



Affidavit for Reinstatement of Osteopathic Medical License

I, _____, D.O., do hereby swear or affirm that pursuant to NRS 633.491(5), that I am requesting reinstatement of my Nevada Osteopathic Medical License number _____ originally issued _____ and allowed to go inactive on the _____ day of _____, 20__.

I further swear or affirm that I have not withheld information from the Board which if disclosed would furnish grounds for disciplinary action under this chapter.

I further swear or affirm that I have met the Continuing Medical Education (CME) requirements as required per NRS 633.471 and have supplied the Board with proof of CME credits received thereto.

I further swear or affirm that I have paid all fees necessary per NRS 633.471.

Therefore, meeting the requirements of NRS chapter 633, I request reinstatement of my Osteopathic Medical license effective upon Board approval. I swear or affirm that I will conduct my practice in accordance with the applicable laws and regulations contained in NRS Chapter 633 and NAC Chapter 633.

(Signature)

(Print Name)

STATE OF _____)
COUNTY OF _____)

Sworn or affirmed by oath and attested to before me, a Notary Public in and for the said State and County, by the said _____ on this the _____ day of _____, 20__.

Notary Public