

PHYSICIAN

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Date Received by Board

APPLICATION FOR INITIAL REGISTRATION

License No. _____

File No. _____

NEVADA STATE BOARD OF MEDICAL EXAMINERS

DEC 28 2005

(For Board Use Only)

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

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, CARDIOLOGY | 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 |

Code

Primary Scope of Practice

26

Code

Secondary Scope of Practice

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
MEDICINE
EXAMINED

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

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 or gross misdemeanor, or a 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)?

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	7/93-6/97
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.)

8/1-12.19.05

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)
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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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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

JUL - 5 2005

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	Rochester, NY USA	7/01	9/03
Clinician, Planned Parenthood of the Rocky Mountains	Denver, CO USA	11/03	1/04 (sn)
Medical Director, Planned Parenthood of the Rocky Mountains	Denver, CO USA	2/04	present
Vice President, Planned Parenthood of the Rocky Mountains	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 Appointment
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

N/A

JUL 25 2005

JUL - 5 2005

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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

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;

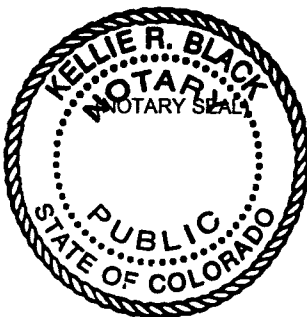
☐ (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; OR

☐ (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 of applicant)

(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: 50 Broadway

Denver, CO 80203

Signature of Notary: Kellie Black

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

0. 1

6/23/05
(date)

Nevada State Board of Medical Examiners

Renewal Responses Report

Tuesday, April 19, 2016



License Number	Licensee	License Type
11725	Savita Yeshawant GINDE	Medical Doctor

Question	Answer	Date
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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
alicensensbme@medboard.nv.gov

N

05/31/2007

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

05/31/2007

If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to alicensensbme@medboard.nv.gov

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

05/31/2007

If you answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to alicensensbme@medboard.nv.gov

Have you failed to initiate the performance of public service within one year after the date the public service
s 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

05/31/2007

Have you been named as a defendant, or been requested to respond as a defendant, to a legal action
nvolving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid
such a claim yourself?

N

05/31/2007

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
nsbme@medboard.nv.gov

N

05/31/2007

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
nsbme@medboard.nv.gov.

N

05/31/2007

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 05/31/2007
If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to nlicensensbme@medboard.nv.gov.

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? N 05/31/2007
If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to nlicensensbme@medboard.nv.gov.

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 nlicensensbme@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 nlicensensbme@medboard.nv.gov.

N

05/31/2007

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

05/31/2007

Have you had hospital staff privileges denied, suspended, limited, revoked or not renewed by the hospital? N
 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
 (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.)
 If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to
 elicensensbme@medboard.nv.gov.

05/31/2007

4/19/2016

s your license currently contingent upon compliance with the Diversion program also known as the Nevada Health Professionals Assistance Foundation?
f "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to
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?
f "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to
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?
f "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'.
f "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to
alicensensbme@medboard.nv.gov.

N

05/31/2007

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
elicensensbme@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 elicensensbme@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)
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

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

05/05/2009

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.

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

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.

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.

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

05/05/2009

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

05/05/2009

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

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

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.

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.

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.

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.

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.

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

05/05/2009

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 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

05/05/2009

f "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

05/05/2009

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

have completed the required amount of AMA Category 1 CME within the current biennial. Y
(Review CME information online at 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

SWEAR OR AFFIRM UNDER THE PENALTY OF PERJURY THAT I PERSONALLY ANSWERED ALL OF Y
THE QUESTIONS IN THIS APPLICATION AND THAT THE ANSWERS I HAVE PROVIDED ARE TRUE
AND CORRECT.

05/05/2009

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

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.

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

06/07/2011

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

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

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

N

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.

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.

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

06/07/2011

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.

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.**

06/07/2011

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

Have you been denied a license, permission to practice medicine or any other healing art, or permission to
take an examination to practice medicine or any other healing art in any state, country or U.S. territory? N

06/07/2011

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

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

06/07/2011

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

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

N

06/07/2011

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

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

N

06/07/2011

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

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

N

06/07/2011

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

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

06/07/2011

Explanation 12: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.

Have you had hospital staff privileges denied, suspended, limited, revoked or not renewed by the hospital, including any and all resignations from any medical staff in lieu of disciplinary or administrative action? If the answer is "Yes," type the name of the hospital, the hospital's mailing address, the type of action taken, and the date or dates of the actions taken in the textbox directly below this question.
Please Note:) Do not include suspensions or restrictions for failure to complete hospital medical records, attend hospital department or staff meetings, or maintain required malpractice insurance.)

N

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.

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

06/07/2011

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

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

hereby request my license to be placed on Inactive status, which means I will not physically practice in the state of Nevada.
f you choose to place your license on Inactive status, make certain to select "Yes" to this question AND choose the Inactive status in the dropdown box located at the end of the questions.

06/07/2011

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

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

N

06/07/2011

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

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

N

06/07/2011

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

NSBME Renewal Responses Report

4/19/2016

have completed the required amount of AMA Category 1 CME within the current biennial.

Y

06/07/2011

(Review CME information online at www.medboard.nv.gov)

understand that I may be included in a random audit following the July 1st, 2011 renewal. I agree to retain CME's taken between July 1, 2009 and June 30, 2011.

If renewing to an Inactive status, CME is not required and "No" can be selected.

SWEAR OR AFFIRM UNDER THE PENALTY OF PERJURY THAT I PERSONALLY ANSWERED ALL OF THE QUESTIONS IN THIS APPLICATION AND THAT THE ANSWERS I HAVE PROVIDED ARE TRUE AND CORRECT.

Y

06/07/2011

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

06/02/2013

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

06/02/2013

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

06/02/2013

If you do not use chemical substances, select No.

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

06/02/2013

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

06/02/2013

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

06/02/2013

NSBME Renewal Responses Report

4/19/2016

Have you been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory? N

06/02/2013

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

06/02/2013

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

N

06/02/2013

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

06/02/2013

NSBME Renewal Responses Report

4/19/2016

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

06/02/2013

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

06/02/2013

NSBME Renewal Responses Report

4/19/2016

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

06/02/2013

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.)

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

Y

06/02/2013

hereby request my license to be placed on Inactive status, which means I will not physically practice in the state of Nevada. N
 f you choose to place your license on Inactive status, make certain to select "Yes" to this question AND
 choose the Inactive status in the dropdown box located at the end of the questions.

06/02/2013

The submission of the in-office surgery/procedure forms is required for all medical doctors, Y
 whether in state, out of state, active or inactive status! THIS IS NOT OPTIONAL. DO NOT answer
 this attestation until you have completed the requisite form. Once you have completed this action,
 you may proceed in answering the renewal attestations and questions. The online renewal site will
 retain your previous responses. Please go to the website, click on the following link for instructions and
 complete the required form. Click on the following link for the instructions and forms:
http://medboard.nv.gov/New_In_Office_Surgery_Forms.htm
 f you have submitted your In-Office Surgery/Procedure Reporting Forms (A/B forms) to the Board
 and are in compliance with NRS 630.30665, your answer should be "YES". Nevada Revised Statutes

06/02/2013

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

06/02/2013

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

I have completed the required amount of AMA Category 1 CME within the current biennial. I understand that I may be included in a random audit. I agree to retain CME's taken between July 1, 2011 and June 30, 2013. Y
(Review CME information online at www.medboard.nv.gov)
If renewing to an Inactive status, CME is not required and "No" can be selected.

06/02/2013

SWEAR OR AFFIRM UNDER THE PENALTY OF PERJURY THAT I PERSONALLY ANSWERED ALL OF
THE QUESTIONS IN THIS APPLICATION AND THAT THE ANSWERS I HAVE PROVIDED ARE TRUE
AND CORRECT. Y

06/02/2013

Renewal Questions for License Number 11725



Licensee	Question	Answer	Date
GINDE, Savita Yeshawant	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	6/18/2015
GINDE, Savita Yeshawant	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	6/18/2015
GINDE, Savita Yeshawant	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	6/18/2015
GINDE, Savita Yeshawant	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	6/18/2015
GINDE, Savita Yeshawant	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	6/18/2015
GINDE, Savita Yeshawant	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	6/18/2015
GINDE, Savita Yeshawant	Have you been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?	N	6/18/2015
GINDE, Savita Yeshawant	Have you had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?	N	6/18/2015
	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	N	6/18/2015

GINDE, Savita Yeshawant	action?		
GINDE, Savita Yeshawant	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	6/18/2015
GINDE, Savita Yeshawant	Have you been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency <u>other than</u> the Nevada State Board of Medical Examiners?	N	6/18/2015
GINDE, Savita Yeshawant	Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	N	6/18/2015
GINDE, Savita Yeshawant	<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	6/18/2015
GINDE, Savita Yeshawant	Have you actively practiced medicine in Nevada within the past 12 months?	Y	6/18/2015
GINDE, Savita Yeshawant	<p>OPTION TO CHANGE LICENSE STATUS FROM ACTIVE TO INACTIVE:</p> <p>NOTE: If you choose to drop to Inactive status during this renewal, your status will be changed to "Inactive" as of the date of your renewal. If you do NOT wish to change your status to "Inactive" as of today, DO NOT COMPLETE YOUR RENEWAL UNTIL SUCH TIME AS YOU ARE PREPARED TO HAVE YOUR STATUS CHANGED (prior to JULY 1ST). For your information, your answers to the questions that you've already completed will remain, but you should not complete the renewal and pay until such time as you are prepared to change your status to "Inactive."</p> <p>I hereby request my license to be placed on Inactive status, which means I will <u>not</u> physically practice in the state of Nevada.</p> <p>If you choose to place your license on Inactive status, make certain to select "Yes" to this question AND choose the Inactive status in the dropdown box located at the end of the questions.</p>	N	6/18/2015
GINDE, Savita Yeshawant	<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 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</p>	Y	6/18/2015

	prevention of transmission of infectious agents through safe and appropriate injection practices.		
	http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html		
GINDE, Savita Yeshawant	<p>I hereby attest that I am in compliance with the reporting requirements of NRS 630.30665, and am aware that failure to submit a report or filing false information in a report is grounds for disciplinary action under Nevada's Medical Practice Act.</p> <p>I HAVE SUBMITTED A "FORM A" OR "FORM B" REPORT TO THE BOARD.</p> <p>Instructions and Forms A and B for in-office surgery/procedure reporting can be located on the Board's website by clicking the red "In-Office Surgery Reporting" link on the home page of the Board's website: www.medboard.nv.gov.</p> <p>If you have submitted your in-office surgery/procedure reporting forms (A/B Forms) to the Board and are in compliance with NRS 630.30665, your answer should be "YES."</p>	Y	6/18/2015
GINDE, Savita Yeshawant	<p>Are you out of compliance with court ordered child support? If this does not apply to you, please answer "no".</p> <p>If "Yes" during the time period July 1, 2013 - June 30, 2015 type an explanation in the textbox directly below this question.</p>	N	6/18/2015
GINDE, Savita Yeshawant	<p>Once you have read the statute regarding the reporting of the abuse or neglect of a child, your answer to this question will be "YES".</p> <p>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.</p> <p>www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220</p>	Y	6/18/2015
GINDE, Savita Yeshawant	Have you ever served in the United States Military (to include National Guard or Reserves)?	N	6/18/2015
GINDE, Savita Yeshawant	Do you hold a Nevada state business license issued <u>in your individual name</u> ?	N	6/18/2015
GINDE, Savita Yeshawant	<p>I have completed the required amount of AMA Category 1 CME within the current biennial. I understand that I may be included in a random audit. I agree to retain CME's taken between July 1, 2013 and June 30, 2015. (Review CME information online at www.medboard.nv.gov)</p> <p>If renewing to an <u>Inactive</u> status, CME is not required and "No" can be selected.</p>	Y	6/18/2015
GINDE, Savita Yeshawant	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	6/18/2015