



Affidavit for Renewal of Osteopathic Physician Assistant License

I, _____, do hereby swear or affirm that pursuant to NAC 633.285 (5), that I am requesting renewal of my Nevada Osteopathic Physician Assistant License number _____ originally issued _____ and allowed to expire 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 and have been actively and continuously engaged in the practice of medicine as a physician assistant from _____ to _____ in the state of _____.

Therefore, meeting the requirements of NRS chapter 633, I request renewal of my Nevada Osteopathic Physician Assistant license effective upon Executive Director 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