

Demographic Details

First Name

Juan

Middle Name

Luis

Last Name *

PALACIOS

Previous Name(s)

Juan Luis Palacios Ochoa

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased



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

Yes No

Nevada BIN

Historical File Number

Gender

Male



Date of Birth

-1979



Name Suffix

City of Birth

Place of Birth

Mexico

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

1155 Mill St., W-11

ZIP / Postal Code

89521

Address Line 2

State / Province

Nevada

City

Reno

Country

United States

County

Washoe

Is your physical address different from your mailing address?

Yes No

Public Phone

7753275174

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

PALACIOS, Juan Luis



Application Number

License Issued?

Yes No

Application Status

Pending Review by the Board



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 *



Submitted Date



Application Step

#

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

Yes No

Reviewed Date



Decision Date



Approved Date



Expiration Date



Is Simultaneous Application

Yes No

Are you the spouse of an active duty member or surviving spouse of a veteran?

Yes No

Invoices

Application Invoice

Licensure Invoice

Application Payment Date

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 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

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

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

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Juan PALACIOS	N/A	Jun-01-2002	Jul-01-2003	100
Juan PALACIOS	N/A	Aug-01-2003	Jul-01-2004	100
Juan PALACIOS	N/A	Jan-01-2006	Feb-01-2007	80
Juan PALACIOS	N/A	Mar-01-2007	Aug-01-2015	100
Juan PALACIOS	N/A	Apr-01-2017	May-01-2017	100
Juan PALACIOS	N/A	Mar-01-2018	Mar-26-2023	100
Juan PALACIOS	N/A	Apr-01-2018	Jul-01-2019	100
Juan PALACIOS	University of Nevada, Internal Medicine	Jul-01-2019	Jun-30-2023	80

Application Activity Details

Licensee / Applicant

PALACIOS, Juan Luis 

Start Date

Jun-01-2002 

Percent Clinical *

100

Application

Application - - PALACIOS, Juan Luis 

Name of Organization / Institution

End Date

Jul-01-2003 

Position

Activity Type

Postgraduate Training 

Location Details

Street Address 1

City

Los Mochis

Country

Mexico 

State / Province

Sinaloa

Zip / Postal Code

Application Activity Details

Licensee / Applicant

PALACIOS, Juan Luis



Name of Organization / Institution

Start Date

Aug-01-2003



End Date

Jul-01-2004



Percent Clinical *

100

Position

Application

Application - PALACIOS, Juan Luis



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

Mexico



City

Jahuara II El Fuerte

State / Province

Sinaloa

Zip / Postal Code

Application Activity Details

Licensee / Applicant

PALACIOS, Juan Luis 

Start Date

Jan-01-2006 

Percent Clinical *

80

Application

Application - PALACIOS, Juan Luis 

Name of Organization / Institution

End Date

Feb-01-2007 

Position

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

City

Creel

Country

Mexico 

State / Province

Chihuahua

Zip / Postal Code

Application Activity Details

Licensee / Applicant

PALACIOS, Juan Luis



Name of Organization / Institution

Start Date

Mar-01-2007



End Date

Aug-01-2015



Percent Clinical *

100

Position

Application

Application - PALACIOS, Juan Luis



Activity Type

Employment



Location Details

Street Address 1

Country

United States



City

Mission Viejo

State / Province

California

Zip / Postal Code

Application Activity Details

Licensee / Applicant

PALACIOS, Juan Luis



Name of Organization / Institution

Start Date

Apr-01-2017



End Date

May-01-2017



Percent Clinical *

100

Position

Application

Application - PALACIOS, Juan Luis



Activity Type

Research/Observership



Location Details

Street Address 1

Country

United States



City

State / Province

Carson City

Nevada

Zip / Postal Code

Application Activity Details

Licensee / Applicant

PALACIOS, Juan Luis 


Start Date

Mar-01-2018 

Percent Clinical *

100

Application

Application - - PALACIOS, Juan Luis 

Name of Organization / Institution

End Date

Mar-26-2023 

Position

Activity Type

Employment 

Location Details

Street Address 1

City

Reno

Country

United States 

State / Province

Nevada

Zip / Postal Code

Application Activity Details

Licensee / Applicant

PALACIOS, Juan Luis



Name of Organization / Institution

Start Date

Apr-01-2018



End Date

Jul-01-2019



Percent Clinical *

100

Position

Application

Application - PALACIOS, Juan Luis



Activity Type

Research/Observership



Location Details

Street Address 1

Country

United States



City

State / Province

Reno

Nevada

Zip / Postal Code

Application Activity Details

Licensee / Applicant

PALACIOS, Juan Luis



Name of Organization / Institution

University of Nevada, Internal Medicine

Start Date

Jul-01-2019



End Date

Jun-30-2023



Percent Clinical *

80

Position

Application

Application - PALACIOS, Juan Luis



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United States



City

State / Province

Reno

Nevada

Zip / Postal Code

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
1	Juan PALACIOS	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
2	Juan PALACIOS	MD, PA – Q2 – Medical Condition Field of Practice	No	
3	Juan PALACIOS	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
4	Juan PALACIOS	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
5	Juan PALACIOS	ALL – Q5 – Named Defendant Respond to Legal Action	No	
6	Juan PALACIOS	ALL – Q6 – Malpractice Claim Paid	No	
7	Juan PALACIOS	ALL – Q7 – Arrest Question	No	
8	Juan PALACIOS	MD, Previously applied for licensure in Nevada	Yes	
9	PALACIOS, Juan Luis	MD – Investigation Disciplinary during Training Program	Yes	
10	Juan PALACIOS	MD – Q8 – Denied License / Permission to Practice Medicine	No	
11	Juan PALACIOS	MD – Q9 – Medical License Revoked	No	
12	Juan PALACIOS	MD – Q11 – Voluntarily Surrendered a License	No	
13	Juan PALACIOS	MD – Q12 – Denied Membership	No	
14	Juan PALACIOS	MD – Q13 – Investigation – Respond To/Notify Of	No	
15	Juan PALACIOS	MD, PA – Q10 – Controlled Substance Registration	No	
16	Juan PALACIOS	MD, PA, CCP, Hospital Privileges Denied, Suspended	No	

Declaration

Licensee/Applicant

PALACIOS, Juan Luis



Declaration Question

MD, Previously applied for licensure in Nevada.



Answer

Yes No

Answer Details

Ordinal

8

Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)

Related To

Application

Application - - PALACIOS, Juan Luis



Renewal



Declaration

Licensee/Applicant

PALACIOS, Juan Luis



Declaration Question

MD – Investigation Disciplinary during Training Program



Answer

Yes No

Answer Details

Ordinal

9

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?

Related To

Application

Application -

- PALACIOS, Juan Luis



Renewal



Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date ▼
PALACIOS, Juan Luis	Medical School	Universidad Autonoma de Sinaloa	Medical Doctor Degree	Aug-01-1997	Jun-01-2002	Oct-13-2004

Education Details

Licensee/Applicant *

PALACIOS, Juan Luis



Address

City

Culiacan

State / Province

Sinaloa

Zip / Postal Code

Country

Mexico



Application

Application - PALACIOS, Juan Luis



Specialty Type

Name of School

Universidad Autonoma de Sinaloa

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Aug-01-1997



Date To

Jun-01-2002



Did you graduate from the program?

Yes No

Graduation Date

Oct-13-2004



Major Program

Examinations

Licensee / Applicant ↑	Examination Type	Attended Date ↑
PALACIOS, Juan Luis	United States Medical Licensing Examination (USMLE)	May-07-2015
PALACIOS, Juan Luis	United States Medical Licensing Examination (USMLE)	Mar-09-2017
PALACIOS, Juan Luis	United States Medical Licensing Examination (USMLE)	May-08-2017
PALACIOS, Juan Luis	United States Medical Licensing Examination (USMLE)	Oct-12-2017
PALACIOS, Juan Luis	ECFMG	Nov-15-2017
PALACIOS, Juan Luis	United States Medical Licensing Examination (USMLE)	Nov-17-2021

Examination Details

Licensee / Applicant *

PALACIOS, Juan Luis



Attended Date

May-07-2015



Number of Attempts

2

Application

Application - - PALACIOS, Juan Luis



Location

Result

181

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 *

PALACIOS, Juan Luis



Attended Date

Mar-09-2017



Number of Attempts

2

Application

Application - - PALACIOS, Juan Luis



Location

Result

212

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 *

PALACIOS, Juan Luis



Attended Date

May-08-2017



Number of Attempts

1

Application

Application - PALACIOS, Juan Luis



Location

Result

pass

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

PALACIOS, Juan Luis



Attended Date

Oct-12-2017



Number of Attempts

1

Application

Application - - PALACIOS, Juan Luis



Location

Result

214

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 *

PALACIOS, Juan Luis



Attended Date

Nov-15-2017



Number of Attempts

#

Application

Application - - PALACIOS, Juan Luis



Location

Result

Examination Type

ECFMG



Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

PALACIOS, Juan Luis



Attended Date

Nov-17-2021



Number of Attempts

1

Application

Application - - PALACIOS, Juan Luis



Location

Result

199

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



Hospitals

Licensee / Applicant	Name of Organization	Start Date	End Date
Juan PALACIOS	Providence Mission Hospital	Mar-01-2007	Aug 01-2015
Juan PALACIOS	Renown Regional Medical Center	Mar-01-2018	Feb-01-2019

Hospital Details

Licensee / Applicant

PALACIOS, Juan Luis



Name of Organization

Providence Mission Hospital

Application

Application - PALACIOS, Juan Luis



Start Date

Mar-01-2007



End Date

Aug-01-2015



Address Details

Street Address Line 1

27700 Medical Center Rd

State / Province

California

Street Address Line 2

ZIP / Postal Code

92691

City

Mission Viejo

Country

United States



Hospital Details

Licensee / Applicant

PALACIOS, Juan Luis



Name of Organization

Renown Regional Medical Center

Application

Application - - PALACIOS, Juan Luis



Start Date

Mar-01-2018



End Date

Feb-01-2019



Address Details

Street Address Line 1

1155 Mill St

State / Province

Nevada

Street Address Line 2

ZIP / Postal Code

89502

City

Reno

Country

United States



Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Juan PALACIOS	LL3349	N/A	Jun-30-2019	Jun-30-2023	Nevada

Other License Details

Licensee/Applicant

PALACIOS, Juan Luis



Licensing Board or Regulatory Authority

Nevada State Board of Medical Examiners

License Number

LL3349

State / Province

Nevada

Country

United States



Application

Application - - PALACIOS, Juan Luis



License Type

License Status

Current

Issue Date

Jun-30-2019



Expiration Date

Jun-30-2023



Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To ↑	Program Type
PALACIOS, Juan Luis	University of Nevada Reno	Internal Medicine	Jul-01-2019	Jun-30-2020	Internship
PALACIOS, Juan Luis	University of Nevada, Reno	Internal Medicine	Jul-01-2020	Jun-30-2023	Residency

Postgraduate Training Details

Licensee / Applicant *

PALACIOS, Juan Luis



Program Type *

Internship



Date From

Jul-01-2019



Name of School or Institution

University of Nevada Reno

Specialty Type

Internal Medicine



Other (Specialty)

Training Status *

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date To

Jun-30-2020



Application

Application - - PALACIOS, Juan Luis



Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Nevada

Zip / Postal Code

County

Country



Postgraduate Training Details

Licensee / Applicant *

PALACIOS, Juan Luis



Program Type *

Residency



Date From

Jul-01-2020



Name of School or Institution

University of Nevada, Reno

Specialty Type

Internal Medicine



Other (Specialty)

Training Status *



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date To

Jun-30-2023



Application

Application - PALACIOS, Juan Luis



Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Nevada

Zip / Postal Code

County



Country



Specialties

Licensee / Applicant	▼ Specialty Type	▼ Primary Specialty?	▼ Effective Date	▼ End Date
Juan PALACIOS	Internal Medicine	Yes	N/A	N/A

Specialty Details

Licensee / Applicant *

PALACIOS, Juan Luis  

Effective Date



Application

Application - - PALACIOS, Juan Luis  

Primary Specialty?

Yes No

Specialty Type *

Internal Medicine  

Other (Specialty)

End Date



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.

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 Juan L Palacios

Sign your name _____

Date 5-25-23

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.

RECEIVED

JUN 11 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

