



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN IN TRAINING PERMIT

NAME: ROY SILVER MD

DATE: 03/26/2016

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1973

Permit Number: BP10010605

Permit Type: PHYSICIAN IN TRAINING PERMIT

Permit Status: PERMIT EXPIRED

Permit Status Date: 11/25/2002

Begin Date: 03/01/2003

Expiration Date: 04/30/2004

End Date:

Terminated Date:

Mailing Address

10525 COURTNEY COVE AVE

LAS VEGAS , NV 89144

Board Action (includes all actions regardless of license/permit type)

NONE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: MALE

Current Primary Practice Address:

NOT GIVEN

Education

Graduation Year: 2000

Medical School: ST GEORGE'S UNIV, ST GEORGE'S

Program Type: RESIDENT

Training Institution: UNIV OF NEVADA

Program Specialty: OBSTETRICS AND GYNECOLOGY

Summary of all License/Permit Types

Issue Date:

03/01/2003

Type:

[PHYSICIAN IN TRAINING PERMIT](#)

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