# **Demographic Details**

First Name		Gender		
Lorenzo		Male	~	7
Middle Name		Date of Birth		
		-1956		
Last Name *		Name Suffix		
Rossaro				
Previous Name(s)		City of Birth		
Lorenzo Rossaro		Italy		
Social Security Number		Place of Birth		
Tax Identification Number		Weight (in lbs)		
Height		Eye Color		
Hair Color		Comments (non-public information)		
		Public Information		
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

Have you ever served in the United States Military (to include	de National Guard or Reserves)?
○ Yes <b>③</b> No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ 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
oxdeta	7
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
197 East Caroline Street Suite 1400	92883
Address Line 2	State / Province
	California
City	Country
San Bernadino	United States
County	ls your physical address different from your mailing address?
San Bernardino	
	Public Phone
	# (909) 558-3636

# Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	County (Mailing)

# **Application Status**

Applicant <b>∗</b>			Application Status		
Rossaro, Lorenzo N/A	7		Pending Review by the Board	~	7
Application Number			Assigned To		
	20			7	7
License Issued?			Manual Paper Application?		
○ Yes ○ No			○ Yes    No		
			License ID Card Conditions (max 120 characters)		
License Details (Pre-Approval)					
License Category			Credentials / Degree Suffix (Enter before approval!)		
Medical Doctor	7		M.D.		
Obtained By			Expected Expiration Date		
Endorsement	7				
Expected Issue Date					
Application Details					
Application Type			Reviewed Date		
Medical Doctor - Active	30	7	**************************************		
Application Date *			Decision Date		
Submitted Date			Approved Date		
		•••			
Application Step					
#			Expiration Date		
	. An implicate				
Have you ever served in the United States Military National Guard or Reserves)?	/ (ro incinae		Is Simultaneous Application		
○ Yes     No			○ Yes ○ No		

Are you the spouse of an active duty member or surviving spouse of a veteran?	
○ Yes ○ No	
Invoices	
Application Invoice	Application Payment Date
7	
Licensure Invoice	Licensure Payment Date
7	
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.	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.  Per 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.  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	In consideration for processing my application I, the undersigned,

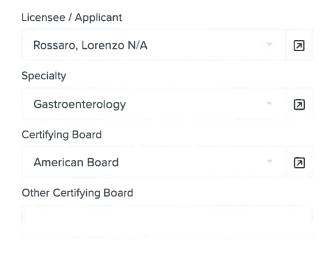
which occurs prior to my being granted licensure to practice

medicine in the state of Nevada.

Yes ○ No

#### **Board Certifications**

#### **Board Certification Details**





#### **Connected Record**

Application

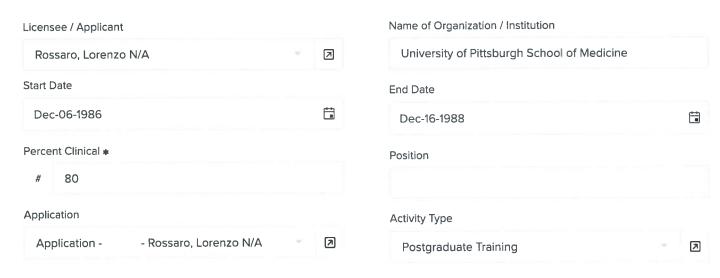
Application - Rossaro, Lorenzo N/A

#### Activities

		_				_	
Licensee / Applicant	Name of Organization / Institution	•	Start Date †	Ŧ	End Date	<b>T</b>	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

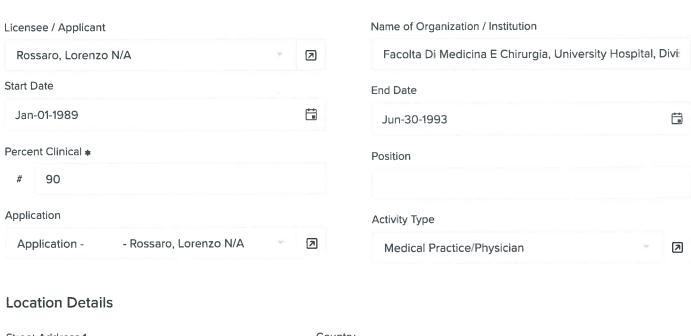
Licensee / Applicant		Name of Organization / Institution	
Rossaro, Lorenzo N/A	7	Faculta Di Medicina E Chirurgia, Gastroei	nterolia
Start Date		End Date	
Mar-22-1982	<b>⊕-⊕</b> <b>B</b>	Jul-15-1986	
Percent Clinical *		Position	
# 100			
Application		Activity Type	
Application Rossaro, Lorenzo N/A	7	Postgraduate Training	7
Location Details			
Street Address 1	Cou	intry	

Street Address 1	Country		
	Italy	-	7
City	State / Province		
Padova			
	Zip / Postal Code		

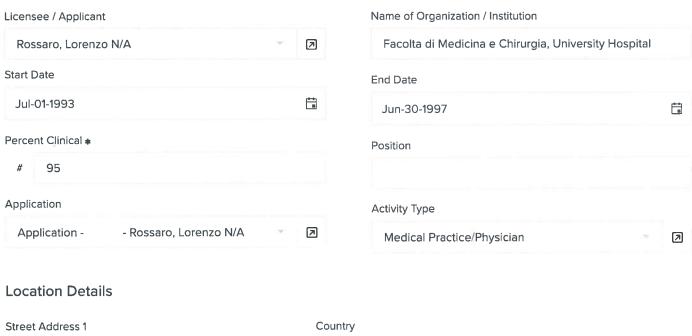


#### **Location Details**

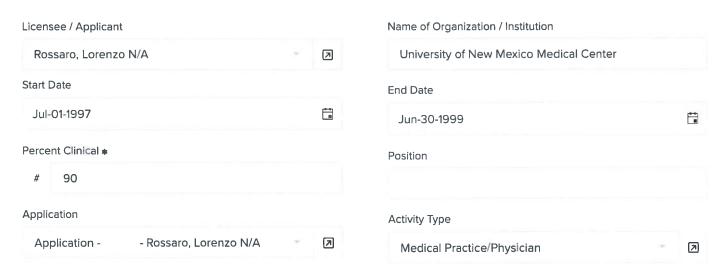
Street Address 1	Country	
M240 Scaife Hall,3550 Terrace Street	United States	3 TO 7
City	State / Province	
Pittsburgh	Pennsylvania	
	Zip / Postal Code	
	15261	



Street Address 1	Country	
Via Giustiniani, 2	Italy	7
City	State / Province	
Padova	Padova	
	Zip / Postal Code	
	35128	



Street Address 1	Country			
Via Giustiniani 2	Italy	7		
City	State / Province			
Padova	PD			
	Zip / Postal Code			
	35128			



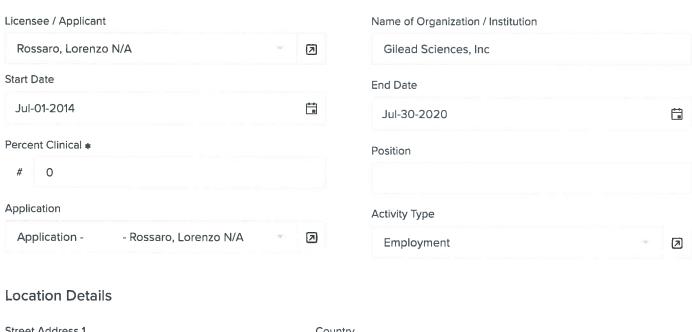
#### **Location Details**

Street Address 1	Country	
2211 Lomas Boulevard NE	United States	7
City	State / Province	
Albuquerque	New Mexico	
	Zip / Postal Code	
	87106	

Licensee / Applicant		Name of Organization / Institution	
Rossaro, Lorenzo N/A	7	University of California, Davis, Medical Center	
Start Date		End Date	
Jul-01-1999		Jun-30-2014	
Percent Clinical *		Position	
# 90			
Application		Activity Type	
Application - Rossaro, Lorenzo N/A	7	Medical Practice/Physician	7

#### **Location Details**

Street Address 1	Country	
2215 Stockton Blvd	United States	7
City	State / Province	
Sacramento	California	
	Zip / Postal Code	
	95817	



Street Address 1	Country	
333 Lakeside Drive	United States	7
City	State / Province	
Foster City	California	
	Zip / Postal Code	
	94404	

Licensee / Applicant		Name of Organization / Institution	
Rossaro, Lorenzo N/A	7 7	Southern California GI And Liver Centers	
Start Date		End Date	
Aug-01-2020	m m	Jun-30-2023	
Percent Clinical *		Position	
# 100			
Application		Activity Type	
Application - Rossaro, Lorenzo N/A	7	Medical Practice/Physician	7

#### **Location Details**

Street Address 1	Country	
6216 Brockton Ave, Suite 201	United States	7
City	State / Province	
Riverside	California	
	Zip / Postal Code	
	92506	

#### Declarations

Ordinal † T	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	Na
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

Licensee/Applicant	Education Type	T	Name of School		Y	Degree Attained	T	Date From	T	Date To †	٣	Graduation Date
Rossaro, Lorenzo N/A	Medical School		Facolta Di Medicina E Chirurgia, l	Universita di Padova		Medical Doctor Degree		Sep-02-1974		Mar-22-1982		Mar-22-1982

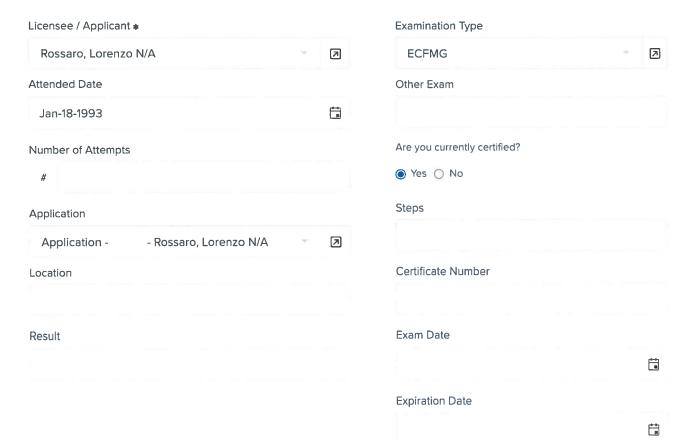
#### **Education Details**

Licensee/Applicant	•			Name of School						
Rossaro, Lorenzo N/A				Facolta Di Medicina E Chirurgia, Universita di P						
Address				Education Type						
Via Facciolati 71				Medical School		2				
City				Degree Attained						
Padova				Medical Doctor Degree	w.	7				
State / Province				Date From						
PD				Sep-02-1974		Ė				
Zip / Postal Code				Date To						
35127				Mar-22-1982						
Country				Did you graduate from the program?						
Italy		×	7	Yes    No						
Application				Graduation Date						
Application -	- Rossaro, Lorenzo N/A	~	7	Mar-22-1982						
Specialty Type				Major Program						
		7	7							

#### Examinations

Licensee / Applicant	٣	Examination Type	٣	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

#### **Examination Details**



#### **Examination Details**

Licensee / Applicant *		Examination Type						
Rossaro, Lorenzo N/A	7	Federation Licensing Examination (FLEX)	7					
Attended Date		Other Exam						
Jun-15-1993	e e							
Number of Attempts		Are you currently certified?						
# 1		○ Yes ○ No						
Application		Steps						
Application Rossaro, Lorenzo N/A	7	Comp 1						
Location		Certificate Number						
Result		Exam Date						
78 pass								
		Expiration Date						
			***					

#### **Examination Details**

Licensee / Applicant *	Examination Type						
Rossaro, Lorenzo N/A	Federation Licensing Examination (FLEX)						
Attended Date	Other Exam						
Dec-07-1993							
Number of Attempts	Are you currently certified?						
# 2	○ Yes ○ No						
Application	Steps						
Application - Rossaro, Lorenzo N/A	ন Comp 2						
Location	Certificate Number						
Result	Exam Date						
78 pass							
	Expiration Date						

## Hospitals

Licensee / Applicant †	T	Name of Organization	T	Start Date †	<b>T</b>	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

City

Sacramento

Licensee / Applicant					Name of Organization		
Rossaro, Lorenzo N/A		~	7		University of California, Davis, Medical Cent		
Application					Start Date		
Application -	- Rossaro, Lorenzo N/A	*	7		Jul-01-1999		**
End Date							
Jun-30-2014							
Address Details							
Street Address Line 1				State /	Province		
2215 Stockton Blvd	d			Calif	fornia		
Street Address Line 2				ZIP / Po	ostal Code		

95817

**United States** 

7

Country

City

El Cajon

Licensee / Applicant		Name of Organization			
Rossaro, Lorenzo N/A		Magnolia Surgical Center			
Application		Start Date			
Application Rossaro, Lorenzo N/A	**	Nov-23-2020			
End Date					
Address Details					
Street Address Line 1		State / Province			
463 Magnolia Ave #B		California			
Street Address Line 2		ZIP / Postal Code			

92020

**United States** 

7

Country

Street Address Line 2

City

Riverside

Licensee / Applicant Name of Organization Rossaro, Lorenzo N/A 7 Riverside Community Hospital Application Start Date Application -- Rossaro, Lorenzo N/A 7 Apr-28-2021 **End Date Address Details** Street Address Line 1 State / Province 4445 Magnolia Ave California

ZIP / Postal Code

**United States** 

A

92501

Country

Rossaro, Lorenzo N/A

Application

Application - Rossaro, Lorenzo N/A

End Date

Jun-01-2022

Name of Organization

Hi-Desert Medical Center

Start Date

#### **Address Details**

Street Address Line 1

6601 White Feather Road

California

Street Address Line 2

ZIP / Postal Code
92252

City

Country

Joshua Tree

United States

Newport Beach

Licensee / Applicant Name of Organization Rossaro, Lorenzo N/A 7 **HOAG Hospital** Application Start Date Application -- Rossaro, Lorenzo N/A 7 Jul-20-2022 End Date **Address Details** Street Address Line 1 State / Province 1 Hoag Drive California Street Address Line 2 ZIP / Postal Code 92658 City Country

**United States** 

7



# Name of Organization Memorial Care Surgical Center Start Date Aug-10-2022

#### **Address Details**



Licensee / Applicant

Rossaro, Lorenzo N/A

Application

Application - Rossaro, Lorenzo N/A

End Date

Name of Organization

SHARP Coronado Hospital

Start Date

Sep-27-2022

#### **Address Details**

Street Address Line 1

250 Prospect Place

California

Street Address Line 2

ZIP / Postal Code
92118

City

Country

United States

#### Other Licenses

Licensee/Applicant	۲	License Number	*	License Type	Ŧ	Issue Date	T	Expiration Date	<b>T</b>	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

Licensee/Applicant		License Type	
Rossaro, Lorenzo N/A	7		
Licensing Board or Regulatory Authority		License Status	
California Medical Board		Active	
License Number		Issue Date	
A68436		May-14-1999	•••
State / Province		Expiration Date	
California		Mar-31-2025	
Country		Notes	
United States	7		
Application			
Application Rossaro, Lorenzo N/A	7		

Licensee/Applicant		License Type	
Rossaro, Lorenzo N/A	<b>&gt;</b>	Full	
Licensing Board or Regulatory Authority		License Status	
New Mexico Medical Board		Inactive	
License Number		Issue Date	
97-354		Nov-21-1997	
State / Province		Expiration Date	
New Mexico		Jun-30-2001	
Country		Notes	
	7		
Application			
Application - Rossaro Lorenzo N/A	<b>7</b> 3		

Licensee/Applicant				License Type	
Rossaro, Lorenzo N/	'A	7	7		
Licensing Board or Regu	ulatory Authority			License Status	
New Mexico Medica	l Board			Inactive	
License Number				Issue Date	
7461				Jun-30-1997	
State / Province				Expiration Date	
New Mexico				Nov-21-1997	6
Country				Notes	
United States		~	7		
Application					
Application -	- Rossaro, Lorenzo N/A	-	[7]		

Licensee/Applicant			License Type	
Rossaro, Lorenzo N/A		7		
Licensing Board or Regulatory Authority			License Status	
Pennsylvania Medical Board			Inactive	
License Number			Issue Date	
MD049460L			Jul-15-1994	***
State / Province			Expiration Date	
Pennsylvania			Dec-31-2002	ä
Country			Notes	
United States	**	7		
Application				
Application Rossaro, Lorenzo N/A	~	7		

## Specialties

Licensee / Applicant	T	Specialty Type	۳	Primary Specialty?	7	Effective Date	T	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

Licensee / Applicant *			Specialty Type *	
Rossaro, Lorenzo N/A	~	7	Internal Medicine	- 2
Effective Date			Other (Specialty)	
Application			End Date	
Application Rossaro, Lorenzo N/A	-	7		<u> </u>
Primary Specialty?				

Licensee / Applicant *			Specialty Type *
Rossaro, Lorenzo N/A		7	Transplant Hepatology
Effective Date			Other (Specialty)
Application			End Date
Application - Rossaro, Lorenzo N/A	v	7	
Primary Specialty?			
Yes ○ No			

7

Licensee / Applicant *		Specialty Type *	
Rossaro, Lorenzo N/A	7	Gastroenterology	7
Effective Date		Other (Specialty)	
	<b>*</b>		
Application		End Date	
Application - Rossaro, Lorenzo N/A	7		
Primary Specialty?			
● Yes ○ No			

Licensee / Applicant *			Specialty Type *	
Rossaro, Lorenzo N/A		7	Hepatology	7
Effective Date			Other (Specialty)	
		••		
Application			End Date	
Application - Rossaro, Lorenzo N/A	-	7		
Primary Specialty?				
Yes     No				

# 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.

0

I have read this re application for med	sponsibility statementical licensure in Nevac	t and understand that laa.	l alone am a	ccountable for	completing my
Print your name	LORELAO	Masano			
Sign your name					
Date	8/2	2013			

0

0

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 0 3 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS

