

NEBRASKA

Good Life. Great Mission

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit

P.O. Box 94986, Lincoln, Nebraska 68509-4986

Phone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

RECEIVED

JAN 30 2020

LICENSURE UNIT

#7166 3/6/20

1/2020

License to Practice Medicine
Medicine and Surgery
Osteopathic Medicine and Surgery

Application

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE FEES:

A. Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee is waived. Check only ONE waiver:

Young Worker: I am under 26 years old.

Low-income Individual:

I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR

My household adjusted gross income is below 130% of the federal income poverty guideline.

Military Family: I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:

Review the following chart to determine the fee required based on the month and year in which your license will be issued:

Medicine and Surgery/ Osteopathic Medicine and Surgery:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	\$300	\$300	\$300	\$75	\$75	\$75	\$75	\$75	\$300	\$300	\$300	\$300
Odd Numbered Year	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300

Medicine and Surgery, Osteopathic Medicine and Surgery licenses expire 10/01 of even-numbered years

EFFECTIVE JANUARY 1, 2020 ADDITIONAL FEES FOR APPLICANTS FOR THE INITIAL ISSUANCE AS A PHYSICIAN OR AN OSTEOPATHIC PHYSICIAN UNDER THE MEDICINE AND SURGERY PRACTICE ACT SHALL PAY A PATIENT SAFETY FEE OF FIFTY DOLLARS (\$50.00). PLEASE ADD THE \$50.00 FEE TO THE AMOUNT LISTED IN THE CHART ABOVE.

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

SECTION A: INFORMATION

1 You must print your Legal Name below

First: Middle: Last Name:

List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate

2 Address: Street/PO/Route:
City: State or Country: Zip:

3 Social Security Number (SSN):

4 If you are not a U.S. Citizen, list your A# or I-94#: Alien Registration Number ("A#"):
I-94 #:

Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

SECTION D- POST-GRADUATE MEDICAL EDUCATION: Indicate whether service was Internship, Residency or Fellowship.	
Name of Institution	University of Nebraska Medical Center
Name of Specialty	<input checked="" type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Fellowship
City/State/Country	Omaha/Nebraska/United States
Attended From:	(M/D/Y) 07/01/2017
Attended To:	(M/D/Y) ongoing - 06/15/2021
Name of Institution	
Name of Specialty	<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship
City/State/Country	
Attended From:	(M/D/Y)
Attended To:	(M/D/Y)
Name of Institution	
Name of Specialty	<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship
City/State/Country	
Attended From:	(M/D/Y)
Attended To:	(M/D/Y)
Name of Institution	
Name of Specialty	<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship
City/State/Country	
Attended From:	(M/D/Y)
Attended To:	(M/D/Y)

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

SECTION E -- COMPETENCY: Indicate that, within the three years immediately preceding the application for licensure, you have met ONE of the following:	
<input type="checkbox"/>	I have been in the active practice of the profession of medicine and surgery in some other state, a territory, the District of Columbia, or Canada for a period of one year.
<input checked="" type="checkbox"/>	I have had at least one year of approved graduate medical education.
<input type="checkbox"/>	I have completed continuing medical education. <u>Submit proof of attendance at continuing education, as well as information about the content for Board approval. *See below*</u>
<input type="checkbox"/>	I have completed a refresher course in medicine and surgery. <u>Submit proof of attendance at a refresher course, as well as information about the content for Board approval. *See below*</u>
<input type="checkbox"/>	I have completed a special purposes examination. <u>Have your score sent directly to this office for Board approval. *See below*</u>

*Neb. Rev. Stat. 38-2026(4) states that an applicant for a license in medicine and surgery must present proof satisfactory to the Department that he or she, within the three years immediately preceding the application for licensure, (a) has been in the active practice of the profession of medicine and surgery in some other state, a territory, the District of Columbia, or Canada for a period of one year, (b) has had at least one year of graduate medical education, (c) has completed continuing education in medicine and surgery approved by the board, (d) has completed a refresher course in medicine and surgery approved by the board, or (e) has completed the special purposes examination approved by the board.

Be advised that the Board of Medicine and Surgery **does not routinely accept continuing education or the special purposes examination alone as acceptable to meet the experience requirement in the absence of recent practice or other evidence of continued competency.**

Neb. Rev. Stat. 38-2026.01 gives the Department, with the recommendation of the Board, authority to issue a reentry license to a physician who has not actively practiced medicine for the two-year period immediately preceding the filing of an application for a license or who has not otherwise maintained continued competency during such period as determined by the Board.

Following is the website to the Statutes Relating to Medicine and Surgery where you can read the complete language regarding the reentry license. <http://dhs.ne.gov/publichealth/Documents/Medicine%20and%20Surgery.pdf> The Board of Medicine and Surgery will review applications for a license, either initial application or reinstatement of license, which do not clearly meet the requirements for experience (continued competency) as outlined in the statutes listed above. The Board will make a recommendation to the Department to either issue the license, deny the application or offer a reentry license to the applicant. (This assumes there are no matters whereby discipline would be appropriate.) **Please be aware, that if a reentry license is decided upon by the Board and Department, the process would be that the application be denied if the applicant does not accept the reentry license.**

SECTION H: CONVICTION AND LICENSURE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred).

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

The following provides **SOME** examples of convictions; this is **NOT** a complete list


- MIP/ Tobacco Use by Minor
- DUI / DWI
- Controlled Substance
- Open Container
- Shoplifting / Theft / Burglary
- Unauthorized use of a Financial Transaction
- Disturbing the Peace
- Assault / Prostitution
- Disorderly Conduct / Disorderly House
- Reckless Driving

- Driving under Suspension / Revocation
- License Vehicle without Liability Insurance
- Fail to Appear in Court
- False Information or Reporting
- Leave the Scene of an Accident
- Operator not Carrying License
- Unlawful Display of Plates/Renewal tabs
- Park Rule Violation / Curfew Violation
- Dog at Large / Fail to Vaccinate Animal
- Littering / Fireworks / Bad Check

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held in a state **other** than Nebraska.

1	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Michigan	Temporary Medical Education License	
		<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>		
	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION D: PRACTICE PRIOR TO LICENSE	
If you practice prior to being issued a Nebraska license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, and you may be subject to other disciplinary action as provided in the statutes and regulations.	
1	Have you practiced Medicine and Surgery in Nebraska without a Nebraska license? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, what are the actual number of days you practiced in Nebraska without a Nebraska license and what is the business name, location and telephone number of the practice:	Number of days: <input type="text"/>
	Name of Business: <input type="text"/>
	City: <input type="text"/>
	Telephone #: <input type="text"/>

SECTION E: ATTESTATION
For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check ONE of the boxes below): I attest that:
<input checked="" type="checkbox"/> I am a citizen of the United States.
<input type="checkbox"/> I am NOT a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
<input type="checkbox"/> I am NOT a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
<input type="checkbox"/> I am NOT a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act
I further attest that:
1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.
Print Name: <input type="text" value="Garth K Summers"/>
Signature:  Date: <input type="text" value="1/15/2020"/>

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>



COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION - USA

Official Transcript

RECEIVED
JAN 21 2020
LICENSURE UNIT

Department of Health and Human Services
301 Centennial Mall South
P.O. Box 94986
Lincoln, NE 68509-4986

Examinee: Summers, Garth Kellogg

NBOME ID: 410088

Date of Birth: 08/18/1988

EXAMINATION	DATE COMPLETED	PASS / FAIL	3 - DIGIT STANDARD MINIMUM		2 - DIGIT STANDARD MINIMUM		NOTE
			SCORE	PASSING	SCORE	PASSING	
Level 1							
	23-Jun-2014	Pass	571	400	--		
Level 2 Cognitive Evaluation (CE)							
	18-Mar-2016	Pass	695	400	--		
Level 2 Performance Evaluation (PE)							
	07-Jul-2016	Pass	Not Applicable		Not Applicable		
Level 3							
	15-Feb-2019	Pass	642	350	--		

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: January 17, 2020

1142751211207877

-- please see reverse for information and description of notes -- v3.0

National Board of Osteopathic Medical Examiners, Inc.
8765 West Higgins Road Suite 200 Chicago IL 60631-4174
Phone: 773/714-0622 Fax: 773/714-0631

PRACTITIONER PROFILE

Prepared for: Nebraska Board of Medicine & Surgery As of Date:3/6/2020

PRACTITIONER INFORMATION

Name: Summers, Garth Kellogg
 DOB: 8/18/1988
 Medical School: Des Moines University Osteopathic Medical Center
 Des Moines, Iowa, UNITED STATES
 Year of Grad: 2017
 Degree Type: DO
 NPI: 1659891687

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1659891687	Individual			06/04/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
MICHIGAN OSTEO	5151014144	10/18/2019	06/30/2020	02/21/2020
NEBRASKA	8043	07/01/2017	07/01/2020	02/10/2020

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
██████████	22N 33N 4 5	OMAHA,NE 68198	02/29/2020	02/12/2020

PRACTITIONER PROFILE

Prepared for: Nebraska Board of Medicine & Surgery As of Date:3/6/2020
Practitioner Name: Summers, Garth Kellogg

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.