

Demographic Details

First Name

Luis

Middle Name

Last Name *

Espinosa

Previous Name(s)

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

1985 

Name Suffix

City of Birth

Place of Birth

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

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

9550 S Eastern Ave Ste 253

Address Line 2

City

Las Vegas

County

Clark

ZIP / Postal Code

89123

State / Province

Nevada

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

{352} 359-2389

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

Application Number

License Issued?

Yes No

Application Status

Assigned To

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

Application Details

Application Type

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 |
|----------------------|---|-------------|-------------|------------------|
| Luis Espinosa | Kaiser Permanente - San Jose Medical Center | Jul-01-2019 | Jun-30-2023 | 50 |
| Espinosa, Luis N/A | Gap - Job Search | Jul-01-2023 | Oct-02-2023 | 0 |
| Espinosa, Luis N/A | Talkistry | Oct-02-2023 | Nov-16-2023 | 50 |

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

| | |
|---|----|
| # | 50 |
|---|----|

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date

Percent Clinical *

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical *

#

Position

Application

Application -  

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Declarations

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

Education

| Licensee/Applicant ▼ | Education Type ▼ | Name of School ▼ | Degree Attained ▼ | Date From ▼ | Date To ↑ ▼ | Graduation Date |
|----------------------|--------------------|--|-----------------------|-------------|-------------|-----------------|
| Luis Espinosa | College/University | University of Florida | Bachelor of Arts | Jul-05-2011 | Jun-28-2013 | Jun-28-2013 |
| Espinosa, Luis N/A | Medical School | University of South Florida Health Morsani College of Medicine | Medical Doctor Degree | Aug-03-2015 | Apr-26-2019 | May-10-2019 |

Education Details

Licensee/Applicant *

Espinosa, Luis N/A

Address

Museum Rd

City

Gainesville

State / Province

Florida

Zip / Postal Code

32611

Country

United States

Application

Application - - Espinosa, Luis N/A

Specialty Type

Name of School

University of Florida

Education Type

College/University

Degree Attained

Bachelor of Arts

Date From

Jul-05-2011

Date To

Jun-28-2013

Did you graduate from the program?

Yes No

Graduation Date

Jun-28-2013

Major Program

Education Details

Licensee/Applicant *

Espinosa, Luis N/A

Address

12901 Bruce B Downs Blvd

City

Tampa

State / Province

Florida

Zip / Postal Code

33612

Country

United States

Application

Application - - Espinosa, Luis N/A

Specialty Type

Name of School

University of South Florida Health Morsani Coll

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Aug-03-2015

Date To

Apr-26-2019

Did you graduate from the program?

Yes No

Graduation Date

May-10-2019

Major Program

Examinations

| Licensee / Applicant | Examination Type | Attended Date ↑ |
|----------------------|---|-----------------|
| Espinosa, Luis N/A | United States Medical Licensing Examination (USMLE) | May-25-2017 |
| Espinosa, Luis N/A | United States Medical Licensing Examination (USMLE) | Aug-31-2018 |
| Luis Espinosa | United States Medical Licensing Examination (USMLE) | Nov-14-2018 |
| Espinosa, Luis N/A | United States Medical Licensing Examination (USMLE) | Dec-06-2021 |

Examination Details

Licensee / Applicant *

Espinosa, Luis N/A



Attended Date

May-26-2017



Number of Attempts

1

Application

Application - Espinosa, Luis N/A



Location

Result

209

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 *

Espinosa, Luis N/A 


Attended Date

Aug-31-2018 

Number of Attempts

1

Application


Application - - Espinosa, Luis N/A 

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 *

Espinosa, Luis N/A 

Attended Date

Nov-14-2018 

Number of Attempts

1

Application

Application - - Espinosa, Luis N/A 

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 *

Espinosa, Luis N/A 

Attended Date

Dec-06-2021 

Number of Attempts

2

Application


Application - - Espinosa, Luis N/A 

Location

Result

206

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



Other Licenses

| Licensee/Applicant | License Number | License Type | Issue Date | Expiration Date | State / Province |
|--------------------|----------------|--------------|-------------|-----------------|------------------|
| Espinosa, Luis N/A | A181289 | N/A | Aug-15-2022 | Aug-31-2024 | California |
| Espinosa, Luis N/A | DR.0071504 | N/A | Jul-28-2023 | Apr-30-2025 | Colorado |
| Luis Espinosa | 323943 | N/A | Jan-13-2023 | May-31-2025 | New York |

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority



License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Espinosa, Luis N/A 

Licensing Board or Regulatory Authority

Colorado Department of Regulatory Agencies

License Number

DR.0071504


State / Province

Colorado

Country

United States 

Application

Application - - Espinosa, Luis N/A 

License Type

License Status

Active

Issue Date

Jun-28-2023 

Expiration Date

Apr-30-2025 

Notes

Other License Details

Licensee/Applicant

Espinosa, Luis N/A 

Licensing Board or Regulatory Authority

NYS Education Department

License Number

323943

State / Province

New York

Country

United States 

Application

Application - - Espinosa, Luis N/A 

License Type

License Status

Active

Issue Date

Jun-13-2023 

Expiration Date

May-31-2025 

Notes

Postgraduate Training


| Licensee / Applicant ▼ | Name of School or Institution ▼ | Specialty Type ▼ | Date From ▼ | Date To ↑ | Program Type ▼ |
|------------------------|--|------------------|-------------|-------------|----------------|
| Espinosa, Luis N/A | Kaiser Permanente Northern California (San Jose) Program | Psychiatry | Jun-17-2019 | Jun-30-2023 | Residency |

Postgraduate Training Details

Licensee / Applicant *

Espinosa, Luis N/A 

Program Type *

Residency 

Date From

Jun-17-2019 

Name of School or Institution

Kaiser Permanente Northern California (San Jose)

Specialty Type

Psychiatry 

Other (Specialty)

Training Status *


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2023 

Application

Application - - Espinosa, Luis N/A 

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

California

County

Street Address 1

Zip / Postal Code

Country

Specialties

| Licensee / Applicant | Specialty Type | Primary Specialty? | Effective Date | End Date |
|----------------------|----------------|--------------------|----------------|----------|
| Espinosa, Luis N/A | Psychiatry | Yes | Oct-26-2023 | N/A |

Specialty Details


Licensee / Applicant *

Espinosa, Luis N/A 

Effective Date

Oct-26-2023 

Application

Application - - Espinosa, Luis N/A 

Primary Specialty?

Yes No

Specialty Type *

Psychiatry 

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.

○ ○ ○ ○ ○

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 Luis Espinosa

Sign your name _____

Date 10/27/2023

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

OCT 30 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

