

## Demographic Details

First Name

Karin

Gender

Female



Middle Name

Fendi

Date of Birth

1967



Last Name \*

Esposito

Name Suffix

Previous Name(s)

City of Birth

Social Security Number

Place of Birth

Tax Identification Number

Weight (in lbs)

Height

Eye Color

Hair Color

Comments (non-public information)

Is this person deceased?

Yes  No

Date Deceased



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

Yes  No

Nevada BIN

## 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

ZIP / Postal Code

City

Country



County

Is your physical address different from your mailing address?

Yes  No

Public Phone

#

## Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

### Application Status

Applicant \*

Esposito, Karin Fendl



Application Number

License Issued?

Yes  No

Application Status

Under Review



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 \*

Mar-11-2021



Reviewed Date



Decision Date



Submitted Date

Approved Date

Apr-30-2021



Application Step

Expiration Date

# 20

Apr-30-2022



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

Yes  No

### Invoices

Application Invoice

Application Payment Date

002271 - Paid in Full



Apr-30-2021



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

## Education Details

Licensee/Applicant \*

Esposito, Karin Fendl



Name of School

University of Miami School of Medicine

Address

Education Type

Medical School



City

Miami

Degree Attained

Medical Doctor Degree



State / Province

Florida

Date From

Jun-15-1987



Zip / Postal Code

Date To

May-14-1993



Country

United States



Did you graduate from the program?

Yes  No

Application

Graduation Date

May-14-1993



Specialty Type

Major Program



## Education Details

Licensee/Applicant \*

Esposito, Karin Fendl



Name of School

University of Miami

Address

Education Type

Graduate



City

Coral Gables

Degree Attained

Doctor of Philosophy



State / Province

Florida

Date From

Aug-15-1986



Zip / Postal Code

Date To

Jul-31-1992



Country

United States



Did you graduate from the program?

Yes  No

Application

Graduation Date

Jul-31-1992



Specialty Type

Major Program

Biochemistry and Molecular Biology





## Education Details

Licensee/Applicant \*

Esposito, Karin Fendl



Name of School

University of Miami

Address

Education Type

College/University



City

Coral Gables

Degree Attained

Bachelor of Science



State / Province

Florida

Date From

Aug-01-1984



Zip / Postal Code

Date To

Jul-31-1986



Country

United States



Did you graduate from the program?

Yes  No

Application

Graduation Date

Aug-01-1986



Specialty Type

Major Program

Medical Education



## Examination Details

Licensee / Applicant \*

Esposito, Karin Fendl



Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

May-14-1996



Other Exam

Number of Attempts

# 1

Are you currently certified?

Yes  No

Application



Steps

Step 3

Location

Certificate Number

Result

209

Exam Date

May-14-1996



Expiration Date



## Examination Details

Licensee / Applicant \*

Esposito, Karin Fendl



Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Mar-30-1993



Other Exam

Number of Attempts

# 1

Are you currently certified?

Yes  No

Application



Steps

Step 2 CK

Location

Certificate Number

Result

196

Exam Date

Mar-30-1993



Expiration Date



## Examination Details

Licensee / Applicant \*

Esposito, Karin Fendl



Examination Type

National Board of Medical Examiners (NBME)

Attended Date

Jun-12-1990



Other Exam

Number of Attempts

# 1

Are you currently certified?

Yes  No

Application



Steps

Part 1

Location

Certificate Number

Result

515/82

Exam Date

Jun-12-1990



Expiration Date



## Postgraduate Training Details

Licensee / Applicant \*

Esposito, Karin Fenul 


Training Status \*

Completed 


Program Type \*

Residency 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-1994 

Date To

Jun-30-1998 

Name of School or Institution

Jackson Memorial Hosp 

Application

Specialty Type

Psychiatry 

Historical Major Program

Other (Specialty)

Historical Degree Attained

## Location Details

City

Miami

Street Address 1

State / Province

Florida

Zip / Postal Code

County



Country

United States 

## Specialty Details

Licensee / Applicant \*

Esposito, Karin Fendl



Specialty Type \*

Psychiatry



Effective Date

Apr-30-2021



Other (Specialty)

Application



End Date



Primary Specialty?

Yes  No

## Other License Details

Licensee/Applicant

Esposito, Karin Fendl



License Type

Full

Licensing Board or Regulatory Authority

Florida Board of Medicine

License Status

Active

License Number

ME0072369

Issue Date

Jan-27-1997



State / Province

Florida

Expiration Date

Jan-31-2022



Country

United States



Notes

Application



## Board Certification Details

Licensee / Applicant

Esposito, Karin Fendl



Initial Certification Date

Oct-01-1999



Specialty

Psychiatry



Recertification Date

Dec-15-2019



Certifying Board

American Board



Certification Number

47252

Other Certifying Board

Archive Program

Historical Specialty

## Connected Record

Application





## Hospital Details

Licensee / Applicant

Esposito, Karin Fendl



Name of Organization

Jackson Health System

Application

Start Date

Aug-01-1998



End Date

Jul-30-2011



## Address Details

Street Address Line 1

1611 NW 12th Avenue

State / Province

Florida

Street Address Line 2

ZIP / Postal Code

33136

City

Miami

Country

United States



## Application Activity Details

Licensee / Applicant

Esposito, Karin Fendl



Name of Organization / Institution

Roseman University of Health Sciences Col

Start Date

Jun-01-2020



End Date

May-31-2025



Percent Clinical \*

# 0

Position

Professor/Senior Executive Dean for Acade

Application



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Miami

State / Province

Florida

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Esposito, Karin Fendl



Name of Organization / Institution

Florida International University

Start Date

Aug-01-2010



End Date

Jun-30-2020



Percent Clinical \*

# 0

Position

Physician Educator/Administrator

Application



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Miami

State / Province

Florida

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Esposito, Karin Fendl



Name of Organization / Institution

Jackson Health System

Start Date

Oct-01-2009



End Date

Jul-31-2010



Percent Clinical \*

# 0

Position

Physician Administrator

Application



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Miami

State / Province

Florida

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Esposito, Karin Fendl



Name of Organization / Institution

University of Miami

Start Date

Aug-01-1999



End Date

Sep-30-2009



Percent Clinical \*

# 60

Position

Psychiatrist/Faculty Member

Application



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Miami

State / Province

Florida

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Esposito, Karin Fendl



Name of Organization / Institution

Brief Therapy Center

Start Date

Jul-01-1998



End Date

Jul-31-1999



Percent Clinical \*

# 100

Position

Physician

Application



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

Country

United States



City

Miami

State / Province

Florida

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Esposito, Karin Fendl



Name of Organization / Institution

Jackson Memorial Hospital

Start Date

Jul-01-1994



End Date

Jun-30-1998



Percent Clinical \*

# 100

Position

Resident

Application



Activity Type

Postgraduate Training



## Location Details

Street Address 1

Country

United States



City

Miami

State / Province

Florida

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Esposito, Karin Fendl



Name of Organization / Institution

Start Date

May-15-1993



End Date

Jul-01-1994



Percent Clinical \*

# 0

Position

Application



Activity Type

Non-Medical



## Location Details

Street Address 1

Country

United States



City

Southwest Ranches

State / Province

Florida

Zip / Postal Code



## Declaration Question

Name

MD, PA – Q1 – Medical Condition Impair Sa

Declaration Text

Do you currently have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl



Declaration Question

MD, PA – Q1 – Medical Condition Impair Safe Practice



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - Esposito, Karin Fendl



## Declaration Question

Name

MD, PA – Q2 – Medical Condition Field of F

Declaration Text

If you currently have a medical condition which in any way impairs or limits your ability to practice medicine, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, the manner in which you have chosen to practice, or by any other reasonable accommodation?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

### Licensee/Applicant

Esposito, Karin Fendl



### Declaration Question

MD, PA – Q2 – Medical Condition Field of Practice



### Answer

Yes  No

### Answer Details

## Related To

### Application

Application

Esposito, Karin Fendl



### Renewal



## Declaration Question

Name

MD, PA – Q3 – Chemical Substances Impair

Declaration Text

If you currently use chemical substances, does your use in any way impair or limit your ability to practice medicine with reasonable skill and safety?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl [↗](#)

Declaration Question

MD, PA – Q3 – Chemical Substances Impair Safe Practice [↗](#)

Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - Esposito, Karin Fendl [↗](#) [↗](#)

## Declaration Question

Name

MD, PA, LL – Q4 – Performance of Public Service

Declaration Text

Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal government or a state or local government for your medical education?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl



Declaration Question

MD, PA, LL – Q4 – Performance of Public Service Requirement



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - - Esposito, Karin Fendl





## 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

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## 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

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application

Esposito, Karin Fendl



## Declaration Question

Name

ALL – Q7 – Arrest Question

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances?

**Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.**

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl



Declaration Question

ALL – Q7 – Arrest Question



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - - Esposito, Karin Fendl



## Declaration Question

Name

MD – Q8 – Denied License / Permission to

Declaration Text

Have you EVER been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl



Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - Esposito, Karin Fendl



## 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

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No



## Declaration

Licensee/Applicant

Esposito, Karin Fendl



Declaration Question

MD – Q9 – Medical License Revoked



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

Esposito, Karin Fendl



## Declaration Question

Name

MD, PA – Q10 – Controlled Substance Regi:

Declaration Text

Have you EVER surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl



Declaration Question

MD, PA – Q10 – Controlled Substance Registration



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

Esposito, Karin Fendl



## Declaration Question

Name

MD – Q11 – Voluntarily Surrendered a Licen

Declaration Text

Have you EVER voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of disciplinary action?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl



Declaration Question

MD – Q11 – Voluntarily Surrendered a License



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

Esposito, Karin Fendl 



## Declaration Question

Name

MD – Q12 – Denied Membership

Declaration Text

Have you EVER been denied membership, asked to resign, or expelled from a medical society or other professional medical organization?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl [↗](#)

Declaration Question

MD – Q12 – Denied Membership [↗](#)

Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - Esposito, Karin Fendl [↗](#) [↗](#)

## Declaration Question

Name

MD – Q13 – Investigation – Respond To/No

Declaration Text

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No



## Declaration

Licensee/Applicant

Esposito, Karin Fendl



Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - - Esposito, Karin Fendl



## Declaration Question

Name

MD – Investigation Disciplinary during Train

Declaration Text

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration

Licensee/Applicant

Esposito, Karin Fendl [↗](#)

Declaration Question

MD – Investigation Disciplinary during Training Program [↗](#)

Answer

Yes  No

Answer Details

## Related To

Application

Application - Esposito, Karin Fendl [↗](#)

Renewal

[↗](#)

## Declaration Question

Name

MD, Previously applied for licensure in Nev.

Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program?

(If "Yes," please explain)

No explanation required (only has one answer)

Yes  No

## Visible To

Application Process

Yes  No

Renewal Process

Yes  No

## Declaration Question

Name

MD, PA, CCP, Hospital Privileges Denied, St

Section Ordinal

#

Declaration Text

Have you ever had staff privileges denied, suspended, limited, revoked, or not renewed by the hospital?

(Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attended hospital departmental or staff meetings, or maintain required malpractice Insurance.)

If "YES" List any (All resignations from any medical staff in lieu of disciplinary or administrative action. Include all hospitals, addresses, type of action and dates of action.

No explanation required (only has one answer)

Yes  No

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

Esposito, Karin Fendl



Declaration Question

MD, PA, CCP, Hospital Privileges Denied, Suspended.



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application - - Esposito, Karin Fendl





**ATTENTION APPLICANT!**  
**RESPONSIBILITY STATEMENT**

**RECEIVED**  
**JUL 21 2021**  
**NEVADA STATE BOARD OF**  
**MEDICAL EXAMINERS**

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 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.

o o o o o

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     Karia Esposito    

Sign your name \_\_\_\_\_

Date     7/15/21    

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.