Demographic Details

First Name	Gender		
Marco	Male	_	7
Middle Name	Date of Birth		
Antonio	-1969		
Last Name *	Name Suffix		
Sobrino			
Previous Name(s)	City of Birth		
Marco Antonio Sobrino Moguel			
Social Security Number	Place of Birth		
Tax Identification Number	Weight (in lbs)		
Height	Eye Color		
Hair Color	Comments (non-public information)		
Is this person deceased?	Public Information		
○ Yes No			
Date Deceased			
Do you have a Nevada Business License in your individual name?			
○ Yes ○ No			
Nevada BIN			
Historical File Number			

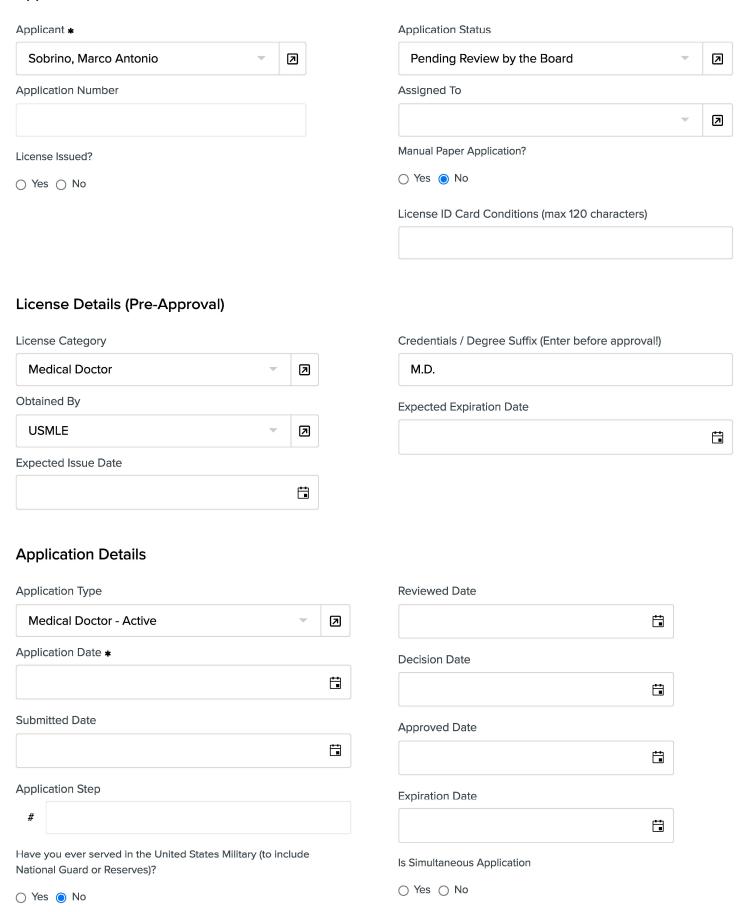
Military Detail

Have you ever served in the United States Military (to include Nation	onal Guard or Reserves)?								
○ Yes 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								
Cell Phone	Fax								
#	#								
Public Address									
Street Address	ZIP / Postal Code								
7455 Arroyo Crossing Pkwy	89113								
Address Line 2	State / Province								
Suite 100	Nevada								
City Las Vogas	Country United States								
Las Vegas	United States Is your physical address different from your mailing address?								
County	Yes No								
Clark	Public Phone								
	# (702) 984-7744								
	" (102) 304-1144								

Mailing Address

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

Application Status



Are you the spouse of an active duty member or surviving spouse of a veteran?						
○ Yes No						
Invoices						
Application Invoice	Application Payment Date					
- Paid in Full						
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	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					
prevention of transmission of infectious agents through safe and appropriate injection practices.	state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.					
	○ 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.	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					
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	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.					
examination without fraud or misrepresentation. Lunderstand that if	Yes ○ No					

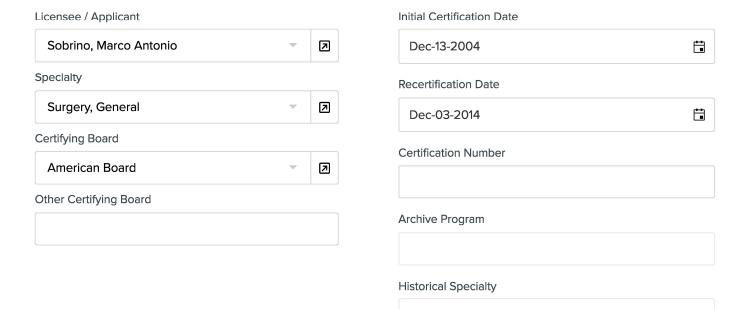
medicine in the state of Nevada.

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

Board Certifications

Licensee / Applicant	Certifying Board	T	Other Certifying Board	T	Specialty	T	Initial Certification Date	T	Recertification Date
Sobrino, Marco Antonio	American Board		N/A		Surgery, General		Dec-13-2004		Dec-03-2014

Board Certification Details



Connected Record

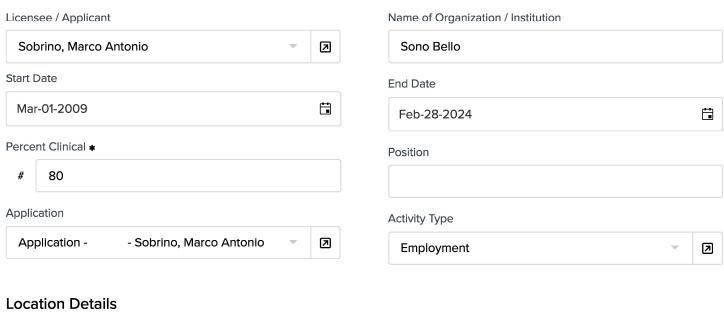
Application

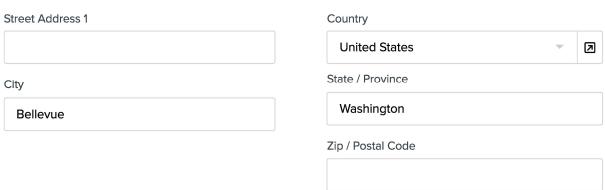


Activities

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

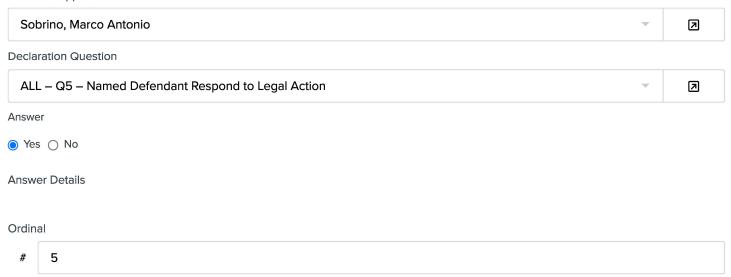
Application Activity Details





Ordinal † Ť	Licensee/Applicant Y	Declaration Question	T	Answer	T	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		

Licensee/Applicant

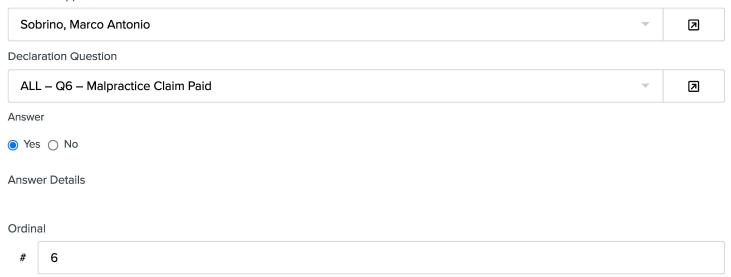


Declaration Text

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?



Licensee/Applicant



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?

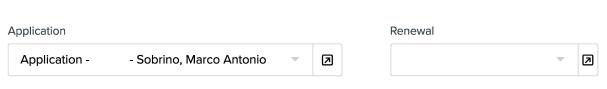


Licensee/Applicant

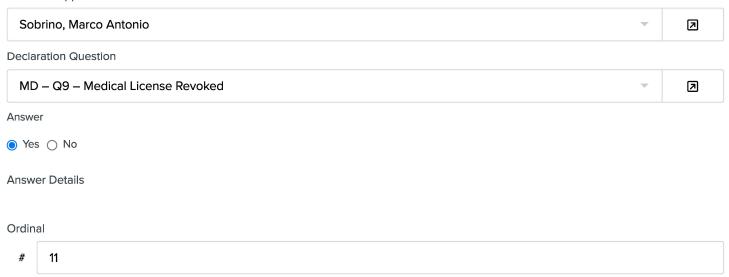


Declaration Text

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



Licensee/Applicant



Declaration Text

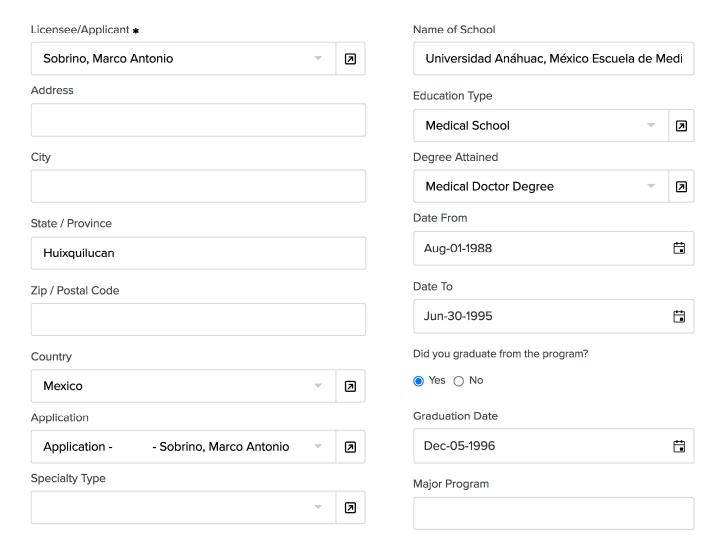
Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?



Education

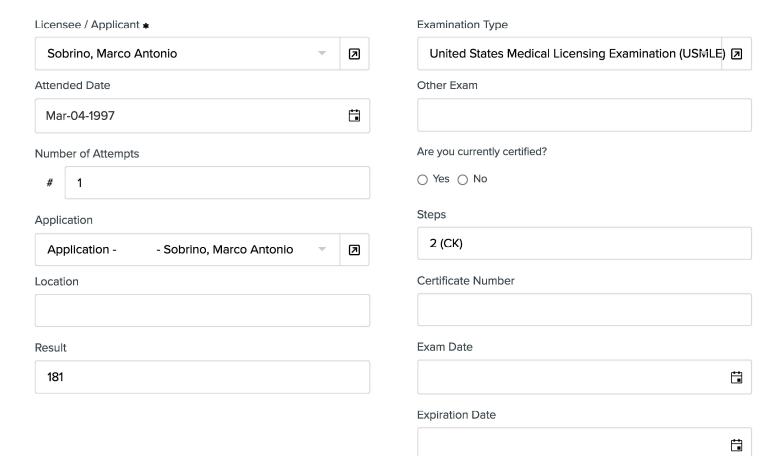
Licensee/Applicant	Education Type	Name of School	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Sobrino, Marco Antonio	Medical School	Universidad Anáhuac, México Escuela de Medicina	Medical Doctor Degree	Aug-01-1988	Jun-30-1995	Dec-05-1996

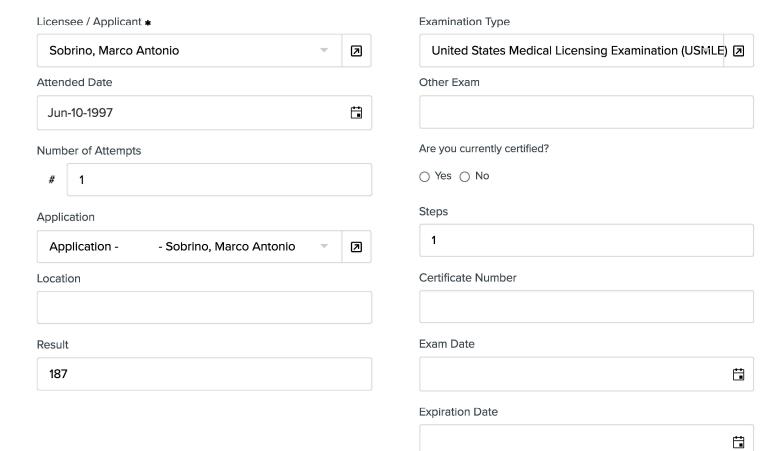
Education Details

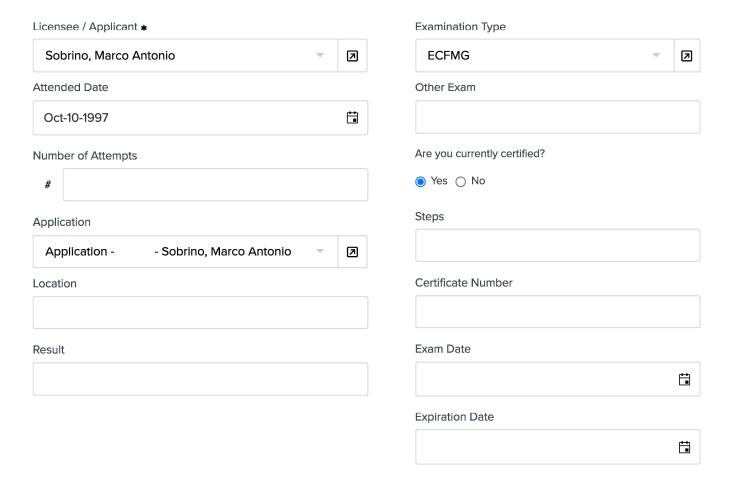


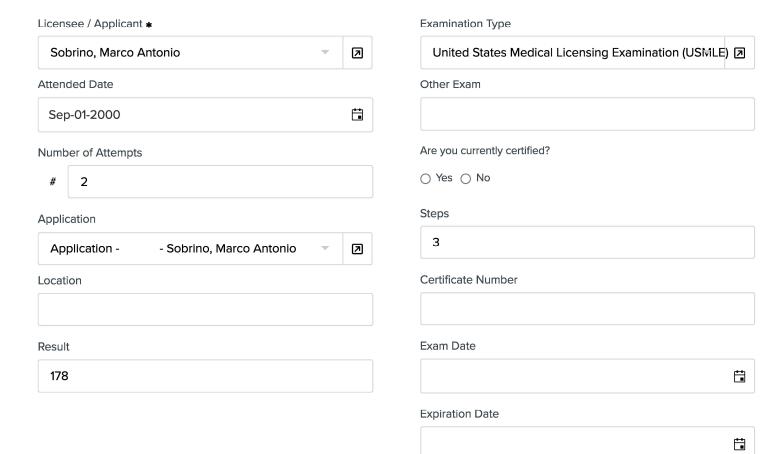
Examinations

Licensee / Applicant	Examination Type	7 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



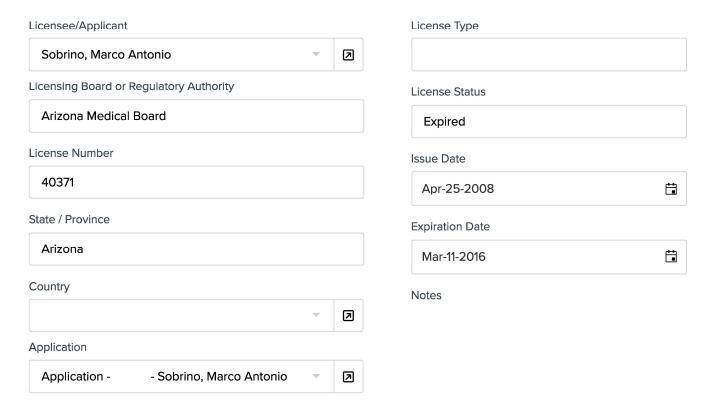


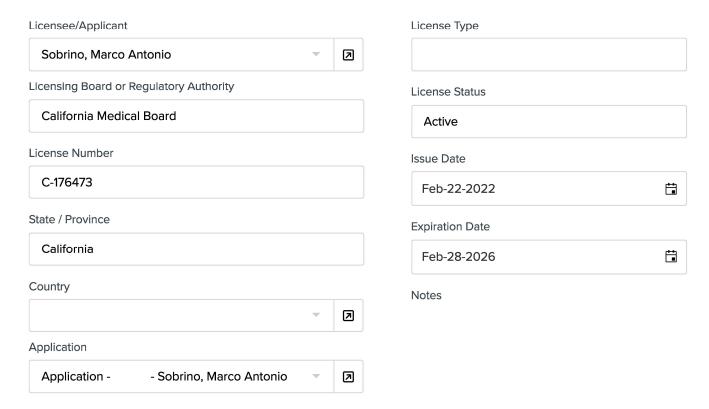


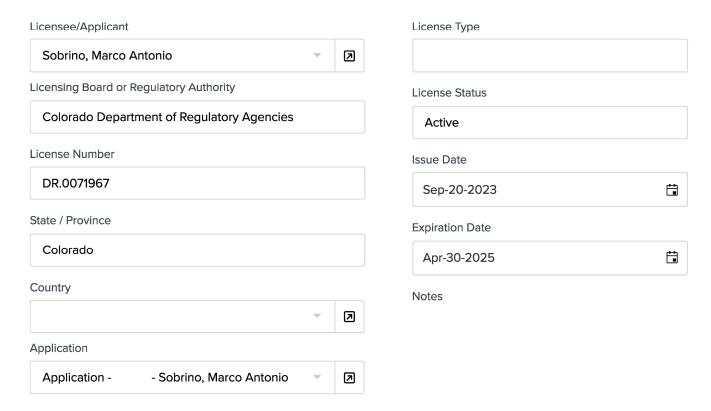


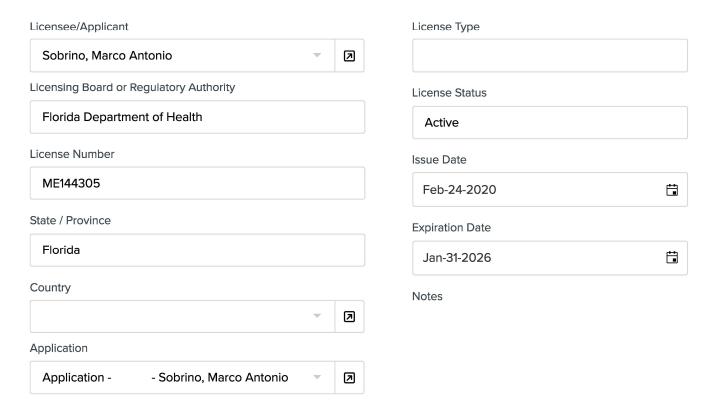
Other Licenses

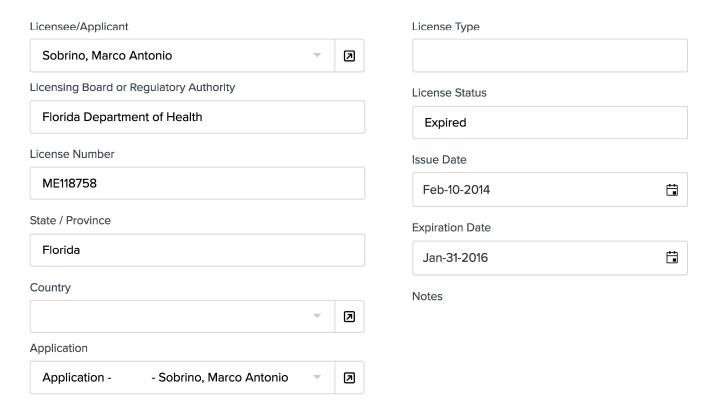
Licensee/Applicant	Y License Number	▼ License Type	▼ Issue Date	▼ Expiration Date	▼ State / Province ↑
Sobrino, Marco Antonio	40371	N/A	Apr-25-2008	Mar-11-2016	Arizona
Sobrino, Marco Antonio	C-176473	N/A	Feb-22-2022	Feb-28-2026	California
Sobrino, Marco Antonio	DR.0071967	N/A	Sep-20-2023	Apr-30-2025	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	ldaho
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

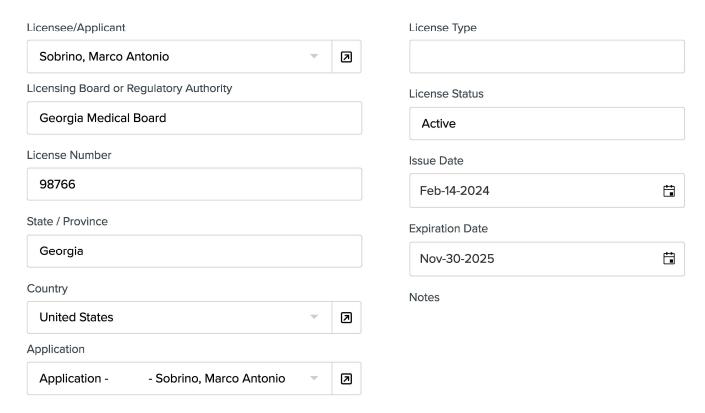


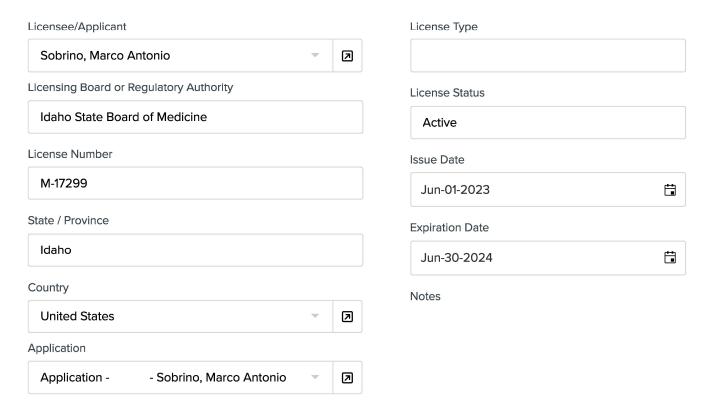


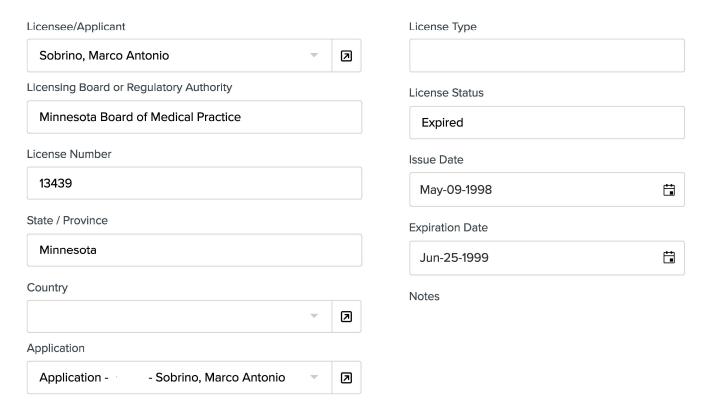


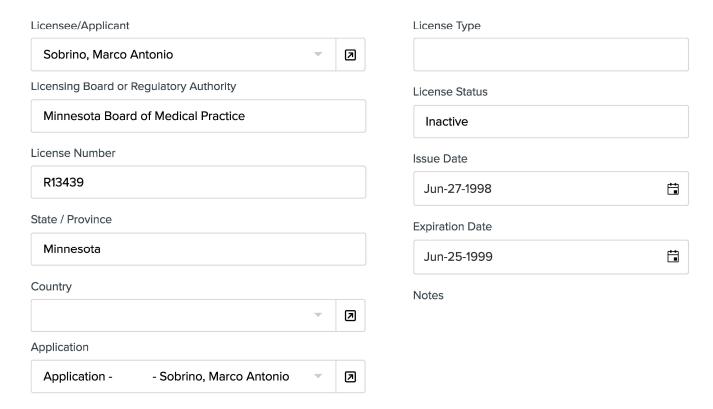


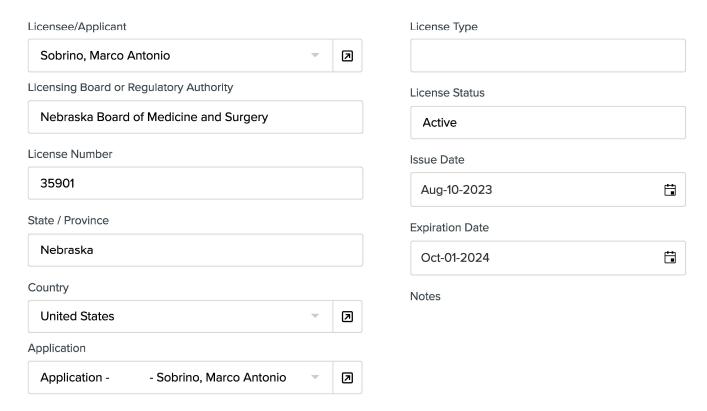


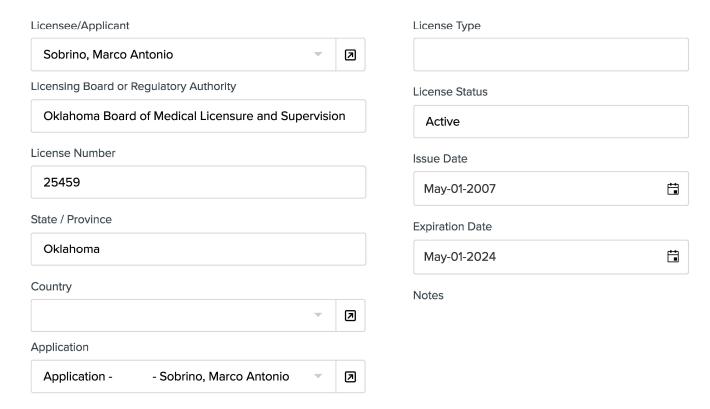


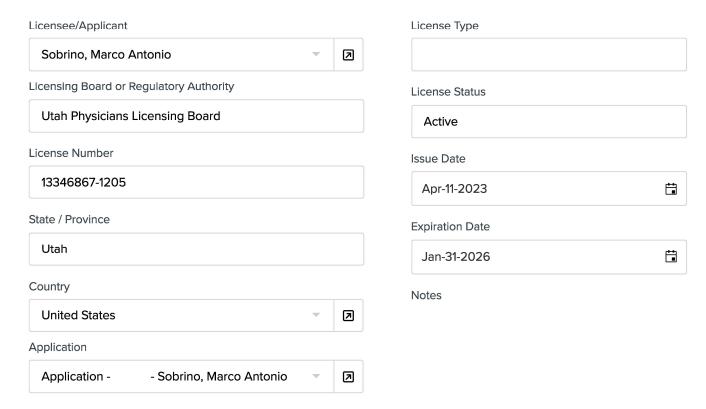


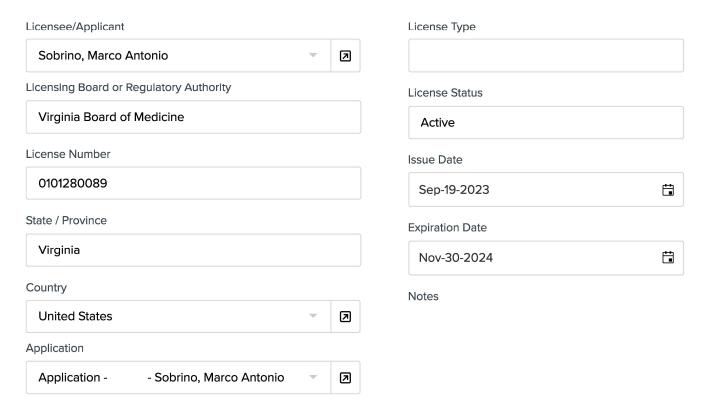


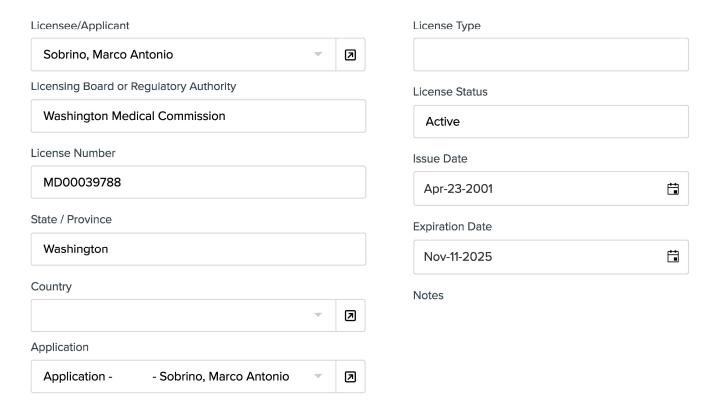








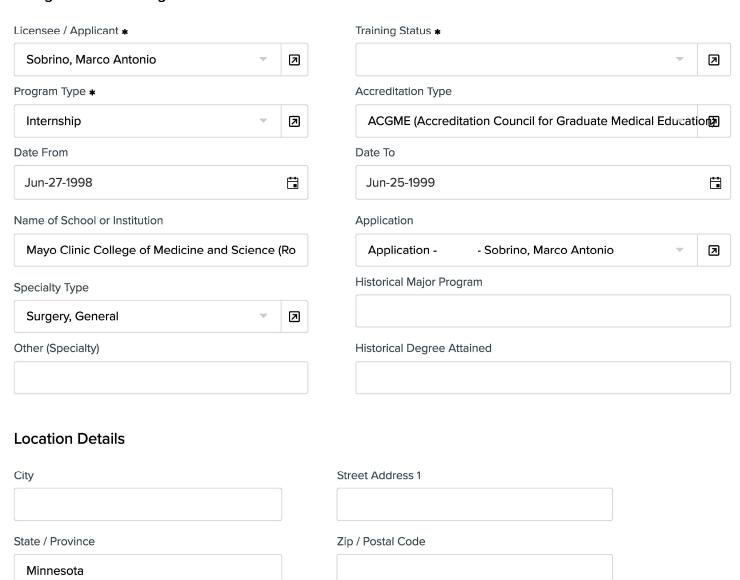




Postgraduate Training

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	Marco Antonio Jackson Memorial Hospital		Jul-01-2014	Dec-01-2014	Fellowship	

County



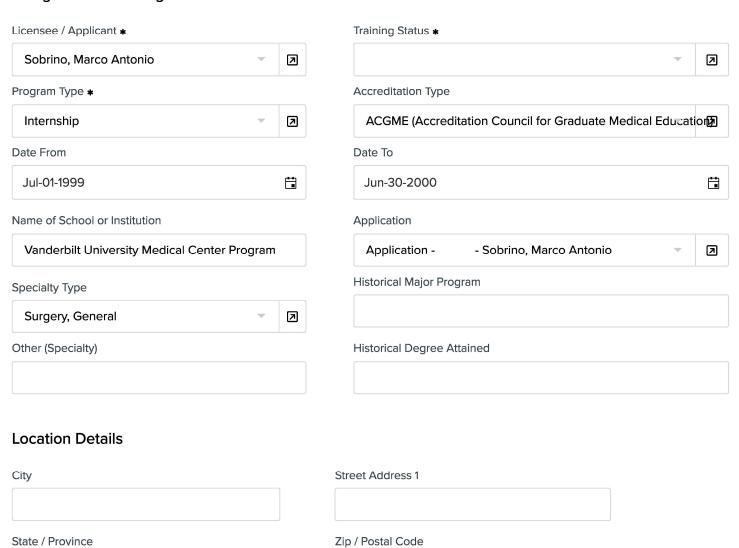
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Tennessee

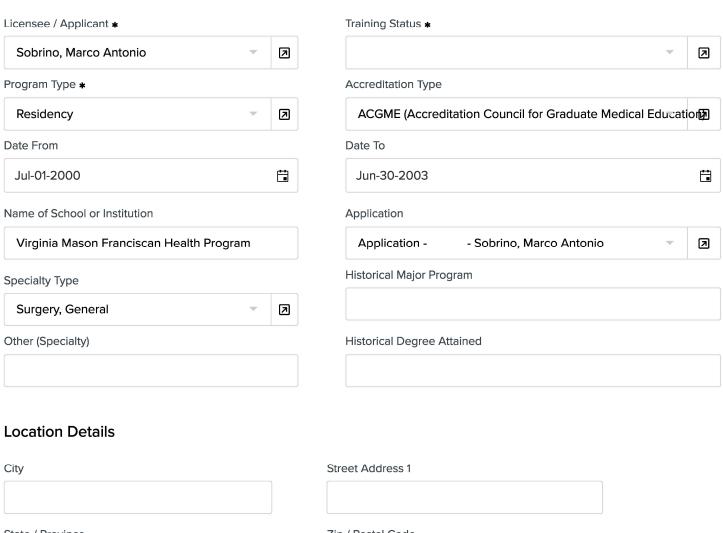
County

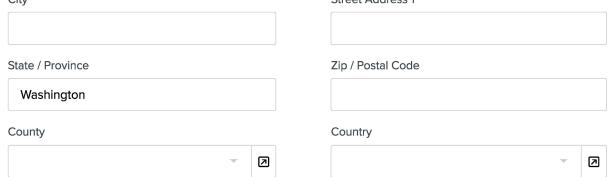


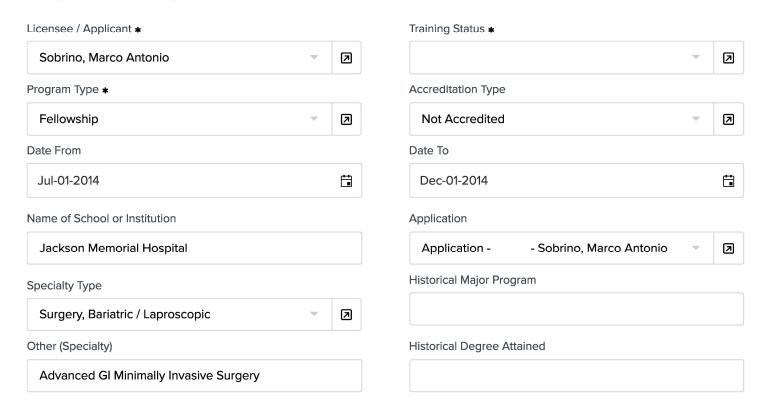
Country

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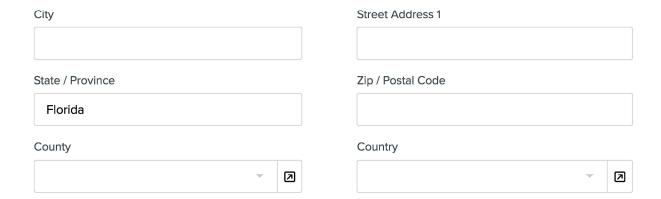
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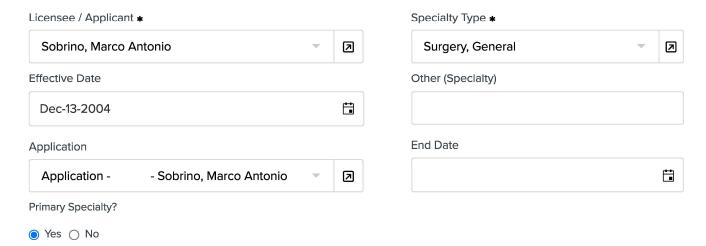
Location Details



Specialties

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

Specialty Details



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 _				
Date3	125/2024	/		

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 2 7 2024

NEVADA STATE BOARD OF MEDICAL EXAMINERS

