# **Demographic Details**

| First Name                                                     | Gender                           |     |
|----------------------------------------------------------------|----------------------------------|-----|
| Sergio                                                         | Male                             | 7   |
| Middle Name                                                    | Date of Birth                    |     |
| Arturo                                                         | -1982                            | Ħ   |
| Last Name *                                                    | Name Suffix                      |     |
| ALVAREZ                                                        |                                  |     |
| Previous Name(s)                                               | City of Birth                    |     |
| Social Security Number                                         | Place of Birth                   |     |
| Tax Identification Number                                      | Weight (in Ibs)                  |     |
| Height                                                         | Eye Color                        |     |
| Hair Color                                                     | Comments (non-public information | on) |
| Is this person deceased?                                       | Public Information               |     |
| ○ Yes <b>⑥</b> No                                              |                                  |     |
| Date Deceased                                                  |                                  |     |
|                                                                |                                  |     |
| Do you have a Nevada Business License in your individual name? |                                  |     |
| ○ Yes ○ No                                                     |                                  |     |
| Nevada BIN                                                     |                                  |     |
| Historical File Number                                         |                                  |     |

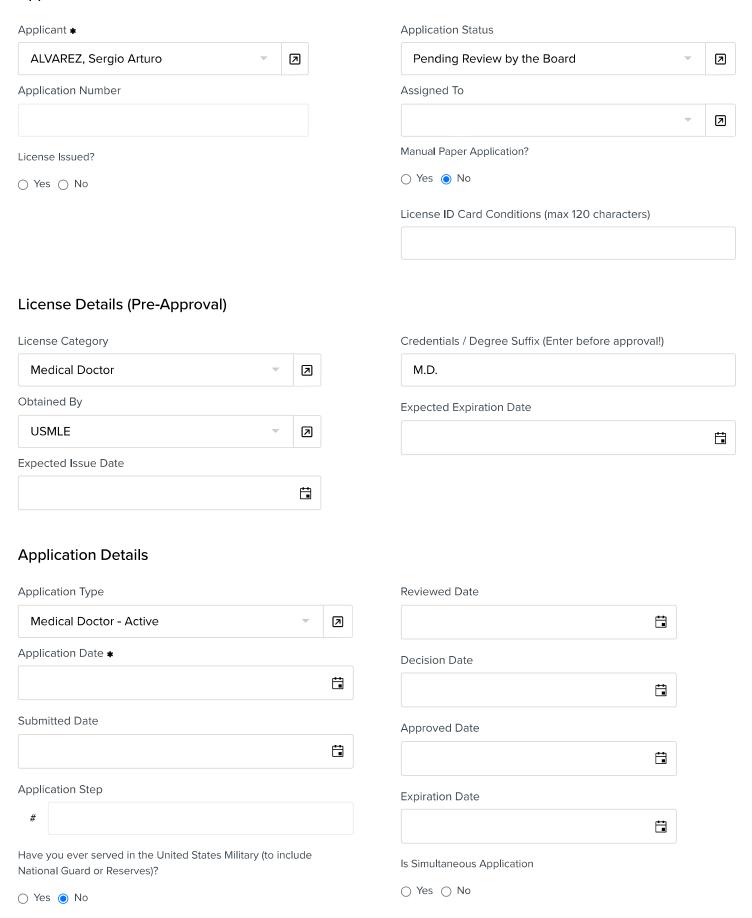
# Military Detail

| Have you ever served in the United States Militar | y (to include National Guard or Reserves)?                    |
|---------------------------------------------------|---------------------------------------------------------------|
| ○ Yes <b>⑥</b> No                                 |                                                               |
| Discipline / SPL                                  |                                                               |
| Disciplinary Action?                              | SPL?                                                          |
| ○ Yes ○ No                                        | ○ Yes ○ No                                                    |
|                                                   | Date of SPL Issuance                                          |
|                                                   |                                                               |
| Contact Information                               |                                                               |
| Primary Phone                                     | Secondary Phone                                               |
| #                                                 | #                                                             |
| Primary Phone Extension                           | Secondary Phone Extension                                     |
|                                                   |                                                               |
| Primary E-mail Address                            | Mail should be directed to                                    |
|                                                   |                                                               |
| Cell Phone                                        | Fax                                                           |
| #                                                 | #                                                             |
| Public Address                                    |                                                               |
| Street Address                                    | ZIP / Postal Code                                             |
| 14000 SW 119th Ave                                | 33186                                                         |
|                                                   |                                                               |
| Address Line 2                                    | State / Province Florida                                      |
| City                                              | Country                                                       |
| Miami                                             | United States   ✓                                             |
| County                                            | ls your physical address different from your mailing address? |
| Miami-Dade                                        |                                                               |
|                                                   | Public Phone                                                  |
|                                                   | # 305-797-4082                                                |

# Mailing Address

| Street Address              | City (Mailing)             |
|-----------------------------|----------------------------|
|                             |                            |
| Address Line 2              | State / Province (Mailing) |
| ZIP / Postal Code (Mailing) | County (Mailing)           |
|                             | <b>—</b>                   |
|                             | County (Mailing)           |
|                             |                            |

### **Application Status**



| Are you the spouse of an active duty member or surviving spouse of a veteran?                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ○ Yes <b>③</b> No                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                      |
| Invoices                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                      |
| Application Invoice                                                                                                                                                                                                                                                                                                                                                   | Application Payment Date                                                                                                                                                                                                                                                                                                             |
| - Paid in Full                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                      |
| Licensure Invoice                                                                                                                                                                                                                                                                                                                                                     | Licensure Payment Date                                                                                                                                                                                                                                                                                                               |
| <b>—</b> [2]                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                      |
| 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                                                                                                                                                    | 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.                                                                                                                                                                 |
| appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in                                                                                                                                                                                                                        | Yes     No                                                                                                                                                                                                                                                                                                                           |
| 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. | 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                                                                                                                                                                                                                                                                                                                           |
| I am willing to accept Board communications to me, to include                                                                                                                                                                                                                                                                                                         | Child Support Attestation Type                                                                                                                                                                                                                                                                                                       |
| service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail).                                                                                                                                                                                                                                        | Not subject to a court order                                                                                                                                                                                                                                                                                                         |
| Further, should the electronic mail address provided below change for any reason. Lagree to apprise the Board in writing of my new                                                                                                                                                                                                                                    | I have read this responsibility statement and understand that I alone                                                                                                                                                                                                                                                                |

in Nevada.

O Yes ○ No

O Yes ○ No

electronic mail address within 30 days after the change.

The answers to the foregoing questions and statements made in the

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

above application, as well as any and all further explanations

O Yes O No

medicine in the state of Nevada.

O Yes O No

am accountable for completing my application for medical licensure

In consideration for processing my application I, the undersigned,

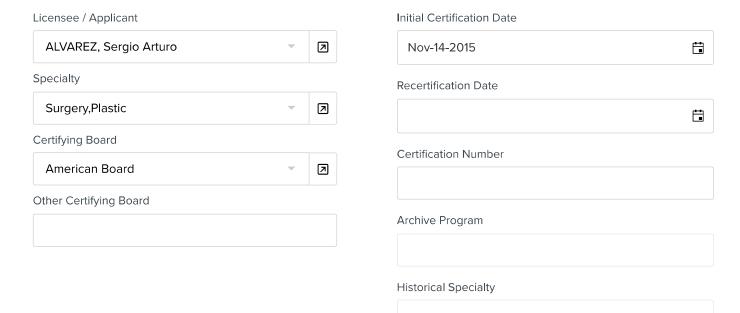
irrevocably agree to the Civil Applicant Waiver.

whose name and signature voluntarily appears below; do hereby and

# **Board Certifications**

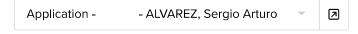
| Licensee / Applicant   | Certifying Board ↑ ▼ | Other Certifying Board | Specialty <b>T</b> | Initial Certification Date | Recertification Date |
|------------------------|----------------------|------------------------|--------------------|----------------------------|----------------------|
| ALVAREZ, Sergio Arturo | American Board       | N/A                    | Surgery,Plastic    | Nov-14-2015                | N/A                  |

### **Board Certification Details**



### **Connected Record**

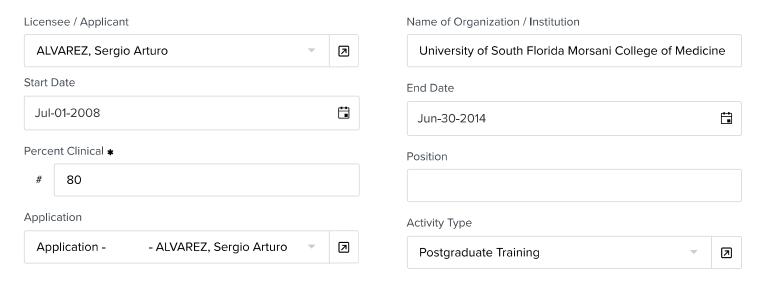
Application



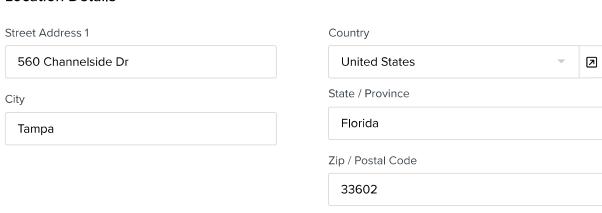
## Activities

| Licensee / Applicant   | Name of Organization / Institution                      | Start Date ↑ ▼ | End Date    | Percent Clinical |
|------------------------|---------------------------------------------------------|----------------|-------------|------------------|
| ALVAREZ, Sergio Arturo | University of South Florida Morsani College of Medicine | Jul-01-2008    | Jun-30-2014 | 80               |
| ALVAREZ, Sergio Arturo | Mia Aesthetics                                          | Jun-01-2014    | Jan-03-2024 | 100              |

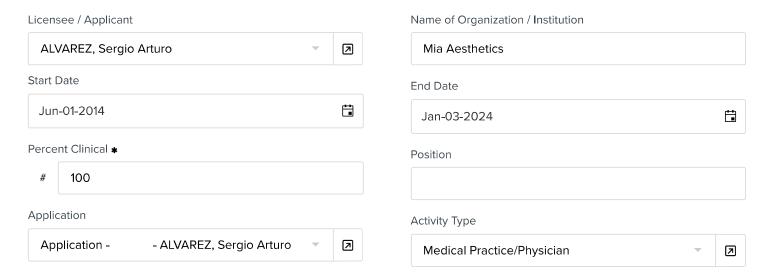
## **Application Activity Details**



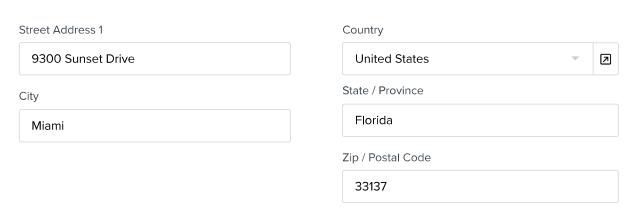
### **Location Details**



## **Application Activity Details**

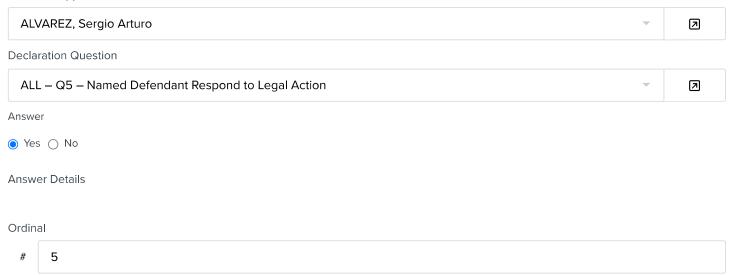


### **Location Details**



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

Licensee/Applicant

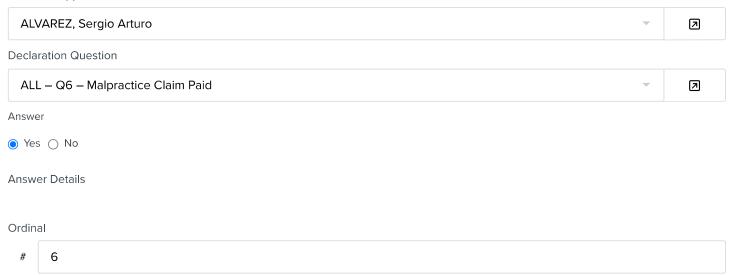


**Declaration Text** 

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

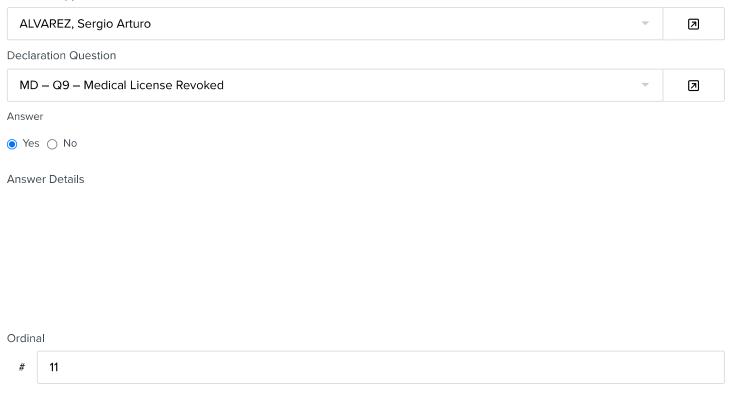


**Declaration Text** 

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

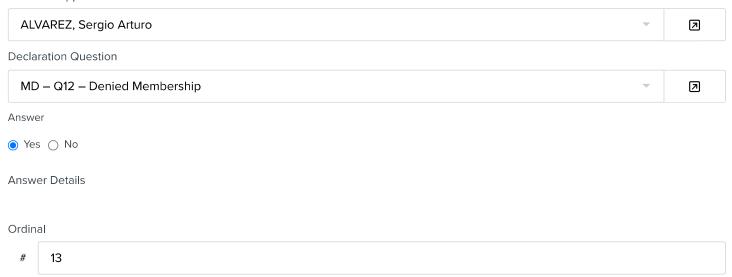


**Declaration Text** 

Have you 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?



Licensee/Applicant

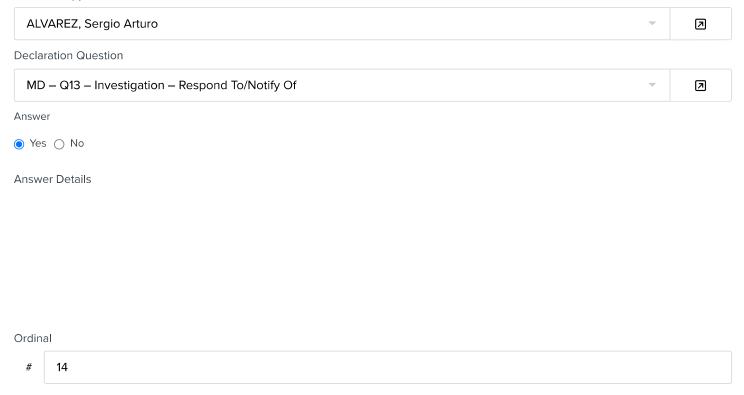


**Declaration Text** 

Have you EVER been denied membership, asked to resign, or expelled from a medical society or other professional medical organization?

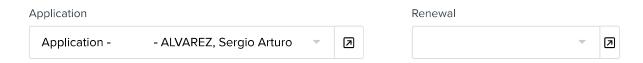


Licensee/Applicant

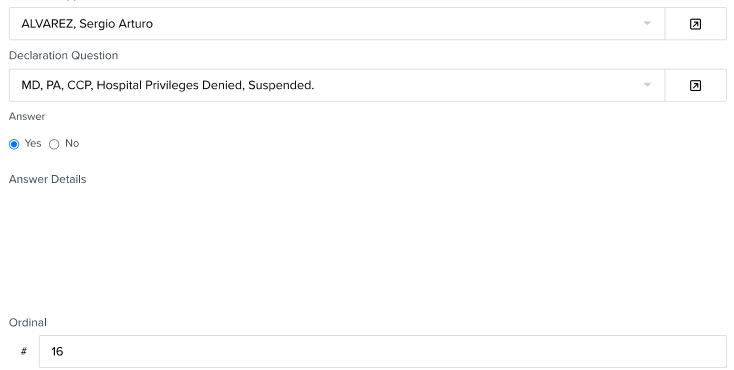


#### **Declaration Text**

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?



Licensee/Applicant



#### **Declaration Text**

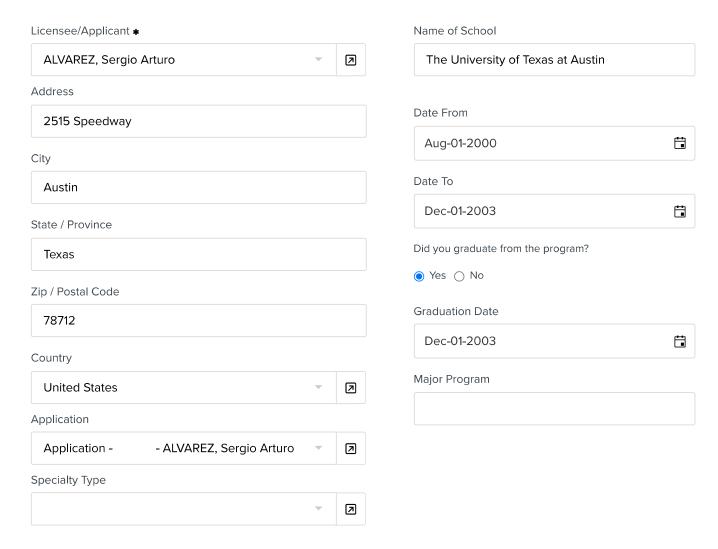
Have you ever had staff privileges denied, suspended, limited, revoked, or not renewed by the hospital? (Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attended hospital departmental or staff meetings, or maintain required malpractice Insurance.) If "YES" List any (All resignations from any medical staff in lieu of disciplinary or administrative action. Include all hospitals, addresses, type of action and dates of action.



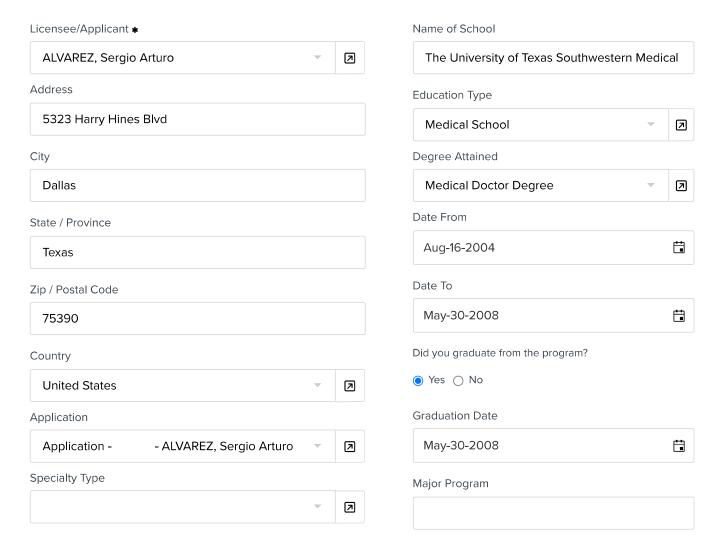
## Education

| Licensee/Applicant     | Education Type | Name of School                                                | Degree Attained ↑ ▼   | Date From 🔻 | Date To ↑ ▼ | Graduation Date |
|------------------------|----------------|---------------------------------------------------------------|-----------------------|-------------|-------------|-----------------|
| ALVAREZ, Sergio Arturo | Undergraduate  | The University of Texas at Austin                             | Bachelor of Arts      | Aug-01-2000 | Dec-01-2003 | Dec-01-2003     |
| ALVAREZ, Sergio Arturo | Medical School | The University of Texas Southwestern Medical Center at Dallas | Medical Doctor Degree | Aug-16-2004 | May-30-2008 | May-30-2008     |

### **Education Details**

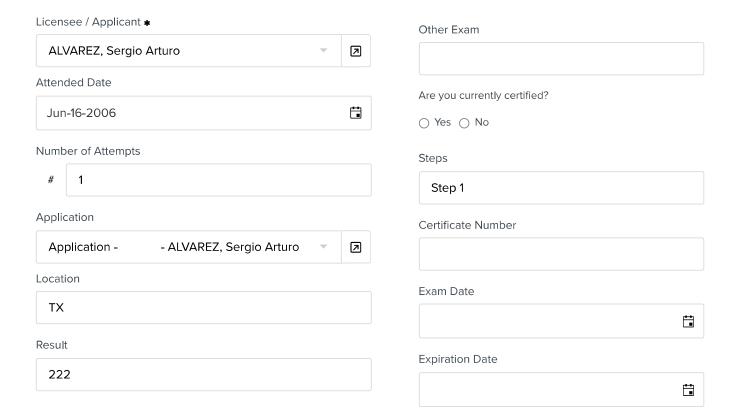


### **Education Details**



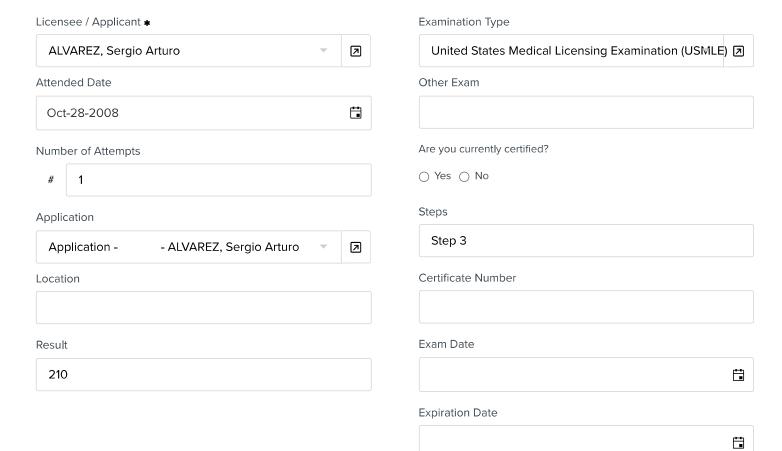
### Examinations

| Licensee / Applicant   | Examination Type                                    | Attended Date † |
|------------------------|-----------------------------------------------------|-----------------|
| ALVAREZ, Sergio Arturo | United States Medical Licensing Examination (USMLE) | Jun-16-2006     |
| ALVAREZ, Sergio Arturo | United States Medical Licensing Examination (USMLE) | Jul-21-2007     |
| ALVAREZ, Sergio Arturo | United States Medical Licensing Examination (USMLE) | Sep-19-2007     |
| ALVAREZ, Sergio Arturo | United States Medical Licensing Examination (USMLE) | Oct-28-2008     |



| Licensee / Applicant *             |   | Examination Type                                      |
|------------------------------------|---|-------------------------------------------------------|
| ALVAREZ, Sergio Arturo             |   | United States Medical Licensing Examination (USMLE) 🗷 |
| Attended Date                      |   | Other Exam                                            |
| Jul-21-2007                        |   |                                                       |
| Number of Attempts                 |   | Are you currently certified?                          |
| # 1                                |   | ○ Yes ○ No                                            |
| Application                        |   | Steps                                                 |
| Application ALVAREZ, Sergio Arturo | 7 | Step 2 CK                                             |
| Location                           |   | Certificate Number                                    |
|                                    |   |                                                       |
| Result                             |   | Exam Date                                             |
| 232                                |   |                                                       |
|                                    |   | Expiration Date                                       |
|                                    |   |                                                       |

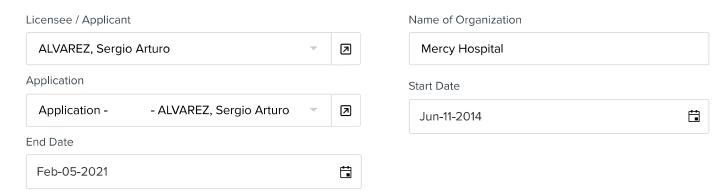
| Licensee / Applicant *             |   | Examination Type                                    |
|------------------------------------|---|-----------------------------------------------------|
| ALVAREZ, Sergio Arturo             |   | United States Medical Licensing Examination (USMLE) |
| Attended Date                      |   | Other Exam                                          |
| Sep-19-2007                        |   |                                                     |
| Number of Attempts                 |   | Are you currently certified?                        |
| # 1                                |   | ○ Yes ○ No                                          |
| Application                        |   | Steps                                               |
| Application ALVAREZ, Sergio Arturo | 7 | Step 2 CS                                           |
| Location                           |   | Certificate Number                                  |
|                                    |   |                                                     |
| Result                             |   | Exam Date                                           |
| Pass                               |   |                                                     |
|                                    |   | Expiration Date                                     |
|                                    |   |                                                     |



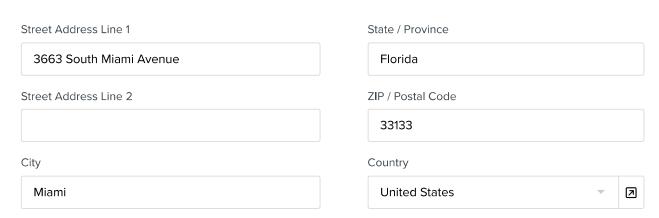
## Hospitals

| Licensee / Applicant   | Name of Organization  | Ŧ | Start Date  | <b>T</b> | End Date    |
|------------------------|-----------------------|---|-------------|----------|-------------|
| ALVAREZ, Sergio Arturo | Mercy Hospital        |   | Jun-11-2014 |          | Feb-05-2021 |
| ALVAREZ, Sergio Arturo | Coral Gables Hospital |   | Aug-01-2019 |          | Aug-01-2021 |

## **Hospital Details**

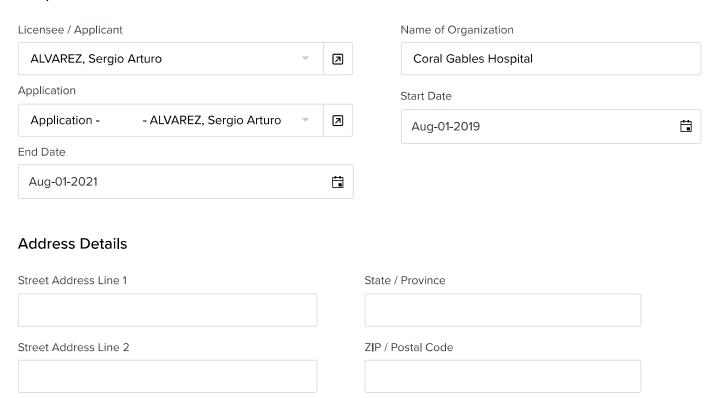


### **Address Details**



## **Hospital Details**

City

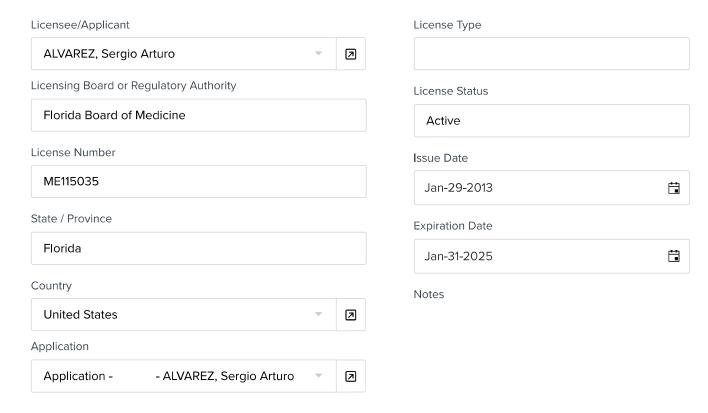


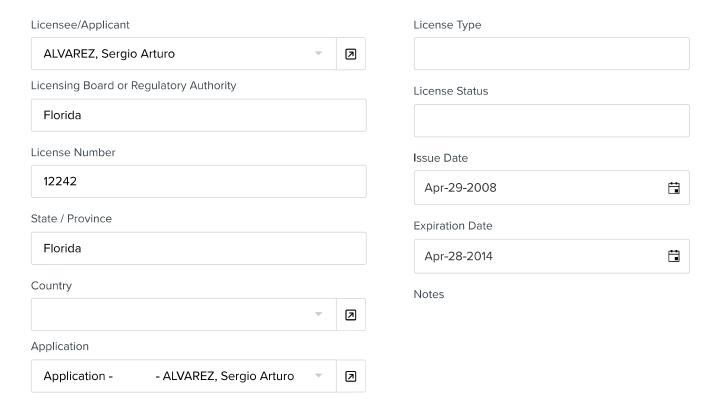
Country

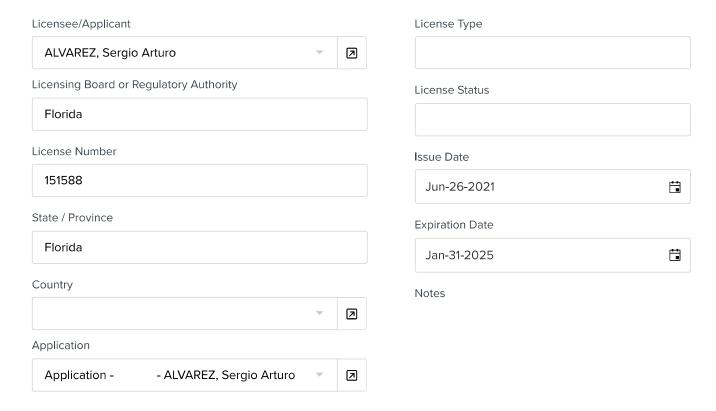
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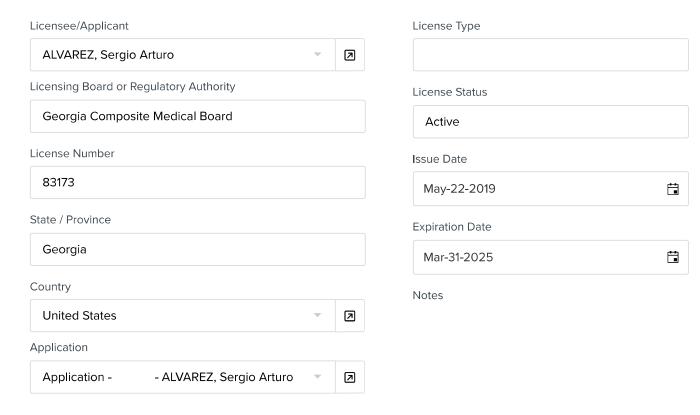
## Other Licenses

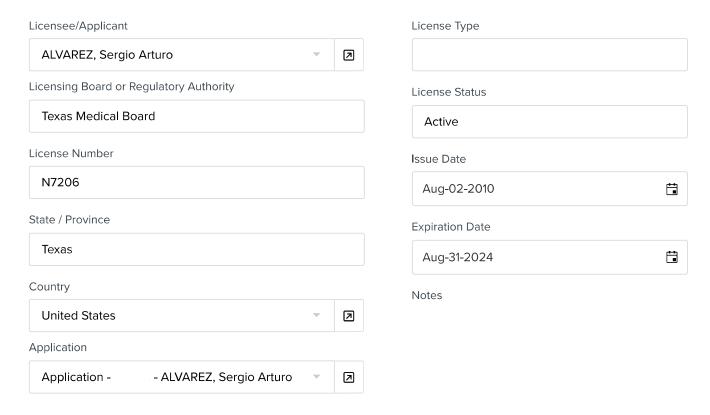
| Licensee/Applicant ▼   | License Number | License Type | Issue Date  | Expiration Date | State / Province † |
|------------------------|----------------|--------------|-------------|-----------------|--------------------|
| ALVAREZ, Sergio Arturo | ME115035       | N/A          | Jan-29-2013 | Jan-31-2025     | Florida            |
| ALVAREZ, Sergio Arturo | 151588         | N/A          | Jun-26-2021 | Jan-31-2025     | Florida            |
| ALVAREZ, Sergio Arturo | 12242          | N/A          | Apr-29-2008 | Apr-28-2014     | Florida            |
| ALVAREZ, Sergio Arturo | 83173          | N/A          | May-22-2019 | Mar-31-2025     | Georgia            |
| ALVAREZ, Sergio Arturo | N7206          | N/A          | Aug-02-2010 | Aug-31-2024     | Texas              |







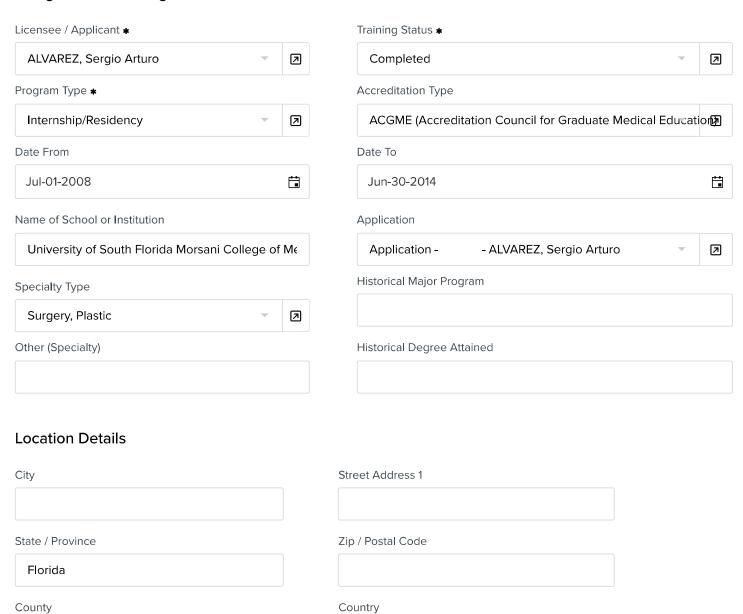




# Postgraduate Training

| Licensee / Applicant   | Name of School or Institution                           | <b>T</b> | Specialty Type   | • | Date From            | <b>T</b> | Date To †   | • | Program Type         |
|------------------------|---------------------------------------------------------|----------|------------------|---|----------------------|----------|-------------|---|----------------------|
| ALVAREZ, Sergio Arturo | University of South Florida Morsani College of Medicine |          | Surgery, Plastic |   | Jul-01 <b>-</b> 2008 |          | Jun-30-2014 |   | Internship/Residency |

### Postgraduate Training Details



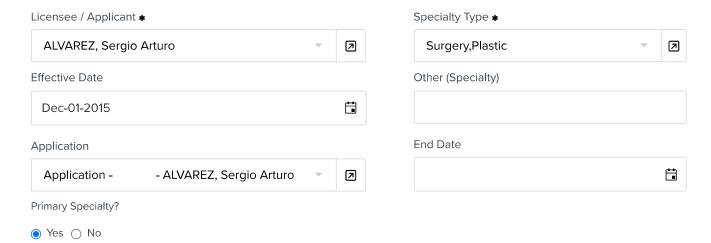
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7

## Specialties

| Licensee / Applicant   | ▼ Specialty Type | <b>T</b> | Primary Specialty? | Effective Date | Find Date |
|------------------------|------------------|----------|--------------------|----------------|-----------|
| ALVAREZ, Sergio Arturo | Surgery,Plastic  |          | Yes                | Dec-01-2015    | N/A       |

# **Specialty Details**



RECEIVED

## **ATTENTION APPLICANT!**

FEB 2 7 2034

RESPONSIBILITY STATEMENT MEDICAL EXAMINERS

Please sign and return this statement with your application for licensure to:

The Nevada State Board of Medical Examiners

9600 Gateway Drive

Reno, NV 89521

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

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

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

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

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

0 0 0 0

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 Serg | o Arturo Alvarez |
|----------------------|------------------|
| Sign your name       |                  |
| Date 1/11/2024       |                  |

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.

