

# Uniform Application for Licensure

Application ID: 261817

License Requested: MD

FID:

Submitted to: Nevada State Board of Medical  
Examiners

Submission Date: 07/17/2018

## Practitioner Name

Browne, Charlie

Alternate Name(s): Browne, Charles

## Contact Information

### Address

Public Access	Board Contact	Type	Address
Yes	Yes	Business	9730 3rd Ave NE, Suite 200 Seattle, WA 98115 UNITED STATES

### Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	No	Business	(206) 985-9553	
No	Yes	Mobile	(206) 650-2181	

### Email

Public Access	Board Contact	Email
Yes	No	
No	Yes	

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## Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
		/1963	Bridgetown, 08 BARBADOS	M	1780676122	MD	Yes

## Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
University of California Los Angeles, David Geffen School of Medicine	12-159 CHS 10833 Le Conte Avenue Box 951720 Los Angeles, CA 900951720 UNITED STATES	08/12/1991	06/02/1995	05/31/1995	MD

## Fifth Pathway

None Reported

## ECFMG

Certificate Number	Issue Date
None Reported	

Applicant Name: Browne, Charlie

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October 10, 2018

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Charles (Charlie) Browne, MD FACOG  
9730 3<sup>rd</sup> Ave NE, Suite 200  
Seattle, WA 98115

The Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, NV 89521

**RE: 2<sup>nd</sup> Addendum to Application for Medical License**

Dear Nevada State Board of Medical Examiners,

Hereunder is the answer to the question you have about my application:

**1. Medical School**

*Please clarify per the transcript, diploma and verification received that your graduation date from medical school was: 6/2/1995 rather than 5/21/1995.*

The date of my graduation from UCLA Medical School was 6/2/1995.  
(The one transcript that shows a date of 5/21/95 reflects a secondary, smaller ceremony for some students within the program, who of note also graduated on 6/2/1995).

I attest that the above information is true and accurate to the best of my recollection and knowledge.

Please let me know if you need any further information or clarification.

Sincerely,

Charles (Charlie) Browne, MD



# Postgraduate Training

Hospital Name: University of Washington  
Program  
Seattle, WA UNITED STATES

Program Code: ACGME 2205421301

## Attendance Dates:

Institution: University of Washington  
School of Medicine

Start Date: 06/25/1995

Training Specialty: Obstetrics & Gynecology

End Date: 06/30/1999

Program Type: Residency

Training Status: Completed

Hospital Name: Virginia Mason Medical Center  
Program  
Seattle, WA UNITED STATES

## Attendance Dates:

Institution:

Start Date: 07/01/1999

Training Specialty: Pelvic and Gynecologic Surgery

End Date: 06/30/2001

Program Type: Fellowship

Training Status: Completed

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## Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/08/1993	Pass	1
USMLE Step 2 CK Examination		03/01/1995	Pass	2
USMLE Step 3 Examination		05/14/1996	Pass	1

## State Licensure History

### MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Maryland Board of Physicians	MD	D82699	12/21/2016	09/30/2018		Active
Arkansas State Medical Board	AR	E-6577	08/06/2010	01/31/2019	Full	Active
Washington Medical Quality Assurance Commission	WA	MD00035431	09/02/1997	01/10/2019	Full	Active

### Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

## Chronology of Activity Type

Practice/Emp/ Desc: University of Washington Medical Center

Chronology Type: Work

Applicant Name: Browne, Charlie

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Address: 1959 NE Pacific St  
Seattle, WA 98195  
US

Position/Dept: Clinical Assistant Professor -  
Ob/Gyn

Attendance Dates:

Start Date: 06/01/2016

End Date: In Progress

Clinical %: 0

Admin %: 100

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

WA State Medical Quality Assurance Commission

Chronology Type: Work

Address: P.O. Box 47866  
Olympia, WA 985047866  
US

Attendance Dates:

Start Date: 06/01/2014

End Date: In Progress

Position/Dept: Commissioner - Medical Quality  
Assurance Commission

Clinical %: 0

Admin %: 100

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

Little Rock Family Planning Services

Chronology Type: Work

Address: 4 Office Park Drive  
Little Rock, WA 72211  
US

Attendance Dates:

Start Date: 08/01/2010

End Date: In Progress

Position/Dept: Staff Physician - Women's  
Reproductive Health

Clinical %: 100

Admin %: 0

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

Planned Parenthood of Greater Washington &  
North Idaho

Chronology Type: Work

Address: 1117 Tieton Dr  
Yakima, WA 98902  
US

Attendance Dates:

Start Date: 02/17/2009

End Date: In Progress

Position/Dept: Staff Physician - Women's  
Reproductive Health

Clinical %: 100

Admin %: 0

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

All Women's Health North

Chronology Type: Work

Address: 9730 3rd Ave NE  
Suite 200  
Seattle, WA 98115  
US

Attendance Dates:

Applicant Name: Browne, Charlie

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Position/Dept: Medical Director - Women's  
Reproductive Health

Start Date: 10/29/2007

End Date: In Progress

Clinical %: 70

Admin %: 30

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

Accreditation Association For Ambulatory Health  
Care

Chronology Type: Work

Address: 5250 Old Orchard Rd  
Suite 200  
Skokie, IL 60077  
US

Attendance Dates:

Position/Dept: Accreditation Surveyor -  
Accreditation

Start Date: 11/01/2002

End Date: 12/31/2014

Clinical %: 0

Admin %: 100

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

Group Health Cooperative / Kaiser Permanente

Chronology Type: Work

Address: 310 15th Ave E., CNB - 2  
Seattle, WA 98112  
US

Attendance Dates:

Position/Dept: Medical Staff - Ob/Gyn

Start Date: 07/20/2001

End Date: In Progress

Clinical %: 100

Admin %: 0

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

Planned Parenthood of The Great Northwest

Chronology Type: Work

Address: 2001 East Madison St  
Seattle, WA 98122  
US

Attendance Dates:

Position/Dept: Staff Physician - Women's  
Reproductive Health

Start Date: 07/25/1999

End Date: 11/17/2000

Clinical %: 100

Admin %: 0

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

Virginia Mason Medical Center Program

Chronology Type: Other Training

Address: Seattle, WA  
US

Attendance Dates:

Position/Dept:

Start Date: 07/01/1999

End Date: 06/30/2001

Clinical %:

Admin %:

Applicant Name: Browne, Charlie

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	Employment: ●	Staff Privileges:	Affiliation: ●
<b>Practice/Emp/ Desc:</b>	<b>Harborview Medical Center</b>		<b>Chronology Type:</b> Work
	<b>Address:</b> 325 Ninth Ave Seattle, WA 98104 US		<b>Attendance Dates:</b>
	<b>Position/Dept:</b> Associate Medical Staff - Ob/Gyn		<b>Start Date:</b> 07/01/1999
			<b>End Date:</b> 10/01/2005
	<b>Clinical %:</b> 100		
	<b>Admin %:</b> 0		
<hr/>			
	Employment: ●	Staff Privileges: ●	Affiliation: ●
<b>Practice/Emp/ Desc:</b>	<b>University of Washington Medical Center</b>		<b>Chronology Type:</b> Work
	<b>Address:</b> 1959 NE Pacific St Seattle, WA 98195 US		<b>Attendance Dates:</b>
	<b>Position/Dept:</b> Associate Medical Staff - Ob/Gyn		<b>Start Date:</b> 07/01/1999
			<b>End Date:</b> 10/01/2005
	<b>Clinical %:</b> 100		
	<b>Admin %:</b> 0		
<hr/>			
	Employment: ●	Staff Privileges: ●	Affiliation: ●
<b>Practice/Emp/ Desc:</b>	<b>Swedish Family Medicine Dysplasia Clinic</b>		<b>Chronology Type:</b> Work
	<b>Address:</b> 1401 Madison St. Suite 100 Seattle, WA 98104 US		<b>Attendance Dates:</b>
	<b>Position/Dept:</b> Attending Physician - Family Medicine		<b>Start Date:</b> 01/01/1999
			<b>End Date:</b> 12/31/2002
	<b>Clinical %:</b> 100		
	<b>Admin %:</b> 0		
<hr/>			
	Employment: ●	Staff Privileges: ●	Affiliation: ●
<b>Practice/Emp/ Desc:</b>	<b>University of Washington Program</b>		<b>Chronology Type:</b> Accredited Training
	<b>Address:</b> Seattle, WA US		<b>Attendance Dates:</b>
	<b>Position/Dept:</b>		<b>Start Date:</b> 06/25/1995
			<b>End Date:</b> 06/30/1999
	<b>Clinical %:</b>		
	<b>Admin %:</b>		
<hr/>			
	Employment:	Staff Privileges:	Affiliation:
<b>Practice/Emp/ Desc:</b>	<b>University of California Los Angeles, David Geffen School of Medicine</b>		<b>Chronology Type:</b> Medical Education

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## ADDENDUM 3 - ADDITIONAL PHYSICIAN INFORMATION RECEIVED

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### CITIZENSHIP AND IDENTIFICATION

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U.S. Citizen Yes ☒ No ☐

Alien Registration # NA

Employment Authorization # NA

Visa # NA

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### EXAMINATION SCORES

List all licensure examinations you have taken, whether U.S. or International, on the Examination History tab of the online Uniform Application. Also list below the score you received on each exam taken. INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED ATTEMPTS.

Examination Name	Score Received	Examination Name	Score Received
USMLE Step 1	194		
USMLE Step 2	166		
USMLE Step 2	187		
USMLE Step 3	189		

### SPECIALTY CERTIFICATION

Scope of Practice/Specialty(ies): OB/GYN

List any and all certifications and re-certifications by a board or sub-board recognized by the American Board of Medical Specialties. INCLUDE ALL INFORMATION PERTAINING TO ANY AND ALL FAILED ATTEMPTS.

Board / Specialty Board	If you are Lifetime Board Certified, indicate "Lifetime"	Certification #	Dates of Certification/ Recertification (MM/YY)
AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY			12/07/2001
AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY			12/2008 - 12/2018

If you hold "lifetime or historical" ABMS Board certification, please provide a notarized statement agreeing to maintain Board certification for the duration of your licensure in the state of Nevada.



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## ADDENDUM 4 – ATTESTATION QUESTIONS

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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 WRITTEN EXPLANATION(S) ON A SEPARATE SHEET ATTACHED TO THIS ADDENDUM.**

1. 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 an explanation on a separate sheet. Yes ☐ No ☒
2. 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 an explanation on a separate sheet. Yes ☐ No ☒
3. 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 an explanation on a separate sheet. Yes ☐ No ☒
4. Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal government or a state or local government for your medical education? If "Yes," attach an explanation on a separate sheet. Yes ☐ No ☒
- 5a. 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? If "Yes," please describe in the space provided on the Malpractice Liability Claims Information page within the online Uniform Application. Also complete addendum 5. Yes ☒ No ☐
- 5b. 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? If "Yes," please describe in the space provided on the Malpractice Liability Claims Information page within the online Uniform Application. Also complete addenda 5 and 6. Yes ☒ No ☐
6. 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 an explanation on a separate sheet.



7. Have you previously applied for medical licensure in Nevada (including in a Residency program)? If "Yes," attach an explanation on a separate sheet. Yes ☐ No ☒
8. 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 an explanation on a separate sheet. Yes ☐ No ☒
9. 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 an explanation on a separate sheet. Yes ☐ No ☒
10. 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 an explanation on a separate sheet. Yes ☐ No ☒
11. Have you EVER voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory? If "Yes," attach an explanation on a separate sheet. Yes ☐ No ☒
12. Have you EVER been denied membership, asked to resign, or expelled from a medical society or other professional medical organization? If "Yes," attach an explanation on a separate sheet. Yes ☐ No ☒
13. 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 an explanation on a separate sheet. Yes ☐ No ☒
14. Have you EVER surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? If "Yes," attach an explanation on a separate sheet. Yes ☐ No ☒
15. 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 MM/YY to MM/YY)
NA			

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# **ADDENDUM 5 – LIST OF MALPRACTICE INSURANCE CARRIERS**

If you have answered in the affirmative ("Yes") to questions 5a and/or 5b of Addendum 4 of the UA, list all malpractice carriers.

Name of Insured: CHARLIE BROWNE

Insurance Company: ADMIRAL INSURANCE COMPANY

Address: % REDMOND GENERAL INSURANCE AGENCY  
P.O. BOX 847, REDMOND, WA 98073

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dates: 12/05/2008 - 12/5/2018

Insurance Company: KAISER PERMANENTE INSURANCE

Address: KAISER PERMANENTE  
P.O. BOX 34262 SEATTLE, WA 98124

Phone Number: 206-630-2865

Fax Number: 206-877-0629

Policy Number: \_\_\_\_\_

Dates: 7/20/2001 - 5/31/2009

Insurance Company: USI INSURANCE SERVICES LLC

Address: 2021 SPRING ROAD, SUITE 100  
OAK BROOK, IL 60523

Phone Number: 312-442-7200

Fax Number: 610-362-8900

Policy Number: \_\_\_\_\_

Dates: 08/01/2010 - 2/28/2019

Insurance Company: MARSH USA, INC.

Address: 1166 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036

Phone Number: 212-345-5000

Fax Number: 212-943-1307

Policy Number: \_\_\_\_\_

Dates: 02/2009 - 01/01/2019

Insurance Company: GENERAL STAR INDEMNITY COMPANY

Address: % REDMOND GENERAL INSURANCE AGENCY  
P.O. BOX 847, REDMOND, WA 98073

Phone Number: 425-952-2677

Fax Number: 425-893-4621

Policy Number: \_\_\_\_\_

Dates: 4/11/2017 - 4/11/2018

(If more space is needed, please copy this page or attach a separate sheet.)



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**CHILD SUPPORT STATEMENT**

NEVADA STATE BOARD OF  
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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 question 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.

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

- ☒ (a) I am not subject to a court order for the support of a child;
- ☐ (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; OR
- ☐ (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

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

Yes ☒ No ☐ I attest and affirm that I am aware and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.  
<http://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**

Yes ☒ No ☐ 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/IP07\\_standardPrecaution.html](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 hereby agree that as a condition of obtaining or maintaining licensure with the Board, 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, and that the failure to do so may subject me to a fine or disciplinary action as allowed in NRS 630.244.

Printed Name of Applicant/Licensee: CHARLIE BROWNE

Signature of Applicant/Licensee: \_\_\_\_\_ Email Address: \_\_\_\_\_



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**MILITARY SERVICE ATTESTATION**

NEVADA STATE BOARD OF  
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1-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 X No

2-If yes, which branch of service did you serve?

- ☐ Air Force  
☐ Army  
☐ Navy  
☐ Marine Corp  
☐ Coast Guard

3-Military occupation specialty or specialties?

- ☐ Administration or Personnel  
☐ Aviation  
☐ Civil Engineering  
☐ Communications  
☐ Infantry or Armor  
☐ Legal or Chaplain Corps
- ☐ Logistics or Supply  
☐ Maintenance  
☐ Medical Services  
☐ Security Forces or Military  
☐ Other

Police

4&5-Dates of service in the Military:

4-From:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

5-To:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

6-Are you still serving? \_\_\_\_ Yes \_\_\_\_ No

7-Have you ever served on active duty in the Armed Forces of the United States?

\_\_\_\_ Yes \_\_\_\_ No

8-Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?

\_\_\_\_ Yes \_\_\_\_ No

9-Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?

\_\_\_\_ Yes \_\_\_\_ No

10-If the answer to question(s) 7, 8 and/or 9 is "yes," did you separate from such service under conditions other than dishonorable?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

**APPLICATION AFFIRMATION**

I, CHARLIE BROWNE  
(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

Date

7-23-2018

State of Washington County of King

Subscribed and sworn to before me this 23<sup>rd</sup> day of July, 2018

Notary Public for the State of Washington

My Commission Expires: 04-07-20

Residing at Seattle WA  
City State

Signature of Notary



## ADDENDUM 1 – RESPONSIBILITY STATEMENT

ATTENTION APPLICANT!

Please sign and return this statement with your application for licensure to:

The Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, NV 89521

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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.

o o o o o

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 CHARVIE BROWNE

Sign your name \_\_\_\_\_

Date July 19, 2018

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.





Applicant's signature (must be signed in the presence of a notary)

BROWNE, CHARLES

Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

09-17-2018

Date of signature (must correspond to date of notarization)

RECEIVED  
OCT 09 2018  
NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

[Please note: The Notary Public seal should overlap the bottom of the photo to the left.]

**NOTARY**

NOTARY PUBLIC  
State of Washington, County of King

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 17<sup>th</sup> day of September 2018.

Notary Public Signature [Signature]

My Notary Commission Expires 04-07-2020

Uniform Application for Licensure

June 2018



## Renewal Questions for License Number 18379



Licensee	Question	Answer	Date
BROWNE, Charles	Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? <b>If you do not have a medical condition, select No.</b>	N	6/24/2019
BROWNE, Charles	<b>Explanation 1: For the above question if your answer is "Yes" for the time period July 1, 2017 – July 1, 2019, 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 <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a>.</b>		
BROWNE, Charles	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? <b>If you do not have a medical condition, select No.</b>	N	6/24/2019
BROWNE, Charles	<b>Explanation 2: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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 <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a>.</b>		
BROWNE, Charles	If you use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety? <b>If you do not use chemical substances, select No.</b>	N	6/24/2019
BROWNE, Charles	<b>Explanation 3: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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 <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a>.</b>		
BROWNE, Charles	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	6/24/2019
BROWNE, Charles	<b>Explanation 4: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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 <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a>.</b>		



BROWNE, Charles	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, 2017 - July 1, 2019 type an explanation in the text box directly below this question.	N	6/24/2019
BROWNE, Charles	<b>Explanation 5: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, or since your last renewal, please type your explanation in this text box.</b> Please fax a copy of the Complaint, Settlement and/or Dismissal, civil or otherwise to 775-688-2551 or scan and <u>email to <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a></u> .		
BROWNE, Charles	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? <b>Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement during this time period.</b>	N	6/24/2019
BROWNE, Charles	<b>Explanation 6: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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 <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a></u>.</b>		
BROWNE, Charles	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	6/24/2019
BROWNE, Charles	<b>Explanation 7: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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 <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a></u>.</b>		
BROWNE, Charles	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	6/24/2019
BROWNE, Charles	<b>Explanation 8: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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 <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a></u>.</b>		
BROWNE, Charles	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	6/24/2019



BROWNE, Charles	<b>Explanation 9: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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></b>		
BROWNE, Charles	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	6/24/2019
BROWNE, Charles	<b>Explanation 10: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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></b>		
BROWNE, Charles	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	6/24/2019
BROWNE, Charles	<b>Explanation 11: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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></b>		
BROWNE, Charles	Have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?	N	6/24/2019
BROWNE, Charles	<b>Explanation 12: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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></b>		
BROWNE, Charles	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.  <b>(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.)</b>	N	6/24/2019
BROWNE, Charles	<b>Explanation 13: For the above question if your answer is "Yes" for the time period July 1, 2017 - July 1, 2019, 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</b>		



	<b>and emailed to <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a>.</b>		
BROWNE, Charles	Have you been denied membership, been asked to resign or expelled from a medical society or other professional medical organization?	N	6/24/2019
BROWNE, Charles	<b>Explanation 14: For the above question if your answer is "Yes" for the time period July 1, 2017 – July 1, 2019, 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 emailed to <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a>.</b>		
BROWNE, Charles	Have you actively practiced medicine in Nevada within the past 24 months?	Y	6/24/2019
BROWNE, Charles	<b>Explanation 15: For the above question if your answer is "No" for the time period July 1, 2017 – July 1, 2019, 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 emailed to <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a>.</b>		
BROWNE, Charles	<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" <b>as of the date of submission of your renewal (today)</b>. 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 <b>AND</b> choose the Inactive status in the dropdown box located at the end of the questions.</p>	N	6/24/2019
BROWNE, Charles	<p><b>If you believe that you are in compliance with the Centers for Disease Control safe injection practices, your answer should be "YES".</b></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><b><a href="http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html">http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html</a></b></p>	Y	6/24/2019
BROWNE, Charles	I hereby attest that I am in compliance with the reporting requirements of NRS 630.30665, to wit, that if I have performed a surgery or procedure in Nevada outside a "medical facility" as defined by NRS 449.0151, and if that surgery or procedure utilized conscious sedation, deep sedation or general anesthesia, then I have submitted a report to the Board stating the number and type of surgeries or procedures performed, and I am aware that failure	Y	6/24/2019

	to submit a report or filing false information in a report is grounds for disciplinary action under Nevada's Medical Practice Act.  <b>(If you have performed no such surgeries or procedures, then your answer should be "YES.")</b>  <b>Instructions for in-office surgery/procedure reporting can be located on the Board's website at: <a href="http://medboard.nv.gov/forms/in-office_surgery">medboard.nv.gov/forms/in-office_surgery</a>.</b>		
BROWNE, Charles	Are you out of compliance with court ordered child support? <b>If this does not apply to you, please answer "no."</b>  If "Yes" during the time period July 1, 2017 - July 1, 2019 type an explanation in the text box directly below this question.	N	6/24/2019
BROWNE, Charles	<b>Explanation 16: For the above question, if your answer is "Yes" for the biennial July 1, 2017 - July 1, 2019, 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 <a href="mailto:elicensensbme@medboard.nv.gov">elicensensbme@medboard.nv.gov</a></u>.</b>		
BROWNE, Charles	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.  <a href="http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220">http://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec220</a>  <b>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."</b>	Y	6/24/2019
BROWNE, Charles	<b>Explanation 17: For the above question if your answer is "No" for the time period July 1, 2017 - July 1, 2019, or since your last renewal, please type your explanation in this text box.</b>		
BROWNE, Charles	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, 2017 and July 1, 2019. (Review CME information online at <a href="http://medboard.nv.gov/licensees/ce/">http://medboard.nv.gov/licensees/ce/</a> )  <b>If renewing to an <u>Inactive</u> status, CME is not required and "No" can be selected.</b>	Y	6/24/2019
BROWNE, Charles	I hereby attest that I am in compliance with NRS 630.253, as I have completed or will complete between July 1, 2017, and June 30, 2021, a minimum of 2 hours of instruction on evidence-based suicide prevention and awareness.	Y	6/24/2019
BROWNE, Charles	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	6/24/2019