

Demographic Details

First Name

Taechin

Middle Name

Last Name *

Yu

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Gender

Male



Date of Birth

1967



Name Suffix

City of Birth

SOUTH KOREA

Place of Birth

Weight (in lbs)

Eye Color

--

Comments (non-public information)

Public Information

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

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

(716) 983-1253

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address

Mail should be directed to

Cell Phone

#

Fax

#

Public Address

Street Address

2880 N. Tenaya Way #340

ZIP / Postal Code

89128

Address Line 2

City

Las Vegas

County

Clark

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

89113

State / Province

Nevada

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(702) 255-3547

City (Mailing)

Las Vegas

State / Province (Mailing)

Nevada

County (Mailing)

County (Mailing)

Clark

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

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

Application Status

Applicant *

Yu, Taechin N/A  

Application Number

License Issued?

Yes No

Application Status

 

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



Licensee / Applicant	Y	Certifying Board	Y	Other Certifying Board	Y	Specialty	Y	Initial Certification Date	Y	Recertification Date
Yu, Taechin N/A		American Board		N/A		Obstetrics / Gynecology		Nov-10-2000		Dec-31-2021

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Yu, Taechin N/A	Holy Redeemer Hospital	Oct-29-2018	Oct-31-2020	100
Yu, Taechin N/A	University at Buffalo School of Medicine	Sep-17-2012	Oct-28-2018	100
Yu, Taechin N/A	Mainline Health - Riddle Hospital	Nov-01-2020	Jul-31-2022	100
Yu, Taechin N/A	Northtown OBGYN, PC	Sep-01-2002	Sep-16-2012	100
Yu, Taechin N/A	New York Methodist Hospital	Jul-01-1994	Jun-30-1998	100
Yu, Taechin N/A	Vacation	Jul-01-1998	Aug-30-1998	0
Yu, Taechin N/A	University at Buffalo School of Medicine	Aug-31-1998	Aug-31-2002	100

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

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Taechin Yu	College/University	University of Notre Dame	Bachelor of Arts	Aug-19-1985	May-21-1989	May-21-1989
Yu, Taechin N/A	Medical School	New York Medical College	Medical Doctor Degree	Aug-23-1989	May-24-1994	May-24-1994
Yu, Taechin N/A	Graduate	Harvard T.H. Chan School of Public Health	Master of Science	Jul-06-2015	May-25-2017	May-25-2017

Licensee / Applicant	▼	Examination Type	▼	Attended Date	▼
Yu, Taechin N/A		United States Medical Licensing Examination (USMLE)		Sep-08-1993	
Yu, Taechin N/A		United States Medical Licensing Examination (USMLE)		Jun-27-1995	
Yu, Taechin N/A		United States Medical Licensing Examination (USMLE)		Jun-09-1992	

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Yu, Taechin N/A	MA 69543	N/A	Aug-09-1999	Jun-30-2009	New Jersey
Yu, Taechin N/A	MD465915	N/A	Sep-26-2018	Dec-31-2022	Pennsylvania
Yu, Taechin N/A	201585	N/A	Nov-28-1995	Jun-30-2019	New York

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
Yu, Taechin N/A	New York Methodist Hospital	Obstetrics / Gynecology	Jul-01-1994	Jun-30-1998	Internship/Residency

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Yu, Taechin N/A	Obstetrics / Gynecology	Yes	Jul-01-1998	N/A

LIST OF MALPRACTICE INSURANCE CARRIERS

If you answered in the affirmative to the question in the malpractice case or a settlement has been paid on your behalf, list all malpractice carriers.

Name of Insured: YU, TAECHUN

Insurance Company: FLINDERS HEALTHCARE AND RISK
 Address: 213 HIGHLAND VIEW DR SUITE 301 S. EL
PHOENIX AZ

Phone Number: [REDACTED]
 Fax Number: [REDACTED]
 Policy Number: [REDACTED]
 Dates: 11/10 - 11/31/17

Insurance Company: ROY WEAVER / EXPLORE INS CO
 Address: 1678 HUNTERS HAWK DR
RENO NV 89506

Phone Number: [REDACTED]
 Fax Number: [REDACTED]
 Policy Number: [REDACTED]
 Dates: 1/1/18 - 12/31/20

Insurance Company: ACORD INC - HEALTH PROFESSIONALS
 Address: 27 GUNNELL ST ST 510
AMSTERDAM NY 14420

Phone Number: [REDACTED]
 Fax Number: [REDACTED]
 Policy Number: [REDACTED]
 Dates: 1/1/18 - 12/31/20

Insurance Company: _____
 Address: _____

Phone Number: _____
 Fax Number: _____
 Policy Number: _____
 Dates: _____

Insurance Company: _____
 Address: _____

Phone Number: _____
 Fax Number: _____
 Policy Number: _____
 Dates: _____

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

RECEIVED

MAR 28 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

APR 29 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

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 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.

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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 TAECHIN YU

Sign your name _____

Date 4/22/2022

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.