

## Demographic Details

First Name

Lorenzo

Middle Name

Last Name \*

Rossaro

Previous Name(s)

Lorenzo Rossaro

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

-1956



Name Suffix

City of Birth

Italy

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

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

## Public Address

Street Address

197 East Caroline Street Suite 1400

ZIP / Postal Code

92883

Address Line 2

State / Province

California

City

San Bernadino

Country

United States



County

San Bernardino

Is your physical address different from your mailing address?

Yes  No

Public Phone

# (909) 558-3636

## Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

## Application Status

Applicant \*

Rossaro, Lorenzo 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

Endorsement 

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

## Board Certifications

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Licensee / Applicant ▼	Certifying Board ▼	Other Certifying Board ▼	Specialty ▼	Initial Certification Date ▼	Recertification Date ▼
Rossaro, Lorenzo N/A	American Board	N/A	Gastroenterology	Nov-03-1999	Jan-01-2023

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## Board Certification Details

Licensee / Applicant

Rossaro, Lorenzo N/A 

Specialty

Gastroenterology 

Certifying Board

American Board 

Other Certifying Board

Initial Certification Date

Nov-03-1999 

Recertification Date

Jan-01-2023 


Certification Number

Archive Program

Historical Specialty

## Connected Record

Application

Application - - Rossaro, Lorenzo N/A 

## Activities

Licensee / Applicant ▼	Name of Organization / Institution	Start Date ↑	End Date ▼	Percent Clinical ▼
Rossaro, Lorenzo N/A	Faculta DI Medicina E Chirurgia, Gastroenterolia	Mar-22-1982	Jul-15-1986	100
Rossaro, Lorenzo N/A	University of Pittsburgh School of Medicine	Dec-06-1986	Dec-16-1988	80
Rossaro, Lorenzo N/A	Facolta DI Medicina E Chirurgia, University Hospital, Division of Gastroenterology	Jan-01-1989	Jun-30-1993	90
Rossaro, Lorenzo N/A	Facolta di Medicina e Chirurgia, University Hospital	Jul-01-1993	Jun-30-1997	95
Rossaro, Lorenzo N/A	University of New Mexico Medical Center	Jul-01-1997	Jun-30-1999	90
Rossaro, Lorenzo N/A	University of California, Davis, Medical Center	Jul-01-1999	Jun-30-2014	90
Rossaro, Lorenzo N/A	Gilead Sciences, Inc	Jul-01-2014	Jul-30-2020	0
Rossaro, Lorenzo N/A	Southern California GI And Liver Centers	Aug-01-2020	Jun-30-2023	100



## Application Activity Details

Licensee / Applicant

Rossaro, Lorenzo N/A 

Name of Organization / Institution

Faculta Di Medicina E Chirurgia, Gastroenterolia

Start Date

Mar-22-1982 

End Date


Jul-15-1986 

Percent Clinical \*

# 100

Position

Application

Application - - Rossaro, Lorenzo N/A 

Activity Type

Postgraduate Training 

## Location Details

Street Address 1

Country

Italy 

City

Padova

State / Province

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Rossaro, Lorenzo N/A 

Name of Organization / Institution

University of Pittsburgh School of Medicine

Start Date

Dec-06-1986 

End Date


Dec-16-1988 

Percent Clinical \*

# 80

Position

Application

Application - - Rossaro, Lorenzo N/A 

Activity Type

Postgraduate Training 

## Location Details

Street Address 1

M240 Scaife Hall,3550 Terrace Street

Country

United States 

City

Pittsburgh

State / Province

Pennsylvania

Zip / Postal Code

15261

## Application Activity Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization / Institution

Facolta Di Medicina E Chirurgia, University Hospital, Divi

Start Date

Jan-01-1989



End Date

Jun-30-1993



Percent Clinical \*

# 90

Position

Application

Application - - Rossaro, Lorenzo N/A



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

Via Giustiniani, 2

Country

Italy



City

Padova

State / Province

Padova

Zip / Postal Code

35128

## Application Activity Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization / Institution

Facolta di Medicina e Chirurgia, University Hospital

Start Date

Jul-01-1993



End Date

Jun-30-1997



Percent Clinical \*

# 95

Position

Application

Application - - Rossaro, Lorenzo N/A



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

Via Giustiniani 2

Country

Italy



City

Padova

State / Province

PD

Zip / Postal Code

35128

## Application Activity Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization / Institution

University of New Mexico Medical Center

Start Date

Jul-01-1997



End Date

Jun-30-1999



Percent Clinical \*

# 90

Position

Application

Application - - Rossaro, Lorenzo N/A



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

2211 Lomas Boulevard NE

Country

United States



City

Albuquerque

State / Province

New Mexico

Zip / Postal Code

87106

## Application Activity Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization / Institution

University of California, Davis, Medical Center

Start Date

Jul-01-1999



End Date

Jun-30-2014



Percent Clinical \*

# 90

Position

Application

Application - - Rossaro, Lorenzo N/A



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

2215 Stockton Blvd

Country

United States



City

Sacramento

State / Province

California

Zip / Postal Code

95817

## Application Activity Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization / Institution

Gilead Sciences, Inc

Start Date

Jul-01-2014



End Date

Jul-30-2020



Percent Clinical \*

# 0

Position

Application

Application - - Rossaro, Lorenzo N/A



Activity Type

Employment



## Location Details

Street Address 1

333 Lakeside Drive

Country

United States



City

Foster City

State / Province

California

Zip / Postal Code

94404

## Application Activity Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization / Institution

Southern California GI And Liver Centers

Start Date

Aug-01-2020



End Date

Jun-30-2023



Percent Clinical \*

# 100

Position

Application

Application - - Rossaro, Lorenzo N/A



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

6216 Brockton Ave, Suite 201

Country

United States



City

Riverside

State / Province

California

Zip / Postal Code

92506



## Declarations

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

## Education

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Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Rossaro, Lorenzo N/A	Medical School	Facolta Di Medicina E Chirurgia, Universita di Padova	Medical Doctor Degree	Sep-02-1974	Mar-22-1982	Mar-22-1982

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## Education Details

Licensee/Applicant \*

Rossaro, Lorenzo N/A

Address

Via Facciolati 71

City

Padova

State / Province

PD

Zip / Postal Code

35127

Country

Italy

Application

Application - - Rossaro, Lorenzo N/A

Specialty Type

Name of School

Facolta Di Medicina E Chirurgia, Universita di P

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Sep-02-1974

Date To

Mar-22-1982

Did you graduate from the program?

Yes  No

Graduation Date

Mar-22-1982

Major Program

## Examinations

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Licensee / Applicant	Examination Type	Attended Date ↑
Rossaro, Lorenzo N/A	ECFMG	Jan-18-1993
Rossaro, Lorenzo N/A	Federation Licensing Examination (FLEX)	Jun-15-1993
Rossaro, Lorenzo N/A	Federation Licensing Examination (FLEX)	Dec-07-1993

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## Examination Details

Licensee / Applicant \*

Rossaro, Lorenzo N/A  



Attended Date

Jan-18-1993 

Number of Attempts

#

Application

Application - - Rossaro, Lorenzo 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 \*

Rossaro, Lorenzo N/A



Attended Date

Jun-15-1993



Number of Attempts

# 1

Application

Application - - Rossaro, Lorenzo N/A



Location

Result

78 pass

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 \*

Rossaro, Lorenzo N/A



Attended Date

Dec-07-1993



Number of Attempts

# 2

Application

Application - - Rossaro, Lorenzo N/A



Location

Result

78 pass

Examination Type

Federation Licensing Examination (FLEX)



Other Exam

Are you currently certified?

Yes  No

Steps

Comp 2

Certificate Number

Exam Date



Expiration Date



## Hospitals

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Licensee / Applicant ↑	▼ Name of Organization	▼ Start Date ↑	▼ End Date
Lorenzo Rossaro	University of California, Davis, Medical Center	Jul-01-1999	Jun 30 2014
Lorenzo Rossaro	Magnolia Surgical Center	Nov-23-2020	N/A
Lorenzo Rossaro	Riverside Community Hospital	Apr-28-2021	N/A
Lorenzo Rossaro	Hi-Desert Medical Center	Jun-23-2021	Jun-01-2022
Lorenzo Rossaro	HOAG Hospital	Jul-20-2022	N/A
Lorenzo Rossaro	Memorial Care Surgical Center	Aug-10-2022	N/A
Lorenzo Rossaro	SHARP Coronado Hospital	Sep-27-2022	N/A

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## Hospital Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization

University of California, Davis, Medical Center

Application

Application - - Rossaro, Lorenzo N/A



Start Date

Jul-01-1999



End Date

Jun-30-2014



## Address Details

Street Address Line 1

2215 Stockton Blvd

State / Province

California

Street Address Line 2

ZIP / Postal Code

95817

City

Sacramento

Country

United States




## Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

## Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country

## Hospital Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization

Riverside Community Hospital

Application

Application - - Rossaro, Lorenzo N/A



Start Date

Apr-28-2021



End Date



## Address Details

Street Address Line 1

4445 Magnolia Ave

State / Province

California

Street Address Line 2

ZIP / Postal Code

92501

City

Riverside

Country

United States



## Hospital Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization

Hi-Desert Medical Center

Application

Application - - Rossaro, Lorenzo N/A



Start Date

Jun-23-2021



End Date

Jun-01-2022



## Address Details

Street Address Line 1

6601 White Feather Road

State / Province

California

Street Address Line 2

ZIP / Postal Code

92252

City

Joshua Tree

Country

United States



## Hospital Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Application

Application - - Rossaro, Lorenzo N/A



End Date



Name of Organization

HOAG Hospital

Start Date

Jul-20-2022



## Address Details

Street Address Line 1

1 Hoag Drive

State / Province

California

Street Address Line 2

ZIP / Postal Code

92658

City

Newport Beach

Country

United States



## Hospital Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Application

Application -

- Rossaro, Lorenzo N/A



End Date



Name of Organization

Memorial Care Surgical Center

Start Date

Aug-10-2022



## Address Details

Street Address Line 1

24331El Toro Road, Suite 150

State / Province

California

Street Address Line 2

ZIP / Postal Code

92637

City

Laguna Woods

Country

United States



## Hospital Details

Licensee / Applicant

Rossaro, Lorenzo N/A



Name of Organization

SHARP Coronado Hospital

Application

Application - - Rossaro, Lorenzo N/A



Start Date

Sep-27-2022



End Date



## Address Details

Street Address Line 1

250 Prospect Place

State / Province

California

Street Address Line 2

ZIP / Postal Code

92118

City

Coronado

Country

United States



## Other Licenses

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Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Rossaro, Lorenzo N/A	A68436	N/A	May-14-1999	Mar-31-2025	California
Rossaro, Lorenzo N/A	97-354	Full	Nov-21-1997	Jun-30-2001	New Mexico
Rossaro, Lorenzo N/A	7461	N/A	Jun-30-1997	Nov-21-1997	New Mexico
Lorenzo Rossaro	MD049460L	N/A	Jul-15-1994	Dec-31-2002	Pennsylvania

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## Other License Details

Licensee/Applicant

Rossaro, Lorenzo N/A



Licensing Board or Regulatory Authority

California Medical Board

License Number

A68436

State / Province

California

Country

United States



Application

Application - - Rossaro, Lorenzo N/A



License Type

License Status

Active

Issue Date

May-14-1999



Expiration Date

Mar-31-2025



Notes

## Other License Details

Licensee/Applicant

Rossaro, Lorenzo N/A



Licensing Board or Regulatory Authority

New Mexico Medical Board

License Number

97-354

State / Province

New Mexico

Country



Application

Application - - Rossaro, Lorenzo N/A



License Type

Full

License Status

Inactive

Issue Date

Nov-21-1997



Expiration Date

Jun-30-2001



Notes

## Other License Details

Licensee/Applicant

Rossaro, Lorenzo N/A  

Licensing Board or Regulatory Authority

New Mexico Medical Board

License Number

7461



State / Province

New Mexico

Country

United States  

Application

Application - - Rossaro, Lorenzo N/A  

License Type

License Status

Inactive

Issue Date

Jun-30-1997 

Expiration Date

Nov-21-1997 

Notes

## Other License Details

Licensee/Applicant

Rossaro, Lorenzo N/A



Licensing Board or Regulatory Authority

Pennsylvania Medical Board

License Number

MD049460L

State / Province

Pennsylvania

Country

United States



Application

Application - - Rossaro, Lorenzo N/A



License Type

License Status

Inactive

Issue Date

Jul-15-1994



Expiration Date

Dec-31-2002



Notes

## Specialties

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Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Lorenzo Rossaro	Internal Medicine	Yes	N/A	N/A
Lorenzo Rossaro	Transplant Hepatology	Yes	N/A	N/A
Lorenzo Rossaro	Gastroenterology	Yes	N/A	N/A
Lorenzo Rossaro	Hepatology	Yes	N/A	N/A

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## Specialty Details



Licensee / Applicant \*

Rossaro, Lorenzo N/A  

Effective Date



Application

Application - - Rossaro, Lorenzo N/A  

Primary Specialty?

Yes  No

Specialty Type \*

Internal Medicine  

Other (Specialty)

End Date



## Specialty Details


Licensee / Applicant \*

Rossaro, Lorenzo N/A 

Effective Date



Application

Application - - Rossaro, Lorenzo N/A 

Primary Specialty?

Yes  No

Specialty Type \*

Transplant Hepatology 

Other (Specialty)

End Date



## Specialty Details



Licensee / Applicant \*

Rossaro, Lorenzo N/A  

Effective Date



Application

Application - - Rossaro, Lorenzo N/A  

Primary Specialty?

Yes  No

Specialty Type \*

Gastroenterology  

Other (Specialty)

End Date





## Specialty Details


Licensee / Applicant \*

Rossaro, Lorenzo N/A 

Effective Date



Application

Application - - Rossaro, Lorenzo N/A 

Primary Specialty?

Yes  No

Specialty Type \*

Hepatology 

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 LORENZO ROSARIO

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

Date 8/2/2023

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  
AUG 03 2023  
NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

