



## Affidavit for Request for Inactive License Status

I, \_\_\_\_\_ do hereby request that my Nevada Osteopathic Physician Assistant License, License number \_\_\_\_\_ be placed in INACTIVE STATUS pursuant to NRS 633.491 § 3 effective on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_. I acknowledge that I will CEASE the practice of physician assistant for osteopathic medicine in the state of Nevada on the same date listed above. I further acknowledge that I MAY NOT practice as a physician assistant to osteopathic medicine in Nevada in any form during any time that my license is in INACTIVE STATUS. I understand that to practice osteopathic medicine with an INACTIVE license would constitute a category D felony punishable by imprisonment and or any other sanctions available at law. I further understand that I remain obligated by law to accommodate access to any and all patient medical records for five (5) years pursuant to NRS 629.051, and this time period is longer for minors under the age of 23.

Physician's Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

### Appointment of Custodian of Medical Records

While I have discontinued the practice as an osteopathic physician assistant in the state of Nevada, any and all records of any and all of my Nevada patients are available at the following address or by contacting the following custodian of records. I have ensured that said custodian is willing and able to accommodate any and all requests for medical records on any and all of my Nevada patients per NRS 629.061. Further, this custodian fully understands and accepts the responsibility to maintain all patient records for not less than five (5) years pursuant to NRS 629.051.

Name of Custodian: \_\_\_\_\_

Address of Custodian: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax#: \_\_\_\_\_

I further affirm that to maintain my inactive Nevada physician assistant osteopathic medical license I am required to pay the annual inactive fee of \$200.00 per NRS 633.491 § (4)(b). Failure to pay this fee will constitute forfeiture of this license and will negate any rights per NRS 633.491 to re-activate said license should I so desire and I may be required to re-apply or re-instate a lapsed osteopathic medical license pursuant to NRS 633.491. I further understand that I am required to notify this Board of any malpractice claims in accordance with NRS 633.527.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Sworn or affirmed by oath and attested to before me, \_\_\_\_\_ Notary Public in and for the State of \_\_\_\_\_ residing in the County of \_\_\_\_\_

Signed this day the \_\_\_\_\_ of \_\_\_\_\_ in the year \_\_\_\_\_

\_\_\_\_\_  
Notary Public