MEDICAL DOCTOR STATE OF NEVADA BOARD OF MEDICAL EXAMINERS APPLICATION FOR LICENSURE EIVED

1. Present Legal Name	Isaacson,				NOV 1 3 2002
t t t and the same of	Last	First	RECE	I V E U	NEVADA STATE
List any other name e	ever useu		JAN 1	(- 2 003	MEDICAL EXAMINERS
2. Business and/or Mail		892 N.Sicil Street C	V Dr. C	handler.	A7 85226 Zip
3. Home Address	<u> </u>		MEDICAL F		JAN 2 3 200
	Street	City	State		Zip - VED
4. Telephone (<u>480</u>)	225-8826 Office		<u> </u>	Home	NEVADAN 2 3 2003
area code		area code		nome	NEVADA STATE BC 40 CI MEDICAL EXAMINE 38
5. Date of Birth	/59	Place of Birth		<u>Michiga</u> te, country	an
6. Citizenship: U.S. Citize	en X Alien Re	ecistration#		-	ion#
Visa Type and #		<u> </u>			
Submit a certified co	py of birth certif	ficate, or original	Certificate	of Naturalizat	ion or current U.S.
passport or copy of fro	nv back of your	allen registratioi	i card, work	autnorizatioi	i or visa. .:
7. AgeHeight		Color of Ey	/es	Color of Ha	ir
Social So	ecurity Number				
For the purposes of the fo	ollowing question	s, these phrases o	or words have	e these meanir	ngs:
"Ability to practice med	licina" le to he co	onetrued to include	a sill of the fell	lowing:	
1. The cognitive	capacity to mak	e appropriate clini	cal diagnose	s and exercise	e reasoned medical
judgments and to learn ar	nd keep abreast	of medical develop	ments; and		-i
2. The ability to c care providers, with or will	ommunicate thos thout the use of a	se juagments and r sids or devices, su	necicai intorr ch as voice a	nation to patiel Implifiers: and	nts and other health.
3. The physician	capability to per	rform medical task	s such as ph	nysician exami	nation and surgice
procedures, with or withou	ut the use of aids	or devices, such	as corrective	lenses or hea	ring aids.
"Medical condition" inclu	udes physiologica	al, mental or psych	ological cond	itions or disord	ers, such as, but not
limited to, orthopedic, visi scierosis, cancer, heart of	on, speech, and lisease, diabete:	nearing, cerebral s. emotional or m	paisy, epilep ental illness.	osy, muscul ar HIV disease.	cystropny, multiple tuberculosis, drug
addiction, and alcoholism.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,	
"Chemical substances"	is to be construe	d to include alcoho	ol, druas or m	nedications. inc	cluding those taker.
pursuant to a valid prescription.	ription for legitim	ate medical purpo	oses and in	accordance w	ith the prescriber's
"Currently" does not mea	n on the day of.	or even in the wee	eks or months	s precedina the	completing of this
application. Rather, it mea functioning as a licensee.	ns recently enou	gh so that the use	of drugs may	have an ongo	ing impact on one's
8. Do you have a medical	condition which	in any wav impairs	s or limits you	ır ability to pra	ctice medicine with
reasonable skill and safety	? Yes Yes Yes	<u>K_</u> No.	•	• •	
9. If you have a medical co	ondition which in	any way impairs o	or limits your	ability to practi	ce medicine is that
impairment or limitation red	luced or ameliora	ated because of the	e field of prac	ctice, the settin	g, or the manner in
which you have chosen to if Yes, separ	practice? ate attached explana		<u> </u>		e, es
40 Manual and abamical and	hetanoge door w	our use of showin	al eubetanes	(e) in any wey	impair or limit vour
10. If you use chemical sul ability to practice medicine	with reasonable	skill and safety? _	ai substance Yes _		N/A 8/22/02

If yes, separate attached explanation required.

government or a state o	gin to satisfy a requ r local government i parate attached explana	for your medical ed	ceiving a loan or scholarship from the federal lucation?YesXNo
professional liability clair	defendant in a lega n paid in your behal parate attached explana	f or paid such a cla	professional liability (malpractice) or had a aim yourself? X Yes No.
offense or violation of an gross misdemeanor, or fo under the influence of ar manufacture, distribution	y federal, state or lo elony, excluding any ny substance is not	cal law, including a minor traffic offens considered a mino pensing of controlle	ed of, or plead guilty or noio contendere to, any any foreign country, which is a misdemeanor, e (Driving or in control of a motor vehicle while or traffic offense) or which is related to the ed substances?YesXNo.
14. Have you previousYesXNo.	ily applied for med	ical licensure in	Nevada (including a residency program)?
SCHOOL SUBMIT AN ON Name	FFICIAL TRANSCI Address	RIPT <u>DIRECTLY</u> T Place Where Instruction Recei	Dates of Attendance
Tufts University			
145 Harrison Ave	., Boston, M	A 02111	9/87 to 5/91
United States or Canada.	School of Me., Bostony MA	A 02111 cal education you i	Exact Date of Issuance $\frac{(\cancel{D}) \cdot 5/4/91}{5/4/91} = 5/12/9/$ have received as an intern or resident in the
*Accreditation Council for Hospital/	or Graduate Medica Mailing Type		Dates of Attendance
Institution	Address	or Specialty	From (Mo./Yr.) To (Mo./Yr.)
Brigham and Wome:	n's Hospital	•	
75 Francis St.,	Boston, MA 02	2115	
If more space	e is needed, please atta	ch separate sheet.	-
18. List all Fellowship train			
Institution	Mailing Address	Type of Fellowship	Dates of Attendance From (Mo./Yr.) To (Mo./Yr.)
If more space	is needed, please attac	in separate sheet.	
any type of training progran	ictions, limitations, on? Yes Yes	`No.	been imposed on you while participating in
20. If you graduated from a ECFMG#	medical school loca	ted outside the Un	ited States of America or Canada, list your

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

				RECEIVED
a. NATIONAL BOARDS: Location	Part Taken	Date	Results (Scores)	NOV 1 3 2002
Boston, MA	Part I	6/89	625 - Pass	NEVADA STATE BOARD OF
Boston, MA	Part II	9/90	570 Pass	MEDICAL EXAMINERS
Boston, MA	Part III	3/92	625 Pass	
b. FLEX (Federation Licens Location	ing Examination): Part Taken	Date	Result (Seres)C	
			JAN	1 0 2003
			NEVADA S MEDICA	TATE BOARD O. L EXAMINERS
c. USMLE (United States Me	edical Licensing Exar			
Location	Part Taken	Date	Result (Scores)	
i. State Written Examination	:			
Location	Part Taken	Date	Result (Scores)	
o. SPEX (Special Purpose E	xamination):			
Location	Part Taken	Date	Result (Scores)	
				e e e e e e e e e e e e e e e e e e e
2. State your area of specialty	. Obstetrics	and Gyneco	logy	
3. List any and all certification BOARD OF MEDICAL SPEC	ns and re-certification	s by a board or su	•	ne AMERICAN
Specialty Board he American Board	Certification #		Dates of rtification/Recertification ogy	1 11/7/97
ne American board	# 951161			
	· /JIIBI	<u> </u>		

ALL PERIODS OF TII City/State/Country	ME MUST BE A		From (Mo./Yr.) To (Mo./Yr.)	
Chelsea. MA USA	Lesi	dency offen	•	
Brookline, MA USA	Resi	dercy oslogn	7/92 to 7/95	
Chander, AZ USA		te partie osloga	7/95 to present	<u></u>
				
				
 List below the requested ember at any level during the llowship affiliation. 	d information for the last ten year	all hospitals in which y s. If none, please indi	ou ARE, OR HAVE EVER BEEN a cate. Do not list internship, residence	staff <u>Sy or</u>
Hospital		failing Address	Dates of Appointment From (Mo./Yr.) To (Mo./Yr.))
Please see At	MCNNEW	1		
	•			
if more space is	needed, attach sep	parate sheet.		
Last any and all licenses untry.	•	•	ctice medicine in any state, territor	y or
List any and all licenses untry. State/Territory	YOU HOLD O	R HAVE HELD to pra	Dates of Practice	y or
List any and all licenses intry.	•	R HAVE HELD to pra	Dates of Practice From (Mo./Yr.) To (Mo./Yr.)	y or
List any and all licenses intry. State/Territory Country	YOU HOLD O	R HAVE HELD to pra	Dates of Practice From (Mo./Yr.) To (Mo./Yr.) 5/93 to 7/95	y or
List any and all licenses intry. State/Territory Country Massachusetts	YOU HOLD O License # 77622	R HAVE HELD to pra Date of Issuance 5/12/93	Dates of Practice From (Mo./Yr.) To (Mo./Yr.)	y or
List any and all licenses untry. State/Territory Country Massachusetts Arizona	YOU HOLD O License # 77622 23227	Pate of Issuance 5/12/93 6/16/95	Dates of Practice From (Mo./Yr.) To (Mo./Yr.) 5/93 to 7/95	y or
List any and all licenses untry. State/Territory Country Massachusetts Arizona	License # 77622 23227	Date of Issuance 5/12/93 6/16/95	Dates of Practice From (Mo.Yr.) To (Mo.Yr.) 5/93 to 7/95 7/95 to present	
List any and all licenses untry. State/Territory Country Massachusetts Arizona If more space is not all licenses	License # 77622 23227	Date of Issuance 5/12/93 6/16/95 arate sheet. ermission to practice	Dates of Practice From (Mo.Yr.) To (Mo.Yr.) 5/93 to 7/95 7/95 to present	
State/Territory Country Massachusetts Arizona If more space is n Have you ever been deninission to take an examinat	License # 77622 23227 needed, attach sepation to practice in No.	Date of Issuance 5/12/93 6/16/95 arate sheet. ermission to practice inedicine or any other h	Dates of Practice From (Mo.Yr.) To (Mo.Yr.) 5/93 to 7/95 7/95 to present	
State/Territory Country Massachusetts Arizona If more space is n Have you ever been deninission to take an examinat	License # 77622 23227 needed, attach separated a license, pation to practice means.	Date of Issuance 5/12/93 6/16/95 arate sheet. ermission to practice inedicine or any other h	Dates of Practice From (Mo.Yr.) To (Mo.Yr.) 5/93 to 7/95 7/95 to present	
State/Territory Country Massachusetts Arizona If more space is not sp	License # 77622 23227 needed, attach separation to practice in _No. ttached explanation cal license revo	Date of Issuance 5/12/93 6/16/95 arate sheet. ermission to practice inedicine or any other harequired.	Dates of Practice From (Mo./Yr.) To (Mo./Yr.) 5/93 to 7/95 7/95 to present medicine or any other healing arts, ealing arts in any state, country or U	or I.S.
It is any and all licenses unity. State/Territory Country Massachusetts Arizona If more space is not a space	License # 77622 23227 needed, attach separation to practice in No. Itached explanation No.	Date of Issuance 5/12/93 6/16/95 arate sheet. ermission to practice inedicine or any other harequired. ked, suspended, limite	Dates of Practice From (Mo.Yr.) To (Mo.Yr.) 5/93 to 7/95 7/95 to present	or I.S.
If more space is not space is n	License # 77622 23227 needed, attach separation to practice in No. Itached explanation No. Itached explanation ached explanation	Date of Issuance 5/12/93 6/16/95 arate sheet. ermission to practice inedicine or any other har required. ked, suspended, limite required.	Dates of Practice From (Mo.Yr.) To (Mo.Yr.) 5/93 to 7/95 7/95 to present medicine or any other healing arts, ealing arts in any state, country or U	or .S.
If more space is noticed territory. State/Territory Country Massachusetts Arizona If more space is not the	License # 77622 23227 needed, attach separation to practice in No. Itached explanation No. Itached explanation ached explanation	Date of Issuance 5/12/93 6/16/95 arate sheet. ermission to practice inedicine or any other har required. ked, suspended, limite required.	Dates of Practice From (Mo./Yr.) To (Mo./Yr.) 5/93 to 7/95 7/95 to present medicine or any other healing arts, ealing arts in any state, country or U	or .S.
If more space is in Have you ever had a medical territory? Yes X If yes, separate at the cory? Yes X If yes, separate at the cory? Yes X If yes, separate at the cory? Yes X No.	License # 77622 23227 needed, attach separation to practice in No. Itached explanation No. Itached explanation ached explanation	Date of Issuance 5/12/93 6/16/95 Brate sheet. ermission to practice inedicine or any other har required. ked, suspended, limite required. icense to practice a here	Dates of Practice From (Mo.Yr.) To (Mo.Yr.) 5/93 to 7/95 7/95 to present medicine or any other healing arts, ealing arts in any state, country or U	or .s.
If more space is not yet and all licenses intry. State/Territory Country Massachusetts Arizona If more space is not a space	License # 77622 23227 Deceded, attach separation to practice relation to practice relationship in the present of the present	Date of Issuance 5/12/93 6/16/95 Brate sheet. ermission to practice in required. ked, suspended, limite required. icense to practice a herequired.	Dates of Practice From (Mo.Yr.) To (Mo.Yr.) 5/93 to 7/95 7/95 to present medicine or any other healing arts, ealing arts in any state, country or U d, or restricted in any state, country or U	or .s.
State/Territory Country Massachusetts Arizona If more space is not s	License # 77622 23227 Deceded, attach separation to practice relation to practice relationship of tached explanation surrendered a license revolution of tached explanation membership or membership or tached explanation membership	Date of Issuance 5/12/93 6/16/95 arate sheet. ermission to practice inedicine or any other har required. ked, suspended, limite required. icense to practice a herequired. expelled from a medicine expelled from a medicine.	Dates of Practice From (Mo.Yr.) To (Mo.Yr.) 5/93 to 7/95 7/95 to present medicine or any other healing arts, ealing arts in any state, country or U	or .s.

Question 25

Desert Samaritan Medical Center 1400 S. Dobson Rd, Mesa, AZ 85202 8/95 to present

Paul A. Isaacson, M.D. Additional Information 3

RECEIVED NOV 1 3 2002

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Chandler Regional Hospital 475 S. Dobson Rd, Chandler, AZ 85224 7/95 to present

Mesa General Hospital 515 N Mesa Dr, Mesa, AZ 85201 9/95 to 7/97

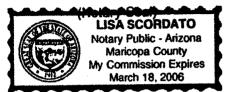
Mesa Lutheran Hospital 525 W. Brown Road Mesa, AZ 85201 9/95 to 8/97

Valley Lutheran Hospital 6644 E. Baywood Ave, Mesa, AZ 85206 9/95 to 8/97

Tempe St. Luke's Hospital 1500 S Mill Ave, Tempe, AZ 85281 7/95 to 7/99

31. Have you ever been it itigated for, charged with, or convicted of y violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency?Yes _X _No						
If Yes, separate attached explanation required.						
32. Have you ever surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?YesX_No fyes, separate attached explanation required.						
by the hospital. List any action. (Please Note: Direcords, attend hospital of the control of the	and all resignations from no not include suspension department staff meetings Mailing	n any medical staff in ns or restrictions for s, or maintain require Type of	nded, limited, revoked or not renewed in lieu of disciplinary or administrative failure to complete hospital medical ed malpractice insurance). Dates of Action			
Hospital	Address	Action	From (Mo.Yr.) To (Mo.Yr.)			
If more sp	ace is needed, attach separate	sheet				
	CHILD SUPPO	RTINFORMAT	ION			
The law of the st license be provided the applicant.	ate of Nevada requires the opportunity to indicate if	at all applicants for i one of the following	ssuance or renewal of a professional g circumstances is applicable to the			
You are advised that any response hereto application being denied.	which is false, fraudulent,	f your application, yo misleading, inaccu	our response is given under oath, and rate, or incomplete, may result in your			
You must mark of denial of your application.		ses, and failure to m	ark one of the responses may result in			
1	PLACE AN X ON T	HE APPROPRI	ATE LINE			
l am not subject t	o a court order for the su	pport of a child.				
the order or am in	court order for the suppor a compliance with a plan a er for the repayment of th	approved by the dis	ildren.and am in.compliance with trict attorney or other public agency suant to the order; or			
with the order or a	court order for the suppor a plan approved by the di the amount owed pursua	strict attorney or oth	ildren and am NOT in compliance ner agency enforcing the order for			
Type or print nam	, M.D.	Soci	al Security Number			
\" 1		1	/_			
, -		10/2	2/07			
/ Signature /			Date			

being duly sworn, depose and say: That the answers to the foregoing questions and statements made in the above application at the zero and say 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.



Attach a finished photograph of passport quality of your head and shoulders only.

Photo must have been taken within the last 60 days and be at least 2" x 2" in size. Sign the photo in ink across the lower portion of its front side.

Proof photos and negatives are not acceptable

Signature of Applicar	nt , .
	, 22nd
Subscribed and sworn to before	ore me this <u>AA</u> day of
	trizona.
My Commission Expires M	
Residing at Phill A	America
Manual Land	
\$ignature of	Notary RECEIVE
	HEGEIVE
	NOV 1 3 2002
	NEVADA STATE POARD
	MEDICAL EXAMINERS
	·.
	Á

I hereby certify that the attached photograph is a true likeness of mvs - " - " - " in the last 60 days.

Signature of Applicant

Daté

APPLICATION FOR INITIAL REGISTRATION NEVADA STATE BOARD OF MEDICAL EXAMINERS

Dite Teacher To A BA

License No.

MAY 1 5 2003

File I	No.		

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

Paul A. Isaacson, M.D. 892 N. Sicily Drive Chandler, AZ 85226 MEDICAL EXAMINERS
YOUR COMPLETED APPLICATION
FOR INITIAL REGISTRATION MUST BE
RETURNED TO THE BOARD OFFICE
WITHIN THIRTY (30) DAYS OF RECEIPT

PLEASE PROVIDE ALL INFORMATION AS REQUESTED (TYPE OR PRINT LEGIBLY)

A notarized or certified copy of the do included. Name	cument authorizing y	our name change (marriag	licate that change in the space płovidec ge license, divorce decree, etc.) must b
Street			
City	County	State_	Zip Code
2. Are you currently active in medicin	e?		
a. [] YES, in training. c. [] YES, working part-t e. [] NO, other (specify_	ime d. [´ Ì	YES, working full-time NO, retired.)
3. Please indicate your primary, se following codes:	SCOPE	specialties and percent of OF PRACTICE ALTY CODES	f practice time spent in each, using th
102 ADDICTION MEDICINE 1 ADOLESCENT MEDICINE 2 AEROSPACE MEDICINE 3 ALLERGY/IMMUNOLOGY 104 ALTERNATIVE MEDICINE 4 ANESTHESIOLOGY 5 BLOODBANKING 6 BRONCO-ESOPHAGOLOGY 7 CARDIOVASCULAR DISEASES 8 CATSCAN/ULTRASOUND 9 CHILD NEUROLOGY 10 CHILD PSYCHIATRY 11 CLINICAL PHARMACOLOGY 12 CRITICAL CARE 13 DERMATOLOGY 14 EMERGENCY MEDICINE 15 ENDOCRINOLOGY 16 FAMILY PRACTICE 17 GASTROENTEROLOGY 18 GENERAL PRACTICE 19 GERIATRICS 20 GYNECOLOGY 21 HEMATOLOGY 21 HEMATOLOGY 22 HYPNOSIS 23 IMMUNOLOGY 24 INFECTIOUS DISEASES 25 INFERTILITY 26 INTERNAL MEDICINE 27 LARYNGOLOGY 28 LEGAL MEDICINE 29 MATERNAL/FETAL MEDICINE 106 MEDICAL ACUPUNCTURE 107 MEDICAL ETHICS 30 NEO/PERINATAL MEDICINE	56 PEDIATRIC, EN 57 PEDIATRIC, HE 58 PEDIATRIC, INI 59 PEDIATRIC, INI 60 PEDIATRIC, NE 98 PEDIATRIC, NE 101 PEDIATRIC, OP 61 PEDIATRIC, PH 95 PEDIATRIC, PU	CORY	SURGERY, NEUROLOGICAL SURGERY, ORTHOPEDIC SURGERY, PLASTIC SURGERY, THORACIC SURGERY, TRAUMATIC SURGERY, UROLOGIC SURGERY, VASCULAR
Primary Code 3 8	Percent (oard Certified (Indicate Yes/No)

PLEASE INDICATE ALL A Board AMerica				Date of	UBBOARD CERTIFICATIONS: Date of Last Certification
	O SUATA	OF US	(<i>FCI71</i> (((Mo.Yr.)	(Mo.Yr.)
Subboard				(Mo./Yr.)	(Mo.Yr.)
Board				(Mo./Yr.)	(Mo./Yr.)
Subboard	······································		<u></u>	(Mo./Yr.)	(Mo./Yr.)
4. Form of employment is_ SELF-EMPLOYED 1001 Solo Practice 1002 Partnership or G SALARIED, EMPL 1003 Individual Practit 1004 Partnership or G 1005 Group Health Pl	oroup Practitione OYED BY: ioner roup of Practition an Facility (such	ners as H.M.O.)	1006 1007 1008 1009 1010 1011	Federal Government (armo Federal Government (civili State Government	mployer (hospital, school, etc.) ed services personnel only)
"Ability to practice medicine 1. The cognitive cap abreast of medical developme 2. The ability to common the use of aids or devices, such as use of aids or devices, such as "Medical condition" include speech, hearing, cerebral pillness, HIV disease, tuberculo "Chemical substances" is to for legitimate medical purpose "Currently" does not mean.	e" is to be constru- lacity to make apprents; municate those judicity to perform a corrective lenses s physiological, malsy, epilepsy, musis, drug addiction to be construed to a and in accordan	ed to include a ropriate clinical gments and ners; and medical tasks or hearing aid ental or psychoscular dystropo, and alcoholicity and the property of the week of the company of the	all of the folial diagnosis nedical information as dis. ological cooling multiples m. ol, drugs coescriber's	ollowing: es and exercise reasoned medic formation to patients and other l physician examination and surg onditions or disorders, such as, ple sclerosis, cancer, heart disc or medications, including those of direction.	cal judgments and to learn and keep health care providers, with or without pical procedures, with or without the but not limited to, orthopedic, vision, ease, diabetes, emotional or mental taken pursuant to a valid prescription of this application. Rather, it means ee.
MUST B				NSWERED "YES" ATE ATTACHED SHEE	ET OF PAPER
a. Do you have a n skill and safety?	nedical condition	which in any	way imp	eairs or limits your ability to p	ractice medicine with reasonable YesX_No
b. If you have a me or limitation reduced or an practice?	edical condition w neliorated becau	hich in any w ise of the fie	ay impai Id of pra	ctice, the setting, or the mar	ctice medicine is that impairment nner in which you have chosen to YesNoXN/A
c. If you use che reasonable skill and safet		es, does you	ruse in	any way impair or limit you	r ability to practice medicine withYesNoN/A
d. Have you faile required to begin to satisfy a government for your medi	requirement of y	performance our receiving	e of publ g a loan o	or scholarship from the fede	fter the date the public service is ral government or a state or localYesNoXN/A
e. Have you bee liability claim paid in your l	en a defendant i behalf or paid su	n a legal act Ich a claim y	tion invol ourself?	ving professional liability (m	alpractice) or had a professionalXYesNo

or violation of any federal, felony, excluding any min	, state or local law, incl or traffic offense (drivin ored a minor traffic of	uding any foreign country, which of or in control of a motor vehic	lead it ity or nolo contendere to any offense h is a misdemeanor, gross misdemeanor, or le while under the influence of any chemical he manufacture, distribution, prescribing, or
g. Have you ever to take an examination to	been denied a license practice medicine or ar	, permission to practice medicing other healing art(s) in any sta	ne or any other healing art(s), or permission te, country or U.S. territory?
		•	YesXNo
h. Have you ever restricted in any state, cou	r had a medical license intry or U.S. territory?	or license to practice any othe	r healing art revoked, suspended, limited, or YesX_No
i. Have you ever or U.S. territory?	voluntarily surrendered	a license to practice medicine	or any other healing art in any state, country
j. Have you eve organization?	er been denied memb	ership or expelled from a me	dical society or other professional medical
k. Have you ever governing the practice of agency?	r been investigated for medicine by any medi	, charged with, or convicted of cal licensing board, hospital, m	any violation of a statute, rule or regulation nedical society, governmental entity or other
I. Have you ever sany way?	surrendered your state	or federal controlled substance	registration or had it revoked or restricted inYesXNo
List any and all resignations	s from any medical staff is for failure to complete	in lieu of disciplinary or adminis	ted, revoked or not renewed by the hospital. strative action. (Please Note: Do not include nd hospital department or staff meetings, or
Hospital	Mailing Address	Type of Action	Dates of Action From (Mo./Yr.) To (Mo./Yr.)
(If more s	pace is needed, attach	a separate sheet.)	
PLEASE CHECK ONE OF	THE FOLLOWING:		
	oproved by the district a the order; or court order for the supp	port of one or more children an ttorney or other public agency of port of one or more children and	nd am in compliance with the order or am in enforcing the order for the repayment of the d am NOT in compliance with the order or a der for the repayment of the amount owed
Signature	SIGNAT	URE STAMP UNACCEPTABL	E
	0.0.01	Trail SIMOULF IABL	-
INITIAL REGISTR	ATION OF LICE	NSE TO PRACTICE	O IN THIS APPLICATION FOR MEDICINE IN THE STATE OF E HEREIN ARE TRUE.
480-855-9090	5/9/03	-	
Business Telephone #	Date	Signature (SIGNATURE	STAMP UNACCEPTABLE)

PHYSICIAN Date Received by Board

License No	9	.1
	-	•

APPLICATION FOR REGISTRATION RENEWAL	License No.
FOR THE BIENNIAL REGISTRATION PERIOD 2003-200	5 JUN 2 0 2003
NEVADA STATE BOARD OF MEDICAL EXAMINERS	File No;
Post Office Box 7238 Reno, Nevada 89510 Phone (775) 688-2559	(For Board Use Only)
Physical Address: 1105 Terminal Way, Suite 301 Reno, Nevada 89502	
I hereby apply for renewal of biennial registration and enclo	se the appropriate fee(s) as indicated below:
ACTIVE STATUS	\$400.00
INACTIVE STATUS	\$200.00(INACTIVE STATUS DOES NOT PERMIT
I REQUEST NON-RENEWAL OF MY LICENSE*	THE PRACTICE OF MEDICINE INCLUDING
("IF YOU ARE REQUESTING NON-RENEWAL, SEE BELOW	THE WRITING OF PRESCRIPTIONS IN NEVADA)
Paul A. Isaacson, M.D.	,
892 N. Sicily Drive	Make checks payable to:
Chandler, AZ 85226	NEVADA STATE BOARD OF MEDICAL EXAMINERS
•	(Foreign checks must indicate "U.S. FUNDS")

Request for NON-RENEWAL of License to Practice Medicine In Nevada

I hereby represent that I am the person named in this APPLICATION FOR REGISTRATION RENEWAL of license to practice medicine in the state of Nevada.

By signing on the signature line below, I am requesting that my license to practice medicine in Nevada NOT be renewed by the Nevada State Board of Medical Examiners. I will return this signed form to the board office.

Date Signa	ure (SIGNATURE STAMP UNACCEPTABLE)
Date	36 (SIGNATURE STATE STATES)

PLEASE NOTE:

- YOUR CURRENT M.D. LICENSE EXPIRES ON JUNE 30, 2003. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY JULY 1, 2003 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR **REGISTRATION RENEWAL FORM.)**
- YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS **ANSWERED "YES."**
- ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC INFORMATION.

PLEASE TYPE OR PRINT LEGIBLY

- 1. Active status registration renewal requires the submission of proof of completion of 40 hours of AMA Category 1 continuing medical education (CME), which includes 2 hours of CME in medical ethics and 20 hours of CME in your scope of practice or specialty completed during the period July 1, 2001 through June 30, 2003. Submit your proof of completion of CME with your completed Application for Registration Renewal form. (See last page of this form for CME statement.)
- 2. 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.

Street			
City	County	State	Zip
Phone Number	Fax N	lumber	
3. IF YOU HAVE RETII	RED OR MOVED YOUR PRACTICE	E, indicate the location of pati	ent records below:
		-	
Name			
NameStreet			

4. Indicate below your primary and secondary scopes of practice using the following codes:

SCOPES OF PRACTICE CODES

1	ADDICTION MEDICINE	41	NEOPLASTIC DISEASES	81	PEDIATRIC, RHEUMATOLOGY
2	ADOLESCENT MEDICINE	42	NEPHROLOGY	82	PEDIATRIC, SURGERY
3	AEROSPACE MEDICINE	43	NEUROLOGY	83	PEDIATRIC, UROLOGY
4	ALLERGY	44	NEURO-OPHTHALMOLOGY		PEDIATRICS
5	ALLERGY/IMMUNOLOGY	45		85	PHYSICAL MEDICINE/REHABILITATIO
6	AMBULATORY MEDICINE	46	NEURORADIOLOGY	86	
7	ANESTHESIOLOGY	47	NON-CONVENTIONAL MEDICINE	87	PSYCHIATRY
8	BLOODBANKING	48	NUCLEAR MEDICINE	88	
9	BRONCO-ESOPHAGOLOGY	49	NUTRITION	89	
10	CARDIOVASCULAR DISEASES	50	OBSTETRICS	90	PSYCHOMATIC MEDICINE
11	CATSCAN/ULTRASOUND	51	OBSTETRICS/GYNECOLOGY	91	
12	CHILD NEUROLOGY	52	OCCUPATIONAL MEDICINE		RADIOLOGY
13	CHILD PSYCHIATRY	53	ONCOLOGY		RADIOLOGY, DIAGNOSTIC
14	CLINICAL PHARMACOLOGY	.54	ONCOLOGY, GYNECOLOGICAL	94	
15	CRITICAL CARE	55	ONCOLOGY, HEMATOLOGY	95	· · · · · · · · · · · · · · · · · · ·
16	DERMATOLOGY	56	ONCOLOGY, RADIATION		RADIOLOGY, THERAPEUTIC
17	DERMATOPATHOLOGY	57	ONCOLOGY, SURGICAL	97	
18	EMERGENCY MEDICINE	58	OPHTHALMOLOGY	98	
19	ENDOCRINOLOGY	59	OTOLARYNGOLOGY		RHINOLOGY
20	FAMILY PRACTICE	60			SLEEP DISORDERS
21	GASTROENTEROLOGY		PAIN MANAGEMENT		SPORTS MEDICINE
22	GENERAL PRACTICE	62			SURGERY, ABDOMINAL
23	GERIATRIC PSYCHIATRY	63		103	SURGERY, CARDIOTHORACIC
24	GERIATRICS		PATHOLOGY, CLINICAL	104	SURGERY, CARDIOVASCULAR
25	GYNECOLOGY	65		105	SURGERY, COLON/RECTAL
26	HAIR TRANSPLANTATION	66		106	SURGERY, GENERAL
27	HEMATOLOGY	67	PEDIATRIC, CARDIOLOGY		SURGERY, HAND
28	HOMEOPATHY	68			SURGERY, HEAD/NECK
29	HYPNOSIS	69		109	SURGERY, MAXILLOFACIAL
30	IMMUNOLOGY		PEDIATRIC, ENDOCRINOLOGY		SURGERY, NEUROLOGICAL
31	INFECTIOUS DISEASES		PEDIATRIC, GASTROENTEROLOGY		SURGERY, ORTHOPEDIC
32	INFERTILITY	72	PEDIATRIC, HEMATOLOGY/ONCOLOGY	112	SURGERY, PLASTIC
33	INTERNAL MEDICINE		PEDIATRIC, INFECTIOUS DISEASES	113	SURGERY, THORACIC
34	LARYNGOLOGY		PEDIATRIC, INTENSIVIST	114	SURGERY, TRANSPLANT
35	LEGAL MEDICINE	75	PEDIATRIC, NEPHROLOGY	115	SURGERY, TRAUMATIC
36	MATERNAL/FETAL MEDICINE	76	PEDIATRIC, NEUROLOGY	116	SURGERY, UROLOGIC
37	MEDICAL ACUPUNCTURE		PEDIATRIC, OPHTHALMOLOGY		SURGERY, VASCULAR
38	MEDICAL ETHICS		PEDIATRIC, PHYSIATRY		TOXICOLOGY
39	MEDICAL GENETICS	79	PEDIATRIC, PULMONARY		URGENT CARE
40	NEO/PERINATAL MEDICINE	80	PEDIATRIC, RADIOLOGY		UROLOGY
				120	01.02041
		<u>Code</u>			Code
	•	-1			

Primary Scope of Practice	Secondary Scope of Practice

All of the following questions refer to the time period July 1, 2001, through the present date only.

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 REGISTRATION RENEWAL FORM.

Hospital	Address	Action		Mo./Yr.) To (Mo./Yr.)
List any and all resignation	ns from any medical stat s for failure to complete	vileges denied, suspended, if in lieu of disciplinary or ad a hospital medical records, Type of	ministrative action. (<u>Pleas</u> attend hospital departmer	e Note: Do not include
12. Have you ever surrer way?	ndered your state or fed	leral controlled substance r	registration or had it revok	ed or restricted in anyYesNo
any violation of a statute,	rule or regulation gover	under investigation for; b) in rning your practice as a phy ency <u>other than</u> the Nevada	sician by any medical lice State Board of Medical E	nsing board, hospital,
10. Have you ever been o	denied membership or e	expelled from a medical soc		medical organization?YesNo
Have you ever voluntal territory?	rily surrendered a licens	se to practice medicine or a	nny other healing art in any 	state, country or U.S. YesNo
8. Have you ever had a m any state, country or U.S.	edical license or license territory?	to practice any other healin	ng art revoked, suspended —	, limited, or restricted ir YesNo
7. Have you ever been de examination to practice m	enied a license, permiss redicine or any other he	sion to practice medicine of aling art in any state, count	r any other healing art, or ry or U.S. territory?	permission to take ar YesNo
violation of any federal, s felony, excluding any min	tate or local law, include or traffic offense (driving pred a minor traffic of	ed with, convicted of, or ple ling any foreign country, wi g or in control of a motor vo fense) or which is related	hich is a misdemeanor, g ehicle while under the influ to the manufacture, distri	ross misdemeanor, or Jence of any chemica
5. Have you been a defen paid in your behalf or paid	ndant in a legal action in d such a claim yourself?	volving professional liability	(malpractice) or had a pro —	fessional liability claimYes*No
4. Have you failed to initial begin to satisfy a require government for your med	ement of your receiving	public service within one ye g a loan or scholarship fro	om the federal governme	c service is required to ent or a state or loca sNoN/A
3. If you use chemical su skill and safety?	bstances, does your us	e in any way impair or limit	your ability to practice me Ye	
2. If you have a medical limitation reduced or ame practice?	condition which in any beliorated because of the	way impairs or limits your a e field of practice, the setti	ng, or the manner in whic	, is that impairment or h you have chosen to sNoN/A
safety?	condition which in any t	way impairs or limits your ab		ith reasonable skill and YesNo

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 is 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 of a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owe pursuant to the order.
CONTINUING MEDICAL EDUCATION (CME) STATEMENT
Please place a check mark next to one of the following statements:
(a) I completed a minimum of 40 hours of AMA Category 1 continuing medical education (CME), 2 hours of which were in medical ethics and 20 hours of which were in my scope of practice or specialty, during the past biennial period of Jul 1, 2001 through June 30, 2003;
(b) I was initially licensed in Nevada during the time period January 1, 2002 through June 30, 2002, the second simonths of the past biennial period, and completed a minimum of 30 hours of AMA Category I continuing medical education (CME), 2 hours of which were in medical ethics and 20 hours of which were in my scope of practice or specialty;
(c) I was initially licensed in Nevada during the time period July 1, 2002 through December 31, 2002, the third six months of the past biennial period, and completed a minimum of 20 hours of AMA Category I continuing medical education (CME), 2 hours of which were in medical ethics and 18 hours of which were in my scope of practice or specialty;
(d) I was initially licensed in Nevada during the time period January 1, 2003 through June 30, 2003, the fourth size months of the past biennial period, and completed a minimum of 10 hours of AMA Category I continuing medical education (CME), 2 hours of which were in medical ethics and 8 hours of which were in my scope of practice or specialty; OR
(e) I am exempt from submitting proof of completion of continuing medical education (CME) because I have completed a full year of residency or fellowship training during the biennial period July 1, 2001 through June 30, 2003.
 ATTACH COPIES OF PROOF OF YOUR COMPLETION OF CONTINUING MEDICAL EDUCATION (CME) HOURS IF YOU COMPLETED A FULL YEAR OF RESIDENCY OR FELLOWSHIP TRAINING DURING THE BIENNIAL PERIOD JULY 1, 2001 THROUGH JUNE 30, 2003, ATTACH A COPY OF PROOF OF COMPLETION OF YOUR TRAINING. YOUR COPIES OF PROOF OF CME OR TRAINING COMPLETION WILL NOT BE RETURNED TO YOU.
HAVE HAVE NOT <u>(CHECK ONE)</u> ACTIVELY PRACTICED MEDICINE IN NEVADA WITHIN THE PAST 12 MONTHS.
BY SIGNING ON THE SIGNATURE LINE BELOW:

- 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR REGISTRATION RENEWAL 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 REGISTRATION RENEWAL 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: (a) THE APPROPRIATE COPIES OF PROOF OF CONTINUING MEDICAL EDUCATION (CME), OR RESIDENCY OR FELLOWSHIP TRAINING COMPLETION; (b) PAYMENT OF THE APPROPRIATE REGISTRATION RENEWAL FEE; AND (c) WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S).

- /	/
	1/02
6//	6/03

PHYSICIAN		Data Descived by Desci	
APPLICATION FOR REGISTS		Date Received by Board	License No. 10490.
FOR THE BIENNIAL REGISTRATION	•	FEB 2 4 2005	LICONO 110
NEVADA STATE BOARD OF MI		·	File No
Post Office Box 7238 Reno, Nevada 89510 Physical Address: 1105 Terminal Way, Suite		(For Board Use Only)	5/19/03
I hereby apply for renewal of biennia		apprepriate fee(s) as indica	ated below:
XACTIVE STATUS	\$600		
INACTIVE STATUS I REQUEST NON-RENEV		.00(INACTIVE STATUS	
(*IF YOU ARE REQUESTING N			F MEDICINE <u>INCLUDING</u> PRESCRIPTIONS IN NEVADA
	SINGS WINDS		NECONII PONO IN NECONII
Paul Allen ISAACSON	M.C		ecks payable to:
2900 E. Desert Inn Road, S		MEANDY 21 VIE ROW	RD OF MEDICAL EXÁMINERS nust indicate "U.S. FUNDS")
Las Vegas	NV 89121-	(, o.o.g., o.o.o.	,
Request for NON-R	RENEWAL of Licens	e to Practice Medi	cine In Nevada
I hereby represent that I am the practice medicine in the state of N	person named in this <i>APPL</i> levada.	ICATION FOR REGISTRAT	TION RENEWAL of license to
By signing on the signature line		it my license to practice m	odicino in Novada NOT ha
renewed by the Nevada State Boar	rd of Medical Examiners. I	will return this signed for	m to the Board office.
•			iii to tiio Bould Olligo.
Deta			
Date Sign	nature (SIGNATURE STAMI	'UNACCEPTABLE)	
RENEWAL FORMS NOT RECEIVE SUSPENDED FOR NON-PAYMENT HAS NO GRACE PERIOD. (USE TREGISTRATION RENEWAL FORM YOUR LICENSE WILL NOT BE RENEWAL FORM ANSWERED "YES." ALL INFORMATION YOU PROVIDE INFORMATION.	T. EXTENSIONS OF TIME AR HE ENCLOSED ENVELOPE TO I.) NEWED UNLESS YOU ANSWE I. YOU MUST PROVIDE WRIT	E NOT ALLOWED FOR ANY I O MAIL YOUR COMPLETED A ER <u>ALL</u> QUESTIONS ON THIS TEN EXPLANATIONS FOR AI	REASON, AS NEVADA APPLICATION FOR APPLICATION FOR LL QUESTIONS
1. Active status registration renewal remedical education (CME), which inclus specialty completed during the per Statutes (NRS) 630.253(2)(b), an appact of terrorism that involves the use of that includes instruction in the following Personal protective equipment require exposure to, or injuries caused by, or reporting procedures for acts of terroriand the use of, the Health Alert Nets Registration Renewal form. (See last	ides 2 hours of CME in mediciod July 1, 2003 through Jolicant must complete a cours of a weapon of mass destructing subjects: (1) An overviewed for acts of terrorism; (3) Conchemical, biological, radioactism that involve biological agwork." Submit your proof of	pof of completion of 44 hours of CN une 30, 2005. Additionally, e of instruction relating to the on. "The course must provid of acts of terrorism and weammon symptoms and methoditive and nuclear agents; (4) tents; and (5) An overview of completion of CME with very	ME in your scope of practice or pursuant to Nevada Revised e medical consequences of an de at least 4 hours of instruction apons of mass destruction; (2) ds of treatment associated with Syndromic surveillance and of the information available on
		·	
If your name and/or address has e space provided below. Also, please is copy of the document authorizing you	ndicate vour current telephor	le and fax numbers (Please	e note: a notarized or certified
Oh			
Street			
City			
Phone Number	County	State	Zip

Stree	+			
-		County	State	Zip
City_		_County	Citato	
Phon	e Number		dans as an as of proceedings uplings the fir	ellowing godos:
4. In	dicate below your primar	y and secon	dary scopes of practice using the fo	ollowing codes:
		\$	SCOPES OF PRACTICE CODES	
	ADDICTION MEDICINE	43	NEPHROLOGY	85 PEDIATRIC, SURGERY
1 2	ADDICTION MEDICINE ADOLESCENT MEDICINE		NEUROLOGY	86 PEDIATRIC, UROLOGY
3	AEROSPACE MEDICINE		NEURO-OPHTHALMOLOGY	87 PEDIATRICS
4	ALLERGY		NEUROPATHOLOGY	88 PHYSICAL MEDICINE/REHABILITATIO
5	ALLERGY/IMMUNOLOGY		NEURORADIOLOGY	89 PREVENTIVE MEDICINE
6	AMBULATORY MEDICINE		NEUROTOLOGY	90 PSYCHIATRY
7	ANESTHESIOLOGY		NON-CONVENTIONAL MEDICINE	91 PSYCHOANALYSIS
8	BLOODBANKING		NUCLEAR MEDICINE NUTRITION	92 PSYCHOMATIC MEDICINÉ 93 PUBLIC HEALTH
9	BRONCO-ESOPHAGOLOGY CARDIOVASCULAR DISEASES		OBSTETRICS	94 PULMONARY DISEASES
	CATSCANULTRASOUND		OBSTETRICS/GYNECOLOGY	95 OCCUPATIONAL MEDICINE
11 12			OCCUPATIONAL MEDICINE	96 RADIOLOGY
13	CHILD PSYCHIATRY		ONCOLOGY	97 RADIOLOGY, DIAGNOSTIC
	CLINICAL PHARMACOLOGY		ONCOLOGY, GYNECOLOGICAL	98 RADIOLOGY, INTERVENTIONAL
15	CRITICAL CARE	57	ONCOLOGY, HEMATOLOGY	99 RADIOLOGY, NUCLEAR
	DERMATOLOGY		ONCOLOGY, RADIATION	100 RADIOLOGY, THERAPEUTIC
17	DERMATOPATHOLOGY		ONCOLOGY, SURGICAL	101 RADIOLOGY, VASCULAR 102 RHEUMATOLOGY
	EMERGENCY MEDICINE		OPHTHALMOLOGY OTOLARYNGOLOGY	103 RHINOLOGY
	ENDOCRINOLOGY FAMILY PRACTICE		OTOLOGY	104 SLEEP DISORDERS
20	FORENSIC MEDICINE		PAIN MANAGEMENT	105 SPORTS MEDICINE
22	GASTROENTEROLOGY	64	PATHOLOGY	106 SURGERY, ABDOMINAL
	GENERAL PRACTICE		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	61	PEDIATRIC, ALLERGY	110 SURGERY, CRANIOFACIAL
27	HAIR TRANSPLANTATION	- 69	PEDIATRIC, ANESTHESIOLOGY	111 SURGERY, GENERAL 112 SURGERY, HAND
28	HEMATOLOGY	70	PEDIATRIC, CARDIOLOGY PEDIATRIC, CRITICAL CARE	113 SURGERY, HEAD/NECK
29 30	HOMEOPATHY HYPNOSIS	7:	PEDIATRIC, CRITICAL CARE PEDIATRIC, EMERGENCY MEDICINE	114 SURGERY, MAXILLOFACIAL
31	IMMUNOLOGY	7:	PEDIATRIC, ENDOCRINOLOGY	115 SURGERY, NEUROLOGICAL
32	INFECTIOUS DISEASES	74	PEDIATRIC, GASTROENTEROLOGY	116 SURGERY, ORTHOPEDIC
33	INFERTILITY	7!	PEDIATRIC, HEMATOLOGY/ONCOLOGY	117 SURGERY, PLASTIC
34	INTERNAL MEDICINE		PEDIATRIC, INFECTIOUS DISEASES	118 SURGERY, THORACIC
	LARYNGOLOGY		PEDIATRIC, INTENSIVIST	119 SURGERT, TRANSPLANT
	LEGAL MEDICINE		PEDIATRIC, NEPHROLOGY	120 SURGERY, TRAUMATIC
37	MATERNAL/FETAL MEDICINE		PEDIATRIC, NEUROLOGY	121 SURGERY, UROLOGIC 122 SURGERY, VASCULAR
	MEDICAL ACUPUNCTURE) PEDIATRIC, OPHTHALMOLOGY I PEDIATRIC. PHYSIATRY	123 TOXICOLOGY
39	MEDICAL ETHICS MEDICAL GENETICS		PEDIATRIC, PULMONARY	124 TRANSPLANTATION
41			PEDIATRIC, RADIOLOGY	125 URGENT CARE
	NEOPLASTIC DISEASES		PEDIATRIC, RHEUMATOLOGY	126 UROLOGY
-		Code		<u>Code</u>
Del	mary Scope of Practice	53	Secondary Scor	pe of Practice
FII	illary ocope of Fractice			
PLI	EASE INDICATE AMERICA	AN BOARD O	F MEDICAL SPECIALTIES BOARD (Date of Initial Certific	CERTIFICATION & RECERTIFICATIO cation Date of Last Recertification
Boai	d American Boura	OF OBST		>
		- ·	(Mo.Ýr.)	(Mo./Yr.)
Subl	ooard			

July 1, 2003, through the present date only.

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 REGISTRATION RENEWAL FORM.

1. Do you have a medica safety?	al condition which in any	way impairs or limits your a		vith reasonable skill and YesXNo
2. If you have a medica limitation reduced or an practice?	l condition which in any reliorated because of th	way impairs or limits your a e field of practice, the sett	ing, or the manner in which	e, is that impairment or th you have chosen to esNoX_N/A
3. If you use chemical s skill and safety?	ubstances, does your us	e in any way impair or limit		dicine with reasonable
4. Have you failed to init begin to satisfy a requi government for your me	rement of your receivin	public service within one ye g a loan or scholarship fr	rom the federal governme	c service is required to ent or a state or local sNo_X_N/A
5. Have you been a defe paid in your behalf or pa	ndant in a legal action in id such a claim yourself	volving professional liability	(malpractice) or had a pro	ofessional liability claim
violation of any federal, felony, excluding any mi	state or local law, includ nor traffic offense (drivin ered a minor traffic of	ed with, convicted of, or pl ling any foreign country, w g or in control of a motor v fense) or which is related	hich is a misdemeanor, go rehicle while under the influ- to the manufacture, distri	ross misdemeanor, or uence of any chemical
7. Have you ever been dexamination to practice r	enied a license, permise nedicine or any other he	sion to practice medicine o aling art in any state, count	or any other healing art, or try or U.S. territory?	permission to take anYesXNo
8. Have you ever had a n any state, country or U.S	nedical license or license . territory?	to practice any other heali	ng art revoked, suspended,	, limited, or restricted inNo
9. Have you ever voluntaterritory?	arily surrendered a licens	se to practice medicine or a		state, country or U.SYesXNo
10. Have you ever been	denied membership or e	expelled from a medical soc	ciety or other professional	medical organization?YesXNo
any violation of a statute,	rule or regulation gover	under investigation for; b) i ning your practice as a phy ncy <u>other than</u> the Nevada	vsician by any medical lice	ensing board hospital
12. Have you ever surre way?	ndered your state or fed	eral controlled substance r	registration or had it revok	ed or restricted in any
I3. List all hospitals when	'e vou have had etaff orio	rileges denied, suspended,	limited revoked or not as	YesNo
list any and all resignation Suspensions or restriction	ns from any medical stat is for failure to complete	f in lieu of disciplinary or ad hospital medical records, e space is needed, attach	ministrative action. (Pleas attend hospital department	e Note: Do not include
Hospital	Mailing Address	Type of Action	D	ates of Action Mo./Yr.) To (Mo./Yr.)

CHILD SUPPORT STATEMENT

risass place a clieck mark next to one of the following statements	Please place	a check mark next to one of the	following statements:
--	--------------	---------------------------------	-----------------------

	. 1949 P.200 & SHOOK HIGH TONG OF THE FOILDWING 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.
	CONTINUING MEDICAL EDUCATION (CME) STATEMENT
)	Please place a check mark next to one of the following statements: (a) I completed a minimum of 44 hours of AMA Category 1 continuing medical education (CME), 2 hours of which were in medical ethics and 20 hours of which were in my scope of practice or specialty, and an additional 4 hours of AMA Category 1 continuing medical education in acts of terrorism, during the past biennial period of July 1, 2003 through June 30, 2005;
	(b) I was initially licensed in Nevada during the time period January 1, 2004 through June 30, 2004, the second six months of the past biennial period, and completed a minimum of 34 hours of AMA Category 1 continuing medical education (CME), 2 hours of which were in medical ethics and 20 hours of which were in my scope of practice or specialty, and an additional 4 hours of AMA Category 1 continuing medical education in acts of terrorism;
	(c) I was initially licensed in Nevada during the time period July 1, 2004 through December 31, 2004, the third six months of the past biennial period, and completed a minimum of 24 hours of AMA Category 1 continuing medical education (CME), 2 hours of which were in medical ethics and 18 hours of which were in my scope of practice or specialty, and an additional 4 hours of AMA Category 1 continuing medical education in acts of terrorism;
	(d) I was initially licensed in Nevada during the time period January 1, 2005 through June 30, 2005, the fourth six months of the past biennial period, and completed a minimum of 14 hours of AMA Category 1 continuing medical education (CME), 2 hours of which were in medical ethics and 8 hours of which were in my scope of practice or specialty, and an additional 4 hours of AMA Category 1 continuing medical education in acts of terrorism; OR
	(e) I am exempt from submitting proof of completion of continuing medical education (CME) because I have completed a full year of residency or fellowship training during the biennial period July 1, 2003 through June 30, 2005.
	ATTACH COPIES OF PROOF OF YOUR COMPLETION OF CONTINUING MEDICAL EDUCATION (CME) HOURS. IF YOU COMPLETED A FULL YEAR OF RESIDENCY OR FELLOWSHIP TRAINING DURING THE BIENNIAL PERIOD JULY 1, 2003 THROUGH JUNE 30, 2005, ATTACH A COPY OF PROOF OF COMPLETION OF YOUR TRAINING. YOUR COPIES OF PROOF OF CME OR TRAINING COMPLETION WILL NOT BE RETURNED TO YOU.
	HAVE X HAVE NOT (CHECK ONE) ACTIVELY PRACTICED MEDICINE IN NEVADA WITHIN THE PAST 12 MONTHS.
!	BY SIGNING ON THE SIGNATURE LINE BELOW: 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR REGISTRATION RENEWAL 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 REGISTRATION RENEWAL 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: (a) THE APPROPRIATE COPIES OF PROOF OF CONTINUING MEDICAL EDUCATION (CME), OR RESIDENCY OR FELLOWSHIP TRAINING COMPLETION; (b) PAYMENT OF THE APPROPRIATE REGISTRATION RENEWAL FEE; AND (c) WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S).
_	2/19/05
Ē	ate Signature (SIGNATURE STAMP (INACCEPTARI E)

License Number	Licensee Name	Question Text	Answer	Date Answered
10490	ISAACSON, Paul Allen	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 elicensensbme@medboard.nv.gov	Z	5/5/2007
10490	iSAACSON, Paul Allen	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 answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbme@medboard.nv.gov	Z	5/5/2007
10490	ISAACSON, Paul Allen	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 answer "Yes" during the time period July 1, 2005 - June 30, 2007 email to elicensensbme@medboard.nv.gov	z	5/5/2007
10490	ISAACSON, Paul Allen	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?	z	5/5/2007
10490	ISAACSON, Paul Allen	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?	>-	5/5/2007

5/5/2007	5/5/2007	5/5/2007
z	z	z
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 elicensensbme@medboard.nv.gov	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 elicensensbme@medboard.nv.gov.	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? If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.nv.gov.
ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen
10490	10490	10490

10490	ISAACSON, Paul Allen	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? If "Yes" during the time period July 1, 2005-June 30-2007 email explanation to email to	Z	5/5/2007
10490	ISAACSON, Paul Allen	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 email explanation to email to elicensensbme@medboard.nv.gov.	z	5/5/2007
10490	ISAACSON, Paul Allen	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 elicensensbme@medboard.nv.gov.	2	5/5/2007
10490	ISAACSON, Paul Allen	Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? If "Yes" during the time period July 1, 2005-June 30-2007 e-mail explanation to email to elicensensbme@medboard.nv.gov.	z	5/5/2007

5/5/2007	5/5/2007	5/5/2007	5/5/2007
z	z	z	Z
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 (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 email explanation to email to elicensensbme@medboard.nv.gov.	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 elicensensbme@medboard.nv.gov.	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 elicensensbme@medboard.nv.gov.	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.
ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen
10490	10490	10490	10490

5/5/2007	5/5/2007	5/5/2007	5/5/2007	5/5/2007	5/5/2007	5/5/2007
U)	L)	un	W.	Ŋ	3	3
Z	z	z	>	>	z	>
Are you out of compliance with court ordered child support? If this does not apply to you please answer "no". If "Yes" during the time period July 1, 2005-June 30-2007 email explanation to email to elicensensbme@medboard ny gov	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 to elicensensbme@medboard.nv.gov	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	I have completed the required amount of AMA Category 1 CME within the current biennial. (Review CME information online at www.medboard.nv.gov) I 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.	I have actively practiced medicine in Nevada within the past 24 months.	I hereby request my license to be placed on Inactive status. I will not physically practice in the state of Nevada.	I HEREBY SWEAR OR AFFIRM UNDER THE PENALTIES OF PERJURY THAT I AM IN FULL COMPLIANCE WITH ANY AND ALL OBLIGATIONS, TERMS OR CONDITIONS OF MY NEVADA MEDICAL LICENSE SPECIFIED BY THE BOARD.
ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen
10490	10490	10490	10490	10490	10490	10490

6/3/2009	6/3/2009	6/3/2009	6/3/2009	6/3/2009
Z	Z	Z	Z	Z
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.	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.	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.	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.	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.
ISAACSON, Paul Allen	isAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen	isAACSON, Paul Allen
10490	10490	10490	10490	10490

10490	ISAACSON, Paul Allen	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.	z	6/3/2009
10490	iSAACSON, Paul Allen	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.	Z	6/3/2009
10490	ISAACSON, Paul Allen	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?	Z	6/3/2009
10490	ISAACSON, Paul Allen	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?	z	6/3/2009
10490	ISAACSON, Paul Allen	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?	z	6/3/2009
10490	ISAACSON, Paul Allen	Have you been denied membership, been asked to resign or expelled from a medical society or other professional medical organization (including the ABMS)?	z	6/3/2009

6/3/2009	6/3/2009	6/3/2009	6/3/2009
z	Z	z	z
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: (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?	Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	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.)	Are you out of compliance with court ordered child support? If this does not apply to you, please answer "no". If "Yes" during the time period July 1, 2007- June 30, 2009 type an explanation in the textbox directly below this question.
ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen
10490	10490	10490	10490

6/3/2009	6/3/2009	6/3/2009	6/3/2009
z	Z	> -	>
I hereby request my license to be placed on Inactive status, which means I will not physically practice in the state of Nevada. If you choose to place your license on Inactive status, make certain to select "Yes" to this question AND choose the Inactive status in the dropdown box located at the end of the questions.	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.	I have completed the required amount of AMA Category 1 CME within the current biennial. (Review CME information online at www.medboard.nv.gov) I 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. If renewing to an Inactive status, CME is not required and "No" can be selected.	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.
ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen	ISAACSON, Paul Allen
10490	10490	10490	10490

System Automation

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Reports Home Page

Renewal Questions for License Number 10490



Licensee	Question	Answer	Date
ISAACSON, Paul Allen	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	6/8/2011
ISAACSON, Paul Allen	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.		
ISAACSON, Paul Allen	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	6/8/2011
ISAACSON, Paul Allen	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.		
ISAACSON, Paul Allen	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	6/8/2011
ISAACSON, Paul Allen	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?	N (6/8/2011
	Please include: who, what, where (provide state), and when in the textbox directly below this question.		
ISAACSON,	Explanation 4: For the above question if your answer is "Yes" for the time period July 1, 2009 - June 30, 2011,		

Paul Allen 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?

ISAACSON. Paul Allen

If "Yes" during the time period July 1, 2009 - June 30, 2011 type an explanation in the textbox directly below this question. 6/8/2011

ISAACSON, Paul Allen

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 ISAACSON, minor traffic offense (driving or being in control of a motor

Paul Allen

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.

6/8/2011

N

N

ISAACSON, Paul Allen

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.

ISAACSON, Paul Allen

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?

6/8/2011

ISAACSON, Paul Allen

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 ISAACSON, healing art revoked, suspended, limited, or restricted in any Paul Allen state, country or U.S. territory?

6/8/2011

Explanation 8: For the above question if your answer is

ISAACSON Paul Allen	"Yes" for the time period July 1, 2009 - June 30, 2011, , or since your last renewal, please type your explanation in this text box.		
ISAACSON Paul Allen	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?	e N	6/8/2011
ISAACSON Paul Allen	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.		
ISAACSON, Paul Allen	Have you been denied membership, been asked to resign or expelled from a medical society or other professional medical organization (including the ABMS)?	N	6/8/2011
ISAACSON, Paul Allen	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.		
ISAACSON, Paul Allen	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	6/8/2011
ISAACSON, Paul Allen	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.		
ISAACSON, Paul Allen	Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	N	6/8/2011
ISAACSON, Paul Allen	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.		
ISAACSON,	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?		
Paul Allen	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	6/8/2011

·	(<u>Please Note</u> :) Do not include suspensions or restriction for failure to complete hospital medical records, attend hospital department or staff meetings, or maintain required malpractice insurance.)	15	
ISAACSON Paul Allen	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.		
ISAACSON	Are you out of compliance with court ordered child support? If this does not apply to you, please answer "no".	•	
Paul Allen	If "Yes" during the time period July 1, 2009 - June 30, 2011 type an explanation in the textbox directly below this question	N	6/8/2011
ISAACSON, Paul Allen	Explanation 14: For the above question if your answer is "YES" for the time period July 1, 2009 - June 30, 2011, or since your last renewal, please type your explanation in this text box.		
	I hereby request my license to be placed on Inactive status, which means I will <u>not</u> physically practice in the state of Nevada.		
ISAACSON, Paul Allen	If you choose to place your license on Inactive status, make certain to select "Yes" to this question <u>AND</u> choose the Inactive status in the dropdown box located at the end of the questions.	N	6/8/2011
ISAACSON, Paul Allen	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.	•	
ISAACSON, Paul Allen	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	6/8/2011
ISAACSON, Paul Allen	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?		
ISAACSON, Paul Allen	If you answer "Yes" type your current scope of practice or specialty in the textbox directly below this question.	N	6/8/2011
ISAACSON,	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.		

I have completed the required amount of AMA Category 1 CME within the current biennial. (Review CME information online at <u>www.medboard.nv.gov</u>) ISAACSON, I understand that I may be included in a random audit following the July 1st, 2011 renewal. I agree to retain CME's Y 6/8/2011 Paul Allen taken between July 1, 2009 and June 30, 2011. If renewing to an <u>Inactive</u> status, CME is not required and "No" can be selected. I SWEAR OR AFFIRM UNDER THE PENALTY OF PERJURY THAT I PERSONALLY ANSWERED ALL OF THE QUESTIONS IN THIS

ISAACSON, APPLICATION AND THAT THE ANSWERS I HAVE PROVIDED Υ 6/8/2011 ARE TRUE AND CORRECT.

Nevada State Board of Medical Examiners

Renewal Responses Report Thursday, August 20, 2015 License Number Licensee
10490 Paul Allen ISAACSON

License Type Medical Doctor

Answer

Question

Do you have a medical condition which in any way impairs or limits your ability to practice medicine with

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

reasonable skill and safety?

8/20/2015

06/13/2013

Z

8/20/2015

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

If you do not use chemical substances, select No.

NSBME Renewal Responses Report

Z

Z

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.

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Z

Have you had a professional liability, malpractice, claim paid on your behalf or paid such a claim yourself including any military tort claims if applicable?

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

substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related Have you been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that 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

you MUST disclose ANY investigation or arrest, including those where the final disposition was

dismissal, or expungement.

z

06/13/2013

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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?

Z

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?

Z

06/13/2013

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Z

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?

z

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?

NSBME Renewal Responses Report

8/20/2015

z

Have you been: a) asked to respond to an investigation; b) notified that you were under investigation for;

NSBME Renewal Responses Report

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?

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

Z

06/13/2013

8/20/2015

Z

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.

(<u>Please Note</u>: 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?

the state of Nevada

Z

06/13/2013

06/13/2013

http://medboard.nv.gov/New_in_Office_Surgery_Forms.htm If you have submitted your in-Office Surgery/Procedure Reporting Forms (A/B forms) to the Board

nstructions and complete the required form Click on the following link for the instructions and forms:

site will retain your previous responses. Please go to the website, click on the following link for

and are in compliance with NRS 630.30665, your answer should be "YES". Nevada Revised Statutes

NRS) require the Nevada State Board of Medical Examiners to obtain from each applicant who seeks

enewal of his or her license to practice medicine, a report stating the number and type of surgeries

requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license

defined in NRS 449.0151, or outside the state of Nevada. I hereby attest that I am in compliance with the

at his or her office or any other facility, excluding any surgical care performed at a medical facility as

reporting requirements of NRS 630.30665, and am aware that failure to submit a report or filing false

nformation in a report is grounds for disciplinary action under Nevada's Medical Practice Act.

action, you may proceed in answering the renewal attestations and questions. The online renewal

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

The submission of the in-office surgery/procedure forms is required for <u>all</u> medical doctors,

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.

hereby request my license to be placed on Inactive status, which means I will not physically practice in

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answer "no".

06/13/2013

Z

Are you out of compliance with court ordered child support? If this does not apply to you, please

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

>

06/13/2013

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. (Review CME information online at www.medboard.nv.gov) (Review CME information online at www.medboard.nv.gov) If renewing to an <u>Inactive</u> status, CME is not required and "No" can be selected.

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> 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. Page 58 of 58

System Automation

Reports Home Page

MyLicense Transaction Reports

• •			MyLicense*
Licensee	- Question	Answer	Date
ISAACSON Paul Allen	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	6/1/2015
ISAACSON Paul Allen	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	6/1/2015
ISAACSON Paul Allen	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	6/1/2015
ISAACSON Paul Allen	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	6/1/2015
ISAACSON Paul Allen	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	6/1/2015
ISAACSON, Paul Allen	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	6/1/2015
ISAACSON, Paul Allen	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	6/1/2015
ISAACSON,	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	6/1/2015
ISAACSON,	Have you voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of any disciplinary action?	N	6/1/2015
ISAACSON, Paul Allen	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	N	6/1/2015

	of your receiving a loan or scholarship from the federal government or a state or local government for your medical education?	1	
ISAACSON Paul Allen	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	6/1/201
ISAACSON, Paul Allen	Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	N N	6/1/2015
ISAACSON, Paul Allen	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.)		6/1/2015
ISAACSON, Paul Allen	Have you actively practiced medicine in Nevada within the past 12 months?	Υ	6/1/2015
ISAACSON, Paul Allen	OPTION TO CHANGE LICENSE STATUS FROM ACTIVE TO INACTIVE: NOTE: If you choose to drop to Inactive status during this renewal, your status will be changed to "Inactive" 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." I hereby request my license to be placed on Inactive status, which means I will not physically practice in the state of Nevada. If you choose to place your license on Inactive status, make certain to select "Yes" to this question AND choose the Inactive status in the dropdown box located at the end of the questions.	N	6/1/2015
SAACSON, post of the second se	If you believe that you are in compliance with the Centers for Disease Control safe injection practices, your answer should be "YES". I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. http://www.cdc.gov/injectionsafety/IPO7_standardPrecaution.html	Y	6/1/2015
SAACSON, I aul Allen N	honohu akkash klash Yanguri ang mangang	1	6/1/2015
ļir	Medical Practice Act.		

	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 .	,	
	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."		
ISAACSON Paul Allen	Are you out of compliance with court ordered child support? If this does not apply to you, please answer "no".		
	explanation in the textbox directly below this question.	N	6/1/2015
ISAACSON, Paul Allen	Once you have read the statute regarding the reporting of the abuse or neglect of a child, your answer to this question will be "YES".		·
	I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.	Y	6/1/2015
	www.leq.state.nv.us/NRS/NRS-432B.html#NRS432BSec220		
raul Allell	Have you ever served in the United States Military (to include National Guard or Reserves)?	N	6/1/2015
ISAACSON,	Do you hold a Nevada state business license issued in your individual name?	Υ	6/1/2015
raul Alleli	Explanation 18: If yes, provide the business license number:		6/1/2015
ISAACSON, Paul Allen	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) If renewing to an Inactive status, CME is not required and "No" can be selected.	Y	6/1/2015
134463014	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	6/1/2015