

Demographic Details

First Name

Sergio

Middle Name

Arturo

Last Name *

ALVAREZ

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

-1982 

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

#

Primary Phone Extension

Primary E-mail Address



Cell Phone


#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

14000 SW 119th Ave

Address Line 2

City

Miami

County

Miami-Dade

ZIP / Postal Code

33186

State / Province

Florida

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

#

305-797-4082

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)



State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *



  

Application Number

License Issued?

Yes No

Application Status

Assigned To



Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By


  

Expected Issue Date

Credentials / Degree Suffix (Enter before approval)

Expected Expiration Date

Application Details


Application Type

Application Date *

Submitted Date

Application Step


Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No


Reviewed Date


Decision Date

Approved Date

Expiration Date

Is Simultaneous Application

Yes No

Are you the spouse of an active duty member or surviving spouse of a veteran?

Yes No

Invoices

Application Invoice

Licensure Invoice

Application Payment Date

Licensure Payment Date

Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes No

Child Support Attestation Type

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

Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.



Yes No

Board Certifications

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

Board Certification Details

Licensee / Applicant

Specialty

Certifying Board


  

Other Certifying Board

Initial Certification Date

Recertification Date

Certification Number

Archive Program

Historical Specialty

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

Licensee / Applicant


 

Name of Organization / Institution

Start Date

End Date

Percent Clinical *

#

Position

Application


Activity Type

Location Details

Street Address 1

Country


City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date

Percent Clinical *



#

Position

Application



Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Declarations

Ordinal ↑ ▼	Licensee/Applicant ▼	Declaration Question ▼	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	

Declaration

Licensee/Applicant

ALVAREZ, Sergio Arturo	▼	
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Declaration Question

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

Yes No

Answer Details

Ordinal

#	5
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Declaration Text


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

Related To

Application


Application -	- ALVAREZ, Sergio Arturo	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

ALVAREZ, Sergio Arturo	▼	
------------------------	---	---

Declaration Question

ALL – Q6 – Malpractice Claim Paid	▼	
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Answer

Yes No

Answer Details

Ordinal

#	6
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Declaration Text


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

Related To

Application

Application -	- ALVAREZ, Sergio Arturo	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

ALVAREZ, Sergio Arturo	▼	
------------------------	---	---

Declaration Question

MD – Q9 – Medical License Revoked	▼	
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Answer

Yes No

Answer Details

Ordinal


#	11
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Declaration Text


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

Related To

Application


Application -	- ALVAREZ, Sergio Arturo	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

ALVAREZ, Sergio Arturo	▼	
------------------------	---	---

Declaration Question

MD – Q12 – Denied Membership	▼	
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Answer

Yes No

Answer Details

Ordinal

#	13
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Declaration Text


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

Related To

Application


Application -	- ALVAREZ, Sergio Arturo	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

ALVAREZ, Sergio Arturo	▼	
------------------------	---	---

Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of	▼	
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Answer

Yes No

Answer Details

Ordinal

#	14
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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?

Related To

Application

Application -	- ALVAREZ, Sergio Arturo	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

ALVAREZ, Sergio Arturo	▼	
------------------------	---	---

Declaration Question

MD, PA, CCP, Hospital Privileges Denied, Suspended.	▼	
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Answer

Yes No

Answer Details

Ordinal

#	16
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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.

Related To

Application

Application -	- ALVAREZ, Sergio Arturo	▼	
---------------	--------------------------	---	---

Renewal



	▼	
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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

Licensee/Applicant *

Address

City

State / Province

Zip / Postal Code


Country

Application

Specialty Type


  

Name of School

Date From


Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Education Details

Licensee/Applicant *

Address

City

State / Province

Zip / Postal Code

Country

Application

Specialty Type

Name of School


Education Type


Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

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

Examination Details

Licensee / Applicant *

ALVAREZ, Sergio Arturo 

Attended Date

Jun-16-2006 

Number of Attempts

1

Application

Application - - ALVAREZ, Sergio Arturo 

Location

TX

Result

222

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *

ALVAREZ, Sergio Arturo 

Attended Date

Jul-21-2007 

Number of Attempts

1

Application

Application - - ALVAREZ, Sergio Arturo 

Location

Result

232

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 *

ALVAREZ, Sergio Arturo 

Attended Date

Sep-19-2007 

Number of Attempts

1

Application


Application - - ALVAREZ, Sergio Arturo 

Location

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?


Yes No

Steps

Step 2 CS

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *

ALVAREZ, Sergio Arturo 

Attended Date

Oct-28-2008 

Number of Attempts

1

Application


Application - - ALVAREZ, Sergio Arturo 

Location

Result

210

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



Hospitals

Licensee / Applicant	Name of Organization	Start Date	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

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code


City

Country

Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country



  

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
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

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

License Number

State / Province

Country

Application


License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant


  

Licensing Board or Regulatory Authority

License Number

State / Province

Country


Application

License Type

License Status

Issue Date


Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

License Number

State / Province

Country

Application


License Type

License Status

Issue Date



Expiration Date

Notes

Other License Details

Licensee/Applicant



  

Licensing Board or Regulatory Authority

License Number

State / Province

Country


Application

License Type

License Status

Issue Date


Expiration Date

Notes

Other License Details

Licensee/Applicant


  

Licensing Board or Regulatory Authority

License Number

State / Province

Country

Application


License Type

License Status

Issue Date

Expiration Date



Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type
ALVAREZ, Sergio Arturo	University of South Florida Morsani College of Medicine	Surgery, Plastic	Jul-01-2008	Jun-30-2014	Internship/Residency

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From


Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *



Accreditation Type

Date To

Application

Historical Major Program



Historical Degree Attained

Location Details

City

State / Province



County

Street Address 1

Zip / Postal Code

Country

Specialties

Licensee / Applicant	▼	Specialty Type	▼	Primary Specialty?	▼	Effective Date	▼	End Date
ALVAREZ, Sergio Arturo		Surgery,Plastic		Yes		Dec-01-2015		N/A

Specialty Details

Licensee / Applicant *

Effective Date

Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

RECEIVED

FEB 27 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 Sergio 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.

