



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
2275 Corporate Circle, Suite 210
Henderson, NV 89074
702-732-2147 Fax 702-732-2079
BOARD SPECIALTY CONFIRMATION

PHYSICIAN NAME: _____ LICENSE NUMBER: _____

BOARD CERTIFICATION: AOA _____ ABMS _____ NONE _____

BOARD SPECIALTY: _____

ENDORSEMENT TYPE: _____

CERTIFICATION NUMBER: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

RE-CERTIFICATION DATE: _____

BOARD CERTIFICATION: AOA _____ ABMS _____ NONE _____

BOARD SPECIALTY: _____

ENDORSEMENT TYPE: _____

CERTIFICATION NUMBER: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

RE-CERTIFICATION DATE: _____

If you have more than two, please e-mail tsine@bom.nv.gov with that information or download the form available under licensee services under licensee forms and fax to 702-732-2147