Nevada State Board of Medical Examiners
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Phone: In Reno/Sparks/Carson City: (775) 688-2559
(If calling from any other area of Nevada, call the Board's in-state toll-free number: (888) 890-8210))
Fax: (775) 688-2321

Board Licensee Lists Order Form

Date:

Name:

Company Name:

Attention:

Street/P.O. Box:

City, State, Zip:

Phone:

Email:

Send copies via: (check one) ☐ Mail ☐ E-mail

The following licensee lists are available from the Nevada State Board of Medical Examiners.

- The Quarterly Newly Licensed Lists include physicians, physician assistants, practitioners of respiratory care (respiratory therapists) and perfusionists. They are produced one to two weeks following the end of the preceding quarter, in January, April, July and October. *These lists are currently available in hard copy only.*
- All other lists shown on the following page are produced upon request and provide current information about the Board's licensees. *These are available in hard copy via U.S. mail or in Excel or .pdf format via e-mail.*
- All lists (other than mailing labels) include name, address, city, state, zip, phone number, license number, license status, issue date and expiration date, and specialty(ies).

PAYMENT: Payment must be made in advance. You may pay by check, cashier's check or money order, payable to "NEVADA STATE BOARD OF MEDICAL EXAMINERS," or by credit card. If paying by credit card, please complete the Credit Card Authorization Form on the last page of this order form. A two percent (2%) service fee will be assessed for payment by credit card.

LIST REQUESTED:	COST:
Quarterly Newly Licensed List: ☐ January ☐ April ☐ July ☐ October	$25.00 ☐ x $25.00
☐ Physician List, (Active status only unless Inactive status requested also)	$ 75.00
☐ Physician Assistant List (Active status only)	$ 25.00
☐ Practitioner of Respiratory Care List (Active status only)	$ 50.00
☐ Perfusionist List (Active status only)	$ 5.00
☐ Physician Labels (Active status only unless Inactive status requested also)	$150.00
☐ Physician Assistant Labels (Active status only)	$ 50.00
☐ Practitioner of Respiratory Care Labels (Active status only)	$100.00
☐ Perfusionist Labels (Active status only)	$ 10.00
☐ Custom List*: Please specify below, after contacting the Board office:	$* See Below

** We also offer custom order lists and mailing labels. A custom list is one that contains special requests, such as licensees in particular counties only, or licensees in particular specialties only, for example. Please call the Board office for further information and cost before ordering.*

CREDIT CARD AUTHORIZATION FORM

***Please type or print legibly*.**

Method of Payment: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name on Credit Card: _____

Business Name (if applicable): _____

Credit Card Billing Address:

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Expiration Date: _____/_____
(MM) (YYYY)

I authorize the Nevada State Board of Medical Examiners to charge the above credit card for a one-time payment in the amount of $ _____, and an additional 2% service fee.

Printed Name: _____

Authorized Signature: _____ Date: _____