



## Affidavit for Request for Expired License Status

I, \_\_\_\_\_ do hereby request that my Nevada Osteopathic Medical License, License number \_\_\_\_\_ be placed in EXPIRED STATUS pursuant to NRS 633.491 effective on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_. I acknowledge that I will CEASE the practice of osteopathic medicine in the state of Nevada on the same date listed above. I further acknowledge that I MAY NOT practice osteopathic medicine in Nevada in any form during any time that my license is in EXPIRED STATUS. I understand that to practice osteopathic medicine with an EXPIRED license would constitute a category D felony punishable by imprisonment and or any other sanctions available at law. I further understand that I remain obligated by law to accommodate access to any and all patient medical records for five (5) years pursuant to NRS 629.051, and this time period is longer for minors under the age of 23.

Physician's Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

### Appointment of Custodian of Medical Records

While I have discontinued the practice of osteopathic medicine in the state of Nevada, any and all records of any and all of my Nevada patients are available at the following address or by contacting the following custodian of records. I have ensured that said custodian is willing and able to accommodate any and all requests for medical records on any and all of my Nevada patients per NRS 629.061. Further, this custodian fully understands and accepts the responsibility to maintain all patient records for not less than five (5) years pursuant to NRS 629.051.

Name of Custodian: \_\_\_\_\_

Address of Custodian: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax#: \_\_\_\_\_

To re-activate said license should I so desire I may be required to re-apply or re-instate a lapsed osteopathic medical license pursuant to NRS 633.491(2).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Sworn or affirmed by oath and attested to before me, \_\_\_\_\_ Notary Public in and for the State of \_\_\_\_\_ residing in the County of \_\_\_\_\_

Signed this day the \_\_\_\_\_ of \_\_\_\_\_ in the year \_\_\_\_\_

\_\_\_\_\_  
Notary Public