Profile

Shana Melody MILES

File Number

Nevada Business License Number

Date of Birth

1986

Public Address

Street

4700 Las Vegas Blvd N

Address Line 2

None

City

Las Vegas

State

Nevada

Postal Code

Employer Addresses

No active employers.

Licensure

License Type: Medical Doctor
License Number: 21271
Status: Active

89191

Mailing Address

Street

Address Line 2

City

State

Postal Code

Telephone

E-mail Address

Demographic Details

First Name

Shana

Middle Name

Melody

Last Name *

MILES

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

◯ Yes ◯ No

Date Deceased

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

◯ Yes ◉ No

Nevada BIN

Gender

Female

Date of Birth

-1986

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address

Mail should be directed to

Cell Phone

#

Fax

#

Public Address

Street Address

4700 Las Vegas Blvd N

ZIP / Postal Code

89191

Address Line 2

City

Las Vegas

County

Clark

State / Province

Nevada

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(702) 653-2300

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

MILES, Shana Melody

Application Number

License Issued?

(•) Yes ( ) No

Application Status

Approved

Assigned To

Manual Paper Application?

( ) Yes (•) No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor

Obtained By

USMLE

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Active

Application Date *

Reviewed Date

Decision Date

Submitted Date

Approved Date

Application Step

#

Expiration Date

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

(•) Yes ( ) No

Is Simultaneous Application

( ) Yes ( ) No

Are you the spouse of an active duty member or surviving spouse of a veteran?

( ) Yes ( ) No

Invoices

Application Invoice

- Paid in Full

Application Payment Date

Licensure Invoice

- Paid in Full

Licensure Payment Date

Attestations

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

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.

( ) Yes ( ) No

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.

(●) Yes ( ) No

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

I 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.

( ) Yes ( ) No

Child Support Attestation Type

Not subject to a court order

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

(●) Yes ( ) No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

(●) Yes ( ) No

Board Certifications

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

Board Certification Details

Licensee / Applicant

MILES, Shana Melody

Specialty

Obstetrics / Gynecology

Certifying Board

American Board

Other Certifying Board

Initial Certification Date

Nov-13-2017

Recertification Date

Dec-31-2021

Certification Number

9030521

Archive Program

Historical Specialty

Connected Record

Application

Application - - MILES, Shana Melody

Activities

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

Application Activity Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization / Institution

Start Date

Jul-01-2016

End Date

Jun-15-2018

Percent Clinical *

100

Position

Application

Application - - MILES, Shana Melody

Activity Type

Military Assignment

Location Details

Street Address 1

Country

United States

City

OFFUTT AFB

State / Province

Nebraska

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization / Institution

Start Date

Jun-18-2018

End Date

Jun-18-2019

Percent Clinical *

30

Position

Application

Application - - MILES, Shana Melody

Activity Type

Military Assignment

Location Details

Street Address 1

Country

United States

City

BARKSDALE AFB

State / Province

Louisiana

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization / Institution

Start Date

Jun-19-2019

End Date

Jun-30-2019

Percent Clinical *

0

Position

Application

Application - - MILES, Shana Melody

Activity Type

Military Assignment

Location Details

Street Address 1

Country

United States

City

PITTSBURGH

State / Province

Pennsylvania

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization / Institution

MAGEE WOMENS HOSPITAL

Start Date

Jul-01-2019

End Date

Jun-30-2021

Percent Clinical *

100

Position

Application

Application - - MILES, Shana Melody

Activity Type

Postgraduate Training

Location Details

Street Address 1

Country

United States

City

PITTSBURGH

State / Province

Pennsylvania

Zip / Postal Code

Declarations

Ordinal	Licensee/Applicant	Declaration Question	Answer
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, LL – Q4 – Performance of Public Service Requirement	No
N/A	MILES, Shana Melody	MD – Investigation Disciplinary during Training Program	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
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, 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

Education

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

Education Details

Licensee/Applicant *

MILES, Shana Melody

Address

City

MIAMI

State / Province

Florida

Zip / Postal Code

Country

United States

Application

Application - - MILES, Shana Melody

Specialty Type

Name of School

UNIVERSITY OF MIAMI

Education Type

College/University

Degree Attained

Bachelor Degree

Date From

Aug-20-2003

Date To

May-10-2005

Did you graduate from the program?

(●) Yes ( ) No

Graduation Date

May-10-2005

Major Program

Education Details

Licensee/Applicant *

MILES, Shana Melody

Address

City

BETHESDA

State / Province

Maryland

Zip / Postal Code

Country

United States

Application

Application - - MILES, Shana Melody

Specialty Type

Name of School

UNIFORMED SERVICES UNIVERSITY

Education Type

Graduate

Degree Attained

Doctor of Philosophy

Date From

Aug-01-2005

Date To

May-10-2010

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

May-10-2010

Major Program

Education Details

Licensee/Applicant *

MILES, Shana Melody

Address

City

BETHESDA

State / Province

Maryland

Zip / Postal Code

Country

United States

Application

Application - - MILES, Shana Melody

Specialty Type

Name of School

UNIFORMED SERVICES UNIVERSITY

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Aug-01-2005

Date To

May-19-2012

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

May-19-2012

Major Program

Examinations

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

Examination Details

Licensee / Applicant *

MILES, Shana Melody

Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Jun-06-2007

Other Exam

Number of Attempts

1

Are you currently certified?

○ Yes ○ No

Application

Application - - MILES, Shana Melody

Steps

1

Location

Certificate Number

Result

210

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

MILES, Shana Melody

Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

May-02-2011

Other Exam

Number of Attempts

1

Are you currently certified?

○ Yes ○ No

Application

Application - - MILES, Shana Melody

Steps

2CS

Location

Certificate Number

Result

Pass

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

MILES, Shana Melody

Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Jun-27-2011

Other Exam

Number of Attempts

1

Are you currently certified?

○ Yes ○ No

Application

Application - - MILES, Shana Melody

Steps

2CK

Location

Certificate Number

Result

230

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

MILES, Shana Melody

Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Oct-01-2012

Other Exam

Number of Attempts

1

Are you currently certified?

○ Yes ○ No

Application

Application - - MILES, Shana Melody

Steps

3

Location

Certificate Number

Result

214

Exam Date

Expiration Date

Hospitals

Licensee / Applicant	Name of Organization	Start Date ↑	End Date
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	2D MEDICAL GROUP	Jun-19-2018	N/A
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	MAGEE WOMENS HOSPITAL	Jul-01-2019	N/A

Hospital Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization

OFFUTT AFB

Application

Application - - MILES, Shana Melody

Start Date

Jul-01-2016

End Date

Jun-18-2018

Address Details

Street Address Line 1

2501 CAPEHART RD

State / Province

Nebraska

Street Address Line 2

ZIP / Postal Code

68113

City

OFFUTT AFB

Country

United States

Hospital Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization

BELLEVUE MEDICAL CENTER

Application

Application - - MILES, Shana Melody

Start Date

Aug-30-2016

End Date

Address Details

Street Address Line 1

2510 BELLEVUE MEDICAL CENTER DR

State / Province

Nebraska

Street Address Line 2

ZIP / Postal Code

68123

City

BELLEVUE

Country

United States

Hospital Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization

2D MEDICAL GROUP

Application

Application - - MILES, Shana Melody

Start Date

Jun-19-2018

End Date

Address Details

Street Address Line 1

243 CURTISS RD

State / Province

Nebraska

Street Address Line 2

ZIP / Postal Code

71110

City

BARKSDALE AFB

Country

United States

Hospital Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization

CHRISTUS MOTHER FRANCES

Application

Application - - MILES, Shana Melody

Start Date

Nov-01-2018

End Date

Address Details

Street Address Line 1

8389 S Broadway Ave

State / Province

Texas

Street Address Line 2

ZIP / Postal Code

75703

City

TYLER

Country

United States

Hospital Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization

MINDEN MEDICAL CENTER

Application

Application - - MILES, Shana Melody

Start Date

Nov-01-2018

End Date

Address Details

Street Address Line 1

1 MEDICAL PLAZA PLACE

State / Province

Louisiana

Street Address Line 2

ZIP / Postal Code

71005

City

MINDEN

Country

United States

Hospital Details

Licensee / Applicant

MILES, Shana Melody

Name of Organization

MAGEE WOMENS HOSPITAL

Application

Application - - MILES, Shana Melody

Start Date

Jul-01-2019

End Date

Address Details

Street Address Line 1

300 HALKET ST

State / Province

Pennsylvania

Street Address Line 2

ZIP / Postal Code

15213

City

PITTSBURGH

Country

United States

Military Service

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

Military Service Details

Licensee / Applicant *

MILES, Shana Melody

Branch of Service *

U.S. Air Force

Military Occupation Specialty *

Medical Services

Start Date *

May-27-2008

End Date

Application

Application - - MILES, Shana Melody

Are you still serving?

(●) Yes ( ) No

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

(●) Yes ( ) No

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

Did you separate from service under conditions other than dishonorable?

( ) Yes (●) No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Comissioned 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

Postgraduate Training

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

Postgraduate Training Details

Licensee / Applicant *

MILES, Shana Melody

Training Status *

Program Type *

Internship/Residency

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Educa

Date From

Jul-01-2012

Date To

Jun-30-2016

Name of School or Institution

NATIONAL CAPITOL CONSORTIUM

Application

Application - - MILES, Shana Melody

Specialty Type

Obstetrics / Gynecology

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

BETHESDA

Zip / Postal Code

State / Province

Maryland

Country

County

Street Address 1

Specialties

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

Specialty Details

Licensee / Applicant *

MILES, Shana Melody

Specialty Type *

Other

Effective Date

Other (Specialty)

MINIMALLY INVASIVE GYNECOLOGIC SURGI

Application

Application - - MILES, Shana Melody

End Date

Primary Specialty?

(●) Yes ( ) No

Specialty Details

Licensee / Applicant *

MILES, Shana Melody

Specialty Type *

Obstetrics / Gynecology

Effective Date

May-03-2021

Other (Specialty)

Application

Application - - MILES, Shana Melody

End Date

Primary Specialty?

(●) Yes ( ) No

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.

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 Shana Mikes

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.

Ordinal	Licensee/Applicant	Declaration Question	Answer	Answer Details
1	Shana MILES	Medical Condition Impair Safe Practice	No	
2	Shana MILES	Medical Condition Field of Practice	No	
3	Shana MILES	Chemical Substances Impair Safe Practice	No	
4	Shana MILES	Named Defendant Respond to Legal Action	No	
5	Shana MILES	Malpractice Claim Paid	No	
6	Shana MILES	Arrest Question	No	
7	Shana MILES	Denied License / Permission to Practice Medicine	No	
8	Shana MILES	Medical License Revoked	No	
9	Shana MILES	Voluntarily Surrendered a License	No	
10	Shana MILES	Failed Public Service	No	
11	Shana MILES	Investigation – Respond To/Notify Of	No	
12	Shana MILES	Controlled Substance Registration	No	
13	Shana MILES	Hospital Privileges Issues	No	
14	Shana MILES	Denied Membership	No	
15	Shana MILES	MD Actively Practiced	Yes	
16	Shana MILES	Drop to Inactive Status	No	
17	Shana MILES	Conscious Sedation Attestation	Yes	
18	Shana MILES	CME Affirmation	Yes	
19	Shana MILES	Suicide CME Attestation	Yes	
20	Shana MILES	MD - Swear and Affirm	Yes	
45	Shana MILES	Emotional Trauma Treatment Training	No	
46	Shana MILES	Willingness to Provide Emotional Trauma Treatment	Yes	

Declaration

Licensee/Applicant

MILES, Shana Melody

Declaration Question

Willingness to Provide Emotional Trauma Treatment

Answer

(●) Yes ( ) No

Answer Details

Ordinal

46

Declaration Text

Are you willing to provide such treatment immediately following an emergency or disaster at any location in this State? If your response is "Yes" please provide the best manner in which to contact you below: (1) Email address (2) Telephone number(s)

Related To

Application

Renewal

Renewal - MILES, Shana Melody - 2023

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
1	Shana MILES	Medical Condition Impair Safe Practice	No	
2	Shana MILES	Medical Condition Field of Practice	No	
3	Shana MILES	Chemical Substances Impair Safe Practice	No	
4	Shana MILES	Named Defendant Respond to Legal Action	No	
5	Shana MILES	Malpractice Claim Paid	No	
6	Shana MILES	Arrest Question	No	
7	Shana MILES	Denied License / Permission to Practice Medicine	No	
8	Shana MILES	Medical License Revoked	No	
9	Shana MILES	Voluntarily Surrendered a License	No	
10	Shana MILES	Failed Public Service	No	
11	Shana MILES	Investigation – Respond To/Notify Of	No	
12	Shana MILES	Controlled Substance Registration	No	
13	Shana MILES	Hospital Privileges Issues	No	
14	Shana MILES	Denied Membership	No	
15	Shana MILES	MD Actively Practiced	Yes	
16	Shana MILES	Drop to Inactive Status	No	
17	Shana MILES	Conscious Sedation Attestation	Yes	
18	Shana MILES	CME Affirmation	Yes	
19	Shana MILES	Suicide CME Attestation	Yes	
20	Shana MILES	MD - Swear and Affirm	Yes	
45	Shana MILES	Emotional Trauma Treatment Training	No	
46	Shana MILES	Willingness to Provide Emotional Trauma Treatment	No	
N/A	Shana MILES	Is your specialty psychiatry?	No	