

RECEIVED  
JAN 29 2021  
NEVADA STATE BOARD  
MEDICAL EXAMINERS

NOTIFICATION TO NEVADA STATE BOARD OF MEDICAL EXAMINERS  
OF SUPERVISION OF PHYSICIAN ASSISTANT

STATE OF NEVADA )  
 )  
COUNTY OF WASHOE ) ss.

NOTE: NO FEE REQUIRED

COMES NOW STEPHANIE BALL, being first duly sworn who deposes and says that: I, the undersigned physician, am duly licensed to practice medicine in the state of Nevada by the Nevada State Board of Medical Examiners (Board), possess an active license to practice medicine in the state of Nevada, license number 16164, and am in good standing with the Board. I am engaged in the full time practice of medicine in the state of Nevada, am current on all my required CME and am not aware of any disciplinary action, formal or informal, pending against me by the Board or any other jurisdiction's medical licensing entity.

CONFIRMATION COPY

I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes concerning the duties of a supervising physician, as well as Chapter 630 of the Nevada Administrative Code, which are the regulations adopted by the Board concerning a physician's relationship with a physician assistant and/or advanced practitioner of nursing. I have read and am aware of the regulation of the Nevada State Board of Medical Examiners under Chapter 630 of the Nevada Administrative Code that precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of nursing, or with a combination of more than three physician assistants and advanced practitioners of nursing, without first filing a petition with the Board for approval to supervise more, and the requirement that I prove to the satisfaction of the Board that the circumstances of my practice necessitate more and that I will be able to supervise/collaborate with the greater number in a satisfactory manner.

ORIGINAL

I hereby certify that this relationship does not violate the limitation cited above concerning the total number of physician assistants or advanced practitioners of nursing with whom I may simultaneously supervise or collaborate. Further, this relationship will not begin until I am in receipt of a file-stamped copy of this Notification bearing the receipt stamp of the Board. Upon receipt of same, I will be supervising the following named physician assistant at the following practice location(s):

Bryanne Salmonsén  
Name of Physician Assistant  
Planned Parenthood  
455 W. 5th St Reno, NV 89503  
775-688-5555  
Practice Location(s) (use extra page if necessary) (Telephone#)

I am aware that the original copy of this Notification will be placed in my licensing file at the offices of the Nevada State Board of Medical Examiners, and that I must immediately notify the Board, in writing, of the termination of this relationship.

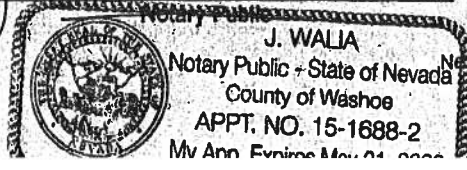
WHEREFORE, I set my hand this 18<sup>th</sup> day of January, 2021.  
STEPHANIE BALL M.D.  
Supervising Physician Name (Print or Type) [Signature]  
Supervising Physician (Signature)

COMES NOW Bryanne Salmonsén, being first duly sworn who deposes and says that: I, the undersigned physician assistant, have submitted an application for licensure in the state of Nevada, and this agreement becomes effective upon being granted active licensure by the Board and that I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes and the Nevada Administrative Code as those laws apply to physician assistants. I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Board, and, that the provisions of the Nevada Administrative Code require that if this supervising relationship is terminated, my failure to immediately notify the Board of the termination or my continuing to practice this portion of my practice until such time as I advise the Board of my new supervising physician, is grounds for disciplinary action against me.

WHEREFORE, I set my hand this 21<sup>st</sup> day of December, 2020.  
Bryanne Salmonsén  
Physician Assistant Name (Print or Type) [Signature]  
Physician Assistant (Signature)

The above named STEPHANIE BALL M.D.  
(Print Physician Name) being first duly sworn, appeared before me on the 18<sup>th</sup> day of January, 2021, and, in my presence, executed this document consisting of one (1) page.  
[Signature]  
Notary Public

The above named Bryanne Salmonsén  
(Print Physician Assistant Name) being first duly sworn, appeared before me on the 21<sup>st</sup> day of December, 2020, and, in my presence, executed this document consisting one (1) page.  
[Signature]  
Notary Public



Please mail completed form to:  
Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, NV 89521.

Please see CALIFORNIA attachment for notary seal

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Supervisor (Licensee Supervising)	Supervisee (Licensee Being Supervised)	Relationship Type	Date of Association	Date of Disass
BALL, Stephanie N/A	Salmons, Bryanne Irene	Additional Supervisor	Feb-04-2021	N/A

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