

Demographic Details

First Name

Juan

Middle Name

Last Name *

Miranda-Seijo

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

Military Detail

Gender

Male



Date of Birth

1961



Name Suffix

City of Birth

SPAIN

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

West Ida Drive

ZIP / Postal Code

80123

Address Line 2

State / Province

Colorado

City

Littleton

Country

United States 

County

Arapahoe

Is your physical address different from your mailing address?

Yes No

Public Phone

(303) 917-4446

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

Application Status

Applicant *

Miranda-Seijo, Juan N/A



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 - Endorsement



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

Board Certifications

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
Miranda-Sejor, Juan N/A	American Board	N/A	Family Medicine	Jul-10-1998	Nov-15-2014

Board Certification Details

Licensee / Applicant

Miranda-Seijo, Juan N/A 

Specialty

Family Medicine 

Certifying Board

American Board 

Other Certifying Board

Initial Certification Date

Jul-10-1998 

Recertification Date

Nov-15-2014 

Certification Number

1097371425

Archive Program

Historical Specialty

Connected Record

Application

Application - - Miranda-Seijo, Juan N/A 

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date ↑	End Date	Percent Clinical
Juan Miranda-Sejo	N/A	Jan-01-1988	Jul-01-1988	0
Juan Miranda-Sejo	Royal Hallamshire Hospital	Aug-01-1988	Jul-01-1989	100
Juan Miranda-Sejo	Royal Hallamshire Hospital	Aug-01-1989	Jan-01-1990	100
Juan Miranda-Sejo	Addenbrookes Hospital	Feb-01-1990	Aug-01-1990	100
Juan Miranda-Sejo	Hinchingbrooke Hospital	Aug-01-1990	Aug-01-1992	100
Juan Miranda-Sejo	St. Richards Hospital	Sep-01-1992	Aug-01-1993	100
Juan Miranda-Sejo	St. Richards Hospital	Sep-01-1993	Feb-01-1994	100
Miranda-Sejo, Juan N/A	Ipswich Hospital Trust and St. Clements Hospital	Feb-01-1994	Jul-01-1994	100
Miranda-Sejo, Juan N/A	Ipswich Hospital Trust and St. Clements Hospital	Aug-01-1994	Jan-01-1995	100
Juan Miranda-Sejo	N/A	Feb-01-1995	Mar-01-1996	0
Juan Miranda-Sejo	Lake Area Hospital	Apr-01-1996	Jan-01-1998	100
Juan Miranda-Sejo	Canton-Inwood Hospital	Jan-01-1998	Jan-01-1999	100
Juan Miranda-Sejo	Rutland Regional Physician Group(Okemo Regional Medical Center)	Jan-01-1999	Jan-01-2003	100
Juan Miranda-Sejo	Kaiser Permanente	Jan-01-2003	Jan-01-2007	100
Juan Miranda-Sejo	Concentra	Jan-01-2007	Jun-01-2013	100
Miranda-Sejo, Juan N/A	ActiveHealth Management/Aetna	Jul-01-2013	May-18-2023	100

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Start Date

Jan-01-1988



End Date

Jul-01-1988



Percent Clinical *

0

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Vacation



Location Details

Street Address 1

Country

Spain



City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Royal Hallamshire Hospital

Start Date

Aug-01-1988



End Date

Jul-01-1989



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United Kingdom



City

State / Province

Sheffield

England

Zip / Postal Code

S10 2JF

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Royal Hallamshire Hospital

Start Date

Aug-01-1989



End Date

Jan-01-1990



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United Kingdom



City

State / Province

Sheffield

England

Zip / Postal Code

S10 2JF

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Addenbrookes Hospital

Start Date

Feb-01-1990



End Date

Aug-01-1990



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United Kingdom



City

State / Province

Cambridge

England

Zip / Postal Code

CB2 2QQ

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A 

Name of Organization / Institution

Hinchingbrooke Hospital

Start Date

Aug-01-1990 

End Date


Aug-01-1992 

Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A 


Activity Type

Postgraduate Training 

Location Details

Street Address 1

Country

United Kingdom 

City

Huntingdon

State / Province

Cambridgeshire

Zip / Postal Code

PE29 6NT

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

St. Richards Hospital

Start Date

Sep-01-1992



End Date

Aug-01-1993



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United Kingdom



City

State / Province

Chichester

England

Zip / Postal Code

PO19 6SE

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

St. Richards Hospital

Start Date

Sep-01-1993



End Date

Feb-01-1994



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United Kingdom



City

State / Province

Ipswich

England

Zip / Postal Code

IP4 5PD

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Ipswich Hospital Trust and St. Clements Hospital

Start Date

Feb-01-1994



End Date

Jul-01-1994



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United Kingdom



City

State / Province

Ipswich

England

Zip / Postal Code

IP4 5PD

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Ipswich Hospital Trust and St. Clements Hospital

Start Date

Aug-01-1994



End Date

Jan-01-1995



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

Country

United Kingdom



City

State / Province

Ipswich

England

Zip / Postal Code

IP4 5PD

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Start Date

Feb-01-1995



End Date

Mar-01-1996



Percent Clinical *

0

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Vacation



Location Details

Street Address 1

Country

United States



City

State / Province

Webster

South Dakota

Zip / Postal Code

57274

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Lake Area Hospital

Start Date

Apr-01-1996



End Date

Jan-01-1998



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Employment



Location Details

Street Address 1

1401 W. First St.

Country

United States



City

Webster

State / Province

South Dakota

Zip / Postal Code

57274

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Canton-Inwood Hospital

Start Date

Jan-01-1998



End Date

Jan-01-1999



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Employment



Location Details

Street Address 1

440 N. Hiawatha Drive

Country

United States



City

Canton

State / Province

South Dakota

Zip / Postal Code

57013

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Rutland Regional Physician Group(Okemo Regional Med

Start Date

Jan-01-1999



End Date

Jan-01-2003



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Employment



Location Details

Street Address 1

160 Allen St.

Country

United States



City

Rutland

State / Province

Vermont

Zip / Postal Code

05701

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Kaiser Permanente

Start Date

Jan-01-2003



End Date

Jan-01-2007



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Employment



Location Details

Street Address 1

1375 E. 20th Ave.

Country

United States



City

Denver

State / Province

Colorado

Zip / Postal Code

80205

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

Concentra

Start Date

Jan-01-2007



End Date

Jun-01-2013



Percent Clinical *

100

Position

Application

Application - - Miranda-Seijo, Juan N/A



Activity Type

Employment



Location Details

Street Address 1

20 W. Dry Creek Circle, Ste. 100

Country

United States



City

Littleton

State / Province

Colorado

Zip / Postal Code

80120

Application Activity Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization / Institution

ActiveHealth Management/Aetna

Start Date

Jul-01-2013



End Date

May-18-2023



Percent Clinical *

100

Position

Application

Application - Miranda-Seijo, Juan N/A



Activity Type

Employment



Location Details

Street Address 1

4582 S Ulster Pkwy.

Country

United States



City

Denver

State / Province

Colorado

Zip / Postal Code

80237

Declarations

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

Declaration

Licensee/Applicant

Miranda-Seijo, Juan N/A



Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine



Answer

Yes No

Answer Details

Ordinal

10

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?

Related To

Application

Application - - Miranda-Seijo, Juan N/A



Renewal



Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Miranda-Sejo, Juan N/A	Medical School	Facultad de Medicina de Santiago de Compostela	Medical Doctor Degree	Oct-01-1981	Sep-30-1987	Oct-26-1987

Education Details

Licensee/Applicant *

Miranda-Seijo, Juan N/A



Address

15782 Santiago de Compostela

City

Santiago de Compostela

State / Province

A Coruna

Zip / Postal Code

Country

Spain



Application

Application - - Miranda-Seijo, Juan N/A



Specialty Type



Name of School

Facultad de Medicina de Santiago de Compost

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Oct-01-1981



Date To

Sep-30-1987



Did you graduate from the program?

Yes No

Graduation Date

Oct-26-1987



Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
Miranda-Seijo, Juan N/A	United States Medical Licensing Examination (USMLE)	Mar-01-1995
Miranda-Seijo, Juan N/A	United States Medical Licensing Examination (USMLE)	Jun-14-1995
Miranda-Seijo, Juan N/A	ECFMG	Aug-07-1995
Miranda-Seijo, Juan N/A	United States Medical Licensing Examination (USMLE)	Dec-05-1995

Examination Details

Licensee / Applicant *

Miranda-Seijo, Juan N/A



Attended Date

Mar-01-1995



Number of Attempts

1

Application

Application - - Miranda-Seijo, Juan N/A



Location

Result

192

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

IICK

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Miranda-Seijo, Juan N/A



Attended Date

Jun-14-1995



Number of Attempts

1

Application

Application - - Miranda-Seijo, Juan N/A



Location

Result

188

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Miranda-Seijo, Juan N/A



Attended Date

Aug-07-1995



Number of Attempts

#

Application

Application - - Miranda-Seijo, Juan N/A



Location

Result

Examination Type

ECFMG



Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Miranda-Seijo, Juan N/A



Attended Date

Dec-05-1995



Number of Attempts

1

Application

Application - - Miranda-Seijo, Juan N/A



Location

Result

190

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

III

Certificate Number

Exam Date



Expiration Date



Hospitals

Licensee / Applicant	Name of Organization	Start Date	End Date
Juan Miranda-Sejo	ActiveHealth Management/Aetna	Jul-01-2013	N/A

Hospital Details

Licensee / Applicant

Miranda-Seijo, Juan N/A



Name of Organization

ActiveHealth Management/Aetna

Application

Application - - Miranda-Seijo, Juan N/A



Start Date

Jul-01-2013



End Date



Address Details

Street Address Line 1

4582 S. Ulster Pkwy.

State / Province

Colorado

Street Address Line 2

ZIP / Postal Code

80237

City

Denver

Country

United States



Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Miranda-Sejjo, Juan N/A	DR 0038147	N/A	Aug-18-1999	Apr-30-2025	Colorado
Miranda-Sejjo, Juan N/A	038639	N/A	May-09-2000	Oct-31-2006	Connecticut
Miranda-Sejjo, Juan N/A	ME159492	N/A	Oct-17-2022	Jan-31-2025	Florida
Miranda-Sejjo, Juan N/A	MD15461	N/A	Nov-17-2000	Jan-13-2004	Maine
Miranda-Sejjo, Juan N/A	20223	N/A	Aug-16-1996	Oct-01-2000	Nebraska
Miranda-Sejjo, Juan N/A	10724	N/A	Oct-06-1999	Jun-30-2025	New Hampshire
Miranda-Sejjo, Juan N/A	14384	N/A	May-15-2023	Mar-01-2025	South Dakota
Miranda-Sejjo, Juan N/A	4123	N/A	Sep-06-1996	Mar-01-2003	South Dakota
Miranda-Sejjo, Juan N/A	042.0009943	N/A	Oct-18-1999	Nov-30-2004	Vermont

Other License Details

Licensee/Applicant

Miranda-Seijo, Juan N/A



Licensing Board or Regulatory Authority

Colorado Medical Board

License Number

DR.0038147

State / Province

Colorado

Country

United States



Application

Application - - Miranda-Seijo, Juan N/A



License Type

License Status

Active

Issue Date

Aug-18-1999



Expiration Date

Apr-30-2025



Notes

Other License Details

Licensee/Applicant

Miranda-Seijo, Juan N/A



Licensing Board or Regulatory Authority

License Number

038639

State / Province

Connecticut

Country



Application

Application -

- Miranda-Seijo, Juan N/A



License Type

License Status

Lapsed

Issue Date

May-09-2000



Expiration Date

Oct-31-2006



Notes

Other License Details

Licensee/Applicant

Miranda-Seijo, Juan N/A



Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

ME159492

State / Province

Florida

Country

United States



Application

Application - - Miranda-Seijo, Juan N/A



License Type

License Status

Active

Issue Date

Oct-17-2022



Expiration Date

Jan-31-2025



Notes

Other License Details

Licensee/Applicant

Miranda-Seijo, Juan N/A



Licensing Board or Regulatory Authority

License Number

MD15461

State / Province

Maine

Country



Application

Application - - Miranda-Seijo, Juan N/A



License Type

License Status

Withdrawn

Issue Date

Nov-17-2000



Expiration Date

Jan-13-2004



Notes

Other License Details

Licensee/Applicant

Miranda-Seijo, Juan N/A



Licensing Board or Regulatory Authority

Nebraska Board of Medicine and Surgery

License Number

20223

State / Province

Nebraska

Country

United States



Application

Application -

- Miranda-Seijo, Juan N/A



License Type

License Status

Expired

Issue Date

Aug-16-1996



Expiration Date

Oct-01-2000



Notes

Other License Details

Licensee/Applicant

Miranda-Seijo, Juan N/A



Licensing Board or Regulatory Authority

License Number

10724

State / Province

New Hampshire

Country



Application

Application - - Miranda-Seijo, Juan N/A



License Type

License Status

Active

Issue Date

Oct-06-1999



Expiration Date

Jun-30-2025



Notes

Other License Details

Licensee/Applicant

Miranda-Seijo, Juan N/A



Licensing Board or Regulatory Authority

South Dakota Board of Medical and Osteopathic Examin

License Number

14384

State / Province

South Dakota

Country

United States



Application

Application - - Miranda-Seijo, Juan N/A



License Type

License Status

Expired

Issue Date

May-15-2023



Expiration Date

Mar-01-2025



Notes

Other License Details

Licensee/Applicant

Miranda-Seijo, Juan N/A



Licensing Board or Regulatory Authority

South Dakota Board of Medical and Osteopathic Examin

License Number

4123

State / Province

South Dakota

Country



Application

Application - - Miranda-Seijo, Juan N/A



License Type

License Status

Inactive

Issue Date

Sep-06-1996



Expiration Date

Mar-01-2003



Notes

Other License Details

Licensee/Applicant

Miranda-Seijo, Juan N/A



Licensing Board or Regulatory Authority

License Number

042.0009943

State / Province

Vermont

Country



Application

Application - - Miranda-Seijo, Juan N/A



License Type

License Status

Lapsed

Issue Date

Oct-18-1999



Expiration Date

Nov-30-2004



Notes

Specialties

Licensee / Applicant	▼ Specialty Type	▼ Primary Specialty?	▼ Effective Date	▼ End Date
Juan Miranda-Sejo	Family Medicine	Yes	Jul-01-1998	N/A

Specialty Details



Licensee / Applicant *

Miranda-Seijo, Juan N/A  

Effective Date

Jul-01-1998 

Application

Application - - Miranda-Seijo, Juan N/A  

Primary Specialty?

Yes No

Specialty Type *

Family Medicine  

Other (Specialty)

End Date



RECEIVED

JUL 20 2023

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, 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 JUAN MIRANDA-SEIJO MD

Sign your name _____

Date 7/5/2023

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.

