

## Demographic Details

First Name

Sergey

Middle Name

Last Name \*

SHUSHUNOV

Previous Name(s)

Sergey Alexandrovich Shushunov

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

1951

Name Suffix

City of Birth

Place of Birth

RUSSIA

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

Appletree Ct

Address Line 2

City

Buffalo Grove

County

Lake

ZIP / Postal Code

60089

State / Province

Illinois

Country

United States

Is your physical address different from your mailing address?

Yes  No

Public Phone

#

(847) 962-1858

## 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

 

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 ▼
Sergey SHUSHUNOV	Beth Israel Medical Center	Mar-01-1989	Aug-31-1990	90
Sergey SHUSHUNOV	Akron Children's Hospital	Sep-01-1990	Dec-31-1992	90
Sergey SHUSHUNOV	Aultman Hospital	Jan-01-1993	May-15-1996	100
Sergey SHUSHUNOV	St. Alexius Medical Center	May-01-1996	Jul-31-1997	90
Sergey SHUSHUNOV	Illinois Masonic Medical Center	Jul-01-1997	Nov-30-2006	80
Sergey SHUSHUNOV	Children's Hospital of Illinois	Aug-01-1997	Aug-31-2005	90
Sergey SHUSHUNOV	St. Alexius Medical center	Nov-01-2006	Nov-30-2008	80
Sergey SHUSHUNOV	University of Kansas Medical Center	May-01-2008	Jun-30-2012	70
Sergey SHUSHUNOV	Advanced Arlington Medical Center	Aug-01-2012	Aug-30-2014	100
Sergey SHUSHUNOV	Lyndon B Johnson Tropical Medical Center	Sep-30-2015	Sep-30-2016	100
Sergey SHUSHUNOV	Vietnam Family Medicine Practice	Mar-01-2016	Sep-30-2018	100
Sergey SHUSHUNOV	North Sheridan Family Medicine	Dec-15-2018	Dec-22-2022	100

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A 

Name of Organization / Institution

Beth Israel Medical Center

Start Date

Mar-01-1989 

End Date

Aug-31-1990 

Percent Clinical \*

# 90

Position

Application

Application - - SHUSHUNOV, Sergey N/A 

Activity Type

Employment 

## Location Details

Street Address 1

Country

United States 

City

Newark

State / Province

New Jersey

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A

Name of Organization / Institution

Akron Children's Hospital

Start Date

Sep-01-1990

End Date

Dec-31-1992

Percent Clinical \*

# 90

Position

Application

Application - - SHUSHUNOV, Sergey N/A

Activity Type

Employment

## Location Details

Street Address 1

Country

United States

City

Akron

State / Province

Ohio

Zip / Postal Code



## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A



Name of Organization / Institution

Aultman Hospital

Start Date

Jan-01-1993



End Date

May-15-1996



Percent Clinical \*

# 100

Position

Application

Application - - SHUSHUNOV, Sergey N/A



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Canton

State / Province

Ohio

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A 

Name of Organization / Institution

St. Alexius Medical Center

Start Date

May-01-1996 

End Date

Jul-31-1997 

Percent Clinical \*

# 90

Position

Application

Application - - SHUSHUNOV, Sergey N/A 

Activity Type

Employment 

## Location Details

Street Address 1

Country

United States 

City

Hoffman Estates

State / Province

Illinois

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A 

Name of Organization / Institution

Illinois Masonic Medial Center

Start Date

Jul-01-1997 

End Date

Nov-30-2006 

Percent Clinical \*

# 80

Position

Application

Application - - SHUSHUNOV, Sergey N/A 

Activity Type

Employment 

## Location Details

Street Address 1

Country

United States 

City

Chicago

State / Province

Illinois

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A 

Name of Organization / Institution

Children's Hospital of Illinois

Start Date

Aug-01-1997 

End Date

Aug-31-2005 

Percent Clinical \*

# 90

Position

Application

Application - - SHUSHUNOV, Sergey N/A 

Activity Type

Employment 

## Location Details

Street Address 1

Country

United States 

City

Peoria

State / Province

Illinois

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A



Name of Organization / Institution

St. Alexius Medical center

Start Date

Nov-01-2006



End Date

Nov-30-2008



Percent Clinical \*

# 80

Position

Application

Application - - SHUSHUNOV, Sergey N/A



Activity Type

Employment



## Location Details

Street Address 1

Country

United States



City

Hoffman Estates

State / Province

Illinois

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A 

Name of Organization / Institution

University of Kansas Medical Center

Start Date

May-01-2008 

End Date

Jun-30-2012 

Percent Clinical \*

# 70

Position

Application

Application - - SHUSHUNOV, Sergey N/A 

Activity Type

Employment 

## Location Details

Street Address 1

Country

United States 

City

Kansas City

State / Province

Kansas

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A 

Name of Organization / Institution

Advanced Arlington Medial Center

Start Date

Aug-01-2012 

End Date

Aug-30-2014 

Percent Clinical \*

# 100

Position

Application

Application - - SHUSHUNOV, Sergey N/A 

Activity Type

Medical Practice/Physician 

## Location Details

Street Address 1

Country

United States 

City

Buffalo Grove

State / Province

Illinois

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A



Name of Organization / Institution

Lyndon B Johnson Tropical Medical Center

Start Date

Sep-30-2015



End Date

Sep-30-2016



Percent Clinical \*

# 100

Position

Application

Application - - SHUSHUNOV, Sergey N/A



Activity Type

Employment



## Location Details

Street Address 1

Country

American Samoa



City

State / Province

Pago Pago

Pago Pago

Zip / Postal Code



## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A 

Start Date

Mar-01-2016 

Percent Clinical \*

# 100

Application

Application - - SHUSHUNOV, Sergey N/A 

Name of Organization / Institution

Vietnam Family Medicine Practice

End Date

Sep-30-2018 

Position

Activity Type

Employment 

## Location Details

Street Address 1

City

Hanoi

Country

Vietnam 

State / Province

Hanoi

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHUSHUNOV, Sergey N/A 

Name of Organization / Institution

North Sheridan Family Medicine

Start Date

Dec-15-2018 

End Date

Dec-22-2022 

Percent Clinical \*

# 100

Position

Application

Application - - SHUSHUNOV, Sergey N/A 

Activity Type

Medical Practice/Physician 

## Location Details

Street Address 1

Country

United States 

City

Highland Park

State / Province

Illinois

Zip / Postal Code

## Declarations

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

## Declaration

Licensee/Applicant

SHUSHUNOV, Sergey N/A 

Declaration Question

ALL – Q7 – Arrest Question 

Answer

Yes  No

Answer Details

Ordinal

# 7

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 - - SHUSHUNOV, Sergey N/A 

Renewal



## Declaration

Licensee/Applicant

SHUSHUNOV, Sergey N/A 

Declaration Question

MD – Q9 – Medical License Revoked 

Answer

Yes  No

Answer Details

Ordinal

# 11

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?

## Related To

Application

Application - - SHUSHUNOV, Sergey N/A 

Renewal



## Declaration

Licensee/Applicant

SHUSHUNOV, Sergey N/A 

Declaration Question

MD, PA – Q10 – Controlled Substance Registration 

Answer

Yes  No

Answer Details

Ordinal

# 15

Declaration Text

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

## Related To

Application

Application - - SHUSHUNOV, Sergey N/A 

Renewal



## Education

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Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
SHUSHUNOV, Sergey N/A	Medical School	St. Petersburg State Pediatric-Medical University	Medical Doctor Degree	Sep-01-1971	Jun-29-1977	Jun-29-1977

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## Education Details

Licensee/Applicant \*

SHUSHUNOV, Sergey N/A

Address

City

St. Petersburg

State / Province

Zip / Postal Code

Country

Russia

Application

Application - - SHUSHUNOV, Sergey N/A

Specialty Type

Name of School

St. Petersburg State Pediatric-Medical Universit

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Sep-01-1971

Date To

Jun-29-1977

Did you graduate from the program?

Yes  No

Graduation Date

Jun-29-1977

Major Program



## Examinations

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Licensee / Applicant	Examination Type	Attended Date ↑
SHUSHUNOV, Sergey N/A	Federation Licensing Examination (FLEX)	Jun-15-1982
SHUSHUNOV, Sergey N/A	Federation Licensing Examination (FLEX)	Jun-15-1982
SHUSHUNOV, Sergey N/A	ECFMG	Jan-05-1984

---

## Examination Details

Licensee / Applicant \*

SHUSHUNOV, Sergey N/A



Attended Date

Jun-15-1982



Number of Attempts

# 1

Application

Application - - SHUSHUNOV, Sergey N/A



Location

Result

81.01

Examination Type

Federation Licensing Examination (FLEX)



Other Exam

Are you currently certified?

Yes  No

Steps

Comp 2

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

SHUSHUNOV, Sergey N/A



Attended Date

Jun-15-1982



Number of Attempts

# 1

Application

Application - - SHUSHUNOV, Sergey N/A



Location

IA

Result

78.28

Examination Type

Federation Licensing Examination (FLEX)



Other Exam

Are you currently certified?

Yes  No

Steps

Comp 1

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

SHUSHUNOV, Sergey N/A 

Attended Date

Jan-05-1984 

Number of Attempts

# 1

Application

Application - - SHUSHUNOV, Sergey N/A 

Location

Result

Examination Type

ECFMG 

Other Exam

Are you currently certified?

Yes  No

Steps

Certificate Number

Exam Date



Expiration Date



## Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
SHUSHUNOV, Sergey N/A	125015562	Training	Jun-15-1983	Jul-01-1985	Illinois
SHUSHUNOV, Sergey N/A	036070073	N/A	Jan-30-1985	Jul-31-2023	Illinois
SHUSHUNOV, Sergey N/A	01061249A	N/A	Aug-31-2005	Oct-31-2023	Indiana
SHUSHUNOV, Sergey N/A	4-29772	N/A	Aug-17-2002	Jul-31-2023	Kansas
SHUSHUNOV, Sergey N/A	31587	N/A	Nov-10-2001	Oct-31-2004	Minnesota
SHUSHUNOV, Sergey N/A	25MA05312300	N/A	May-12-1989	Jun-30-1991	New Jersey
SHUSHUNOV, Sergey N/A	35 60839	N/A	Nov-16-1990	Jan-01-2008	Ohio
SHUSHUNOV, Sergey N/A	38332	N/A	Feb-09-2004	Oct-31-2023	Tennessee
SHUSHUNOV, Sergey N/A	43110	N/A	Dec-16-2003	Oct-31-2004	Washington
SHUSHUNOV, Sergey N/A	44757-020	N/A	Jul-25-2002	Oct-31-2007	Wisconsin

## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

IDFPR

License Number

125015562

State / Province

Illinois

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

Training

License Status

Expired

Issue Date

Jun-15-1983



Expiration Date

Jul-01-1985



Notes

## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

IDFPR

License Number

036070073

State / Province

Illinois

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

License Status

active

Issue Date

Jan-30-1985



Expiration Date

Jul-31-2023



Notes

## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

IPLA

License Number

01061249A

State / Province

Indiana

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

License Status

active

Issue Date

Aug-31-2005



Expiration Date

Oct-31-2023



Notes



## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

KSBHA

License Number

4-29772

State / Province

Kansas

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

License Status

inactive

Issue Date

Aug-17-2002



Expiration Date

Jul-31-2023



Notes

## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

MBMP

License Number

31587

State / Province

Minnesota

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

License Status

expired

Issue Date

Nov-10-2001



Expiration Date

Oct-31-2004



Notes

## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

NJSBME

License Number

25MA05312300

State / Province

New Jersey

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

License Status

expired

Issue Date

May-12-1989



Expiration Date

Jun-30-1991



Notes

## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

SMBO

License Number

35.60839

State / Province

Ohio

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

License Status

revoked

Issue Date

Nov-16-1990



Expiration Date

Jan-01-2008



Notes

## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

TBME

License Number

38332

State / Province

Tennessee

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

License Status

active

Issue Date

Feb-09-2004



Expiration Date

Oct-31-2023



Notes

## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

WMC

License Number

43110

State / Province

Washington

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

License Status

expired

Issue Date

Dec-16-2003



Expiration Date

Oct-31-2004



Notes

## Other License Details

Licensee/Applicant

SHUSHUNOV, Sergey N/A



Licensing Board or Regulatory Authority

WMEB

License Number

44757-020

State / Province

Wisconsin

Country

United States



Application

Application - - SHUSHUNOV, Sergey N/A



License Type

License Status

expired

Issue Date

Jul-25-2002



Expiration Date

Oct-31-2007



Notes

## Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
SHUSHUNOV, Sergey N/A	University of Illinois College of Medicine at Chicago	Pediatrics	Jul-01-1983	Jun-30-1985	Internship/Residency
SHUSHUNOV, Sergey N/A	Illinois Masonic Medical Center	Pediatrics	Jul-01-1985	Jun-30-1986	Residency
SHUSHUNOV, Sergey N/A	University of Florida Health Science Center	Pediatric, Critical Care	Jul-01-1986	Jul-01-1987	Fellowship
SHUSHUNOV, Sergey N/A	University of Minnesota	Pediatric, Critical Care	Jul-01-1987	Dec-30-1988	Fellowship



## Postgraduate Training Details

Licensee / Applicant \*

 

Program Type \*

 

Date From

 

Name of School or Institution

Specialty Type

 

Other (Specialty)

Training Status \*

 

Accreditation Type

 

Date To

 

Application

 

Historical Major Program

Historical Degree Attained

## Location Details

City

State / Province

County

 

Street Address 1

Zip / Postal Code

Country

 

## Postgraduate Training Details

Licensee / Applicant \*

SHUSHUNOV, Sergey N/A

Training Status \*

Program Type \*

Residency

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date From

Jul-01-1985

Date To

Jun-30-1986

Name of School or Institution

Illinois Masonic Medical Center

Application

Application - - SHUSHUNOV, Sergey N/A

Specialty Type

Pediatrics

Historical Major Program

Other (Specialty)

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

Illinois

Zip / Postal Code

County

Country

## Postgraduate Training Details

Licensee / Applicant \*

SHUSHUNOV, Sergey N/A 

Program Type \*

Fellowship 

Date From

Jul-01-1986 

Name of School or Institution

University of Florida Health Science Center

Specialty Type

Pediatric, Critical Care 

Other (Specialty)

Training Status \*

Accreditation Type

Not Accredited 

Date To

Jul-01-1987 

Application

Application - - SHUSHUNOV, Sergey N/A 

Historical Major Program

Historical Degree Attained

## Location Details

City

State / Province

Florida

County



Street Address 1

Zip / Postal Code

Country



## Postgraduate Training Details

Licensee / Applicant \*

SHUSHUNOV, Sergey N/A

Training Status \*

Program Type \*

Fellowship

Accreditation Type

Not Accredited

Date From

Jul-01-1987

Date To

Dec-30-1988

Name of School or Institution

University of Minnesota

Application

Application - - SHUSHUNOV, Sergey N/A

Specialty Type

Pediatric, Critical Care

Historical Major Program

Other (Specialty)

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

Minnesota

Zip / Postal Code

County

Country

## Specialties

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Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
SHUSHUNOV, Sergey N/A	Pediatrics	Yes	N/A	N/A
SHUSHUNOV, Sergey N/A	Pediatric, Critical Care	No	N/A	N/A

---

## Specialty Details

Licensee / Applicant \*

SHUSHUNOV, Sergey N/A  

Effective Date



Application

Application - - SHUSHUNOV, Sergey N/A  

Primary Specialty?

Yes  No

Specialty Type \*

Pediatrics  

Other (Specialty)



End Date



## Specialty Details

Licensee / Applicant \*

SHUSHUNOV, Sergey N/A 

Effective Date



Application

Application - - SHUSHUNOV, Sergey N/A 

Primary Specialty?

Yes  No

Specialty Type \*

Pediatric, Critical Care 

Other (Specialty)

End Date



RECEIVED

MAR 10 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS  
2000 W. WASHINGTON ST. SUITE 200  
RENO, NV 89502

## 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 SERGIY SKUSKUNOV

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

Date 3/5/2023

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.



