



## **NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE** **FIRST AND FINAL 2011 ANNUAL LICENSE RENEWAL NOTICE AND APPLICATION**

### **REQUIREMENTS FOR RENEWAL OF LICENSURE**

The list of requirements below are non-negotiable and must be filled out completely, signed and either mailed or hand delivered to the Board office prior to December 31, 2010 at 5pm (you have until midnight if you choose to do this online).

If your renewal application is late, you will be automatically assessed a late fee of \$300 and your renewal application will not be accepted without it and we will make absolutely **NO EXCEPTIONS!!**

- **2010 ANNUAL RENEWAL FEE** – The \$500 renewal fee for DO license types and \$400 for PA license is now due.
- **CHILD SUPPORT AFFIDAVIT** – Must read and sign below.
- **PUBLIC ADDRESS** – This is for the public, usually also a Practice Address - Must fill out completely.
- **MAILING ADDRESS** – This is for the Board staff to utilize for notices such as this; this is not for the public to use.
- **MEDICAL SPECIALTY** – Must fill this out, along with any certifications.
- **CHILD SUPPORT DISCLOSURE** – Must check one of the options.
- **RENEWAL QUESTIONNAIRE** – If you answer “yes” to #5, please download and fill out additional form.
- **CME COMPLETION AFFIDAVIT** – Must read and sign below.
- **If you have a D.O. license type;**
  - then if you chose **NOT** to renew your license, you must notify the board in writing of your intention not to renew before December 31, 2010. Failure to do so will result in automatic administrative revocation, a reportable action per NRS 633.481.
  - then you may place your license into an **INACTIVE** status for an annual fee of \$200.00. You must notify the board by filling out the appropriate form, which you can download from the website, prior to December 31, 2010.
- **If you have a P.A. license type;**
  - then you are only considered **ACTIVE** if you have a supervising agreement with an osteopathic physician. If you do not have this agreement and still pay your renewal fee then you would be considered **ACTIVE-NOT WORKING** until you have engaged in collaboration with a Supervising D.O. Please be aware we do **NOT** do refunds, so be sure of your intended license status!
  - then if you were originally given permission to be employed by a supervising physician in Nevada during any part of 2010, because of statute, you are now required to renew and receive your physician assistant license for 2011 by paying the \$400.00 renewal fee and any other stated requirements.
  - You are required to show **proof of your current NCCPA certification.**

LICENSEE NAME: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

**ADDRESS INFORMATION**

The public address is per NAC 633.260, it states that we must have available to the public at least one address from each licensee. Please fill out the two addresses below. The Public address will be made available to the public via the Board's website and the Mailing address is only for use by the Board and will not be made public unless you request it.

**PUBLIC ADDRESS (usually a Practice Address)**

Name of Practice, if applicable: \_\_\_\_\_

PUBLIC Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**MAILING ADDRESS:**

Name of Practice, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**MEDICAL SPECIALTY**

Please indicate your specialty here: \_\_\_\_\_

**BOARD CERTIFICATIONS**

If you are board certified, please list below and circle either AOA, or ABMS accordingly.

AOA or ABMS \_\_\_\_\_ Cert Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

AOA or ABMS \_\_\_\_\_ Cert Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**CHILD SUPPORT DISCLOSURE (Required per NRS 633.326)**

Please mark the appropriate response:

- **I am not** subject to a court order for the support of a child.
- **I am** subject to a court order for the support of one or more children and am in compliance with the order or I am in compliance with plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; OR
- **I am** subject to a court order for the support of one or more children and I am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**QUESTIONS REQUIRED FOR RENEWAL**

**Please answer the following questions; all, "yes" answers must be explained on an attached separate sheet of paper, accept for #5, if you answer "yes" to #5 regarding Office Based Procedures, please download the form under the "licensee services" section of the website at [www.bom.nv.gov](http://www.bom.nv.gov).**

**(Mark "y" for yes and "n" for no)**

1. \_\_\_\_\_ Since your last renewal have you been investigated for, charged with, convicted of, or plead guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor or felony? (This includes any violation from any federal, state or local law related to the manufacture, distribution, prescribing or dispensing of controlled substances)
2. \_\_\_\_\_ Since your last renewal have you been investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency?
3. \_\_\_\_\_ Since your last renewal have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?
4. \_\_\_\_\_ Since your last renewal have you had any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)? If YES, please attach a separate sheet listing EACH claim, settlement, or judgment listing the plaintiff, defendant, insurer, and disposition of the claim.

• If you answered "yes" to question 4 then you are required to complete the **"MEDICAL MALPRACTICE FORM"**

5. \_\_\_\_\_ Do you perform ANY procedure or surgery in your office where you use conscious sedation, deep sedation, or general anesthesia? This includes ANY and ALL surgical procedures performed in-office or any other surgical facility EXCEPT a medical facility, surgical center for ambulatory patients, a hospital, or surgeries performed outside the State of Nevada.
  - If you answered “yes” to question 5 then you are require to complete the **‘OFFICE BASED PROCEDURE SURVEY’**
6. \_\_\_\_\_ Since your last renewal have you been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?
7. \_\_\_\_\_ Since your last renewal have you had a medical license revoked, suspended, or limited in any state, or U.S. territory?
8. \_\_\_\_\_ Since your last renewal have you voluntarily surrendered a license to practice in the healing arts in any state, country or U.S. territory?
9. \_\_\_\_\_ Since your last renewal have you had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action? (This does not include suspensions or restrictions for failure to complete medical records).
10. \_\_\_\_\_ Since your last renewal have you been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?
11. \_\_\_\_\_ Are you currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse?
12. \_\_\_\_\_ Since your last renewal have you surrendered your state or federal controlled substance registration or had it restricted in any way?
13. \_\_\_\_\_ Are you now or were you in the recent past, addicted to controlled substances, including, but not limited to narcotics or alcohol?

**AFFIDAVIT of REQUIRED CME CREDITS**

- Attest to Affidavit of receipt of your CME hours which are specific to your license type and that you have either already received or will receive these credits **between January 1, 2010 and December 31, 2010.**
- D.O. license – must have a total of 35 CME credits (these are non-transferable) **A minimum of 10 of the 35 required CME credits MUST be Category 1 or 1A as accredited by the AOA or the ACCME.**
- P.A. license – must have a total of 20 CME credits
- Only CME credit received in the calendar year preceding renewal will be accepted for renewal.
- Attendance at either the American Osteopathic Association Annual Conventions or any state Osteopathic Convention will satisfy the CME requirement. You must retain **proof of attendance** from the AOA or state osteopathic association sponsoring the event.
- Other CME courses accepted by the Nevada State Board of Osteopathic Medicine are the same as accepted by the American Osteopathic Association’s Committee on Continuing Medical Education and or the American Medical Associations Physician Recognition Award.
- If you are currently a resident, or were a resident at any time during the preceding year, verification of residency from the dean of the institution will satisfy the CME requirement.
- If you were originally licensed in Nevada during any part of 2010 as an osteopathic physician, you are required to renew your license for 2011 by paying the \$500.00 fee and submitting verification or 35 hours of CME credit.

**EXTENSIONS TO MEET CME REQUIREMENT:** If you require an extension to meet the CME requirement you must request an extension in writing from the BOARD. All extensions are subject to approval by the BOARD and may be conditioned at his discretion.

**CME Audit Acknowledgment**

I understand that I may be asked to produce proof of receipt of CME credits I declare for purposes of renewal of my Nevada Osteopathic Medical License upon written request by the Board at any time (NRS 633.471). Should I fail to provide proof of receipt of CME credits satisfactory to the Board that I will be subject to disciplinary action up to and including possible REVOCATION of my Nevada license to practice osteopathic medicine.

**Physician Assistants ONLY:**

Supervising Physicians Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

If more than one supervising physician, please attach a separate piece of paper with that information.

**Truth in Application**

By acknowledging this statement, answering the above renewal questions, and affirming that I have met the continuing education requirement for license renewal, I am stating under penalties of perjury that all information and answers provided in this renewal application are true and correct and that such responses are willfully provided. I am further stating that I have completed all appropriate sections completely and understand that if I have not completed all sections that my renewal application will be returned along with my renewal fee and my renewal application will not be processed until all sections are completed. I also understand that I was offered to utilize the online renewal system that has a built in error checker and is 99% error free but I chose to fill out the hard copy – paper format renewal application even while knowing that the chosen form of completion will possibly take longer to complete and has more room for error which might delay my processing time, but I am willing to take this chance. I understand that it is a category D felony to provide false information to the Board pursuant to NRS 633.741 (3).

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Signature (NO STAMPS)

Date Signed

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Print Licensee Name

License Number

Mail or hand-deliver your completed renewal application and renewal fee (check or money order) to the following address;

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

901 American Pacific Drive, Unit 180

Henderson, NV 89014

702-732-2147 Fax: 702-732-2079

E-mail: [osteop@bom.nv.gov](mailto:osteop@bom.nv.gov)      [www.bom.nv.gov](http://www.bom.nv.gov)