condition which in any way impairs or limits your ability to practice as a physician assistant with reasonable skill and safety? _____ Yes X No
9. If you have a medical condition which in any way impairs or limits your ability to practice as a physician assistant, 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 X N/A
10. If you use chemical substances, does your use in any way impair or limit your ability to practice as a physician assistant with reasonable skill and safety? _____ Yes _____ No X N/A
11. 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 X No _____ N/A
12. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? _____ Yes X No

V. Siu, PA

13. Have you ever been investigated for, charged with, convicted of, or plead guilty or nolo contendere to any offense or violation of any federal (including U.S. Military), state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, court-martial, or felony, excluding any minor traffic offense (driving or in control of a motor vehicle while under the influence of any chemical substance is not considered a minor traffic offense) or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Yes ☒ No

14. Have you previously applied for physician assistant licensure in Nevada? SEP 19 2005

AUG 29 2005

Yes ☒ No

(All information must begin on the application. If more space is needed, please attach separate sheet.)

15. List all schools attended in chronological order, (including high school), type of degree received and dates of attendance. EACH COLLEGE MUST SUBMIT AN OFFICIAL TRANSCRIPT DIRECTLY TO THE NEVADA STATE BOARD OF MEDICAL EXAMINERS.

Name

City/State

Exact Date of Degree & Type of Degree Received

Dates of Attendance
From (Mo/Yr) To (Mo/Yr)

YUET WAH College MACAO, South Asia July, '73 High School Diploma Sept/69 to July/73
UNIVERSIDAD SAN CARLOS GUATEMALA 3/11/80 Physician and Surgeon March/74 to March/80
UC DAVIS FNP/PA Program SACRAMENTO, CA, Jun/21/05, Physician Assistant Certificate, June/03 to June/05

16. Physician Assistant Certificate / Degree granted by:

Physician Assistant School

City / State

Exact Date of Issuance

UC Davis, Family Nurse Practitioner/ Davis, California June, 21st, 2005

Physician Assistant Program

17. Account for, in chronological order, all activities since graduation from Physician Assistant School. ALL PERIODS OF TIME MUST BE ACCOUNTED FOR.

Activities

Location (City/State/Country)

From (Mo/Yr.) To (Mo/Yr.)

Physician Assistant 1005 E, Washington Blvd., L.A. CA 90021 07/05 - Present

18. List any and all licenses (including training licenses and permits) YOU HOLD OR HAVE HELD to practice as a physician assistant in any state, territory or country.

State/Territory

License #

Date of Issuance

Dates of Practice
From (Mo/Yr) To (Mo/Yr)

MEDICAL BOARD OF CALIFORNIA Intern Approval JUNE 23, 2005 July/05 - Present DATE.

19. Are you currently certified by the National Commission for the Certification of Physician Assistants?

☒ Yes ☐ No

If "Yes:" certification number 1

certification expires DEC, 31, 2007.

If "No:" date scheduled to sit for the examination

20. Have you ever been denied a license or certificate to practice as a physician assistant, or in any other healing art, or permission to take an examination to practice as a physician assistant or in any other healing art(s) in any state, country or U.S. territory? Yes ☐ No ☒

21. Have you ever had a physician assistant license or certificate, or license or certificate to practice in any other healing art, revoked, suspended, limited, or restricted in any state, country or U.S. territory? Yes ☐ No ☒

22. Have you ever voluntarily surrendered a license or certificate to practice as a physician assistant, or in any other healing art, in any state, country or U.S. territory? Yes ☐ No ☒

23. Have you ever failed the NCCPA examination, or any state or other jurisdiction examination for certification as a physician assistant? Yes ☐ No ☒

Renewal Questions for License Number PA934



Licensee	Question	Answer	Date
SIU, Virgilio	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	6/23/2015
SIU, Virgilio	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? If you do not have a medical condition, select No.	N	6/23/2015
SIU, Virgilio	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	6/23/2015
SIU, Virgilio	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	6/23/2015
SIU, Virgilio	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	6/23/2015
SIU, Virgilio	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.	N	6/23/2015
SIU, Virgilio	Have you been denied a license or certificate to practice as a physician assistant, or in any other healing art, or permission to take an examination to practice as a physician assistant or in any other healing art(s) in any state, country or U.S. territory?	N	6/23/2015
SIU, Virgilio	Have you had a physician assistant's license or license to practice any other healing art, revoked, suspended, limited, or restricted in any state, country or U.S. territory?	N	6/23/2015
		N	6/23/2015

SIU, Virgilio	Have you voluntarily surrendered a license or certificate to practice as a physician assistant, or in any other healing art in any state, country or U.S. territory in lieu of any disciplinary action?		
SIU, Virgilio	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 assistant by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?	N	6/23/2015
SIU, Virgilio	Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	N	6/23/2015
SIU, Virgilio	<p>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?</p> <p>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.</p> <p>(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.)</p>	N	6/23/2015
SIU, Virgilio	I am currently certified by the National Commission on Certification of Physician Assistants.	Y	6/23/2015
SIU, Virgilio	Have you actively practiced medicine in Nevada within the past 12 months?	Y	6/23/2015
SIU, Virgilio	<p>Are you currently being supervised by a Medical Doctor who is licensed in the state of Nevada?</p> <p><i>Please list the name or names of your supervising physician(s) with their addresses and telephone number(s) for <u>EVERY</u> location from which you practice. If you do not have a supervising physician, please type 'none'.</i></p>	Y	6/23/2015
SIU, Virgilio	<p>Please list the name or names of your supervising physician(s) with their addresses and telephone number(s) for <u>EVERY</u> location from which you practice.</p> <p>IF YOU DO NOT HAVE A CURRENT SUPERVISING PHYSICIAN, PLEASE TYPE 'NONE'.</p>		6/23/2015
SIU, Virgilio	<p>If you believe that you are in compliance with the Centers for Disease Control safe injection practices, your answer should be "YES".</p> <p>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 assistant 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.</p>	Y	6/23/2015

	http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html		
SIU, Virgilio	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, 2013 - June 30, 2015 type an explanation in the textbox directly below this question.	N	6/23/2015
SIU, Virgilio	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". 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. <u>www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220</u>	Y	6/23/2015
SIU, Virgilio	Have you ever served in the United States Military (to include National Guard or Reserves)?	N	6/23/2015
SIU, Virgilio	Do you hold a Nevada state business license issued <u>in your individual name</u> ?	N	6/23/2015
SIU, Virgilio	I have completed the required amount of AAPA or 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 www.medboard.nv.gov)	Y	6/23/2015
SIU, Virgilio	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	6/23/2015

Nevada State Board of Medical Examiners

Renewal Responses Report

Thursday, October 01, 2015



License Number	Licensesee	License Type
PA934	Virgilio SIU	Physician Assistant

Question	Answer	Date
Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?	N	04/17/2007

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?

04/17/2007

N

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

04/17/2007

N

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?

N

04/17/2007

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?

N

04/17/2007

Have you been denied a license or certificate to practice as a physician assistant, or in any other healing art, or permission to take an examination to practice as a physician assistant or in any other healing art(s) in any state, country or U.S. territory?

N

04/17/2007

Have you had a physician assistant license or certificate, or license or certificate to practice in any other healing art, revoked, suspended, limited, or restricted in any state, country or U.S. territory?

N

04/17/2007

Have you voluntarily surrendered a license or certificate to practice as a physician assistant, or in any other healing art in any state, country or U.S. territory by the direct request of a medical board?

N

04/17/2007

Have you been denied membership or expelled from a medical society or other professional medical organization?

N

04/17/2007

N

04/17/2007

have you been:
) notified that you were under investigation for;
) investigated for;
) charged with; or
) convicted of
any violation of a statute, rule or regulation governing your practice as a physician by any medical
censing board, hospital, medical society, governmental entity or agency other than the Nevada State
board of Medical Examiners?

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

N

04/17/2007

10/1/2015

Is your license currently contingent upon compliance with the Diversion program also known as the Nevada Health Professionals Assistance Foundation?

N

04/17/2007

Are you a foreign physician assistant, who holds a Conditional Resident Alien Card, Employment Authorization Card, or Visa with the Department of Homeland Security, Immigration and Naturalization Services?

N

04/17/2007

Have you had hospital staff privileges denied, suspended, limited, revoked or not renewed by the hospital?
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 licensensbme@medboard.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 malpractice insurance.)

N

04/17/2007

Are you currently being supervised by a Medical Doctor licensed in the State of Nevada?
If your answer is "Yes" please email the name(s) of your current supervising Physician(s) to licensensbme@medboard.nv.gov

Y

04/17/2007

NSBME Renewal Responses Report

10/1/2015

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

N

04/17/2007

have completed the required amount of AMA Category 1 CME within the current biennial.
Review CME information online at www.medboard.nv.gov
understand that I may be included in a random audit following July 1st 2007 renewal. I agree to retain
:ME's taken between July 1, 2005 and June 30, 2007.

Y

04/17/2007

NSBME Renewal Responses Report

10/1/2015

I am currently certified by the National Commission on Certification of Physician Assistants.

Y

04/17/2007

have actively practiced medicine in Nevada within the past 12 months.

Y

04/17/2007

NSBME Renewal Responses Report

10/1/2015

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

04/17/2007

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

N

05/11/2009

Explanation 1: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, please type your explanation in this text box.

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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

05/11/2009

Explanation 2: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, 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

05/11/2009

Explanation 3: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, please type your explanation in this text box.

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)?
Please include: who, what, where (provide state), and when in the textbox directly below this question.

N

05/11/2009

Explanation 4: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, please type your explanation in this text box.

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)? N
Please include: who, what, where (provide state), when and case number in the textbox directly below this question.
Please fax a copy of the complaint, civil or otherwise to 775-688-2551.

05/11/2009

10/1/2015

Explanation 5: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, 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 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

05/11/2009

Explanation 6: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, please type your explanation in this text box.

Have you been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any criminal offense other than a criminal offense listed in Question #6? 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

05/11/2009

Explanation 7: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, 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

05/11/2009

Explanation 8: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, please type your explanation in this text box.

Have you had a physician assistant's license or license to practice any other healing art, revoked, suspended, limited, or restricted in any state, country or U.S. territory?

N

05/11/2009

Explanation 9: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, 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	05/11/2009
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Explanation 10: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, 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:	N	05/11/2009
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?		

Explanation 11: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, please type your explanation in this text box.

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

N

05/11/2009

Explanation 12: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, 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.

05/11/2009

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.)

Explanation 13: For the above question if your answer is "Yes" for the time period July 1, 2007 - June 30, 2009, please type your explanation in this text box.

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

N

05/11/2009

If "Yes" during the time period July 1, 2007- June 30, 2009 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, 2007 - June 30, 2009, please type your explanation 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.

N

05/11/2009

Explanation 15: For the above question if your answer is "YES" , please type your new scope of practice or specialty in this text box.

I am currently certified by the National Commission on Certification of Physician Assistants.

Y

05/11/2009

NSBME Renewal Responses Report

10/1/2015

I have completed the required amount of AAPA or AMA Category 1 CME within the current biennial.
(Review CME information online at www.medboard.nv.gov)

Y

05/11/2009

Are you currently being supervised by a Medical Doctor who is licensed in the state of Nevada?

Y

05/11/2009

10/1/2015

Please list the name or names of your supervising physician(s) with their addresses and telephone number(s) for EVERY location from which you practice.

05/11/2009

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

05/11/2009

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

05/30/2011

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.

10/1/2015

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

05/30/2011

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.

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

05/30/2011

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.

10/1/2015

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

05/30/2011

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.

10/1/2015

05/30/2011

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.

N

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.

10/1/2015

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

05/30/2011

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 physician assistant's license or license to practice any other healing art, revoked, suspended, limited, or restricted in any state, country or U.S. territory?

N

10/1/2015

05/30/2011

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, county or U.S. territory in lieu of any disciplinary action?

N

05/30/2011

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.

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

05/30/2011

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.

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

N

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

05/30/2011

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.)

N

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.

10/1/2015

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

N

05/30/2011

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

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.

10/1/2015

N

05/30/2011

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

NSBME Renewal Responses Report

10/1/2015

I am currently certified by the National Commission on Certification of Physician Assistants.

Y

05/30/2011

I have completed the required amount of AAPA or AMA Category 1 CME within the current biennial.
(Review CME information online at www.medboard.nv.gov)

Y

05/30/2011

NSBME Renewal Responses Report

10/1/2015

Are you currently being supervised by a Medical Doctor who is licensed in the state of Nevada?

Y

05/30/2011

Please list the name or names of your supervising physician(s) with their addresses and telephone number(s) for EVERY location from which you practice. If you do not have a supervising physician, please type 'none'.

05/30/2011

10/1/2015

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

05/30/2011

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

04/19/2013

10/1/2015

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

04/19/2013

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

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

04/19/2013

If you do not use chemical substances, select No.

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

04/19/2013

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, 2011 - June 30, 2013 type an explanation in the textbox directly below this question.

N

04/19/2013

10/1/2015

04/19/2013

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.

N

Have you been denied a license or certificate to practice as a physician assistant, or in any other healing art, or permission to take an examination to practice as a physician assistant or in any other healing art(s) in any state, country or U.S. territory?

N

04/19/2013

10/1/2015

Have you had a physician assistant's license or license to practice any other healing art, revoked, suspended, limited, or restricted in any state, country or U.S. territory?

N

04/19/2013

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

N

04/19/2013

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 assistant by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners? N

04/19/2013

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

04/19/2013

10/1/2015

04/19/2013

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. N

(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.)

am currently certified by the National Commission on Certification of Physician Assistants. Y

04/19/2013

NSBME Renewal Responses Report

Have you actively practiced medicine in Nevada within the past 12 months?

Y

10/1/2015

04/19/2013

Are you currently being supervised by a Medical Doctor who is licensed in the state of Nevada?
*Please list the name or names of your supervising physician(s) with their addresses and telephone
number(s) for EVERY location from which you practice. If you do not have a supervising physician,
please type 'none'.*

Y

04/19/2013

10/11/2015

Please list the name or names of your supervising physician(s) with their addresses and telephone number(s) for EVERY location from which you practice. IF YOU DO NOT HAVE A CURRENT SUPERVISING PHYSICIAN, PLEASE TYPE 'none'.

04/19/2013

You believe that you are in compliance with the Centers for Disease Control safe injection practices, your answer should be "YES". I hereby attest to knowledge of and compliance with the

Y

04/19/2013

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 assistant 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> - or
<http://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf>

NSBME Renewal Responses Report

10/1/2015

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

N

04/19/2013

If "Yes" during the time period July 1, 2011 - June 30, 2013 type an explanation in the textbox directly below this question.

have completed the required amount of AAPA or 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, 2011 and June 30, 2013.
Review CME information online at www.medboard.nv.gov

Y

04/19/2013

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

10/1/2015

04/19/2013