

## Demographic Details

First Name

Alyssa Lorraine

Middle Name

Callorina

Last Name \*

Banlao

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

Gender

Female



Date of Birth

1991



Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

ZIP / Postal Code

Address Line 2

City

County

State / Province

Country

Is your physical address different from your mailing address?

Yes  No

Public Phone

#

## Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

## Online Service

Last Login Date

Authentication Failures

#

Access Blocked

Yes  No

Security Question #1



Security Answer #1

Security Question #2

## 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

Reviewed Date

Decision Date

Approved Date

### Application Step

#

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

Yes  No

### Expiration Date



### 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

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



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

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

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

Examinations


---

Licensee / Applicant	Examination Type	Attended Date
Banlao, Alyssa Lorraine Callorina	The National Board for Respiratory Care (NBRC)	Jul-08-2022
Banlao, Alyssa Lorraine Callorina	The National Board for Respiratory Care (NBRC)	May-12-2022

---

## Examination Details

Licensee / Applicant \*

Banlao, Alyssa Lorraine Callorina 


Attended Date

May-12-2022 

Number of Attempts

# 1

Application

Application - - Banlao, Alyssa Lorraine Callorina 

Location

Result

Examination Type

The National Board for Respiratory Care (NBRC) 

Other Exam

Are you currently certified?

Yes  No

Steps

CRT

Certificate Number

Exam Date



Expiration Date

Jul-31-2027 



## Examination Details

Licensee / Applicant \*

Banlao, Alyssa Lorraine Callorina 

Attended Date

Jul-08-2022 

Number of Attempts

# 1

Application

Application - - Banlao, Alyssa Lorraine Callorina 

Location

Las Vegas, NV

Result

86

Examination Type

The National Board for Respiratory Care (NBRC) 

Other Exam

Are you currently certified?

Yes  No

Steps

RRT

Certificate Number \*

191468

Exam Date



Expiration Date


Jul-31-2027 

## Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Banlao, Alyssa Lorraine Callorina	High School	Eldorado High School	High School Diploma	Aug-01-2005	Jun-01-2009	Jun-09-2009
Banlao, Alyssa Lorraine Callorina	College/University	University of Nevada Las Vegas	Bachelor of Science	Aug-01-2010	Aug-01-2015	Aug-14-2015
Banlao, Alyssa Lorraine Callorina	College/University	Carrington College	Associate Science Degree	May-12-2020	Apr-06-2022	Apr-06-2022

## Education Details

Licensee/Applicant \*

Address

City


State / Province

Zip / Postal Code

Country

Application

Specialty Type

Name of School

Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes  No


Graduation Date

Major Program

## Education Details

Licensee/Applicant \*

Banlao, Alyssa Lorraine Callorina 

Address

4505 S Maryland Parkway

City

Las Vegas

State / Province

Nevada


Zip / Postal Code

89154

Country

United States 

Application

Application - - Banlao, Alyssa Lorraine Callorina 

Specialty Type



Name of School

Univesity of Nevada Las Vegas

Education Type

College/University 

Degree Attained

Bachelor of Science 

Date From

Aug-01-2010 

Date To

Aug-01-2015 

Did you graduate from the program?

Yes  No

Graduation Date

Aug-14-2015 

Major Program

## Education Details

Licensee/Applicant \*

Banlao, Alyssa Lorraine Callorina



Address

5740 S Eastern Avenue #140

City

Las Vegas

State / Province

Nevada

Zip / Postal Code

89119

Country

United States



Application

Application - Banlao, Alyssa Lorraine Callorina



Specialty Type



Name of School

Carrington College

Education Type

College/University



Degree Attained

Associate Science Degree



Date From

May-12-2020



Date To

Apr-06-2022



Did you graduate from the program?

Yes  No

Graduation Date

Apr-06-2022



Major Program

Specialty



---

Licensee / Applicant	▼ Specialty Type	▼ Primary Specialty?	▼ Effective Date
Banlao, Alyssa Lorraine Callorina	Respiratory Care	Yes	Jul-15-2022

---

## Specialty Details

Licensee / Applicant \*

Banlao, Alyssa Lorraine Callorina  

Effective Date

Jul-15-2022 

Application

Application - - Banlao, Alyssa Lorraine Callorina 

Primary Specialty?

Yes  No

Specialty Type \*

Respiratory Care  

Other (Specialty)

End Date



## Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
5	Alyssa Lorraine Banlao	ALL – Q5 – Named Defendant Respond to Legal Action	No	
6	Alyssa Lorraine Banlao	ALL – Q6 – Malpractice Claim Paid	No	
7	Banlao, Alyssa Lorraine Callorina	ALL – Q7 – Arrest Question	Yes	
15	Alyssa Lorraine Banlao	RT – Q15 – Medical Condition Impair Safe Practice	No	
16	Alyssa Lorraine Banlao	RT – Q16 – Medical Condition Field of Practice	No	
17	Alyssa Lorraine Banlao	RT – Q17 – Substances Impair Safe Practice	No	
18	Alyssa Lorraine Banlao	RT – Q18 – Denied License / Permission to Provide Services	No	
19	Alyssa Lorraine Banlao	RT – Q19 – Certificate / License Revoked	No	
20	Alyssa Lorraine Banlao	RT – Q20 – Voluntarily Surrendered License / Certificate	No	
21	Alyssa Lorraine Banlao	RT – Q21 - Failed NBRC Examination	Yes	
22	Alyssa Lorraine Banlao	RT – Q22 – Registration / Certification Revoked	No	
23	Alyssa Lorraine Banlao	RT – Q23 – Investigation Respond To / Notify Of	No	
N/A	Alyssa Lorraine Banlao	RT, Have you previously applied for an allied health license in Nevada?	No	



## Declaration

Licensee/Applicant

Banlao, Alyssa Lorraine Callorina 

Declaration Question

ALL – Q7 – Arrest Question 

Answer

Yes  No

Ordinal

#

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.

## Related To

Application

Application - - Banlao, Alyssa Lorraine Callorina 

Renewal



## Declaration

Licensee/Applicant

Banlao, Alyssa Lorraine Callorina 

Declaration Question

RT – Q21 - Failed NBRC Examination 

Answer

Yes  No

Ordinal


#

Declaration Text

Have you ever failed the National Board for Respiratory Care examination, or any state or other jurisdiction examination for certification, licensure or registration? If your answer is "yes", give details regarding how many times you failed, including dates and the reason(s) you believe you failed the examination(s).

## Related To

Application

Application - - Banlao, Alyssa Lorraine Callorina 

Renewal



Other Licenses

---

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ▼
----------------------	------------------	----------------	--------------	-------------------	--------------------

---

Activities

---

Licensee / Applicant	▼	Name of Organization / Institution	▼	Start Date	▼	End Date	▼	Percent Clinical	▼
----------------------	---	------------------------------------	---	------------	---	----------	---	------------------	---

---



RECEIVED

OCT 24 2022

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

**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 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           AIVCSA Banlao          

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

Date           10/6/22          

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.