



Nevada State Board of Medical Examiners

January 23, 2009

WELCOME 2009 RESIDENTS!

To: All Incoming Resident Physicians
From: **Nevada State Board of Medical Examiners**

Congratulations on your appointment to a postgraduate training program in Nevada.

Per Nevada Revised Statute 630.265 and Nevada Administrative Code 630.130, all resident physicians must complete an application for licensure and meet the statutory and regulatory requirements for limited licensure prior to issuance of such a license to begin graduate training.

The completed application must be returned to the residency program no later than March 30, 2009.

When completing your application for limited licensure, remember to answer all of the questions completely and truthfully. Be advised that a limited resident licensure application is subject to the same grounds for denial as an application for an unrestricted license. The grounds for denial are outlined on the application cover page.

All required verifications, (Forms 1 through 3) must be sent **directly** to the Board office by the issuing entities.

Please be advised that an initial limited license will not be issued until your application is satisfactorily completed, regardless of the starting date of your residency program.

There are no exceptions.

It is your responsibility to maintain communication between your residency coordinator and your assigned license specialist regarding the status of your application. You will be given periodic updates regarding the status of your application for limited licensure.

Your cooperation in these matters is appreciated!
Revised 1/23/09

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Nevada State Board of Medical Examiners

RESIDENTS APPLICATION CHECKLIST

To be returned directly to the Residency Program no later than March 30, 2009:

1. Properly completed, signed and notarized application
2. Photograph taken within the last sixty (60) days; 2" x 2" in size
Signed along the lower edge.
3. Proof you can legally work in the United States:
 - a) If U.S. born, certified copy of birth certificate (one that bears the seal or stamp of the issuing agency). This will be returned to you by Federal Express.
 - b) If foreign born, photocopy of the front/back of alien registration card, or work authorization or visa.
 - c) If foreign born, original Certificate of Naturalization. This will be returned to you by Federal Express.
 - d) If foreign born, current original U.S. passport. This will be returned to you by Federal Express.
4. Form B if you answered yes to question #12 on the application for limited licensure.

To be returned directly to the Board office from the issuing entities:

1. Certificate of Medical Education (Form 1) from all medical schools attended. Do not request prior to receipt of your medical degree.
2. Official transcripts from all medical schools attended. Do not request prior to receipt of your medical degree. If transcripts are not in English, you will be required to obtain a certified translation.
3. Certificate of Completion of ACGME Graduate Training (Form 2) from all U.S. or Canadian internship, residency, fellowship, and research programs where previous training occurred (whether training was completed or not). Form 2's, for residents currently in a program, received at the Board office prior to June 1, 2009, will not be accepted.
4. License verification (Form 3) from all states where the applicant has ever held licensure.
5. Forms 6 if you answered yes to question # 12, on the limited license application.
6. Status report from the Educational Commission for Foreign Medical Graduates (ECFMG).

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MISCELLANEOUS INFORMATION

1. All applications are to be sent by the resident to the residency program and then forwarded to the Board office, along with payment of the \$300 application fee, \$75 Criminal Background Investigation and \$50 registration fee for the initial limited license. Applications sent directly to the Board office by the applicant will be returned to the applicant, which may result in a delay in processing.
2. **Send a list of the matched residents to the Board no later than March 23, 2009.**
3. The list must include:
 - a) the residents full name
 - b) mailing address
 - c) birth date
 - d) location of birth
 - e) social security number
 - f) name of medical school
 - g) location of medical school
 - h) date of graduation
 - i) ECFMG number if applicable

If this information is not available, board staff will be unable to request the physician background queries.
4. If there is any change of status in a resident's position within the program, (i.e., a leave of absence for any reason, resignation or termination from the program) **immediately** notify the Board office in writing.
5. Please submit all Certificates of Appointment for the incoming residents with their applications.
6. Inform any resident who is not a U.S. citizen to submit copies of proper documentation for authentication by the INS office.

Note: Responses to requests from the INS can take up to 30 days to be returned to the Board office. Licenses will not be issued prior to the Board's receipt of the authentication by the INS, regardless of the residency start date.

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**NEVADA STATE BOARD OF MEDICAL EXAMINERS
APPLICATION INSTRUCTIONS FOR LICENSURE**

All items in this application are mandatory. Failure to provide any of the requested information will result in the application not being processed or being rejected as incomplete. Applications not completed within six (6) months from date of receipt by the Board, will be rejected. Information provided will be used for identification and to determine qualification for licensure under Nevada Revised Statutes, Chapter 630, which authorizes the collection of this information.

Applications that appear to have been altered in any form will not be accepted. The application must be typed or legibly handwritten (illegible or incomplete applications will be returned). The application **MUST** also be signed under oath before a notary. The Nevada State Board of Medical Examiners conducts its own independent investigation into the background of each applicant. ***Any false, fraudulent, misleading, inaccurate or incomplete answer on the application IS ONE OF THE GROUNDS FOR DENIAL OF LICENSURE.***

Forms 1 through 3 and Form 6, should be separated and mailed individually to the agencies or individuals responsible for their completion for return directly to the office of the Nevada State Board of Medical Examiners. Please do not provide the sending agency/individual with a return envelope, as the required documentation **MUST** come to the Nevada State Board of Medical Examiners in the agency's / individual's envelope. Verifying documentation cannot be accepted if received directly from the applicant. Photocopies of required documentation and information are not acceptable. It is the responsibility of the applicant to ensure that the completed forms are promptly returned to the Nevada State Board of Medical Examiners. If additional forms are needed, the applicant may photocopy the individual forms.

Any "Yes" response to question numbered 8 through 14, 19 and 27 through 33, **MUST** include a detailed explanation and copies of pertinent documentation, including any charges, dates of such charges, the complete name and address of all bodies of jurisdiction, the results of any hearings, if any, and the disposition of such charges. **ALL EXPLANATIONS MUST BE SIGNED AND DATED BY THE APPLICANT AND SUBMITTED ON SEPARATE SHEETS ATTACHED TO THE APPLICATION. COPIES OF PERTINENT DOCUMENTATION MUST ALSO BE SUBMITTED WITH THE APPLICATION.**

Please be aware that the Board of Medical Examiners conducts an investigation into your background. If in the process of the Board's investigation, staff becomes aware of circumstances warranting your meeting personally with the Board for acceptance of your application, your file must be completed 45 days prior to any regularly scheduled board meeting. The 45-day deadline allows time for you to be notified by certified mail of your scheduled appearance before the Board of Medical Examiners, and time for the Board's receipt of your notification. The next meeting of the Board is scheduled for May 8 & 9, 2009.

If at the time you meet with the Board, the Board votes to not accept your application for licensure, this non-acceptance of your application becomes a reportable action to the Federation of State Medical Boards, Healthcare Integrity and Protection Data Bank, and the American Medical Association.

Per Nevada Revised Statute 630.175, "an applicant for a license or licensee shall report to the board within 30 days any fact which would render any statement to the board by the applicant or licensee false, misleading, inaccurate or incomplete".

Revised 1/22/09