



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE **FIRST AND FINAL 2019 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, 2018 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!!**

- **2019 ANNUAL RENEWAL FEE** – The **\$450** renewal fee for DO license types and **\$250** for PA license is now due.
- **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.
- **BUSINESS LICENSE** – Must check one of the options.
- **RENEWAL QUESTIONNAIRE** – If you answer “yes” to #4 or #5, please download and fill out the additional form.
- **CME COMPLETION AFFIDAVIT** – Must read and sign below.
- **MILITARY SERVICE ATTESTATION** – Must complete questions.
- **ATTESTATION REGARDING THE REPORTING OF THE ABUSE OR NEGLECT OF A CHILD**– Must read and sign below.
- **If you have a D.O. license type;**
 - and you chose **NOT** to renew your license, you must notify the board in **writing** of your intention not to renew before December 31, 2018. Failure to do so will result in automatic revocation due to Non-Payment, a reportable action per NRS 633.481.
 - you may place your license into an **INACTIVE** status for an annual fee of \$200.00. You must notify the board by completing the appropriate form, which you can download from the website, prior to December 31, 2018.
- **If you have a P.A. license type;**
 - 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. Effective 10/01/11, Physician Assistants may now opt to an **INACTIVE** status. This is an annual fee of \$200.00 accompanied by an inactive affidavit. Please be aware we do **NOT** do refunds, so be sure of your intended license status!
 - and if you chose **NOT** to renew your license, you must notify the board in **writing** of your intention not to renew before December 31, 2018. Failure to do so will result in automatic revocation due to Non-Payment, a reportable action per NRS 633.481.
 - 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.

ATTESTATION REGARDING THE REPORTING OF THE ABUSE OR NEGLECT OF A CHILD

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: _____

BUSINESS LICENSE (Required by SB21)

- **I do NOT** have a Nevada business license number.
- **I have** a Nevada business license number **IN MY NAME ONLY** assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76. My Nevada business license number is: _____.
- **The name of the Business is** _____
- **My TIN number is** _____

MILITARY SERVICE ATTESTATION

Active Military: Yes No Spouse Active Military: Yes No

Have you ever served in the Armed Forces of the United States? Yes No

If yes, in which branch and When? _____

Are you the surviving spouse of a veteran? 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 and separated from such service under conditions other than dishonorable? Yes No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned 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 and separated from such service under conditions other than dishonorable? Yes No

QUESTIONS REQUIRED FOR RENEWAL

Please answer the following questions; all, “yes” answers must be explained on an attached separate sheet of paper, except 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.

(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 require 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. _____ 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 that you have either already received or will receive these credits **between January 1, 2018 and December 31, 2018.**
- 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.**
As of July 1, 2017, all physicians must complete biennially (in the even years) at least 2 hours on clinically-based suicide prevention and awareness.
As of October 1, 2013, licensees must complete biennially (in the even years) at least 2 hours in ethics, pain management or addiction care.
As of October 1, 2011, licensees must 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.
As of 2017, Per AB474, you must complete 2 credits in opioid prescribing and substance abuse.
In 2018, you must complete 2 credits in suicide prevention and repeat this every four(4) years.

- P.A. license – must have a total of **20 CME** credits with 2 credits in opioid subscribing.
- Only CME credit received in the calendar year (**2018**) 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.
- 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.

