

Demographic Details

First Name

Fernando

Middle Name

Cunanan

Last Name *

Azarcon

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

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

13239 N 93rd Way

ZIP / Postal Code

85260

Address Line 2

State / Province

Arizona

City

Scottsdale

Country

United States



County

Maricopa

Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

(602) 621-3416

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Azarcon, Fernando Cunanan

▼

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

ABMS Certification

▼

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Endorsement

▼

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
Azarcon, Fernando Cunanan	American Board	N/A	Radiology, Diagnostic	Sep-30-2013	N/A

Board Certification Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼ 

Specialty


Radiology, Diagnostic ▼ 

Certifying Board


American Board ▼ 

Other Certifying Board

Initial Certification Date

Sep-30-2013 

Recertification Date



Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - - Azarcon, Fernando Cunanan ▼ 


Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical
Azarcon, Fernando Cunanan	Undergraduate Medical Clerkship -University of Sto. Tomas	Apr-16-1988	Apr-15-1989	100
Azarcon, Fernando Cunanan	Post Graduate Medical Internship- EAST AVENUE MEDICAL CENTER	May-01-1989	Apr-30-1990	100
Azarcon, Fernando Cunanan	PHYSICIAN'S ASSISTANT- Under supervision of a certified physician, Primary outpatient medical care-The Medical Clinic . Study for Philippine Medical Board	May-01-1990	Mar-31-1991	100
Azarcon, Fernando Cunanan	Attending physician – General/Family Medicine -The Medical Clinic –Primary outpatient medical care.	Jan-31-1991	Dec-31-1995	100
Azarcon, Fernando Cunanan	RADIOLOGY RESIDENCY-PHILIPPINE HEART CENTER	Jan-01-1996	Dec-31-1998	100
Azarcon, Fernando Cunanan	CARDIOVASCULAR FELLOWSHIP-PHILIPPINE HEART CENTER	Jan-01-1999	Dec-31-1999	100
Azarcon, Fernando Cunanan	Diagnostic Radiologist- Dr. Paulino J. Garcia Memorial Research and Medical Center	Jan-01-2000	Mar-31-2000	100
Azarcon, Fernando Cunanan	Senior Registrar Radiologist - Armed Forces Hospital	Mar-26-2000	Nov-03-2000	100
Azarcon, Fernando Cunanan	Senior Registrar Radiologist-Princess Margaret Hospital	Feb-01-2002	Dec-31-2002	100
Azarcon, Fernando Cunanan	Radiology GI/Interventional Fellowship- McMaster University Medical Center	Jan-15-2003	Dec-31-2023	100
Azarcon, Fernando Cunanan	Family care ,Step 3 prep and Fellowship training search/application. Preparing to take the USMLE 3 exam and applying for fellowships in Radiology in the US. Visa to work is dependent u	Jan-01-2004	Nov-03-2004	0
Azarcon, Fernando Cunanan	Abdominal Imaging Fellowship- Jackson Memorial Hospital-Radiology	Aug-01-2005	Oct-31-2006	100
Azarcon, Fernando Cunanan	Assistant Professor Diagnostic Radiologist - Detroit Medical Center Dept. of Radiology/Wayne State University	Nov-04-2006	Sep-01-2009	100
Azarcon, Fernando Cunanan	Dept. of Radiology, Texas Tech University Health Sciences Center, Assistant Professor Diagnostic Radiologist	Oct-01-2009	Dec-01-2014	100
Azarcon, Fernando Cunanan	Diagnostic/ER Radiologist -Medical Diagnostic Imaging (MDIG) - business is closed 2021	Dec-01-2014	Dec-31-2017	100
Azarcon, Fernando Cunanan	Diagnostic/ER Radiologist DISTRICT MEDICAL GROUP (DMG)/VALLEYWISE HEALTH MEDICAL CENTER	Jan-01-2018	Dec-31-2024	100

Application Activity Details


Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

Apr-16-1988



Percent Clinical *

100

Application

Application - - Azarcon, Fernando Cunanan ▼



Name of Organization / Institution

Undergraduate Medical Clerkship -University of Sto. Tom

End Date

Apr-15-1989



Position

Activity Type

Research/Observership ▼



Location Details

Street Address 1

Espana st, Sampaloc, Manila, Philippines

City

Manila

Country

Philippines ▼



State / Province

METRO MANILA


Zip / Postal Code

1008

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

May-01-1989



Percent Clinical *

100

Application

Application - - Azarcon, Fernando Cunanan ▼




Name of Organization / Institution

Post Graduate Medical Internship- EAST AVENUE MEDIC

End Date

Apr-30-1990



Position

Activity Type

Postgraduate Training ▼



Location Details

Street Address 1


J2RX+V49, East Ave, Diliman

City

, Quezon City

Country

Philippines ▼



State / Province

METRO MANILA


Zip / Postal Code

1100

Application Activity Details


Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

May-01-1990




Percent Clinical *

100

Application

Application - - Azarcon, Fernando Cunanan ▼



Name of Organization / Institution

PHYSICIAN'S ASSISTANT- Under supervision of a certifie

End Date


Jan-31-1991



Position

Activity Type

Medical Practice/Physician ▼



Location Details

Street Address 1

SAGANA HOMES, CULIAT , QUEZON CITY, P

City

QUEZON CITY

Country

Philippines ▼



State / Province


METRO MANILA

Zip / Postal Code

1128

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼ 


Start Date

Jan-31-1991 

Percent Clinical *

100

Application

Application - - Azarcon, Fernando Cunanan ▼ 

Name of Organization / Institution


Attending physician – General/Family Medicine -The Me

End Date

Dec-31-1995 

Position

Activity Type

Medical Practice/Physician ▼ 

Location Details


Street Address 1

Sagana Homes, Culiati, Quezon City,Philippine

City

QUEZON CITY

Country

Philippines ▼ 

State / Province

METRO MANILA


Zip / Postal Code

1128

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

Jan-01-1996




Percent Clinical *

100

Application

Application - - Azarcon, Fernando Cunanan ▼




Name of Organization / Institution

RADIOLOGY RESIDENCY-PHILIPPINE HEART CENTER

End Date

Dec-31-1998



Position

Activity Type

Postgraduate Training ▼



Location Details

Street Address 1


J2VX+J72 EAST AVENUE, DILIMAN, QUEZON

City

QUEZON CITY

Country

Philippines ▼



State / Province

METRO MANILA

Zip / Postal Code

1100

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan

▼



Start Date

Jan-01-1999



Percent Clinical *

#

100

Application

Application -

- Azarcon, Fernando Cunanan

▼



Name of Organization / Institution

CARDIOVASCULAR FELLOWSHIP-PHILIPPINE HEART CE

End Date

Dec-31-1999



Position

Activity Type

Postgraduate Training

▼



Location Details

Street Address 1

J2VX+J72 EAST AVENUE

City

Quezon City

Country

Philippines

▼



State / Province

Metro Manila

Zip / Postal Code


1100

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan

▼



Start Date

Jan-01-2000



Percent Clinical *

#

100

Application

Application -

- Azarcon, Fernando Cunanan

▼



Name of Organization / Institution

Diagnostic Radiologist- Dr. Paulino J. Garcia Memorial Re

End Date

Mar-31-2000




Position

Activity Type

Medical Practice/Physician

▼



Location Details

Street Address 1

Mabini Street Extension, Extension

City

Cabanatuan City

Country

Philippines

▼



State / Province

Nueva Ecija


Zip / Postal Code

3100

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

Mar-26-2000



Percent Clinical *

#

100

Application

Application -

- Azarcon, Fernando Cunanan ▼




Name of Organization / Institution

Senior Registrar Radiologist - Armed Forces Hospital

End Date

Nov-03-2000



Position

Activity Type

Medical Practice/Physician ▼



Location Details

Street Address 1

Khamis Mushayt, Tamniah Saudi 18°13'43. 42°

City

Tamniah

Country

Saudi Arabia ▼



State / Province

Kamis Mushayt


Zip / Postal Code

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan

▼



Start Date

Feb-01-2002



Percent Clinical *

#

100

Application

Application -

- Azarcon, Fernando Cunanan

▼



Name of Organization / Institution

Senior Registrar Radiologist-Princess Margaret Hospital

End Date

Dec-31-2002




Position

Activity Type

Medical Practice/Physician

▼



Location Details

Street Address 1

3MF7+P9G, Shirley St


City

Nassau

Country

Bahamas

▼



State / Province


Nassau

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

Jan-15-2003



Percent Clinical *

100

Application

Application - - Azarcon, Fernando Cunanan ▼



Name of Organization / Institution

Radiology GI/Interventional Fellowship- McMaster Univer

End Date

Dec-31-2023



Position

Activity Type

Medical Practice/Physician ▼



Location Details

Street Address 1

1200 Main St W, Hamilton

City

Hamilton

Country

Canada ▼



State / Province

Ontario


Zip / Postal Code

L8N 3Z5

Application Activity Details


Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

Jan-01-2004




Percent Clinical *

0

Application

Application - - Azarcon, Fernando Cunanan ▼



Name of Organization / Institution

Family care ,Step 3 prep and Fellowship training search/

End Date

Nov-03-2004



Position

Activity Type

Non-Medical ▼



Location Details

Street Address 1

Beaver Creek apt. 1811 East High Avenue Apt

City

New Philadelphia

Country

United States ▼



State / Province

Ohio


Zip / Postal Code

44603

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

Aug-01-2005



Percent Clinical *


#

100

Application

Application -

- Azarcon, Fernando Cunanan ▼



Name of Organization / Institution

Abdominal Imaging Fellowship- Jackson Memorial Hospi

End Date


Oct-31-2006



Position

Activity Type

Postgraduate Training ▼



Location Details

Street Address 1

1611 NW 12th Ave #233

City

Miami

Country

United States ▼



State / Province

Florida


Zip / Postal Code

33136

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

Nov-04-2006



Percent Clinical *

#

100

Application

Application -

- Azarcon, Fernando Cunanan ▼




Name of Organization / Institution

Assistant Professor Diagnostic Radiologist - Detroit Medi

End Date


Sep-01-2009



Position

Activity Type

Medical Practice/Physician ▼



Location Details

Street Address 1

4201 St. Antoine,Detroit Receiving Hospital 3

City

Detroit

Country

United States ▼



State / Province

Michigan

Zip / Postal Code


48201

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼ 

Start Date

Oct-01-2009 

Percent Clinical *

100


Application

Application - - Azarcon, Fernando Cunanan ▼ 

Name of Organization / Institution


Dept. of Radiology, Texas Tech University Health Science

End Date

Dec-01-2014 

Position

Activity Type

Medical Practice/Physician ▼ 

Location Details


Street Address 1

5001 El Paso Drive, MSC 41029 CSB-A02

City

El Paso

Country

United States ▼ 

State / Province

Texas

Zip / Postal Code

79905

Application Activity Details


Licensee / Applicant

Azarcon, Fernando Cunanan ▼



Start Date

Dec-01-2014



Percent Clinical *

100

Application

Application - - Azarcon, Fernando Cunanan ▼




Name of Organization / Institution

Diagnostic/ER Radiologist -Medical Diagnostic Imaging (↑)

End Date


Dec-31-2017



Position

Activity Type

Medical Practice/Physician ▼



Location Details

Street Address 1


10835 N 25th Ave Ste 240

City

Phoenix

Country

United States ▼



State / Province

Arizona

Zip / Postal Code

85029

Application Activity Details

Licensee / Applicant

Azarcon, Fernando Cunanan

Start Date

Jan-01-2018

Percent Clinical *

#

100

Application

Application -

- Azarcon, Fernando Cunanan

Name of Organization / Institution

Diagnostic/ER Radiologist DISTRICT MEDICAL GROUP (C

End Date

Dec-31-2024

Position

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

2929 E THOMAS RD/ 2601 E ROOSEVELT ST

City

PHOENIX

Country

United States

State / Province

Arizona

Zip / Postal Code

85016

Declarations

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


Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Azarcon, Fernando Cunanan	Medical School	University of Santo Tomas Faculty of Medicine and Surgery	Medical Doctor Degree	Jun-17-1985	Apr-15-1989	Apr-15-1989

Education Details

Licensee/Applicant *

Azarcon, Fernando Cunanan ▼



Address

España Blvd

City

Sampaloc, Manila

State / Province


Metro Manila

Zip / Postal Code

1008


Country

Philippines ▼



Application

Application - - Azarcon, Fernando Cunanan ▼



Specialty Type

▼



Name of School

University of Santo Tomas Faculty of Medicine

Education Type

Medical School ▼



Degree Attained

Medical Doctor Degree ▼




Date From

Jun-17-1985



Date To

Apr-15-1989




Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Apr-15-1989



Major Program

Examinations


Licensee / Applicant ▼	Examination Type ▼	Attended Date ↑
Azarcon, Fernando Cunanan	United States Medical Licensing Examination (USMLE)	Sep-22-1992
Azarcon, Fernando Cunanan	United States Medical Licensing Examination (USMLE)	Mar-30-1993
Azarcon, Fernando Cunanan	ECFMG	May-17-1993
Azarcon, Fernando Cunanan	United States Medical Licensing Examination (USMLE)	Nov-26-2002
Azarcon, Fernando Cunanan	United States Medical Licensing Examination (USMLE)	Jul-12-2004
Azarcon, Fernando Cunanan	United States Medical Licensing Examination (USMLE)	Dec-17-2013

Examination Details

Licensee / Applicant *

Azarcon, Fernando Cunanan ▼ 


Attended Date

Sep-22-1992 

Number of Attempts

1

Application

Application - - Azarcon, Fernando Cunanan ▼ 


Location

Manila , Philippines

Result

181 Passed

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?


☐ Yes ☐ No

Steps

Step 1

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Azarcon, Fernando Cunanan ▼ 


Attended Date

Mar-30-1993 

Number of Attempts

2

Application

Application - - Azarcon, Fernando Cunanan ▼ 

Location

Manila , Philippines

Result

182 Passed

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

☐ Yes ☐ No

Steps

Step 2 (CK)

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Azarcon, Fernando Cunanan

Attended Date

May-17-1993

Number of Attempts

#

Application

Application -

- Azarcon, Fernando Cunanan

Location

Result

Pass

Examination Type

ECFMG

Other Exam

Are you currently certified?

☒ Yes ☐ No

Steps

Certificate Number


Exam Date

May-17-1993

Expiration Date

Examination Details

Licensee / Applicant *

Azarcon, Fernando Cunanan ▼ 


Attended Date

Nov-26-2002 

Number of Attempts

2

Application


Application - - Azarcon, Fernando Cunanan ▼ 

Location

Result

174

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

☐ Yes ☐ No

Steps

Step 3

Certificate Number

Exam Date

Nov-26-2002 

Expiration Date




Examination Details

Licensee / Applicant *

Azarcon, Fernando Cunanan ▼ 


Attended Date

Jul-12-2004 

Number of Attempts

2

Application

Application - - Azarcon, Fernando Cunanan ▼ 


Location

Ohio

Result

194 Passed

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

☐ Yes ☐ No

Steps

Step 3

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Azarcon, Fernando Cunanan ▼ 


Attended Date

Dec-17-2013 

Number of Attempts

2

Application


Application - - Azarcon, Fernando Cunanan ▼ 

Location

Result

191

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?


☐ Yes ☐ No

Steps

Step 2 (CK)

Certificate Number

Exam Date

Dec-17-2013 

Expiration Date



Hospitals


Licensee / Applicant ▼	Name of Organization ▼	Start Date ↑	End Date ▼
Azarcon, Fernando Cunanan	Texas Tech University Health Sciences Center	Oct-01-2009	Dec-01-2014
Azarcon, Fernando Cunanan	HonorHealth John C. Lincoln Medical Center	Dec-01-2014	Dec-31-2017
Azarcon, Fernando Cunanan	Valleywise Health Medical Center	Jan-01-2018	N/A

Hospital Details

Licensee / Applicant

Azarcon, Fernando Cunanan

▼



Name of Organization


Texas Tech University Health Sciences Center

Application

Application -


- Azarcon, Fernando Cunanan

▼



Start Date

Oct-01-2009



End Date

Dec-01-2014



Address Details

Street Address Line 1

5001 El Paso Drive, MSC 41029 CSB

State / Province

Texas

Street Address Line 2

ZIP / Postal Code

79905


City

El Paso

Country

United States


▼



Hospital Details

Licensee / Applicant

Azarcon, Fernando Cunanan ▼




Name of Organization

HonorHealth John C. Lincoln Medical Center

Application

Application - - Azarcon, Fernando Cunanan ▼



Start Date

Dec-01-2014



End Date

Dec-31-2017



Address Details

Street Address Line 1

250 E Dunlap Ave

State / Province

Arizona

Street Address Line 2

ZIP / Postal Code


85020

City

PHOENIX

Country

United States ▼




Hospital Details

Licensee / Applicant

Azarcon, Fernando Cunanan

▼



Name of Organization


Valleywise Health Medical Center

Application

Application -

- Azarcon, Fernando Cunanan

▼




Start Date

Jan-01-2018



End Date



Address Details

Street Address Line 1

2601 E. ROOSEVELT ST

State / Province

Arizona

Street Address Line 2

ZIP / Postal Code

85008

City

PHOENIX

Country

United States

▼



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Azarcon, Fernando Cunanan	48576	N/A	Jun-09-2014	May-09-2025	Arizona
Azarcon, Fernando Cunanan	ME119055	N/A	Mar-11-2014	Jan-31-2026	Florida
Azarcon, Fernando Cunanan	125	N/A	Aug-18-1994	Jan-01-1997	Illinois
Azarcon, Fernando Cunanan	4301083884	N/A	Dec-11-2008	Dec-11-2025	Michigan
Azarcon, Fernando Cunanan	2014-00835	N/A	Apr-30-2014	Jan-09-2025	North Carolina
Azarcon, Fernando Cunanan	78794	N/A	Dec-31-2003	N/A	Ontario
Azarcon, Fernando Cunanan	43631	N/A	Oct-02-2011	Oct-02-2012	Texas
Azarcon, Fernando Cunanan	42771	N/A	Oct-01-2009	Oct-01-2010	Texas
Azarcon, Fernando Cunanan	P8845	N/A	Feb-07-2014	Feb-28-2015	Texas
Azarcon, Fernando Cunanan	44401	N/A	Oct-04-2013	Feb-07-2014	Texas
Azarcon, Fernando Cunanan	44079	N/A	Oct-03-2012	Oct-03-2013	Texas
Azarcon, Fernando Cunanan	43229	N/A	Oct-01-2010	Oct-01-2011	Texas

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

▼

Licensing Board or Regulatory Authority

ARIZONA MEDICAL BOARD

License Number

48576

State / Province

Arizona

Country

United States

▼

Application

Application -

- Azarcon, Fernando Cunanan

▼

License Type

License Status

ACTIVE

Issue Date

Jun-09-2014

Expiration Date

May-09-2025

Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

▼



Licensing Board or Regulatory Authority

FLORIDA MEDICAL BOARD

License Number

ME119055

State / Province

Florida

Country

United States

▼



Application

Application -

- Azarcon, Fernando Cunanan

▼



License Type

License Status

ACTIVE

Issue Date

Mar-11-2014



Expiration Date

Jan-31-2026



Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

▼



Licensing Board or Regulatory Authority

Illinois

License Number

125

State / Province

Illinois

Country

▼



Application

Application -

- Azarcon, Fernando Cunanan

▼



License Type

License Status

Denied

Issue Date

Aug-18-1994



Expiration Date

Jan-01-1997



Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

▼



Licensing Board or Regulatory Authority

MICHIGAN MEDICAL BOARD

License Number

4301083884

State / Province

Michigan

Country

United States

▼



Application

Application -

- Azarcon, Fernando Cunanan

▼



License Type

License Status

ACTIVE

Issue Date

Dec-11-2008



Expiration Date

Dec-11-2025



Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

▼



Licensing Board or Regulatory Authority

NORTH CAROLINA MEDICAL BOARD

License Number

2014-00835

State / Province

North Carolina

Country

United States

▼



Application

Application -

- Azarcon, Fernando Cunanan

▼



License Type

License Status

ACTIVE

Issue Date

Apr-30-2014



Expiration Date

Jan-09-2025



Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan▼

Licensing Board or Regulatory Authority

Ontario


License Number

78794

State / Province

Ontario

Country

Canada▼

Application

Application - - Azarcon, Fernando Cunanan▼


License Type

License Status

Issue Date

Dec-31-2003

Expiration Date



Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

Licensing Board or Regulatory Authority

Texas

License Number

43631

State / Province

Texas

Country

Application

Application -

- Azarcon, Fernando Cunanan

License Type

License Status

Issue Date

Oct-02-2011

Expiration Date

Oct-02-2012

Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

▼



Licensing Board or Regulatory Authority

Texas

License Number

42771

State / Province

Texas

Country

▼



Application

Application -

- Azarcon, Fernando Cunanan

▼



License Type

License Status

Issue Date

Oct-01-2009



Expiration Date

Oct-01-2010



Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

▼

Licensing Board or Regulatory Authority

Texas

License Number

P8845

State / Province

Texas

Country

▼

Application

Application -

- Azarcon, Fernando Cunanan

▼

License Type

License Status

Issue Date

Feb-07-2014

Expiration Date

Feb-28-2015

Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

▼



Licensing Board or Regulatory Authority

Texas

License Number

44401

State / Province

Texas

Country

▼



Application

Application -

- Azarcon, Fernando Cunanan

▼



License Type

License Status


Issue Date

Oct-04-2013



Expiration Date

Feb-07-2014



Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

▼



Licensing Board or Regulatory Authority

Texas

License Number

44079

State / Province

Texas

Country

▼



Application

Application -

- Azarcon, Fernando Cunanan

▼



License Type

License Status

Issue Date

Oct-03-2012



Expiration Date

Oct-03-2013



Notes

Other License Details

Licensee/Applicant

Azarcon, Fernando Cunanan

Licensing Board or Regulatory Authority

Texas

License Number

43229

State / Province

Texas

Country

Application

Application -

- Azarcon, Fernando Cunanan

License Type

License Status

Issue Date

Oct-01-2010

Expiration Date

Oct-01-2011


Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type
Azarcon, Fernando Cunanan	McMaster University Medical Centre	Radiology, Interventional	Jan-15-2003	Dec-31-2003	Fellowship
Azarcon, Fernando Cunanan	Wayne State University / Detroit Medical Center	Radiology,Vascular/Interventional	Nov-05-2004	Jul-31-2005	Fellowship
Azarcon, Fernando Cunanan	Jackson Memorial Hospital	Radiology, Abdominal	Aug-01-2005	Oct-31-2006	Fellowship

Postgraduate Training Details


Licensee / Applicant *

Azarcon, Fernando Cunanan	
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Program Type *

Fellowship	▼	
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Date From

Jan-15-2003	
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Name of School or Institution

McMaster University Medical C

Specialty Type

Radiology, Interventional	▼	
---------------------------	---	-----------------------------------------------------------------------------------


Other (Specialty)

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Training Status *

Completed	▼	
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Accreditation Type

CCME (Coordinating Council of Medical Education of the Canadian Medical Association)	
--------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

Date To

Dec-31-2003	
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Application

Application -	- Azarcon, Fernando Cunanan	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details

City

Ontario

Street Address 1

--

State / Province

CANADA

Zip / Postal Code

--

County


	▼	
--	---	-------------------------------------------------------------------------------------

Country


	▼	
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Postgraduate Training Details

Licensee / Applicant *

Azarcon, Fernando Cunanan	▼	
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Program Type *

Fellowship	▼	
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Date From

Nov-05-2004	
-------------	-----------------------------------------------------------------------------------

Name of School or Institution

Wayne State University / Detroit Medical Center

Specialty Type

Radiology,Vascular/Interventional	▼	
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Other (Specialty)

--

Training Status *

	▼	
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Accreditation Type

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

Date To

Jul-31-2005	
-------------	-------------------------------------------------------------------------------------

Application

Application -	- Azarcon, Fernando Cunanan	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details

City

Detroit

State / Province

Michigan

County

	▼	
--	---	-------------------------------------------------------------------------------------

Street Address 1

--

Zip / Postal Code

--

Country


	▼	
--	---	---------------------------------------------------------------------------------------

Postgraduate Training Details

Licensee / Applicant *

Azarcon, Fernando Cunanan

▼



Program Type *

Fellowship

▼



Date From

Aug-01-2005



Name of School or Institution

Jackson Memorial Hospital

Specialty Type

Radiology, Abdominal

▼




Other (Specialty)

Training Status *

Completed

▼



Accreditation Type

Not Accredited

▼



Date To


Oct-31-2006



Application

Application - - Azarcon, Fernando Cunanan

▼



Historical Major Program

Historical Degree Attained

Location Details

City

Miami

Street Address 1

State / Province

Florida

Zip / Postal Code

County

▼



Country

▼



Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Azarcon, Fernando Cunanan	Radiology, MRI	Yes	Nov-04-2006	N/A
Azarcon, Fernando Cunanan	Radiology, Diagnostic	Yes	Nov-04-2006	N/A
Azarcon, Fernando Cunanan	Radiology, Abdominal	Yes	Nov-04-2006	N/A
Azarcon, Fernando Cunanan	Radiology	Yes	Nov-04-2006	N/A
Azarcon, Fernando Cunanan	Radiology, Body Imaging	Yes	Nov-04-2006	N/A

Specialty Details

Licensee / Applicant *

Azarcon, Fernando Cunanan

Effective Date

Nov-04-2006

Application

Application - - Azarcon, Fernando Cunanan

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Radiology, MRI

Other (Specialty)

End Date

Specialty Details

Licensee / Applicant *

Azarcon, Fernando Cunanan

Effective Date

Nov-04-2006

Application

Application - - Azarcon, Fernando Cunanan

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Radiology, Abdominal

Other (Specialty)

End Date

Specialty Details

Licensee / Applicant *

Azarcon, Fernando Cunanan

Effective Date

Nov-04-2006

Application

Application - - Azarcon, Fernando Cunanan

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Radiology

Other (Specialty)

End Date

Specialty Details

Licensee / Applicant *

Azarcon, Fernando Cunanan

Effective Date

Nov-04-2006

Application

Application - - Azarcon, Fernando Cunanan

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Radiology, Diagnostic

Other (Specialty)

End Date

Specialty Details

Licensee / Applicant *

Azarcon, Fernando Cunanan

Effective Date

Nov-04-2006

Application

Application - - Azarcon, Fernando Cunanan

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Radiology, Body Imaging

Other (Specialty)

End Date

MAY 24 2024

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, 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 FERNANDO AZARCON

Sign your name _____

Date May 21, 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.

