

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: Michael Middle: Joseph Last: Ynder Degree: DO

Practice Name (if any): Forte Family Practice

Nevada Address: 9010 W. Chayenne LN NV 89129 Suite #: _____
(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: Las Vegas State: NV Zip Code: 89129

Work Telephone: 702-290-8646 Date of Birth: _____

Fax: 702-290-8646 Sex: M or F

Practitioner License Number: 002105 Specialty: F.P

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.

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?... <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:

Board Administrative Action:	State:	Date:	Case #:
	<u>CO</u>	<u>06/01/2014</u>	<u>2014-4701 B 2014-4431 B 2015-4026 B</u>
Criminal Action:	State:	Date:	Case #:
			County
			Court

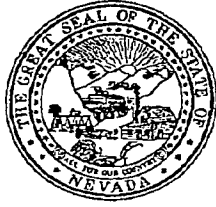
It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

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. Michael J. Ynder Date 7-20-16

Board Use Only: : Date Processed: 8/19/16 Amount: \$80.00

E-MAILED
12 819



MEMBERS:

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NEVADA STATE
BOARD OF OSTEOPATHIC MEDICINE
2275 Corporate Circle, Suite 210
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Ph. 702-732-2147 Fax: 702-732-2079
www.bom.nv.gov

Barbara Longo, CMBI
Executive Director

Steven Ray, CMBI
Chief of Enforcement

August 3, 2016

Proassurance Malpractice Insurance


RE: Michael Yudez, D.O.

To whom It may concern:

Michael Yudez, D.O. came before the Nevada State Board of Osteopathic Medicine on June 14, 2016. The Board had all of the documentation regarding Dr. Yudez including the information that he voluntarily surrendered his Colorado license. It was the unanimous vote of the Board that Dr. Yudez was fully fit to practice and treat the patients of Nevada. Dr. Yudez was granted a full license with an effective date of July 1, 2016.

Sincerely,

NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE


Barbara Longo, CMBI
Executive Director