

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: David Middle: Gregory Last: Watson Degree: MD

Practice Name (if any): Tahoe Fracture and Orthopedic

Nevada Address: 973 Mica Dr #201 Carson City 89705 Suite #: 201

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: SS#:

E-mail address:

City: Carson City State: NV Zip Code: 89705

Work Telephone: 775 783 6190 Date of Birth:

Fax: Sex: M or F

Practitioner License Number: Specialty: Emergency

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

Yes No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:

Table with 2 rows and 4 columns: Board Administrative Action, State, Date, Case #; Criminal Action, State, Date, Case #, County, Court.

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted. Date 12/21/15

Board Use Only: : Date Processed: 1-4-16 Amount: \$80.00



NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

<p>Person Information</p> <p style="text-align: center;">David</p> <p>Name: Gregory WATSON</p> <p>Address: PO Box 1369</p> <p style="text-align: center;">Zephyr Cove NV 89448</p> <p>Phone:</p>	<p>License Information</p> <p>License Type: Medical Doctor</p> <p>License Number: 16264 Status: Active-Conditions</p> <p>Issue Date: 1/8/2016 Expiration Date: 6/30/2017</p>
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Scope of Practice

Scope of Practice: Urgent Care
Scope of Practice: Emergency Medicine

Education & Training

<p>School: University of California Irvine / Irvine, CA</p> <p style="text-align: center;">Medical</p> <p>Degree\Certificate: Doctor Degree</p> <p>Date Enrolled:</p> <p>Date Graduated: 6/13/1993</p> <p>Scope of Practice:</p>
<p>School: East Carolina University Brody SOM/ Greenville, NC</p> <p>Degree\Certificate: Internship</p> <p>Date Enrolled: 7/1/1993</p> <p>Date Graduated: 6/30/1994</p> <p>Scope of Practice: Emergency Medicine</p>
<p>School: East Carolina University Brody SOM/ Greenville, NC</p> <p>Degree\Certificate: Residency</p> <p>Date Enrolled: 7/1/1994</p> <p>Date Graduated: 6/30/1996</p> <p>Scope of Practice: Emergency Medicine</p>
<p>School: Emergency Medicine</p>

Degree\Certificate: American Board
Date Enrolled:
Date Graduated: 11/15/2001
Scope of Practice: Emergency Medicine

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS
ON LICENSE AND MALPRACTICE INFORMATION
CONDITIONS ON DAVID GREGORY WATSON'S LICENSE #

_____. Dr. Watson required to complete a one year preceptorship with Michael Fry, M.D. and condition of compliance and successful completion of one year professional monitoring program with LifePath Recovery, LLC. Contact Board for details. These conditions are not disciplinary actions and are not reportable to any data bank.

Board Actions

NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

David G. Watson, M.D.
PO Box 1369
Zephyr Cove, NV 89448

01/26/2016

To Whom It May Concern at the Nevada Board of Pharmacy,

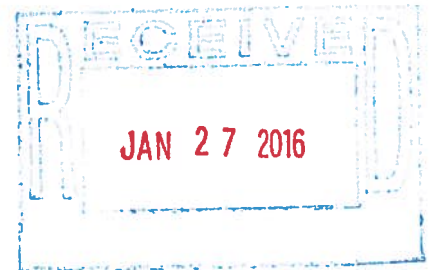
Enclosed is a copy of my Nevada Medical License. I have already submitted my application and the registration fee so I believe you have started my file. Please let me know if you require any further information from me and I will get that to as soon as possible.

Thank you for your time and attention in this matter.

Regards,

David Watson

David G. Watson, MD



The Nevada State Board of Medical Examiners



This Certifies That
David Gregory Watson

Holding a Medical Degree From: Dated:
UC Irvine School of Medicine 1993

having fulfilled all the requirements of the laws of Nevada and possessing the prescribed qualifications
is hereby licensed to practice Medicine in the State of Nevada.

No. 16264
In Witness Whereof The Nevada State Board of Medical Examiners
has caused this license to be executed under our hands,
and attested by the Seal of this Board.

Done this 8th day of January Two Thousand 16



[Signature]
President
[Signature]
Secretary

Nevada Board of Pharmacy Application Explanations
David G. Watson, M.D.

Questions 1:

In 1991, I was arrested on a misdemeanor trespassing charge in Orange County, CA with 3 friends from UC Irvine medical college. We got into an argument over the charges from a towing company and the police were called. We spent about 30 minutes in jail and I *think* I later pled no contest to the citation but do not recall having to pay a fine or receiving any further sentence.

In 2007 in Travis County, Texas I was charged with “Attempted possession of a controlled substance,” a misdemeanor offense. After successfully completing a year of probation the matter was supposed to be expunged from my record; however, I left Texas soon thereafter and am not sure if the expungement process was completed.

Questions 2:

In 2004, my Texas medical license was suspended and I was ordered into rehab for a positive drug test at work. I was given the option to surrender my Texas license in 2005, which I did voluntarily.

Questions 3:

As noted above in Question 2.

DAVID WATSON, M.D.- PRECEPTORSHIP PLAN

This preceptorship plan, contract/agreement will be in effect for the period of one year from the time of David Watson, M.D.'s initial licensure in the state of Nevada. After one year under the preceptorship plan, David Watson, M.D. may appear in front of the Board to request a full, unrestricted license to practice medicine in the state of Nevada, if his appearance is requested by the Board. The Board may elect to extend this preceptorship contract/agreement in its discretion based upon reasonable concerns arising from the one year preceptorship. The Board may also grant David Watson, M.D. a full, unrestricted license to practice medicine in the state of Nevada without another full Board appearance provided that it is satisfied that David Watson, M.D. adequately fulfilled all the terms of the preceptorship plan included herein.

Under the following preceptorship plan, contract/agreement, all of David Watson, M.D.'s initial duties shall be directly supervised and/or followed up on by Nevada licensed orthopedic surgeons. All of the orthopedists involved are aware of David Watson, M.D.'s situation and will be informed of the provisions of this preceptorship plan. They will be encouraged to provide suggestions and other feedback as they deem warranted.

Michael Fry, M.D. will be the primary preceptor of David Watson, M.D. All other physicians in the practice group will understand that any comments or concerns should be forwarded to him and relayed to the Board, if deemed necessary.

David Watson, M.D. duties to include and be limited to the following:

1. Preoperative history and physicals- all to be co-signed by the operating physician prior to the surgery.
2. Postoperative hospital discharges- all patients to follow-up with operating physician within one week (generally in 3-5 days). David Watson, M.D. will consult with primary surgeon prior to discharge of any patient.
3. Orthopedic clinic patients- to be seen only when a Nevada licensed orthopedist is present in clinic and who will be consulted prior to discharge of patient from clinic.
4. Surgical assistant- only with a Nevada licensed orthopedic surgeon and under their direct and immediate supervision.
5. Weekend call (after acquisition of DEA license)- orthopedic surgeon will be available at all times for consultation and will be contacted for all admissions and/or potentially urgent surgical intervention. A list of patient telephone consultations and direct examinations will be emailed to primary orthopedist and his/her nurse on the following Monday morning. David Watson, M.D. will meet with the orthopedists on Tuesday morning at the weekly Fellow's conference for any additional follow-up.

Reporting to the Board of David Watson, M.D.'s clinical progress:

1. A written report by Michael Fry, M.D. detailing David Watson, M.D.'s progress will be submitted to the Board two times monthly for a period of 4 months. Then a written report will be submitted once a month thereafter until the one year is up, i.e., months 5-12. So, the Board will receive a total of 16 written reports from Michael Fry, M.D. during the one year term of this preceptorship plan, contract/agreement.
2. After an observation period of 2 months, a determination will be made if David Watson, M.D. will be allowed to see pre-screened clinic patients without another physician present. The Board will be notified in writing of this recommendation.

If clinic patients are seen after this time on a solo basis, a consulting orthopedist will be available for direct, personal or telephone consultation. All patients will then follow-up with their respective primary orthopedist.

3. After David Watson, M.D. begins to see selected clinic patients on a solo basis, 100% of the patient charts shall be reviewed and initialed by Michael Fry, M.D. for the first six months. For months six through nine (6-9),

Michael Fry, M.D. shall review and initial 50% of the patient charts. For months nine through twelve (9-12) up to the one year under this contract/agreement, Michael Fry, M.D. shall review and initial 25% of the patient charts. A file shall be kept of all reviewed and initialed charts for presentation to the Board upon request.

I, David Watson, M.D., will not practice medicine in the state of Nevada except as detailed above for the duration of this preceptorship plan, contract/agreement, i.e. one year without prior authorization from the Board.

Dated this _____ day of _____, 2015.

David Watson, M.D.

I, Michael Fry, M.D., have reviewed the terms outlined herein and am willing to assist David Watson, M.D. in his re-entry to medicine by acting in the capacity of a preceptor. I will notify the Board in writing as indicated herein, and agree to notify the Board in writing should the preceptorship plan, contract/agreement as outlined herein ends prior to the specified one year term.

Dated this _____ day of _____, 2015.

Michael Fry, M.D.

CAUSE D1DC07200740

STATE OF TEXAS

390TH DISTRICT COURT

vs.

of

DAVID GREGORY WATSON

TRAVIS COUNTY, TEXAS

ORDER RELEASING DEFENDANT FROM DEFERRED ADJUDICATION COMMUNITY SUPERVISION

On this day, the Court having reviewed all proceedings in the above cause in which the Defendant David Gregory Watson, was placed on a Deferred Adjudication pursuant to Sec. 5 (a), Art. 42.12, Texas Code of Criminal Procedure.

It appearing to the Court that said Defendant has complied with the terms and conditions of said Deferred Adjudication; and it further appearing that the period of Community Supervision has expired and that the Defendant herein should be discharged.

IT IS THEREFORE ORDERED that all charges filed in this case against the Defendant are hereby dismissed and the Defendant is discharged pursuant to Article 42.12 § 5(c) Texas Code of Criminal Procedure

Signed this 4 day of JAN, A.D., 2010.

Rachel Martinez
Asst Community Supervision Officer

Julia St. Louis

Judge Presiding
I, VELVA L. PRICE, District Clerk,
Travis County, Texas, do hereby certify that this is
a true and correct copy as same appears of
record in my office. Witness my hand and seal of
office on 6-1-10



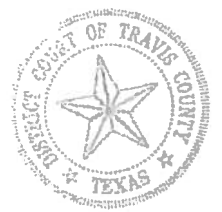
VELVA L. PRICE
DISTRICT CLERK
By Deputy: Julia St. Louis

EA

9:30A

(60)

SCANNED



 IN THE 390TH JUDICIAL DISTRICT COURT OF TRAVIS COUNTY, TEXAS

D-1-DC-07200740 THE STATE OF TEXAS VS. DAVID GREGORY WATSON

ORDER OF THE COURT DEFERRING FURTHER PROCEEDINGS

On DECEMBER 20, 2007, AD, this cause was called for trial and the State appeared by her District Attorney, and the defendant, DAVID GREGORY WATSON, appeared in open court, his counsel, TREY COLLINS, also being present, and the said defendant having been duly arraigned, pleaded GUILTY to the indictment herein, both parties announced ready for trial, and thereupon a trial by jury was waived by all parties and the reading of the indictment was waived, and the defendant pleaded GUILTY thereto, and the Court having heard arguments of both sides found sufficient evidence to find the defendant guilty of the offense of ATTEMPTED POSSESSION OF A CONTROLLED SUBSTANCE: COCAINE, A CLASS 'A' MISDEMEANOR.

However, on DECEMBER 20, 2007, AD, the Court being of the opinion that the best interests of society and the defendant will be served in this cause by deferring further proceedings without entering an adjudication of guilt pursuant to Article 42.12, Section 5 of the code of Criminal Procedure, as amended, it is therefore **CONSIDERED, ORDERED** and **ADJUDGED** that further proceedings in this cause shall be and are hereby deferred and the defendant placed on Community Supervision in this cause for a period of TWO (2) YEARS from this date under the supervision of the Court and the duly appointed and acting Adult Community Supervision Officer of Travis County, Texas, subject to the following conditions of Community Supervision, and the defendant shall, during the term of Community Supervision:



- (1) Obey all orders of the Court and the Community Supervision Officer.
- (2) Commit no offense against the laws of this or any state or of the United States.
- (3) Avoid injurious or vicious habits.
- (4) Avoid the use of all narcotics, habit-forming drugs, alcoholic beverages, and controlled substances.
- (5) Avoid persons or places of disreputable or harmful character (including association with any person previously convicted of a felony crime without the permission of the Community Supervision Officer).
- (6) Report to your Community Supervision Officer on the 2nd Wednesday of each month at 9:00 A.M. and at any subsequent time as instructed by your Community Supervision Officer.
- (7) Permit the Community Supervision Officer to visit you at your home or elsewhere.
- (8) Work faithfully at suitable employment as far as possible and, if unemployed, participate in a job placement program as directed by the Court and/or Community Supervision Officer.
- (9) Register with and remain registered with the Texas Workforce Commission during periods of unemployment.
- (10) Do not change the place of residence without the permission of the Community Supervision Officer and report within five (5) days of any change in employment or marital status.
- (11) Remain in Travis County, Texas, unless permitted to depart by the Court and/or the Community Supervision Officer.
- (12) Register with and remain registered with the Travis County Domestic Relations Office, if ordered by the Court and/or your Community Supervision Officer.
- (13) Support your dependents.
- (14) Refrain from disorderly conduct, abusive language, or disturbing the peace while present at the office of the Department.
- (15) Submit a urine specimen at the direction of the Community Supervision Officer, daily if ordered, and pay all costs if required.



(16) Pay to and through the Community Supervision and Corrections Department of Travis County, Texas, the following:

- A. Pay your fine of \$500.00, attorney fees of \$____, and court cost in one lump sum or in installments, as set forth in the collection schedule, provided by the Travis Community Supervision and Corrections Department.
- B. Pay \$60.00 a month supervision fee starting on 12/20/2008 and each month thereafter.
- C. Pay \$140.00 restitution to (APD) through CSCD in payments of \$10.00 per month starting on 1/20/2008 and on each month thereafter until total is paid.
- D. Pay Crime Stoppers Fee in the amount of \$30.00 by 3/20/2008.

(17) All special Conditions and Court-ordered monies must be paid in full and completed sixty (60) days prior to discharge.

(18) Report to any required CSCD orientation program.

(19) While on Community Supervision, you must have on your person at all times, a current valid Texas Department of Public Safety photo identification card or a valid Texas Department of Public Safety photo driver's license. You must obtain this photo identification within thirty (30) days of the date of your Community Supervision.

(20) Do not operate a motor vehicle without a valid Texas driver's license and proof of automobile liability insurance.

XX (21) Report to:

XX TRAVIS COUNTY COUNSELING EDUCATION SERVICES (CES) .

 FAMILY VIOLENCE ASSESSMENT.

XX DRUG & ALCOHOL EVALUATION.

 TCADA 15- HOUR CERTIFIED DRUG EDUCATION CLASS.

 COMPLETE TCADA LICENSED INTENSIVE OUTPATIENT TREATMENT

 OR COMPARABLE TREATMENT PROGRAM AS RECOMMENDED BY TAIP.

 COMPLETE TCADA LICENSED INTENSIVE INPATIENT TREATMENT

 OR COMPARABLE TREATMENT PROGRAM AS RECOMMENDED BY TAIP.

 T.A.I.P. SUBSTANCE ABUSE EVALUATION AND FOLLOW ALL RECOMMENDATIONS.

 SMART TREATMENT/SMART AFTERCARE CASELOAD. REIMBURSE

 TRAVIS COUNTY CSCD AT THE RATE OF \$10 PER DAY FOR SMART RESIDENTIAL TREATMENT.

 CHEMICAL DEPENDENCY EDUCATION PROGRAM (CDEP).



MHRM FOR ASSESSMENT OF SERVICES AND FOLLOW ALL RECOMMENDATIONS.

 GROUP ANGER MANAGEMENT PROGRAM OF AT LEAST 20 HOURS.
XX ANY COUNSELING/TREATMENT DESIGNATED BY YOUR COMMUNITY SUPERVISION OFFICER.

on the date designated by your Community Supervision Officer, cooperate and participate while you are a client thereof, pay all costs of treatment, and remain until successfully discharged by the proper authorities.

XX (28) Complete 100 hours of Community Service Restitution at a place approved by the Court and designated by the Community Supervision and Corrections Department.

The Clerk of this Court is directed to furnish the defendant herein a certified copy of this order as a written statement of the period and terms of her probation and to take the defendants receipt thereof, and upon the successful completion of the defendants probation, the defendant shall be discharged and the proceeding against her dismissed, except that upon conviction of a subsequent offense, the fact that the defendant had previously received probation shall be admissible before the Court of the jury to be considered on the issue of penalty.

Signed the 3 day of Jan , AD, 2008.

Julie St. Court

Judge Presiding

I, VELVA L. PRICE, District Clerk, Travis County, Texas, do hereby certify that this is a true and correct copy as same appears of record in my office. Witness my hand and seal of office on 6-1-15



VELVA L. PRICE
DISTRICT CLERK

By Deputy:

Rosemary Jabore



