

Demographic Details

First Name

Louis

Middle Name

Steven

Last Name *

DeLuca

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

Gender

Male

Date of Birth

1965

Name Suffix

City of Birth

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

Primary Phone Extension

Primary E-mail Address



Cell Phone

Secondary Phone

Secondary Phone Extension

Mail should be directed to



Fax

Public Address

Street Address

Address Line 2

City

County

ZIP / Postal Code

State / Province

Country



Is your physical address different from your mailing address?

Yes No

Public Phone

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

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

Board Certifications

| Licensee / Applicant | Certifying Board | Other Certifying Board | Specialty | Initial Certification Date | Recertification Date |
|----------------------|------------------|------------------------|------------------|----------------------------|----------------------|
| DeLuca, Louis Steven | American Board | N/A | Surgery, Plastic | Sep-09-2000 | Apr-01-2021 |

Board Certification Details

Licensee / Applicant

DeLuca, Louis Steven 

Specialty

Surgery, Plastic 

Certifying Board

American Board 

Other Certifying Board

Initial Certification Date

Sep-09-2000 

Recertification Date

Apr-01-2021 


Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - DeLuca, Louis Steven 

Activities

| Licensee / Applicant | Name of Organization / Institution | Start Date | End Date | Percent Clinical |
|----------------------|------------------------------------|-------------|-------------|------------------|
| DeLuca, Louis Steven | Louis DeLuca, MDPA | Jun-01-1999 | Jan-06-2023 | 95 |

Application Activity Details

Licensee / Applicant

DeLuca, Louis Steven  



Start Date

Jun-01-1999 

Percent Clinical *

95

Application

Application - DeLuca, Louis Steven  

Name of Organization / Institution



Louis DeLuca, MDPA

End Date

Jan-06-2023 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Boca Raton

Country

United States  

State / Province

Florida

Zip / Postal Code

Declarations

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

Education

| Licensee/Applicant ▼ | Education Type ▼ | Name of School ▼ | Degree Attained ▼ | Date From ▼ | Date To ↑ | Graduation Date ▼ |
|----------------------|--------------------|---------------------------------|-----------------------|-------------|-------------|-------------------|
| Louis DeLuca | College/University | The Ohio State University | Bachelor of Science | Jun-01-1983 | May-30-1987 | Jun-01-1987 |
| Louis DeLuca | Graduate | The Ohio State University | Added Qualifications | Jun-01-1987 | May-31-1988 | Jun-01-1988 |
| DeLuca, Louis Steven | Medical School | Case Western Reserve University | Medical Doctor Degree | Aug-01-1988 | May-24-1992 | May-24-1992 |

Education Details

Licensee/Applicant *

DeLuca, Louis Steven  

Address

City

Columbus

State / Province

Ohio

Zip / Postal Code

Country

United States  

Application

Application - DeLuca, Louis Steven  

Specialty Type

Name of School

The Ohio State University

Education Type

College/University  

Degree Attained

Bachelor of Science  

Date From

Jun-01-1983 

Date To

May-30-1987 

Did you graduate from the program?

Yes No

Graduation Date

Jun-01-1987 

Major Program

Education Details

Licensee/Applicant *

DeLuca, Louis Steven

Address

City

Columbus

State / Province

Ohio

Zip / Postal Code

Country

United States

Application

Application - - DeLuca, Louis Steven

Specialty Type

Name of School

The Ohio State University

Education Type

Graduate

Degree Attained

Added Qualifications

Date From

Jun-01-1987

Date To

May-31-1988

Did you graduate from the program?

Yes No

Graduation Date

Jun-01-1988

Major Program

Education Details

Licensee/Applicant *

DeLuca, Louis Steven 

Address

City

Cleveland

State / Province


Ohio

Zip / Postal Code

Country

United States 

Application

Application - DeLuca, Louis Steven 

Specialty Type




Name of School

Case Western Reserve University

Education Type

Medical School 

Degree Attained

Medical Doctor Degree 

Date From

Aug-01-1988 

Date To

May-24-1992 

Did you graduate from the program?

Yes No

Graduation Date

May-24-1992 

Major Program

Examinations

| Licensee / Applicant | Examination Type | Attended Date |
|----------------------|---|---------------|
| DeLuca, Louis Steven | Federation Licensing Examination (FLEX) | Jun-16-1992 |

Examination Details

Licensee / Applicant *

DeLuca, Louis Steven



Attended Date

Jun-16-1992



Number of Attempts

1

Application

Application - DeLuca, Louis Steven



Location

New York

Result

Comp 1: 80 Comp 2: 82

Examination Type

Federation Licensing Examination (FLEX)



Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date



Expiration Date



Hospitals

| Licensee / Applicant | Name of Organization | Start Date | End Date |
|----------------------|------------------------------|-------------|----------|
| Louis DeLuca | Boca Raton Regional Hospital | Dec-14-1999 | N/A |
| Louis DeLuca | Delray Medical Center | Dec-14-1999 | N/A |

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

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

Other Licenses

| Licensee/Applicant | License Number | License Type | Issue Date | Expiration Date | State / Province |
|----------------------|----------------|-----------------------|-------------|-----------------|------------------|
| DeLuca, Louis Steven | A 68916 | Physician and Surgeon | Nov-10-2021 | Nov-30-2023 | California |
| DeLuca, Louis Steven | ME- 76256 | N/A | Jul-10-1998 | Jan-31-2025 | Florida |
| DeLuca, Louis Steven | 194574 | Medical Doctor | Jan-03-1994 | Apr-30-2025 | New York |
| DeLuca, Louis Steven | 35-066471 | Doctor of Medicine | Mar-25-1994 | Apr-01-2025 | Ohio |

Other License Details

Licensee/Applicant

DeLuca, Louis Steven 

Licensing Board or Regulatory Authority

California

License Number

A 68916


State / Province

California

Country



Application

Application - DeLuca, Louis Steven 

License Type

Physician and Surgeon

License Status

Active

Issue Date

Nov-10-2021 

Expiration Date

Nov-30-2023 

Notes

Other License Details

Licensee/Applicant

DeLuca, Louis Steven 

Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

ME- 76256

State / Province

Florida

Country

United States 

Application

Application - - DeLuca, Louis Steven 

License Type

License Status

Active

Issue Date

Jul-10-1998 

Expiration Date

Jan-31-2025 

Notes

Other License Details

Licensee/Applicant

DeLuca, Louis Steven  

Licensing Board or Regulatory Authority

New York

License Number

194574

State / Province

New York

Country

Application

Application - - DeLuca, Louis Steven  

License Type

Medical Doctor

License Status

Active

Issue Date

Jan-03-1994 

Expiration Date

Apr-30-2025 

Notes

Other License Details

Licensee/Applicant

DeLuca, Louis Steven



Licensing Board or Regulatory Authority

Ohio

License Number

35-066471

State / Province

Ohio

Country



Application

Application - - DeLuca, Louis Steven



License Type

Doctor of Medicine

License Status

Active

Issue Date

Mar-25-1994



Expiration Date

Apr-01-2025




Notes

Postgraduate Training

| Licensee / Applicant | ▼ | Name of School or Institution | ▼ | Specialty Type | ▼ | Date From | ▼ | Date To ↑ | ▼ | Program Type |
|----------------------|---|---|---|------------------|---|-------------|---|-------------|---|----------------------|
| DeLuca, Louis Steven | | Univerlity Hospitals Cleveland Medical Center | | Surgery,General | | Jul-01-1992 | | Jun-30-1994 | | Internship/Residency |
| DeLuca, Louis Steven | | University Hospitals Cleveland Medical Center | | Surgery, General | | Jul-01-1994 | | Jun-30-1995 | | Research |
| DeLuca, Louis Steven | | University Hospitals Cleveland Medical Center | | Surgery, General | | Jul-01-1995 | | Jun-30-1996 | | Residency |
| DeLuca, Louis Steven | | USF Morsani College of Medicine | | Surgery, Plastic | | Jul-01-1996 | | Jul-31-1999 | | Residency |

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 *

DeLuca, Louis Steven



Program Type *

Research



Date From

Jul-01-1994



Name of School or Institution

University Hospitals Cleveland Medical Center

Specialty Type

Surgery, General



Other (Specialty)

Training Status *

Accreditation Type

Not Accredited



Date To

Jun-30-1995



Application

Application - - DeLuca, Louis Steven



Historical Major Program

Historical Degree Attained

Location Details

City

Cleveland

Street Address 1

State / Province

Ohio

Zip / Postal Code

County

Country



Postgraduate Training Details

Licensee / Applicant *

DeLuca, Louis Steven



Program Type *

Residency



Date From

Jul-01-1995



Name of School or Institution

University Hospitals Cleveland Medical Center

Specialty Type

Surgery, General



Other (Specialty)

Training Status *

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-1996



Application

Application - - DeLuca, Louis Steven



Historical Major Program

Historical Degree Attained

Location Details

City

Cleveland

State / Province

Ohio

County



Street Address 1

Zip / Postal Code

Country



Postgraduate Training Details

Licensee / Applicant *

DeLuca, Louis Steven



Program Type *

Residency



Date From

Jul-01-1996



Name of School or Institution

USF Morsani College of Medicine

Specialty Type

Surgery, Plastic



Other (Specialty)

Training Status *



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date To

Jul-31-1999



Application

Application - DeLuca, Louis Steven



Historical Major Program

Historical Degree Attained

Location Details

City

Tampa

State / Province

Florida

County



Street Address 1

Zip / Postal Code

Country



Specialties

| Licensee / Applicant | ▼ Specialty Type | ▼ Primary Specialty? | ▼ Effective Date | ▼ End Date |
|----------------------|------------------|----------------------|------------------|------------|
| DeLuca, Louis N/A | Surgery, Plastic | Yes | Aug-04-2022 | N/A |

Specialty Details



Licensee / Applicant *

DeLuca, Louis Steven  

Effective Date

Aug-04-2022 

Application

Application - - DeLuca, Louis Steven  

Primary Specialty?

Yes No

Specialty Type *

Surgery, Plastic  

Other (Specialty)

End Date



RECEIVED
DEC 05 2022
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have any questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

o o o o o

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

Print your name Louis DeLuca

Sign your name _____

Date 11/05/2022

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.

