



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE RESIDENT LICENSE RENEWAL NOTICE AND APPLICATION

REQUIREMENTS FOR RENEWAL OF LICENSURE

The list of requirements below must be filled out completely, signed, and sent to us via email, mail, or hand delivered.

- **ANNUAL RENEWAL FEE** – The \$200 renewal fee for Resident license types – **Paid by Program**
- **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.
- **CHILD SUPPORT DISCLOSURE** – Must check one of the options.
- **RENEWAL QUESTIONNAIRE** – If you answer “yes” to #4 or #5, please download and fill out the additional form.

LICENSEE NAME: _____ **LICENSE NUMBER:** _____

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: _____

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.

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

Truth in Application

By acknowledging this statement, answering the above renewal questions, 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 understand that it is considered unprofessional conduct to provide false information to the Board pursuant to NRS 633.131(1)(a).

Signature (NO STAMPS)

Date Signed

Print Licensee Name

License Number

E-Mail, mail or hand-deliver your completed renewal application to Nevada State Board of Osteopathic Medicine, 2275 Corporate Circle, Suite 210, Henderson, NV 89074 or E-mail it to: tsine@bom.nv.gov