

PHYSICIAN

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Date Received by Board

APPLICATION FOR INITIAL REGISTRATION

NEVADA STATE BOARD OF MEDICAL EXAMINERS

DEC 28 2005

License No. \_\_\_\_\_

Post Office Box 7238 Reno, Nevada 89510 Phone (775) 688-2559

(For Board Use Only)

File No. \_\_\_\_\_

Savita Y. Ginde, M.D.  
950 Broadway  
Denver, CO 80203

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

**PLEASE TYPE OR PRINT LEGIBLY**  
**PLEASE PROVIDE ALL INFORMATION AS REQUESTED**

If your name and/or address has changed from that printed on the label on this form, clearly indicate the change in the space provided below. Also, please indicate your current telephone and fax numbers. [Please note: a notarized or certified copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.]

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (303) 813 7630 Fax Number (303) 813 7673

Indicate below your primary and secondary practice specialties using the following codes:

**SCOPES OF PRACTICE CODES**

- |                            |                                   |                                     |
|----------------------------|-----------------------------------|-------------------------------------|
| 1 ADDICTION MEDICINE       | 43 NEPHROLOGY                     | 85 PEDIATRIC, SURGERY               |
| 2 ADOLESCENT MEDICINE      | 44 NEUROLOGY                      | 86 PEDIATRIC, UROLOGY               |
| 3 AEROSPACE MEDICINE       | 45 NEURO-OPHTHALMOLOGY            | 87 PEDIATRICS                       |
| 4 ALLERGY                  | 46 NEUROPATHOLOGY                 | 88 PHYSICAL MEDICINE/REHABILITATION |
| 5 ALLERGY/IMMUNOLOGY       | 47 NEURORADIOLOGY                 | 89 PREVENTIVE MEDICINE              |
| 6 AMBULATORY MEDICINE      | 48 NEUROTOLOGY                    | 90 PSYCHIATRY                       |
| 7 ANESTHESIOLOGY           | 49 NON-CONVENTIONAL MEDICINE      | 91 PSYCHOANALYSIS                   |
| 8 BLOODBANKING             | 50 NUCLEAR MEDICINE               | 92 PSYCHOMATIC MEDICINE             |
| 9 BRONCO-ESOPHAGOLOGY      | 51 NUTRITION                      | 93 PUBLIC HEALTH                    |
| 10 CARDIOVASCULAR DISEASES | 52 OBSTETRICS                     | 94 PULMONARY DISEASES               |
| 11 CATSCAN/ULTRASOUND      | 53 OBSTETRICS/GYNECOLOGY          | 95 OCCUPATIONAL MEDICINE            |
| 12 CHILD NEUROLOGY         | 54 OCCUPATIONAL MEDICINE          | 96 RADIOLOGY                        |
| 13 CHILD PSYCHIATRY        | 55 ONCOLOGY                       | 97 RADIOLOGY, DIAGNOSTIC            |
| 14 CLINICAL PHARMACOLOGY   | 56 ONCOLOGY, GYNECOLOGICAL        | 98 RADIOLOGY, INTERVENTIONAL        |
| 15 CRITICAL CARE           | 57 ONCOLOGY, HEMATOLOGY           | 99 RADIOLOGY, NUCLEAR               |
| 16 DERMATOLOGY             | 58 ONCOLOGY, RADIATION            | 100 RADIOLOGY, THERAPEUTIC          |
| 17 DERMATOPATHOLOGY        | 59 ONCOLOGY, SURGICAL             | 101 RADIOLOGY, VASCULAR             |
| 18 EMERGENCY MEDICINE      | 60 OPHTHALMOLOGY                  | 102 RHEUMATOLOGY                    |
| 19 ENDOCRINOLOGY           | 61 OTOLARYNGOLOGY                 | 103 RHINOLOGY                       |
| 20 FAMILY PRACTICE         | 62 OTOTOLOGY                      | 104 SLEEP DISORDERS                 |
| 21 FORENSIC MEDICINE       | 63 PAIN MANAGEMENT                | 105 SPORTS MEDICINE                 |
| 22 GASTROENTEROLOGY        | 64 PATHOLOGY                      | 106 SURGERY, ABDOMINAL              |
| 23 GENERAL PRACTICE        | 65 PATHOLOGY, ANATOMIC            | 107 SURGERY, CARDIOTHORACIC         |
| 24 GERIATRIC PSYCHIATRY    | 66 PATHOLOGY, CLINICAL            | 108 SURGERY, CARDIOVASCULAR         |
| 25 GERIATRICS              | 67 PATHOLOGY, FORENSIC            | 109 SURGERY, COLON/RECTAL           |
| 26 GYNECOLOGY              | 68 PEDIATRIC, ALLERGY             | 110 SURGERY, CRANIOFACIAL           |
| 27 HAIR TRANSPLANTATION    | 69 PEDIATRIC, ANESTHESIOLOGY      | 111 SURGERY, GENERAL                |
| 28 HEMATOLOGY              | 70 PEDIATRIC, RADIOLOGY           | 112 SURGERY, HAND                   |
| 29 HOMEOPATHY              | 71 PEDIATRIC, CRITICAL CARE       | 113 SURGERY, HEAD/NECK              |
| 30 HYPNOSIS                | 72 PEDIATRIC, EMERGENCY MEDICINE  | 114 SURGERY, MAXILLOFACIAL          |
| 31 IMMUNOLOGY              | 73 PEDIATRIC, ENDOCRINOLOGY       | 115 SURGERY, NEUROLOGICAL           |
| 32 INFECTIOUS DISEASES     | 74 PEDIATRIC, GASTROENTEROLOGY    | 116 SURGERY, ORTHOPEDIC             |
| 33 INFERTILITY             | 75 PEDIATRIC, HEMATOLOGY/ONCOLOGY | 117 SURGERY, PLASTIC                |
| 34 INTERNAL MEDICINE       | 76 PEDIATRIC, INFECTIOUS DISEASES | 118 SURGERY, THORACIC               |
| 35 LARYNGOLOGY             | 77 PEDIATRIC, INTENSIVIST         | 119 SURGERT, TRANSPLANT             |
| 36 LEGAL MEDICINE          | 78 PEDIATRIC, NEPHROLOGY          | 120 SURGERY, TRAUMATIC              |
| 37 MATERNAL/FETAL MEDICINE | 79 PEDIATRIC, NEUROLOGY           | 121 SURGERY, UROLOGIC               |
| 38 MEDICAL ACUPUNCTURE     | 80 PEDIATRIC, OPHTHALMOLOGY       | 122 SURGERY, VASCULAR               |
| 39 MEDICAL ETHICS          | 81 PEDIATRIC, PHYSIATRY           | 123 TOXICOLOGY                      |
| 40 MEDICAL GENETICS        | 82 PEDIATRIC, PULMONARY           | 124 TRANSPLANTATION                 |
| 41 NEO/PERINATAL MEDICINE  | 83 PEDIATRIC, RADIOLOGY           | 125 URGENT CARE                     |
| 42 NEOPLASTIC DISEASES     | 84 PEDIATRIC, RHEUMATOLOGY        | 126 UROLOGY                         |

Primary Scope of Practice Code 26

Secondary Scope of Practice Code 20

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

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

**"Ability to practice medicine"** is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments;
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physician examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

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

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

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

1. Do you 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 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 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 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 (including the 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 which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances?  Yes  No
7. Have you ever 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 ever 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
9. Have you ever voluntarily surrendered a license to practice medicine or 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 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. (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).

Hospital	Mailing Address	Type of Action	Dates of Action From (Mo./Yr.) To (Mo./Yr.)
None.			

(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 MEDICINE 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 REGISTRATION RENEWAL WILL BE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S).

Dec. 19, 05  
Date

  
Signature (SIGNATURE STAMP UNACCEPTABLE)

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DEC 28 2005  
NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

**PHYSICIAN  
APPLICATION FOR LICENSURE  
NEVADA STATE BOARD OF  
MEDICAL EXAMINERS**

Post Office Box 7238 Reno, Nevada 89510 Phone (775) 688-2559

**RECEIVED**  
Date Received by Board **JUL - 5 2005**  
License No. **JUL 25 2005**  
NEVADA STATE BOARD OF  
MEDICAL EXAMINERS  
(For Board Use Only)

1. Present Legal Name GINDE SAVITA YESHAWANT  
Last First Middle Maiden

List any other name(s) ever used \_\_\_\_\_

2. Business and/or Mailing Address 950 BROADWAY DENVER DENVER CO 80203  
Street City County State Zip

3. Home Address Permanent \_\_\_\_\_  
Street City County State Zip

4. Telephone Number (303) 813-7630 \_\_\_\_\_ Fax Number (303) 813-7673  
Office Home

5. Date of Birth 1/70 Place of Birth OH, USA  
(City, State, Country)

6. Citizenship: U.S. Citizen  Alien Registration # \_\_\_\_\_ Employment Authorization # \_\_\_\_\_ Applying for Visa \_\_\_\_\_  
*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 document authorizing a 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 medicine"** is to be construed to include all of the following:  
 1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments;  
 2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and  
 3. The physical capability to perform medical tasks such as physician examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

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

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

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

8. Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? \_\_\_\_\_ Yes  No
9. 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? \_\_\_\_\_ Yes \_\_\_\_\_ No  N/A
10. If you 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
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 \_\_\_\_\_ No  N/A

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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? (IF ANSWER IS "YES", YOU MUST COMPLETE FORM B AND FORM 6 - see Application Checklist.) Yes  No

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 medical licensure in Nevada (including a residency program)? Yes  No

15. List names and addresses of all medical schools attended. HAVE EACH MEDICAL SCHOOL SUBMIT AN OFFICIAL TRANSCRIPT DIRECTLY TO THE BOARD.

Name (Mo./Yr.)	City/State	Place Where Instruction Received	Dates of Attendance From (Mo./Yr.) To
American University of the Caribbean, School of Medicine	Coral Gables, FL	Montserrat, B.W.I.	8/93-6/97

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

16. Doctor of Medicine Degree granted by:

Medical School Name	City/State	Exact Date of Issuance
American University of the Caribbean, School of Medicine	Montserrat, B.W.I.	6/7/97

17. List all ACGME\* approved graduate medical education you have received as an intern or resident in the United States or Canada. \*Accreditation Council for Graduate Medical Education

Postgraduate Year	Hospital/Institution	City/State	Type of Specialty	Dates of Attendance From (Mo./Yr.) To (Mo./Yr.)
1	Mt. Sinai Medical Center (Case Western Reserve University)	Cleveland, OH	Internal Medicine	7/98-6/99
2 and 3	Concord Hospital (Dartmouth College)	Concord, NH	Family Medicine	6/99-6/01

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

18. List all Fellowship training programs attended in the United States or Canada.

Institution	City/State	Type of Fellowship	Dates of Attendance From (Mo./Yr.) To (Mo./Yr.)
University of Rochester School of Medicine and Dentistry	Rochester, NY	Reproductive Health and Family Planning	7/01-9/03

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

19. Have you ever been investigated or have any actions, restrictions, limitations, probations or disciplinary actions ever been imposed on you while participating in any type of training program? (If "Yes," attach explanation on separate sheet.) Yes  No

20. If you graduated from a medical school located outside the United States of America or Canada, list your ECFMG#: 0-533-589-8

21. For each of the following licensing examinations, list the location, parts and dates taken, and scores obtained. (also include any failed examinations). FOR EACH EXAM TAKEN, HAVE CERTIFICATE OF SCORES SUBMITTED FROM THE TESTING ENTITY DIRECTLY TO THE BOARD OFFICE.

a. NATIONAL BOARDS: (ALSO INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED EXAMINATIONS.)	Location	Part Taken	Date (Mo/Yr)	Results (Two Digit Scores)

S. Grinde, M.D.

b. FLEX (Federation Licensing Examination): (ALSO INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED EXAMINATIONS.)

Location	Part Taken	Date (Mo/Yr)	Results (Two Digit Scores)
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<b>JUL 25 2005</b>			
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<b>JUL - 5 2005</b>			
NEVADA STATE BOARD OF MEDICAL EXAMINERS			

c. USMLE (United States Medical Licensing Examination): (ALSO INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED EXAMINATIONS.)

Location	Part Taken	Date (Mo/Yr)	Results (Two Digit Scores)
Ohio	Step 1	6/95	74
Ohio	Step 1	9/95	75
Ohio	Step 2	3/97	75
Ohio	Step 3	9/00	81

d. LMCC (Licentiate of the Medical Council of Canada): (ALSO INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED EXAMINATIONS.)

Location	Part Taken	Date (Mo/Yr)	Results (Scores)

e. State Written Examination:

Location	Part Taken	Date (Mo/Yr)	Results (Scores)

f. SPEX (Special Purpose Examination):

Location	Part Taken	Date (Mo/Yr)	Results (Scores)

22. State your scope of practice specialty(ies): Family Medicine, Reproductive Health and Family Planning

23. List any and all certifications and re-certifications by a board or sub-board recognized by the AMERICAN BOARD OF MEDICAL SPECIALTIES.

Specialty Board	Certification #	Dates of Certification/Recertification (Mo/Yr)
American Board of Family Medicine	115527	7/02

24. Account for, in chronological order, all activities since graduation from medical school. ALL PERIODS OF TIME MUST BE ACCOUNTED FOR.

Activities	Location (City/State/Country)	From (Mo./Yr.)	To (Mo./Yr.)
Ophthalmology Research Extern	Detroit, MI USA	7/97	1/98
Low Vision Rehabilitation Policy Research Extern	New York, NY USA	2/98	6/98
Transitional Residency Prog., Dept. of Internal Medicine	Cleveland, OH USA	7/98	6/99
NH Dartmouth Family Practice Residency	Concord, NH USA	6/99	6/01 (SN)
Fellowship in Reproductive Health and Family Planning Clinician, Planned Parenthood of the Rocky Mountains	Rochester, NY USA	7/01	9/03
Medical Director, Planned Parenthood of the Rocky Mountains	Denver, CO USA	11/03	1/04 (SN)
Vice President, Planned Parenthood of the Rocky Mountains	Denver, CO USA	2/04	present
	Denver, CO USA	3/05	present

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

25. List below the requested information for all hospitals in which you ARE OR HAVE EVER BEEN a staff member at any level during the last ten years. If none, please indicate. Do not list internship, residency or fellowship affiliation.

Hospital	Complete Mailing Address	Dates of Practice (From (Mo./Yr.) To (Mo./Yr.))
University of Colorado Hospital	4200 E. 9th Ave. Denver, CO 80262	8/04 - present

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

26. List any and all licenses (including training licenses and permits) YOU HOLD OR HAVE HELD to practice medicine in any state, territory or country.

State/Territory Country	License #	Exact Date of Issuance	Dates of Practice From (Mo./Yr.) To (Mo./Yr.)
CO USA	42050	10/9/03	11/03 - present
NY USA	222915	9/28/01	7/01 - 9/03
OH USA	35-079312 (SN)	3/9/01	N/A

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

27. Have you ever 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? (If "Yes," attach explanation on separate sheet.) Yes  No

28. Have you ever 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? This does not include lapsed or non-renewed licenses (If "Yes," attach explanation on separate sheet.) Yes  No

29. Have you ever voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory? This does not include lapsed or non-renewed licenses. (If "Yes," attach explanation on separate sheet.) Yes  No

30. Have you ever been denied membership or expelled from a medical society or other professional medical organization? (If "Yes," attach explanation on separate sheet.) Yes  No

31. 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 by any medical licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners? (If "Yes," attach explanation on separate sheet.) Yes  No

3. Grinde, M.D.

32. Have you ever surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? Yes  No   
(If "Yes," attach explanation on separate sheet.)

33. List all hospitals where you have had staff privileges denied, suspended, limited, revoked or not renewed by the hospital. List any and all resignations from any medical staff in lieu of disciplinary or administrative action. (Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attend hospital department or staff meetings, or maintain required malpractice insurance).

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

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**CHILD SUPPORT STATEMENT**

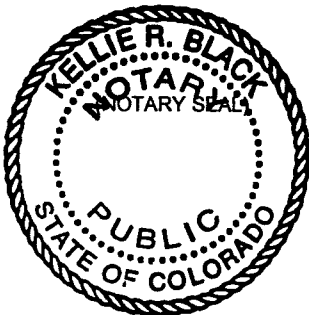
The law of the state of Nevada requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. You are advised that this questions is part of your application, your response is given under oath, and any response heretowhich is false, fraudulent, misleading, inaccurate or incomplete, may result in your application being denied. You must mark one of the following responses, and failure to mark one of the responses may result in denial of your application.

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.

I, SAVITA YESHAWANT GINDE being duly sworn, depose and say: That the answers to the foregoing questions and statements made in the above application as well as any and all further explanations contained on any separate attached pages are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied.

[Signature]  
(signature of applicant) 6/23/05  
(date)



My Commission Expires 09/12/2007

State of CO County of Denver  
 Subscribed and sworn to before me this 23 day of June, 2005.  
 Notary Public for the State of Colorado  
 My Commission Expires: 9/12/07  
 Residing at: 950 Broadway  
Denver, CO 80203  
 Signature of Notary: Kellie Black



**APPLICANT PHOTOGRAPH:**

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JUL - 5 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, NEGATIVES AND DIGITAL PHOTOS  
ARE NOT ACCEPTABLE.



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JUL 25 2005

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

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

*O. A*

\_\_\_\_\_

(signature of applicant)

*6/23/05*  
(date)

# Nevada State Board of Medical Examiners

## Renewal Responses Report

Tuesday, April 19, 2016



License Number 11725 Licensee Savita Yeshawant GINDE License Type Medical Doctor

### Question

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 answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to [alicensbme@medboard.nv.gov](mailto:alicensbme@medboard.nv.gov)

### Answer

N

### Date

05/31/2007

**NSBME Renewal Responses Report**

4/19/2016

N  
f you have a medical condition which in any way impairs or limits your ability to practice medicine, is that  
mpairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner  
n which you have chosen to practice?  
f you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to  
alicensensbme@medboard.nv.gov

05/31/2007

N  
f you use chemical substances, does your use in any way impair or limit your ability to practice medicine  
with reasonable skill and safety?  
f you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to  
alicensensbme@medboard.nv.gov

05/31/2007

**NSBME Renewal Responses Report**

4/19/2016

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?

05/31/2007

N  
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?

05/31/2007

**NSBME Renewal Responses Report**

4/19/2016

N  
Have you been investigated for, arrested for, charged with, convicted of, or plead guilty or nolo contendere to any offense or violation of any federal (including the U.S. Military), state or local law, including any foreign country, which is in a foreign jurisdiction equivalent to, a misdemeanor, gross misdemeanor, court martial, or felony, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of any chemical substance and/or including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, even if the ultimate disposition was dismissal or expungement.  
If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to [alicensbme@medboard.nv.gov](mailto:alicensbme@medboard.nv.gov)

05/31/2007

N  
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? If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to [alicensbme@medboard.nv.gov](mailto:alicensbme@medboard.nv.gov).

05/31/2007

**NSBME Renewal Responses Report**

4/19/2016

N  
-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?  
f "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to  
alicensbme@medboard.nv.gov.

05/31/2007

N  
-have you voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory by the direct request of a medical board?  
f "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to  
alicensbme@medboard.nv.gov.

05/31/2007

**NSBME Renewal Responses Report**

4/19/2016

Have you been denied membership or expelled from a medical society or other professional medical organization?  
If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to [alicensensbme@medboard.nv.gov](mailto:alicensensbme@medboard.nv.gov).

N

05/31/2007

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

If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to [alicensensbme@medboard.nv.gov](mailto:alicensensbme@medboard.nv.gov).

N

05/31/2007

**NSBME Renewal Responses Report**

4/19/2016

N  
Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?  
f "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to  
alicensensbme@medboard.nv.gov.

05/31/2007

N  
Have you had hospital staff privileges denied, suspended, limited, revoked or not renewed by the hospital? if you have answered "Yes" you will be required to submit a list of any and all resignations from any medical staff in lieu of disciplinary or administrative action via email to [elicensensbme@medboard.nv.gov](mailto:elicensensbme@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.)  
f "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to  
alicensensbme@medboard.nv.gov.

05/31/2007



**NSBME Renewal Responses Report**

4/19/2016

Is your license currently contingent upon compliance with the Diversion program also known as the Nevada Health Professionals Assistance Foundation?  
If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to [alicensensbme@medboard.nv.gov](mailto:alicensensbme@medboard.nv.gov).

N

05/31/2007

Was your license issued contingent upon maintaining certification by the American Board of Medical Specialties in the specialty of Family Practice, Emergency Medicine or Preventative medicine?  
If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to [alicensensbme@medboard.nv.gov](mailto:alicensensbme@medboard.nv.gov).

N

05/31/2007

**NSBME Renewal Responses Report**

4/19/2016

Are you a foreign medical doctor, who holds a Conditional Resident Alien Card, Employment Authorization Card, or Visa with the Department of Homeland Security, Immigration and Naturalization Services? If "yes" please fax a copy of proof to (775) 688-2551 ATTN:Online License Renewal.

N

05/31/2007

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

N

05/31/2007

If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to [alicensbme@medboard.nv.gov](mailto:alicensbme@medboard.nv.gov).

**NSBME Renewal Responses Report**

4/19/2016

Do you want to change your scope of practice or specialty?  
If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email your request to  
elicensbme@medboard.nv.gov

N

05/31/2007

Are you currently supervising a Physician Assistant or an Advanced Practitioner of Nursing? If you answer  
"Yes" please email a list of names of those you are supervising to [elicensbme@medboard.nv.gov](mailto:elicensbme@medboard.nv.gov)

N

05/31/2007

**NSBME Renewal Responses Report**

4/19/2016

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)  
understand that I may be included in a random audit following July 1st 2007 renewal. I agree to retain  
CME's taken between July 1, 2005 and June 30, 2007.

Y

05/31/2007

have actively practiced medicine in Nevada within the past 24 months.

Y

05/31/2007

**NSBME Renewal Responses Report**

4/19/2016

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

N

05/31/2007

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

05/31/2007

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

N

**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.**

**NSBME Renewal Responses Report**

4/19/2016

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

05/05/2009

**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.**

05/05/2009

**NSBME Renewal Responses Report**

4/19/2016

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

05/05/2009

**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.**



**NSBME Renewal Responses Report**

4/19/2016

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

05/05/2009

**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.**

N

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)?

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.

**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.

**NSBME Renewal Responses Report**

4/19/2016

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

05/05/2009

**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.**

**NSBME Renewal Responses Report**

4/19/2016

N

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.**

05/05/2009

**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

05/05/2009

**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 medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory? N

05/05/2009

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.

**NSBME Renewal Responses Report**

4/19/2016

-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

05/05/2009

**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.**

**NSBME Renewal Responses Report**

4/19/2016

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

N

05/05/2009

**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.**



**NSBME Renewal Responses Report**

4/19/2016

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

05/05/2009

- 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 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.**

**NSBME Renewal Responses Report**

4/19/2016

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

05/05/2009

**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.**

**NSBME Renewal Responses Report**

4/19/2016

05/05/2009

N

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 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.

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

If "Yes" during the time period July 1, 2007- June 30, 2009 type an explanation in the textbox directly below this question.

**Explanation 15: 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.**

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

**Explanation 16: For the above question, if your answer is "Yes" and you want to change to Inactive status for the next biennial July 1, 2009 – June 30, 2011, please provide a brief 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

05/05/2009

**Explanation 17: 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**

4/19/2016

Y

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)

understand that I may be included in a random audit following the July 1st, 2009 renewal. I agree to retain CME's taken between July 1, 2007 and June 30, 2009.

05/05/2009

Y

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.

05/05/2009

**NSBME Renewal Responses Report**

4/19/2016

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

06/07/2011

**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.**



**NSBME Renewal Responses Report**

4/19/2016

**if you have a medical condition which in any way impairs or limits your ability to practice medicine, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?  
if you do not have a medical condition, select No.**

N

06/07/2011

**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.**

**NSBME Renewal Responses Report**

4/19/2016

N

f you use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety?  
f you do not use chemical substances, select No.

06/07/2011

**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.**

**NSBME Renewal Responses Report**

4/19/2016

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.**

