

Demographic Details

First Name

Marco

Middle Name

Antonio

Last Name *

Sobrino

Previous Name(s)

Marco Antonio Sobrino Moguel

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

-1969

Name Suffix

City of Birth

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

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

7455 Arroyo Crossing Pkwy

Address Line 2

Suite 100

City

Las Vegas

County

Clark

ZIP / Postal Code

89113

State / Province

Nevada

Country

United States



Is your physical address different from your mailing address?

☒ Yes ☐ No

Public Phone

#

(702) 984-7744

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Sobrino, Marco Antonio

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 - 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

- Paid in Full

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
Sobrino, Marco Antonio	American Board	N/A	Surgery, General	Dec-13-2004	Dec-03-2014

Board Certification Details

Licensee / Applicant

Sobrino, Marco Antonio

Specialty

Surgery, General

Certifying Board

American Board

Other Certifying Board

Initial Certification Date

Dec-13-2004

Recertification Date

Dec-03-2014

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - - Sobrino, Marco Antonio

Activities

Licensee / Applicant		Name of Organization / Institution		Start Date		End Date		Percent Clinical
Marco Sobrino		Sono Bello		Mar-01-2009		Feb-28-2024		80

Application Activity Details

Licensee / Applicant	Name of Organization / Institution
<div>Sobrino, Marco Antonio</div>	<div>Sono Bello</div>
Start Date	End Date
<div>Mar-01-2009</div>	<div>Feb-28-2024</div>
Percent Clinical *	Position
<div>#80</div>	<div></div>
Application	Activity Type
<div>Application - - Sobrino, Marco Antonio</div>	<div>Employment</div>

Location Details

Street Address 1	Country
<div></div>	<div>United States</div>
City	State / Province
<div>Bellevue</div>	<div>Washington</div>
	Zip / Postal Code
	<div></div>

Declarations

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

Declaration

Licensee/Applicant

Sobrino, Marco Antonio	▼	
------------------------	---	--

Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action	▼	
--	---	--

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#	5
---	---

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To

Application

Application -	- Sobrino, Marco Antonio	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Sobrino, Marco Antonio	▼	
------------------------	---	--

Declaration Question

ALL – Q6 – Malpractice Claim Paid	▼	
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Answer

☒ Yes ☐ No

Answer Details

Ordinal

#	6
---	---

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To

Application

Application -	- Sobrino, Marco Antonio	▼	
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Renewal

	▼	
--	---	--

Declaration

Licensee/Applicant

Sobрино, Marco Antonio

Declaration Question

MD, Previously applied for licensure in Nevada.

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#8

Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)

Related To

Application

Application - - Sobрино, Marco Antonio

Renewal

Declaration

Licensee/Applicant

Sobrino, Marco Antonio	▼	
------------------------	---	--

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 -	- Sobrino, Marco Antonio	▼	
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Renewal

	▼	
--	---	--

Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Sobrino, Marco Antonio	Medical School	Universidad Anáhuac, México Escuela de Medicina	Medical Doctor Degree	Aug-01-1988	Jun-30-1995	Dec-05-1996

Education Details

Licensee/Applicant *

Sobрино, Marco Antonio

▼

Address

City

State / Province

Huixquilucan

Zip / Postal Code

Country

Mexico

▼

Application

Application - - Sobрино, Marco Antonio

▼

Specialty Type

▼

Name of School

Universidad Anáhuac, México Escuela de Medi

Education Type

Medical School

▼

Degree Attained

Medical Doctor Degree

▼

Date From

Aug-01-1988

Date To

Jun-30-1995

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Dec-05-1996

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date
Sobrino, Marco Antonio	United States Medical Licensing Examination (USMLE)	Mar-04-1997
Sobrino, Marco Antonio	United States Medical Licensing Examination (USMLE)	Jun-10-1997
Sobrino, Marco Antonio	ECFMG	Oct-10-1997
Sobrino, Marco Antonio	United States Medical Licensing Examination (USMLE)	Sep-01-2000

Examination Details

Licensee / Applicant *

Sobrino, Marco Antonio

▼



Attended Date

Mar-04-1997



Number of Attempts

#

1

Application

Application -

- Sobrino, Marco Antonio

▼



Location

Result

181

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

2 (CK)

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Sobrino, Marco Antonio

▼

Attended Date

Jun-10-1997

Number of Attempts

#

1

Application

Application -

- Sobrino, Marco Antonio

▼

Location

Result

187

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 *

Sobrino, Marco Antonio

▼



Attended Date

Oct-10-1997



Number of Attempts

#

Application

Application -

- Sobrino, Marco Antonio

▼



Location

Result

Examination Type

ECFMG

▼



Other Exam

Are you currently certified?

☒ Yes ☐ No

Steps

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Sobrino, Marco Antonio▼

Attended Date

Sep-01-2000

Number of Attempts

2

Application


Application - - Sobrino, Marco Antonio▼

Location

Result

178

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?


☐ Yes ☐ No

Steps

3

Certificate Number

Exam Date



Expiration Date



Other Licenses


Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Sobrino, Marco Antonio	40371	N/A	Apr-25-2008	Mar-11-2016	Arizona
Sobrino, Marco Antonio	C-176473	N/A	Feb-22-2022	Feb-28-2026	California
Sobrino, Marco Antonio	DR.0071967	N/A	Sep-20-2023	Apr-30-2025	Colorado
Sobrino, Marco Antonio	ME144305	N/A	Feb-24-2020	Jan-31-2026	Florida
Sobrino, Marco Antonio	ME118758	N/A	Feb-10-2014	Jan-31-2016	Florida
Marco Sobrino	98766	N/A	Feb-14-2024	Nov-30-2025	Georgia
Marco Sobrino	M-17299	N/A	Jun-01-2023	Jun-30-2024	Idaho
Sobrino, Marco Antonio	13439	N/A	May-09-1998	Jun-25-1999	Minnesota
Sobrino, Marco Antonio	R13439	N/A	Jun-27-1998	Jun-25-1999	Minnesota
Marco Sobrino	35901	N/A	Aug-10-2023	Oct-01-2024	Nebraska
Sobrino, Marco Antonio	25459	N/A	May-01-2007	May-01-2024	Oklahoma
Marco Sobrino	13346867-1205	N/A	Apr-11-2023	Jan-31-2026	Utah
Marco Sobrino	0101280089	N/A	Sep-19-2023	Nov-30-2024	Virginia
Sobrino, Marco Antonio	MD00039788	N/A	Apr-23-2001	Nov-11-2025	Washington

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Arizona Medical Board

License Number

40371

State / Province

Arizona

Country


▼



Application

Application - - Sobrino, Marco Antonio

▼




License Type

License Status

Expired

Issue Date

Apr-25-2008



Expiration Date

Mar-11-2016



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

California Medical Board

License Number

C-176473

State / Province

California

Country

▼



Application

Application -

- Sobrino, Marco Antonio

▼



License Type

License Status

Active

Issue Date

Feb-22-2022



Expiration Date

Feb-28-2026



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Colorado Department of Regulatory Agencies

License Number

DR.0071967

State / Province

Colorado

Country


▼



Application

Application - - Sobrino, Marco Antonio

▼




License Type

License Status

Active


Issue Date

Sep-20-2023



Expiration Date

Apr-30-2025



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Florida Department of Health

License Number

ME144305

State / Province

Florida

Country

▼



Application

Application -

- Sobrino, Marco Antonio

▼



License Type

License Status

Active

Issue Date

Feb-24-2020



Expiration Date

Jan-31-2026



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Florida Department of Health

License Number

ME118758

State / Province

Florida

Country

▼



Application

Application -

- Sobrino, Marco Antonio

▼



License Type

License Status

Expired

Issue Date

Feb-10-2014



Expiration Date

Jan-31-2016



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Georgia Medical Board

License Number

98766

State / Province

Georgia

Country

United States

▼



Application

Application -

- Sobrino, Marco Antonio

▼




License Type

License Status

Active

Issue Date

Feb-14-2024



Expiration Date

Nov-30-2025



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Idaho State Board of Medicine

License Number

M-17299

State / Province

Idaho

Country

United States

▼




Application

Application -

- Sobrino, Marco Antonio

▼



License Type

License Status

Active

Issue Date

Jun-01-2023



Expiration Date

Jun-30-2024



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Minnesota Board of Medical Practice

License Number

13439

State / Province

Minnesota

Country

▼



Application

Application - - Sobrino, Marco Antonio

▼




License Type

License Status

Expired

Issue Date

May-09-1998



Expiration Date

Jun-25-1999



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Minnesota Board of Medical Practice

License Number

R13439

State / Province

Minnesota

Country

▼



Application

Application -

- Sobrino, Marco Antonio

▼




License Type

License Status

Inactive

Issue Date

Jun-27-1998



Expiration Date

Jun-25-1999




Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Nebraska Board of Medicine and Surgery

License Number

35901

State / Province

Nebraska

Country

United States


▼



Application

Application - - Sobrino, Marco Antonio

▼




License Type

License Status

Active

Issue Date

Aug-10-2023



Expiration Date

Oct-01-2024



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Oklahoma Board of Medical Licensure and Supervision

License Number

25459

State / Province

Oklahoma

Country

▼



Application

Application -

- Sobrino, Marco Antonio

▼



License Type

License Status

Active

Issue Date

May-01-2007



Expiration Date

May-01-2024



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Utah Physicians Licensing Board

License Number

13346867-1205

State / Province

Utah

Country

United States

▼




Application

Application -

- Sobrino, Marco Antonio

▼



License Type

License Status

Active

Issue Date

Apr-11-2023



Expiration Date

Jan-31-2026



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Virginia Board of Medicine

License Number

0101280089

State / Province

Virginia

Country

United States

▼



Application

Application -

- Sobrino, Marco Antonio

▼




License Type

License Status

Active

Issue Date

Sep-19-2023



Expiration Date

Nov-30-2024



Notes

Other License Details

Licensee/Applicant

Sobrino, Marco Antonio

▼



Licensing Board or Regulatory Authority

Washington Medical Commission

License Number

MD00039788

State / Province

Washington

Country

▼




Application

Application -

- Sobrino, Marco Antonio

▼




License Type

License Status

Active

Issue Date

Apr-23-2001



Expiration Date

Nov-11-2025



Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ↑ ▼	Date To ↓ ▼	Program Type
Marco Sobrino	Mayo Clinic College of Medicine and Science (Rochester) Program	Surgery, General	Jun-27-1998	Jun-25-1999	Internship
Marco Sobrino	Vanderbilt University Medical Center Program	Surgery, General	Jul-01-1999	Jun-30-2000	Internship
Marco Sobrino	Virginia Mason Franciscan Health Program	Surgery, General	Jul-01-2000	Jun-30-2003	Residency
Sobrino, Marco Antonio	Jackson Memorial Hospital	Surgery, Bariatric / Laproscopic	Jul-01-2014	Dec-01-2014	Fellowship

Postgraduate Training Details

Licensee / Applicant *

Sobрино, Marco Antonio

Program Type *

Internship

Date From

Jun-27-1998

Name of School or Institution

Mayo Clinic College of Medicine and Science (Ro

Specialty Type

Surgery, General

Other (Specialty)

Training Status *

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-25-1999

Application

Application -

- Sobрино, Marco Antonio

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

Minnesota

County


Street Address 1

Zip / Postal Code

Country

Postgraduate Training Details

Licensee / Applicant *

Sobrino, Marco Antonio	▼	
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Program Type *

Internship	▼	
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Date From

Jul-01-1999	
-------------	---

Name of School or Institution

Vanderbilt University Medical Center Program
--

Specialty Type

Surgery, General	▼	
------------------	---	---


Other (Specialty)

--

Training Status *

	▼	
--	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-2000	
-------------	---

Application

Application -	- Sobrino, Marco Antonio	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

Tennessee

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code


--

Country


	▼	
--	---	---

Postgraduate Training Details

Licensee / Applicant *

Sobrino, Marco Antonio	▼	
------------------------	---	---

Program Type *

Residency	▼	
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Date From

Jul-01-2000	
-------------	---

Name of School or Institution

Virginia Mason Franciscan Health Program
--

Specialty Type

Surgery, General	▼	
------------------	---	---


Other (Specialty)

--

Training Status *

	▼	
--	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-2003	
-------------	---

Application

Application -	- Sobrino, Marco Antonio	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

Washington

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code

--

Country

	▼	
--	---	---

Postgraduate Training Details

Licensee / Applicant *

Sobrino, Marco Antonio ▼ 

Program Type *

Fellowship ▼ 

Date From

Jul-01-2014 

Name of School or Institution

Jackson Memorial Hospital

Specialty Type

Surgery, Bariatric / Laproscopic ▼ 

Other (Specialty)

Advanced GI Minimally Invasive Surgery

Training Status *

▼ 

Accreditation Type

Not Accredited ▼ 

Date To

Dec-01-2014 

Application

Application - - Sobrino, Marco Antonio ▼ 

Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Florida

Zip / Postal Code

County

▼ 

Country

▼ 

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Sobrino, Marco Antonio	Surgery, General	Yes	Dec-13-2004	N/A

Specialty Details

Licensee / Applicant *

Sobrino, Marco Antonio

▼



Effective Date

Dec-13-2004



Application

Application -

- Sobrino, Marco Antonio

▼



Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Surgery, General

▼



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.

○ ○ ○ ○ ○

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 Marco Antonio Sobrino

Sign your name _____

Date 3/25/2024

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

MAR 27 2024

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

