Nevada State Board of Osteopathic Medicine

Notification of Emergency License During Declaration of Emergency Directive 011

On April 1, 2020, Governor Sisolak issued Emergency Directive 011 to temporarily waive licensing requirements for the following: osteopathic physicians and physician assistants. The waiver applies to qualified providers who currently hold a valid license in good standing in another state. Ineligible providers include those whose licenses have been revoked or voluntarily surrendered as a result of disciplinary proceedings. Per the Directive, no licensing fees will be levied. All individuals working under this directive must complete this form and return it to the Nevada State Board of Osteopathic Medicine (see submittal information, below). You are not required to obtain approval from the Nevada State Board of Osteopathic Medicine to practice. After submitting this form, you are immediately eligible to begin working under the directive.

PLEASE BE AWARE THAT YOUR RIGHT TO PRACTICE UNDER THIS AUTHORITY IS ONLY TO ASSIST WITH MEDICAL CARE NECESSITATED BY THE GOVERNOR’S DECLARATION OF EMERGENCY AND THIS AUTHORITY TERMINATES WHEN THE GOVERNOR TERMINATES THE STATE OF EMERGENCY.

First Name: ____________________________________________________________

Last Name: ___________________________________________________________

Mailing Address: _____________________________________________________________________

City, State, Zip Code: _____________________________________________________________________

Phone Number: __________________________________________________________

Email: _______________________________________________________________________

Please list your license(s) in all jurisdictions. Attach a separate page if necessary:

_______________________________________________________________________________

_______________________________________________________________________________

☐ I attest that all current, expired, inactive or retired licenses are not revoked or voluntarily surrendered as a result of disciplinary proceedings.

☐ I attest that all current, expired, inactive or retired licenses are in good standing (you are considered in good standing if your license was suspended for non-payment of fees or continuing education).

Signature: _______________________________ Date: __________________________
(Electronic signatures also accepted)

You may fax the completed form to (702) 732-2079, email to nmontano@bom.nv.gov, or mail to 2275 Corporate Circle, Henderson, NV 89074