



## Affidavit for Restoration of Osteopathic Medical License

I, \_\_\_\_\_, do hereby swear or affirm that pursuant to NRS 633.481 that I am requesting restoration of my Nevada Osteopathic Medical 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.

Therefore, meeting the requirements of NRS chapter 633, I request restoration of my Nevada Osteopathic Medical license effective upon Board 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