

Demographic Details

First Name

Carlos

Middle Name

Alberto

Last Name *

Suescun

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

-1974

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

11000 N Scottsdale Rd

ZIP / Postal Code

85254

Address Line 2

Suite 130

State / Province

Arizona

City

Scottsdale

Country

United States



County

Maricopa

Is your physical address different from your mailing address?

☒ Yes ☐ No

Public Phone

#

(480) 626-1314

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)






County (Mailing)

Application Status

Applicant *

Suescun, Carlos Alberto ▼ 

Application Number

License Issued?

☐ Yes ☐ No

Application Status

Pending Review by the Board ▼ 

Assigned To

▼ 

Manual Paper Application?

☐ Yes ☒ No


License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor ▼ 

Obtained By

USMLE ▼ 

Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)


M.D.

Expected Expiration Date




Application Details

Application Type

Medical Doctor - Active ▼ 

Application Date *



Submitted Date




Application Step

#


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

☐ Yes ☒ No


Reviewed Date




Decision Date



Approved Date



Expiration Date



Is Simultaneous Application

☐ Yes ☐ No

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

☐ Yes ☒ No

Invoices

Application Invoice

- Paid in Full

Licensure Invoice

Application Payment Date

Licensure Payment Date

Attestations

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☐ Yes ☐ No

Child Support Attestation Type

Subject to a court order and in compliance

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
Suescun, Carlos Alberto		American Board		N/A		Internal Medicine		Aug-18-2006		Apr-08-2024

Board Certification Details

Licensee / Applicant

Suescun, Carlos Alberto

▼



Other Certifying Board

Initial Certification Date

Aug-18-2006



Recertification Date

Apr-08-2024



Certification Number

Archive Program

Historical Specialty


Connected Record

Application

Application -

- Suescun, Carlos Alberto

▼



Activities

Licensee / Applicant		Name of Organization / Institution		Start Date		End Date		Percent Clinical
Carlos Suescun		Elite Testosterone Replacement		Dec-17-2008		Nov-18-2024		100

Application Activity Details

Licensee / Applicant

Suescun, Carlos Alberto ▼ 


Start Date

Dec-17-2008 

Percent Clinical *

100

Application

Application - - Suescun, Carlos Alberto ▼ 

Name of Organization / Institution


Elite Testosterone Replacement

End Date

Nov-18-2024 

Position

Activity Type

Medical Practice/Physician ▼ 

Location Details

Street Address 1

11000 N Scottsdale Rd, suite 130

City

Scottsdale

Country

United States ▼ 

State / Province

Arizona

Zip / Postal Code

85254

Declarations

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

Declaration

Licensee/Applicant

Suescun, Carlos Alberto

Declaration Question

ALL – Q7 – Arrest Question

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#

7

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

Related To

Application

Application -

- Suescun, Carlos Alberto

Renewal

Declaration

Licensee/Applicant

Suescun, Carlos Alberto

Declaration Question

MD – Investigation Disciplinary during Training Program

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#

9

Declaration Text

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?

Related To

Application

Application -

- Suescun, Carlos Alberto

Renewal

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Suescun, Carlos Alberto	Medical School	Royal College of Surgeons in Ireland School of Medicine	Medical Doctor Degree	Aug-28-1998	Apr-30-2003	May-29-2003

Education Details

Licensee/Applicant *

Suescun, Carlos Alberto

▼



Address

123 St. Stephen's Green

City

Dublin

State / Province

Zip / Postal Code

Country

Ireland

▼



Application

Application -

- Suescun, Carlos Alberto

▼



Specialty Type

▼



Name of School

Royal College of Surgeons in Ireland School of

Education Type

▼



Degree Attained

▼



Date From

Aug-28-1998



Date To

Apr-30-2003



Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

May-29-2003



Major Program

Examinations

Licensee / Applicant ▼	Examination Type ▼	Attended Date ↑
Suescun, Carlos Alberto	United States Medical Licensing Examination (USMLE)	May-05-2001
Suescun, Carlos Alberto	United States Medical Licensing Examination (USMLE)	Jun-08-2002
Suescun, Carlos Alberto	ECFMG	Jun-11-2003
Suescun, Carlos Alberto	United States Medical Licensing Examination (USMLE)	Dec-21-2004

Examination Details

Licensee / Applicant *

Suescun, Carlos Alberto

▼



Attended Date

May-05-2001



Number of Attempts

#


1

Application

Application -

- Suescun, Carlos Alberto

▼



Location

Result

215

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 *

Suescun, Carlos Alberto ▼ 


Attended Date

Jun-08-2002 

Number of Attempts

1

Application


Application - - Suescun, Carlos Alberto ▼ 

Location

Result

213

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 *

Suescun, Carlos Alberto

Attended Date

Jun-11-2003

Number of Attempts

#

1

Application

Application -

- Suescun, Carlos Alberto

Location

Result

Pass

Examination Type

ECFMG

Other Exam

Are you currently certified?

☒ Yes ☐ No

Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Suescun, Carlos Alberto

Attended Date

Dec-21-2004

Number of Attempts

#

1

Application

Application -

- Suescun, Carlos Alberto

Location

Result

207

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

3

Certificate Number

Exam Date

Expiration Date

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Carlos Suescun	35723	N/A	Jul-03-2006	May-04-2026	Arizona
Suescun, Carlos Alberto	DR.0072801	N/A	Feb-23-2024	Apr-30-2025	Colorado
Suescun, Carlos Alberto	132404	N/A	Jan-09-2024	Mar-31-2025	Montana
Suescun, Carlos Alberto	14189581-1205	N/A	Nov-19-2024	Jan-31-2026	Utah

Other License Details

Licensee/Applicant

Suescun, Carlos Alberto

Licensing Board or Regulatory Authority

Arizona Medical Board

License Number

35723

State / Province

Arizona

Country

United States

Application

Application -

- Suescun, Carlos Alberto

License Type

License Status

Active

Issue Date

Jul-03-2006

Expiration Date

May-04-2026


Notes

Other License Details

Licensee/Applicant

Suescun, Carlos Alberto

▼



Licensing Board or Regulatory Authority

Colorado Department of Regulatory Agencies

License Number


DR.0072801

State / Province

Colorado

Country

▼




Application

Application -

- Suescun, Carlos Alberto

▼



License Type

License Status

Active

Issue Date

Feb-23-2024



Expiration Date

Apr-30-2025




Notes

Other License Details

Licensee/Applicant

Suescun, Carlos Alberto

▼



Licensing Board or Regulatory Authority

Montana Board of Medical Examiners

License Number


132404

State / Province

Montana

Country

▼




Application

Application -

- Suescun, Carlos Alberto

▼



License Type

License Status

Active


Issue Date

Jan-09-2024



Expiration Date

Mar-31-2025



Notes

Other License Details

Licensee/Applicant

Suescun, Carlos Alberto

Licensing Board or Regulatory Authority

Utah Physicians and Surgeons Licensing Board

License Number

14189581-1205

State / Province

Utah

Country

Application

Application -

- Suescun, Carlos Alberto

License Type

License Status

Active

Issue Date

Nov-19-2024

Expiration Date

Jan-31-2026

Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type
Suescun, Carlos Alberto	Creighton University School of Medicine/Maricopa Medical Center (Phoenix)	Internal Medicine	Jun-18-2003	Jun-30-2006	Internship/Residency

Postgraduate Training Details


Licensee / Applicant *

Suescun, Carlos Alberto	▼	
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Program Type *

Internship/Residency	▼	
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Date From

Jun-18-2003	
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Name of School or Institution

Creighton University School of Medicine/Maricop


Specialty Type

Internal Medicine	▼	
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Other (Specialty)

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Training Status *

	▼	
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Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
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Date To

Jun-30-2006	
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Application

Application -	- Suescun, Carlos Alberto	▼	
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Historical Major Program

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Historical Degree Attained

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Location Details

City

Phoenix

State / Province

Arizona


County

	▼	
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Zip / Postal Code

85008

Country

United States	▼	
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Street Address 1

2601 East Roosevelt Street

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Carlos Suescun	Internal Medicine	Yes	Jun-30-2006	N/A

Specialty Details

Licensee / Applicant *

Suescun, Carlos Alberto

▼



Effective Date

Jun-30-2006



Application

Application -

- Suescun, Carlos Alberto

▼



Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Internal Medicine

▼



Other (Specialty)

End Date



