

Demographic Details

First Name

Middle Name

Last Name *

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Gender

  

Date of Birth

 

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Is this person deceased?

Yes No

Date Deceased



Do you have a Nevada Business License in your individual name?

Yes No

Nevada BIN

Historical File Number

Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

300 HALKET ST

Address Line 2

ZIP / Postal Code

15213

State / Province

Pennsylvania

City

County

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

Online Service

Open Regulate

Country

  

Is your physical address different from your mailing address?

Yes No

Public Phone

#

City (Mailing)

State / Province (Mailing)

County (Mailing)

  

County (Mailing)

Licensee / Applicant	Examination Type	Attended Date
MILES, Shana Melody	United States Medical Licensing Examination (USMLE)	Jun-27-2011
MILES, Shana Melody	United States Medical Licensing Examination (USMLE)	May-02-2011
MILES, Shana Melody	United States Medical Licensing Examination (USMLE)	Oct-01-2012
MILES, Shana Melody	United States Medical Licensing Examination (USMLE)	Jun-06-2007

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
MILES, Shana Melody	College/University	UNIVERSITY OF MIAMI	Bachelor Degree	Aug-20-2003	May-10-2005	May-10-2005
MILES, Shana Melody	Graduate	UNIFORMED SERVICES UNIVERSITY	Doctor of Philosophy	Aug-01-2005	May-10-2010	May-10-2010
MILES, Shana Melody	Medical School	UNIFORMED SERVICES UNIVERSITY	Medical Doctor Degree	Aug-01-2005	May-19-2012	May-19-2012

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To ↑	Program Type
MILES, Shana Melody	NATIONAL CAPITOL CONSORTIUM	Obstetrics / Gynecology	Jul-01-2012	Jun-30-2016	Internship/Residency

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
MILES, Shana Melody	Other	Yes	N/A	N/A
MILES, Shana Melody	Obstetrics / Gynecology	Yes	May-03-2021	N/A

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
MILES, Shana Melody	American Board	N/A	Obstetrics / Gynecology	Nov-13-2017	Dec-31-2021

Addendum # 1

Medical Education:

Uniformed Services University lists the curriculum duration as 4 yrs. Submit an addendum to provide circumstances that required you to participate in program for more than 4 yrs.

I was enrolled, and completed, a combined MD, PhD program at the Uniformed Services University. This was completed from 2005-2012. PhD was awarded in 2010, MD in 2012.

Addendum # 2: Submit an addendum to your application to provide the Name of Organization/Institution of the following activities

Military Assignment:

NE: 55th Medical Group, Offutt AFB, NE

LA: 2d Medical Group, Barksdale AFB, LA

PA: 6/19/2019-6/30/2021: Magee Womens Hospital, Pittsburgh, PA

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Addendum # 3

You indicated 'still serving' in the US Air Force, however response to question 'if the answer to questions 7,8,9 is yes, did you separate from such services under conditions other than dishonorable?'; submit an addendum to indicate if still serving or honorably discharged

I am still serving in the US Air Force. I have no break in service from the time I commissioned in 2008 to present date. This was an incorrect selection on 'did you separate from such service'.

Ordina [▼] ↑	Licensee/Applicant	▼ Declaration Question	▼ Answer	▼ Answer Details	Declaration Text
N/A	MILES, Shana Melody	MD – Q9 – Medical License Revoked	No		
N/A	MILES, Shana Melody	ALL – Q6 – Malpractice Claim Paid	No		
N/A	MILES, Shana Melody	MD, PA – Q1 – Medical Condition Impair Safe Practice	No		
N/A	MILES, Shana Melody	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No		
N/A	MILES, Shana Melody	MD – Q12 – Denied Membership	No		
N/A	MILES, Shana Melody	MD – Q13 – Investigation – Respond To/Notify Of	No		
N/A	MILES, Shana Melody	MD, PA – Q10 – Controlled Substance Registration	No		
N/A	MILES, Shana Melody	MD, Previously applied for licensure in Nevada.	No		
N/A	MILES, Shana Melody	MD, PA – Q2 – Medical Condition Field of Practice	No		
N/A	MILES, Shana Melody	MD – Q11 – Voluntarily Surrendered a License	No		
N/A	MILES, Shana Melody	ALL – Q7 – Arrest Question	No		
N/A	MILES, Shana Melody	MD – Investigation Disciplinary during Training Program	No		
N/A	MILES, Shana Melody	MD, PA, LL – Q4 – Performance of Public Service Requirement	No		
N/A	MILES, Shana Melody	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No		
N/A	MILES, Shana Melody	MD – Q8 – Denied License / Permission to Practice Medicine	No		
N/A	MILES, Shana Melody	ALL – Q5 – Named Defendant Respond to Legal Action	No		

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
MILES, Shana Melody	MAGEE WOMENS HOSPITAL	Jul-01-2019	Jun-30-2021	100
MILES, Shana Melody	N/A	Jun-18-2018	Jun-18-2019	30
MILES, Shana Melody	N/A	Jul-01-2016	Jun-15-2018	100
MILES, Shana Melody	N/A	Jun-19-2019	Jun-30-2019	0

Licensee / Applicant	Name of Organization	Start Date	End Date
MILES, Shana Melody	CHRISTUS MOTHER FRANCES	Nov-01-2018	N/A
MILES, Shana Melody	MINDEN MEDICAL CENTER	Nov-01-2018	N/A
MILES, Shana Melody	2D MEDICAL GROUP	Jun-19-2018	N/A
MILES, Shana Melody	OFFUTT AFB	Jul-01-2016	Jun-18-2018
MILES, Shana Melody	BELLEVUE MEDICAL CENTER	Aug-30-2016	N/A
MILES, Shana Melody	MAGEE WOMENS HOSPITAL	Jul-01-2019	N/A

Licensee / Applicant	Branch of Service	Military Occupation Specialty	Start Date	End Date
MILES, Shana Melody	U.S. Air Force	Medical Services	May-27-2008	N/A

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
MILES, Shana Melody	MD466796	N/A	Apr-01-2019	Dec-31-2022	Pennsylvania
MILES, Shana Melody	0101254578	N/A	Jul-19-2013	Sep-30-2022	Virginia
MILES, Shana Melody	310457	N/A	Aug-15-2018	Sep-30-2019	Louisiana
MILES, Shana Melody	29308	N/A	Jun-10-2016	Jun-30-2021	Nebraska
MILES, Shana Melody	R8618	N/A	Aug-10-2018	Aug-31-2022	Texas



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ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

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

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 your 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 Shana Miles

Sign your name _____

Date 5/22/2021

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.