



Nevada State Board of Osteopathic Medicine Application for Osteopathic Physician Licensure Requirements and Instructions

Minimum Requirements for Licensure refer to NRS 633.311.

1. 21 YEARS OF AGE and,
2. GRADUATION FROM A SCHOOL OF OSTEOPATHIC MEDICINE BEFORE 1995, and
 - a. COMPLETION OF A HOSPITAL INTERNSHIP
 - b. ONE YEAR OF POSTGRADUATE TRAINING THAT COMPLIES WITH THE STANDARDS OF INTERN TRAINING ESTABLISHED BY THE AOA, or
3. GRADUATED FROM A SCHOOL OF OSTEOPATHIC MEDICINE AFTER 1995 and
 - a. COMPLETED 3 YEARS OF PROGRESSIVE POSTGRADUATE MEDICAL EDUCATION AS A RESIDENT IN THE UNITED STATES OR CANADA IN A PROGRAM APPROVED BY THE BOARD, AOA, OR THE ACCME, or
 - b. IS A RESIDENT WHO IS ENROLLED IN A POSTGRADUATE TRAINING PROGRAM IN THIS STATE, HAS COMPLETED 24 MONTHS OF THE PROGRAM, AND HAS COMMITTED IN WRITING TO COMPLETE THE PROGRAM, and
4. PASSES ALL PARTS OF THE LICENSING EXAM OF THE NBOME, or the FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC., or ALL PARTS OF THE LICENSING EXAM OF THE BOARD, A STATE TERRITORY OR POSSESSION OF THE UNITED STATES OR THE DISTRICT OF COLUMBIA AND IS ELIGIBLE FOR CERTIFICATION BY A SPECIALTY BOARD OF THE AOA OR AMERICAN BOARD OF MEDICAL SPECIALTIES; or,
5. PASSAGE OF A COMBINATION OF THE PARTS OF THE LICENSING EXAMS SPECIFIED IN ITEM 6 THAT IS APPROVED BY THE BOARD.
6. COMPLETION OF THE APPLICATION AND ALL REQUESTED DOCUMENTATION; and,
7. SUBMISSION OF 1 (ONE) FINGERPRINT CARD.
8. PAYMENT OF FEES: Non-refundable application and initial licensure fee \$550.00 for DO's (Includes Fingerprinting Fee). Please remit payment of **\$300.00 with this application**. If additional payment is needed, you will be contacted.
PAYMENT MUST BE RECEIVED BEFORE YOUR LICENSE IS APPROVED.
 - a) Licenses issued between January 1 and June 30 will have to pay the full fee of \$550.00.
 - b) Licenses issued between July 1 and November 30 will pay \$300.00.
 - c) Please include a payment of \$300.00 with this application; if additional payment is required, you will be contacted.

INSTRUCTIONS

Application (pages 1-9): Completed by the applicant, notarized as indicated, and returned to the Nevada State Board of Osteopathic Medicine with the application fee.

FEES ARE NON-REFUNDABLE AND ONLY APPLY TO THE YEAR THAT YOUR LICENSE IS APPROVED. THIS BOARD HAS A YEARLY RENEWAL.

FCVS: You can enroll in this service immediately at www.fsmb.org/fcvs or call 817-868-4000. **In lieu of the FCVS packet**, you may have primary source verification of medical school, testing such as COMLEX, NBOME, and USMLE, residency confirmation, and a certified birth certificate or notarized passport. Unless you qualify for license by endorsement; please see NRS 633.399 and NRS 633.400 for requirements.

FBI Fingerprint Card and instructions will be sent to you upon receipt of this APPLICATION, the online application, or you can call to get them mailed to you.

Form #1, **VERIFICATION OF LICENSE:** Applicant is to fill out top portion and then forward to each State Board in which a license is/was held. Each state board will complete the bottom portion and return to the *Nevada State Board of Osteopathic Medicine*. Many States charge a fee for verification, which is the responsibility of the applicant. This form will only be accepted if received **FROM** that states professional licensing authority or board. We **do** accept verification through www.VeriDoc.org.

Form #2, **MEDICAL MALPRACTICE:** Applicant is to complete this form if there is an open, closed, or dismissed medical malpractice claim. Please also provide copies of the court documents for each case.

Form #3, **AFFIDAVIT OF MORAL AND PROFESSIONAL CHARACTER:** Applicant provides to three references and returns directly to the Board after being completed and notarized. Additional copies may be obtained by photocopying Form 4.

If additional space is required for answers, separate sheets may be attached to the application. All additional sheets must be 8 and 1/2 x 11 inches in size. Any "Yes" question other than #14 and #15 on the survey section **MUST** be explained on a separate sheet of paper. **No Application will be processed prior to receipt of all required fees.**

Checklist

After completing the enclosed application, you are responsible for submitting the application along with certain documents. This checklist is intended to help you ensure that all proper documents accompany your application.

Completed Application	<input type="checkbox"/>
State Licensure Verification form sent to the Board from all states in which you have ever held any healthcare license(s)	<input type="checkbox"/>
Enclose and have notarized the completed "Affidavit and Authorization for Release of Information" form with this application when submitting it to the Board	<input type="checkbox"/>
Federation Credentials Verification Service (FCVS) completed report or Primary Source Documents	<input type="checkbox"/>
Initial check in the amount of \$300.00 (partial application and FBI Fingerprint fee). Licenses approved prior to July 1 will require an additional payment of \$250.00 and will be contacted for payment.	<input type="checkbox"/>
Child Support Information Form (per NRS 633.307)	<input type="checkbox"/>
Proof of residency program	<input type="checkbox"/>
Completed Medical Malpractice and or Professional Liability Reporting form or any and all malpractice claims, settlements, and or judgments.	<input type="checkbox"/>
1 (one) Completed FBI Applicant Fingerprint Card, authorization form, and identification form.	<input type="checkbox"/> <input type="checkbox"/>
Copy of Board Specialty Certification if applying for license by endorsement . See NRS 633.399 and NRS 633.400 .	<input type="checkbox"/>
3 (three) Affidavits of Moral and Professional Character from licensed DO, MD, PA, or APRN.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

It is your responsibility to immediately notify the board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license being granted to you by the board.

All forms should be sent directly to the board unless otherwise indicated:

Nevada State Board of Osteopathic Medicine
2275 Corporate Circle, Suite 210
Henderson, NV 89074
Phone: 702-732-2147
Fax: 702-732-2079
Toll Free: 877-325-7828
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