

**PHYSICIAN (M.D.)
APPLICATION FOR LICENSURE
NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

1105 Terminal Way, Suite 301 Reno, Nevada 89502
Phone (775) 688-2559

Date Received by Board

License No. _____

File No. _____

For Board Use Only

Identity:

1. Present Legal Name BURTON CAITLIN CADENA CADENA
Last First Middle Maiden

List any other name(s) ever used CAITLIN MARIA CADENA

Address:

The **Public Access Address** will be available to the public on the Board's website, and will also be your contact address once licensed. It can be changed if the Licensee completes the Notification of Address Change form available on the Board's website: www.medboard.nv.gov.
The **Mailing Address** that you choose will be used for communication only during the application process. It can be one and the same.

2. Public Address 7155 E 38th AVE DENVER, DENVER CO 80207
Street City County State Zip

Please check if you choose to have your Mailing Address the same as the Public Address you have entered above.

3. Mailing Address _____
Street City County State Zip

4. Telephone Numbers (303) 321-2458 (303) 321-0498 ()
Office Fax Home Cellular (Optional)

Email address _____

5. Date of Birth 5/1/69 Place of Birth NV WASHOE Gender F M
(Month / Day / Year) (City, State, Country)

6. Citizenship: U.S. Citizen Alien Registration # _____ Employment Authorization # _____ Visa _____

Submit a Certified Birth Certificate or original Certificate of Naturalization or current U.S. Passport or copy of the front and back of your Alien Registration card, Employment Authorization card or Visa. Please note: Copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.

7. Social Security Number _____ Color of Eyes _____ Color of Hair _____ Height _____ Weight _____

NRS 630.197(1)(a) An applicant for the issuance of a license to practice medicine shall include the social security number of the applicant in the application submitted to the Board.

NRS 630.165(5) The applicant bears the burden of proving and documenting his qualifications for licensure.

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Questions:

**NEVADA STATE BOARD OF
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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 condition or disorder.

"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 SIGNED WRITTEN EXPLANATION(S) ON A SEPARATE SHEET ATTACHED TO YOUR COMPLETED APPLICATION FOR LICENSURE FORM.

8. Do you currently have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?
(If "Yes," attach explanation on separate sheet.) _____ Yes No
9. If you currently 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 "Yes," attach explanation on separate sheet.) _____ Yes _____ No N/A
10. If you currently use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety?
(If "Yes," attach explanation on separate sheet.) _____ Yes _____ No N/A
11. Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal government or a state or local government for your medical education?
(If "Yes," attach explanation on separate sheet.) _____ Yes No

Malpractice Questions:

12. Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable? Yes No

12a. Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable? Yes No

Malpractice Explanation(s):

List of all claims or suits for medical malpractice made against you. A claim is any formal or informal demand for payment to any person or organization. If have not answered "yes" to questions #12 and/or #12a and do not have any such claims or suits, this section will be left blank. If you have more than 1 claim, make a copy or copies of this page and submit all explanations with your application for licensure.

n/a

Name of patient involved:

In which state did the action take place?

Case number (if applicable):

Which court?
(If settled before initiation of civil action, state here.)

Current status of claim:
 Open Closed (settled or judgment) Dismissed (no money paid out) Other

Date claim was closed/settled or dismissed: _____
Month/Year

Amount of judgment or settlement \$

Month and year of event precipitating claim:

Month and year of lawsuit:

Insurance carrier at time:

What is/or was your status? Primary defendant Co-defendant Other

Please provide specifics in reference to the adverse event including the allegations and your role in the event:

[Empty rectangular box for providing details of the adverse event]

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Arrest Question:

13. Have you EVER 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.

(If "Yes," attach explanation on separate sheet.)

Yes No

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Nevada License History:

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14. Have you previously applied for medical licensure in Nevada (including in a Residency program)? (If "Yes," attach explanation on separate sheet.)

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Medical School and Postgraduate Training History:

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

Medical School Name	City/State/Country	Place Where Instruction Received	Dates of Attendance From (Mo./Yr.) To (Mo./Yr.)
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE	SEATTLE, WA	USA	8/93 - 6/97 9/93

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

16. Doctor of Medicine Degree granted by:

Medical School Name	City/State/Country	Exact Date of Issuance (Month/Day/Year)
UNIV. OF WASHINGTON SCHOOL OF MEDICINE	SEATTLE, WA USA	6/13/1997

17. List all ACGME* approved postgraduate medical education you have received as an Intern, Resident or Fellowship in the United States or Canada. *Accreditation Council for Graduate Medical Education

Postgraduate Year (e.g. PGY1, PGY2, etc.)	Hospital/Institution	City/State	Specify (I=Internship or R=Residency) (F=Fellowship)	Type of Specialty	Dates of Attendance From (Mo./Yr.) To (Mo./Yr.)
PGY1-4	UNIVERSITY OF ROCHESTER STRONG MEMORIAL HOSPITAL	ROCHESTER, NY	R	OB/GYN	7/97 TO 6/2001

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

18. List non-ACGME Fellowship training or non-ACGME combined postgraduate medical education attended in the United States or Canada.

If combined program list Postgraduate Year (e.g. PGY1, PGY2, etc.)	Hospital/Institution	City/State	Specify (I=Internship or R=Residency) (F=Fellowship)	Type of Specialty	Dates of Attendance From (Mo./Yr.) To (Mo./Yr.)
					N/A

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

19. Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program? (If "Yes," attach explanation on separate sheet.)

Yes No

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

N/A

Richard RAN

Examinations:

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

21a. STATE Written Examination: n/a
 Location Date (Mo./Yr.) Results (Scores)

21b. NATIONAL BOARD (not ABMS Board certification): (ALSO INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED EXAMS) n/a
 Part Taken Date (Mo./Yr.) Results (Scores)

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(If more space is needed, please attach a separate sheet of paper.)

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21c. FLEX (Federation Licensing Examination): (ALSO INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED EXAMS) n/a
 Date (Mo./Yr.) Results (FLEX weighted average)

(If more space is needed, please attach a separate sheet of paper.)

21d. USMLE (United States Medical Licensing Examination): (ALSO INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED EXAMS)

Step Taken	Number of Attempts	Date (Mo./Yr.)	Results (Three Digit Scores)
STEP 1	ONE	6/95	203
STEP 2	ONE	8/96	206
STEP 3	ONE	5/99	214

(If more space is needed, please attach a separate sheet of paper.)

21e. LMCC (Licentiate of the Medical Counsel of Canada): (ALSO INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED EXAMS) n/a
 Part Taken Date (Mo./Yr.) Results (Scores)

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21f. SPEX (Special Purpose Examination): n/a
 Date (Mo./Yr.) Results (Score)

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Specialty:

22. State your scope of practice / specialty (ies) OBSTETRICS & GYNECOLOGY

23. List any and all certifications and re-certifications by a board or sub-board recognized by the AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS). INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED ATTEMPTS.

ABMS Primary Board	Specialty Board	If you are Lifetime Board Certified, indicate "Lifetime"	Certification #	Dates of Certification and Recertification (Mo./Yr.)
ABOG	N/A	N/A	9004116	11/03, 11/03
ABOG RECERTIFICATIONS				12/09, 12/10, 12/11, 12/12, 12/13, 12/14

burton nam

Activities:

24. Account for, in **chronological order**, all activities since graduation from medical school. **ALL PERIODS OF TIME MUST BE ACCOUNTED FOR.** Activities include Postgraduate Training, Medical Practice/Physician, Non-Medical (such as seeking employment or vacation), Military Assignment, and Working at a Federal Facility. Curriculum Vitae cannot be submitted in lieu of your answer to this question.

Activities	Location (City/State/Country)	From (Mo./Yr.) To (Mo./Yr.)	Percent Clinical (%)
VACATION	PORTLAND, OR USA	7/01 - 8/01	0
MEDICAL PRACTICE	PORTLAND, OR USA	8/01 - 7/05	100%
VACATION	DENVER, CO USA	7/05 - 9/05	0
MEDICAL PRACTICE	DENVER, CO	9/05 - PRESENT	100%
RESIDENCY	PGY 1-4 ROXBOROUGH, NY	7/97 - 6/01	100%

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

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

Hospital	Complete Mailing Address	Dates of Appointment From (Mo./Yr.) To (Mo./Yr.)
ROSE MEDICAL CENTER	4567 E 9th AVE DENVER, CO 80220	8/08 - CURRENT

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26. List any and all licenses **YOU HOLD OR HAVE HELD** (including postgraduate training/resident licenses) to practice medicine in any state, territory or country. Note: You will not be required to verify your training licenses by direct source.

State/Territory Country	License #	Date of Issuance (Mo./Yr.)	Status
NY	219-018	8/2000	EXPIRED
OR	MD 22947	4/01	EXPIRED
CO	DR 43725	6/05	CURRENT

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

Disciplinary Questions:

- 27. Have you **EVER** been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory? (If "Yes," attach explanation on separate sheet.) Yes No
- 28. Have you **EVER** had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory? (If "Yes," attach explanation on separate sheet.) Yes No
- 29. Have you **EVER** voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of disciplinary action? (If "Yes," attach explanation on separate sheet.) Yes No
- 30. Have you **EVER** been denied membership, asked to resign, or expelled from a medical society or other professional medical organization? (If "Yes," attach explanation on separate sheet.) Yes No
- 31. Have you **EVER** been: a) 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? (If "Yes," attach explanation on separate sheet.) Yes No
- 32. Have you **EVER** surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? (If "Yes," attach explanation on separate sheet.) Yes No

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

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

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Director MD

Attestations/Affirmations:

CHILD SUPPORT STATEMENT

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

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

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(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.

ATTESTATION REGARDING THE REPORTING OF THE ABUSE OR NEGLECT OF A CHILD

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.

Yes No

www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220

SAFE INJECTION PRACTICE ATTESTATION

ATTESTATION TO KNOWLEDGE OF AND COMPLIANCE WITH THE GUIDELINES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR APPLICANT PHYSICIANS

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.

Yes No

http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html

COMMUNICATIONS AFFIRMATION

Consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Printed Name of Applicant/Licensee: CAITLIN CADENA BULTON

Signature of Applicant/Licensee: _____

Electronic Mail Address: _____

MILITARY SERVICE ATTESTATION

Have you ever served in the United States Military (to include National Guard or Reserves)?
If your answer is "No", you do not have to complete the remaining questions for the Military Service Attestation.

Yes No

- If yes, which branch of service did you serve?
- Air Force
 - Army
 - Navy
 - Marine Corp
 - Coast Guard

- Military occupation specialty or specialties?
- | | |
|--|---|
| <input type="checkbox"/> Administration or Personnel | <input type="checkbox"/> Logistics or Supply |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Security Forces or Military Police |
| <input type="checkbox"/> Infantry or Armor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Legal or Chaplin Corps | |

Dates of service in the Military:

From: DD / MM / YYYY To: DD / MM / YYYY

APPLICANT PHOTOGRAPH

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

PHOTOGRAPH MUST HAVE BEEN TAKEN WITHIN THE LAST SIX MONTHS AND BE AT LEAST 2" x 2" IN SIZE.



I hereby certify that the attached photograph is a true likeness of me taken within the last six months.

Signature of applicant

8/6/15
Date

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APPLICATION AFFIRMATION

I, CAITLIN CADENA BUNTON MD
(Print your full name)

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

I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Signature of applicant

3/7/15
Date

(NOTARY SEAL)



State of Colorado County of Denver
Subscribed and sworn to before me this 7th day of
August, 2015
Notary Public for the State of Colorado
My Commission Expires: 3/25/18
Residing at: Denver CO
City State

Angela Wells
Signature of Notary



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END OF APPLICATION

ATTENTION APPLICANT!
RESPONSIBILITY STATEMENT

**Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
1105 Terminal Way Suite 301
Reno, NV 89502**

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have *any* questions about your application, **ASK YOUR LICENSING SPECIALIST.** Our licensing specialists are here to help you.

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name CAITLIN CADENA BURTON

Sign your name _____

Date 8/5/2015

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Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.

Renewal Questions for License Number 16110



Licensee	Question	Answer	Date
CLARK, Caitlin Grace	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	6/12/2017
CLARK, Caitlin Grace	Explanation 1: For the above question if your answer is "Yes" for the time period July 1, 2015 – June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed</u> to elicensensbme@medboard.nv.gov.		
CLARK, Caitlin Grace	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	6/12/2017
CLARK, Caitlin Grace	Explanation 2: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed</u> to elicensensbme@medboard.nv.gov.		
CLARK, Caitlin Grace	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	6/12/2017
CLARK, Caitlin Grace	Explanation 3: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed</u> to elicensensbme@medboard.nv.gov.		
CLARK, Caitlin Grace	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 text box directly below this question.	N	6/12/2017
CLARK, Caitlin Grace	Explanation 4: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your explanation in this text box. Please fax a copy of the Complaint, Settlement and/or Dismissal, civil or otherwise to 775-688-2551 or scan and <u>email</u> to elicensensbme@medboard.nv.gov.		

CLARK, Caitlin Grace	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, 2015 - June 30, 2017 type an explanation in the text box directly below this question.	N	6/12/2017
CLARK, Caitlin Grace	Explanation 5: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your explanation in this text box. Please fax a copy of the Complaint, Settlement and/or Dismissal, civil or otherwise to 775-688-2551 or scan and <u>email to elicensensbme@medboard.nv.gov</u> .		
CLARK, Caitlin Grace	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 during this time period.	N	6/12/2017
CLARK, Caitlin Grace	Explanation 6: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to elicensensbme@medboard.nv.gov</u>.		
CLARK, Caitlin Grace	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	6/12/2017
CLARK, Caitlin Grace	Explanation 7: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to elicensensbme@medboard.nv.gov</u>.		
CLARK, Caitlin Grace	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	6/12/2017
CLARK, Caitlin Grace	Explanation 8: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to elicensensbme@medboard.nv.gov</u>.		
CLARK, Caitlin Grace	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	6/12/2017

CLARK, Caitlin Grace	Explanation 9: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to elicensensbme@medboard.nv.gov</u>.		
CLARK, Caitlin Grace	Have you failed to initiate the performance of public service within one year after the date the public service was required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal government or a state or local government for your medical education?	N	6/12/2017
CLARK, Caitlin Grace	Explanation 10: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to elicensensbme@medboard.nv.gov</u>.		
CLARK, Caitlin Grace	Have you been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency <u>other than</u> the Nevada State Board of Medical Examiners?	N	6/12/2017
CLARK, Caitlin Grace	Explanation 11: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to elicensensbme@medboard.nv.gov</u>.		
CLARK, Caitlin Grace	Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	N	6/12/2017
CLARK, Caitlin Grace	Explanation 12: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to elicensensbme@medboard.nv.gov</u>.		
CLARK, Caitlin Grace	Have you had hospital staff privileges denied, suspended, limited, revoked or not renewed by a 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(s) of the actions taken in the text box directly below this question. (Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attend hospital department or staff meetings, or maintain required malpractice insurance.)	N	6/12/2017
CLARK, Caitlin Grace	Explanation 13: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned		

	<u>and emailed to elicensensbme@medboard.nv.gov.</u>		
CLARK, Caitlin Grace	Have you been denied membership, been asked to resign or expelled from a medical society or other professional medical organization?	N	6/12/2017
CLARK, Caitlin Grace	Explanation 14: For the above question if your answer is "Yes" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to elicensensbme@medboard.nv.gov.</u>		
CLARK, Caitlin Grace	Have you actively practiced medicine in Nevada within the past 24 months?	Y	6/12/2017
CLARK, Caitlin Grace	Explanation 15: For the above question if your answer is "No" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to elicensensbme@medboard.nv.gov.</u>		
CLARK, Caitlin Grace	<p>OPTION TO CHANGE LICENSE STATUS FROM ACTIVE TO INACTIVE:</p> <p>NOTE: If you choose to drop to Inactive status during this renewal, your status will be changed to "Inactive" as of the date of submission of your renewal (today). If you do NOT wish to change your status to "Inactive" as of today, DO NOT COMPLETE YOUR RENEWAL UNTIL SUCH TIME AS YOU ARE PREPARED TO HAVE YOUR STATUS CHANGED (prior to JULY 1ST). For your information, your answers to the questions that you've already completed will remain, but you should not complete the renewal and pay until such time as you are prepared to change your status to "Inactive."</p> <p>I hereby request my license to be placed on Inactive status, which means I will <u>not</u> physically practice in the state of Nevada.</p> <p>If you choose to place your license on Inactive status, make certain to select "Yes" to this question AND choose the Inactive status in the dropdown box located at the end of the questions.</p>	N	6/12/2017
CLARK, Caitlin Grace	<p>If you believe that you are in compliance with the Centers for Disease Control safe injection practices, your answer should be "YES".</p> <p>I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as his/her 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.</p> <p>http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html</p>	Y	6/12/2017
CLARK, Caitlin Grace	I hereby attest that I am in compliance with the reporting requirements of NRS 630.30665, and am aware that failure to submit a report or filing false information in a report is grounds for disciplinary action under Nevada's Medical Practice Act.	Y	6/12/2017

	<p>I HAVE SUBMITTED A "FORM A" OR "FORM B" REPORT TO THE BOARD.</p> <p>Instructions and Forms A and B for in-office surgery/procedure reporting can be located on the Board's website by clicking the red "In-Office Surgery Reporting" link on the home page of the Board's website: medboard.nv.gov/forms/in-office_surgery.</p> <p>If you have submitted your in-office surgery/procedure reporting form ("A" OR "B" FORM) to the Board and are in compliance with NRS 630.30665, your answer should be "YES."</p>		
CLARK, Caitlin Grace	<p>Are you out of compliance with court ordered child support? If this does not apply to you, please answer "no."</p> <p>If "Yes" during the time period July 1, 2015 - June 30, 2017 type an explanation in the text box directly below this question.</p>	N	6/12/2017
CLARK, Caitlin Grace	<p>Explanation 16: For the above question, if your answer is "Yes" for the biennial July 1, 2015 - June 30, 2017, please type your <u>brief</u> explanation in this text box (Fields are space limited to 256 characters). Lengthy explanations or additional information may be faxed to 775-688-2551 or scanned and <u>emailed to</u> elicensensbme@medboard.nv.gov.</p>		
CLARK, Caitlin Grace	<p>I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.</p> <p>http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220</p> <p>Once you have read the statute regarding the reporting of the abuse or neglect of a child, your answer to this question will be "YES."</p>	Y	6/12/2017
CLARK, Caitlin Grace	<p>Explanation 17: For the above question if your answer is "No" for the time period July 1, 2015 - June 30, 2017, or since your last renewal, please type your explanation in this text box.</p>		
CLARK, Caitlin Grace	<p>I have completed the required amount of AMA Category 1 CME within the current biennial. I understand that I may be included in a random audit. I agree to retain CME's taken between July 1, 2015 and June 30, 2017. (Review CME information online at http://medboard.nv.gov/licensees/ce/)</p> <p>If renewing to an <u>Inactive</u> status, CME is not required and "No" can be selected.</p>	Y	6/12/2017
CLARK, Caitlin Grace	<p>I am a medical doctor whose specialty is psychiatry and I am in compliance with NRS 630.253, as I have completed a minimum of 2 hours of continuing medical education in the area of suicide prevention and awareness. Note: If you are <u>not a psychiatrist</u> or you hold <u>Inactive-status licensure</u> (or choose to change to Inactive status during your renewal), your answer should be "No."</p>	N	6/12/2017
CLARK, Caitlin Grace	<p>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.</p>	Y	6/12/2017