

Demographic Details

First Name

Marco

Middle Name

Antonio

Last Name *

Sobrino

Previous Name(s)

Marco Antonio Sobrino Moguel

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased



Gender

Male



Date of Birth



Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Do you have a Nevada Business License in your individual name?

Yes No

Nevada BIN

Historical File Number

Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

7455 Arroyo Crossing Pkwy

ZIP / Postal Code

89113

Address Line 2

Suite 100

State / Province

Nevada

City

Las Vegas

Country

United States



County

Clark

Is your physical address different from your mailing address?

Yes No

Public Phone

(702) 984-7744

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

Application Status

Applicant *

Sobrino, Marco Antonio



Application Number

License Issued?

Yes No

Application Status

Pending Requirements



Assigned To



Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor



Obtained By

USMLE



Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date



Application Details

Application Type

Medical Doctor - Active



Application Date *

Feb-22-2022



Reviewed Date



Decision Date



Submitted Date

Apr-04-2022



Approved Date



Application Step

20

Expiration Date

Apr-04-2023



Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Invoices

Application Invoice



Application Payment Date



Licensure Invoice



Licensure Payment Date



Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes No

Child Support Attestation Type

Not subject to a court order



I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes No

Examination Details

Licensee / Applicant *

Sobrino, Marco Antonio 

Attended Date

Mar-04-1997 

Number of Attempts

1

Application


Application Marco Sobrino 

Location

Result

181

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CK

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Sobrino, Marco Antonio 

Attended Date

Jun-10-1997 

Number of Attempts

1

Application


Application - - Marco Sobrino 

Location

Result

187

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Sobrino, Marco Antonio



Attended Date

Mar-02-2000



Number of Attempts

2

Application

Application - - Marco Sobrino



Location

Result

173

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes No

Steps

Step 3

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *

Sobrino, Marco Antonio 


Attended Date

Sep-01-2000 

Number of Attempts

2

Application


Application - Marco Sobrino 

Location

Result

178

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 3

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Sobrino, Marco Antonio



Attended Date

Mar-02-2000



Number of Attempts

2

Application

Application - - Marco Sobrino



Location

Result

173

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes No

Steps

Step 3

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Sobrino, Marco Antonio



Attended Date

Oct-10-1997



Number of Attempts

#

Application

Application - - Marco Sobrino



Location

Result

Examination Type

Other



Other Exam

ECFMG

Are you currently certified?

Yes No

Steps

Certificate Number

0-559-363-7

Exam Date



Expiration Date



Board Certification Details

Licensee / Applicant

Sobrino, Marco Antonio



Specialty

Surgery,General



Certifying Board

American Board



Other Certifying Board

Initial Certification Date

Dec-13-2004



Recertification Date

Dec-03-2014



Certification Number

049697

Archive Program

Historical Specialty

Connected Record

Application

Application - - Marco Sobrino



Education Details

Licensee/Applicant *

Sobrino, Marco Antonio



Address

City

Huixquilucan

State / Province

Mexico

Zip / Postal Code

Country

Mexico



Application

Application - - Marco Sobrino



Specialty Type



Name of School

Anahuac University, School of Medicine

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Aug-01-1988



Date To

Jun-30-1995



Did you graduate from the program?

Yes No

Graduation Date


Dec-05-1996



Major Program

Postgraduate Training Details

Licensee / Applicant *

Sobrino, Marco Antonio 

Training Status *

Completed 


Program Type *

Internship 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jun-27-1998 


Date To

Jun-25-1999 

Name of School or Institution

Mayo Clinic College of Me

Application

Application - Marco Sobrino 

Specialty Type

Surgery, General 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Minnesota

Zip / Postal Code


County

Country




Postgraduate Training Details

Licensee / Applicant *

Sobrino, Marco Antonio 


Training Status *

Completed 

Program Type *

Internship 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-1999 


Date To

Jun-30-2000 


Name of School or Institution

Vanderbilt University Medi

Application

Application - - Marco Sobrino 

Specialty Type

Surgery, General 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Tennessee

Zip / Postal Code


County

Country



Postgraduate Training Details

Licensee / Applicant *

Sobrino, Marco Antonio 


Training Status *

Completed 

Program Type *

Residency 


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 


Date From

Jul-01-2000 


Date To

Jun-30-2003 


Name of School or Institution

Virginia Mason Medical Ce 

Application

Application - - Marco Sobrino 

Specialty Type

Surgery, General 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Washington

Zip / Postal Code

County



Country



Postgraduate Training Details

Licensee / Applicant *

Sobrino, Marco Antonio



Program Type *

Fellowship



Date From

Jul-01-2014



Name of School or Institution

Jackson South Medical Center

Specialty Type

Other



Other (Specialty)

Gastro Intestinal Minimally Invasive Surgery

Training Status *



Accreditation Type

Not Accredited



Date To

Dec-01-2014



Application

Application - - Marco Sobrino



Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Zip / Postal Code

County



Country



Other License Details

Licensee/Applicant

Sobrino, Marco Antonio 

Licensing Board or Regulatory Authority

Arizona Medical Board

License Number

40371

State / Province

Arizona

Country

United States 

Application


Application - - Marco Sobrino 

License Type


License Status

Expired

Issue Date

Apr-25-2008 

Expiration Date

Mar-11-2016 

Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio



Licensing Board or Regulatory Authority

Medical Board of California

License Number

C176473

State / Province

California

Country

United States



Application

Application - Marco Sobrino



License Type

License Status

Current

Issue Date

Feb-22-2022



Expiration Date

Feb-29-2024



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio



Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

ME144305

State / Province

Florida

Country

United States



Application

Application - - Marco Sobrino



License Type

License Status

Active

Issue Date

Feb-24-2020



Expiration Date

Jan-31-2024



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio



License Type

Licensing Board or Regulatory Authority

Florida Board of Medicine

License Status

Null and Void

License Number

ME118758

Issue Date

Feb-10-2014



State / Province

Florida

Expiration Date

Jan-31-2016



Country

United States



Notes


Application

Application - - Marco Sobrino



Other License Details

Licensee/Applicant

Sobrino, Marco Antonio 

Licensing Board or Regulatory Authority

Minnesota Board of Medical Practice

License Number

RP13439


State / Province

Minnesota

Country

United States 

Application

Application - - Marco Sobrino 

License Type

Residency Permit

License Status

Cancelled/Expired

Issue Date

Jun-27-1998



Expiration Date

Jun-25-1999



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio



Licensing Board or Regulatory Authority

Oklahoma State Board

License Number

25459

State / Province

Oklahoma

Country

United States



Application

Application - - Marco Sobrino



License Type

License Status

Active

Issue Date

May-01-2007



Expiration Date

May-01-2023



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio



Licensing Board or Regulatory Authority

Washington Medical Commission

License Number

MD00039788

State / Province

Washington

Country

United States



Application

Application - - Marco Sobrino



License Type

License Status

Active

Issue Date

Apr-23-2001



Expiration Date

Nov-11-2023



Notes

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Start Date

Jul-01-1995



Percent Clinical *

0

Application

Application - Marco Sobrino



Name of Organization / Institution

Vacation before starting social service

End Date

Aug-01-1995



Position

Activity Type

Vacation



Location Details

Street Address 1

City

Mexico City

Country

Mexico



State / Province

Mexico

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Name of Organization / Institution

Social Service Department of Health Mexico

Start Date

Aug-01-1995



End Date

Jul-01-1996



Percent Clinical *

90

Position

Application

Application - - Marco Sobrino



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

Mexico



City

Chalco

State / Province

Mexico

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Name of Organization / Institution

Studying for Board Exams

Start Date

Jul-01-1996



End Date

Feb-01-1997



Percent Clinical *

0

Position

Application

Application - Marco Sobrino



Activity Type

Non-Medical



Location Details

Street Address 1

Country

Mexico



City

Mexico City

State / Province

Mexico

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Name of Organization / Institution

Centro Medico La Raza

Start Date

Mar-01-1997



End Date

May-01-1998



Percent Clinical *

70

Position

Application

Application - Marco Sobrino



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

Mexico



City

Mexico City

State / Province

Mexico

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Start Date

May-01-1998



Percent Clinical *

0

Application

Application

Marco Sobrino



Name of Organization / Institution

Vacation before starting internship at Mayo

End Date

Jun-27-1998



Position

Activity Type

Vacation



Location Details

Street Address 1

City

Mexico City

Country

Mexico



State / Province

Mexico

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Name of Organization / Institution

Mayo Clinic Rochester

Start Date

Jun-27-1998



End Date

Jun-25-1999



Percent Clinical *

80

Position

Application

Application - Marco Sobrino



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

Rochester

State / Province

Minnesota

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Name of Organization / Institution

Vanderbilt University Medical Center

Start Date

Jul-01-1999



End Date

Jun-30-2000



Percent Clinical *

80

Position

Application

Application - - Marco Sobrino



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

Nashville

State / Province

Tennessee

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Start Date

Jul-01-2000



Percent Clinical *

80

Application

Application - Marco Sobrino



Name of Organization / Institution

Virginia Mason Medical Center Program

End Date

Jun-30-2003



Position

Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

Seattle

State / Province

Washington

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Name of Organization / Institution

Jefferson General Hospital

Start Date

Jul-01-2003



End Date

Jun-01-2007



Percent Clinical *

80

Position

Application

Application - - Marco Sobrino



Activity Type

Employment



Location Details

Street Address 1

Country

United States



City

Port Townsend

State / Province

Washington

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Name of Organization / Institution

Nuveen Cosmetic and Reconstructive Surg

Start Date

Jul-01-2007



End Date

May-01-2008



Percent Clinical *

80

Position

Application

Application - - Marco Sobrino



Activity Type

Employment



Location Details

Street Address 1

Country

United States



City

Oklahoma City

State / Province

Oklahoma

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Start Date

Jun-01-2008



Percent Clinical *

80

Application

Application - - Marco Sobrino



Name of Organization / Institution

Parkway Medical Center

End Date

Dec-31-2008



Position

Activity Type

Employment



Location Details

Street Address 1

Country

United States



City

Oklahoma City

State / Province

Oklahoma

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Name of Organization / Institution

Highline Medical Center

Start Date

Jan-01-2009



End Date

Dec-31-2009



Percent Clinical *

80

Position

Application

Application - Marco Sobrino



Activity Type

Employment



Location Details

Street Address 1

City

Burien

Country

United States



State / Province

Washington

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Start Date

Mar-01-2009



Name of Organization / Institution

Sono Bello

End Date

Feb-23-2022



Percent Clinical *

80

Position

Application

Application - - Marco Sobrino



Activity Type

Employment



Location Details

Street Address 1

Country

United States



City

Bellevue

State / Province

Washington

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Sobrino, Marco Antonio



Name of Organization / Institution

Jackson South Community Hospital

Start Date

Jul-01-2014



End Date

Dec-31-2014



Percent Clinical *

80

Position

Application

Application - - Marco Sobrino



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

Miami

State / Province

Florida

Zip / Postal Code

Specialty Details

Licensee / Applicant *

Sobrino, Marco Antonio



Effective Date

Apr-04-2022



Application

Application - - Marco Sobrino



Primary Specialty?

Yes No

Specialty Type *

Surgery, General



Other (Specialty)

End Date



Ordinal ▼	Licensee/Applicant ▼	Declaration Question ↑	Answer ▼	Answer Details
N/A	Marco Sobrino	MD – Q8 – Denied License / Permission to Practice Medicine	No	
N/A	Marco Sobrino	MD – Q13 – Investigation – Respond To/Notify Of	No	
N/A	Marco Sobrino	ALL – Q6 – Malpractice Claim Paid	Yes	
N/A	Marco Sobrino	MD, PA – Q2 – Medical Condition Field of Practice	No	
N/A	Marco Sobrino	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
N/A	Marco Sobrino	MD – Investigation Disciplinary during Training Program	No	
N/A	Marco Sobrino	MD – Q11 – Voluntarily Surrendered a License	No	
N/A	Marco Sobrino	MD – Q12 – Denied Membership	No	
N/A	Marco Sobrino	MD – Q9 – Medical License Revoked	Yes	
N/A	Marco Sobrino	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	
N/A	Marco Sobrino	ALL – Q7 – Arrest Question	No	
N/A	Marco Sobrino	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
N/A	Sobrino, Marco Antonio	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
N/A	Marco Sobrino	ALL – Q5 – Named Defendant Respond to Legal Action	Yes	
N/A	Marco Sobrino	MD, PA – Q10 – Controlled Substance Registration	No	
N/A	Marco Sobrino	MD, Previously applied for licensure in Nevada.	No	

Declaration Question

Name

ALL – Q5 – Named Defendant Respond to

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

No explanation required (only has one answer)

Yes No

Section Ordinal

5

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer

Yes No

Visible To

Application Process

Yes No

Renewal Process

Yes No

Declaration

Licensee/Applicant

Sobrino, Marco Antonio



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

Related To

Application

Application - Marco Sobrino



Renewal



Declaration Question

Name

ALL – Q6 – Malpractice Claim Paid

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

No explanation required (only has one answer)

Yes No

Section Ordinal

6

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer

Yes No

Visible To

Application Process

Yes No

Renewal Process

Yes No

Declaration

Licensee/Applicant

Sobrino, Marco Antonio



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

Related To

Application

Application - Marco Sobrino



Renewal



Declaration Question

Name

MD – Q9 – Medical License Revoked

Declaration Text

Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?

No explanation required (only has one answer)

Yes No

Section Ordinal

11

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer

Yes No

Visible To

Application Process

Yes No

Renewal Process

Yes No

Declaration

Licensee/Applicant

Sobrino, Marco Antonio



Declaration Question

MD – Q9 – Medical License Revoked



Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

Related To

Application

Application - - Marco Sobrino



Renewal



JUL 11 2022

ATTENTION APPLICANT!

RESPONSIBILITY STATEMENT

**Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521**

Because you are applying for the privilege of practicing medicine, perfusion or respiratory care in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have *any* questions about your application, **ASK YOUR LICENSING SPECIALIST**. Our licensing specialists are here to help you.

○ ○ ○ ○ ○

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name Marco Antonio Sobrino

Sign your name _____

Date June 15, 2022

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.

