Demographic Details

First Name	Gender	
Carlos	Male	—
Middle Name	Date of Birth	
Alberto	-1974	
Last Name *	Name Suffix	
Suescun		
Previous Name(s)	City of Birth	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public informati	ion)
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		

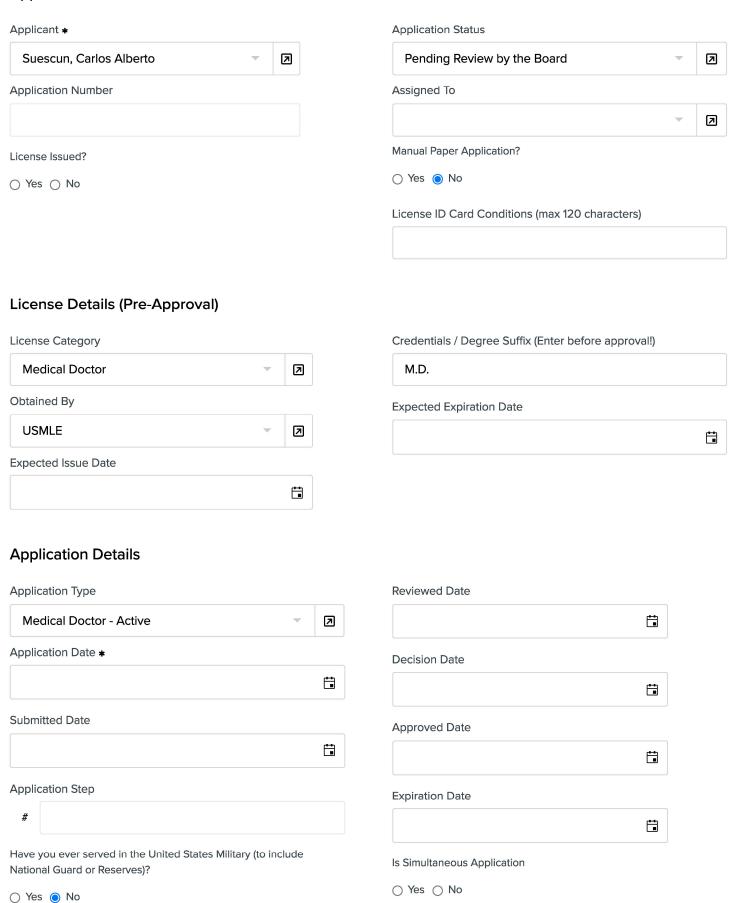
Military Detail

Have you ever served in the United States Military (to include National G	Guard or Reserves)?
○ Yes No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ Yes ○ No
	Date of SPL Issuance
Contact Information	
Primary Phone	Secondary Phone
#	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
	~
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
11000 N Scottsdale Rd	85254
Address Line 2	State / Province
Suite 130	Arizona
City Scottsdale	Country United States
	United States Is your physical address different from your mailing address?
County	Yes
Maricopa	Public Phone
	# (480) 626-1314
	" (100) 020 1311

Mailing Address

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

Application Status



Are you the spouse of an active duty member or surviving spouse of a veteran?	
○ Yes ● No	
Invoices	
Application Invoice	Application Payment Date
- Paid in Full	
Licensure Invoice	Licensure Payment Date
— 2	
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.	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
I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.	Child Support Attestation Type 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
The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations	In consideration for processing my application I, the undersigned,

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.

O Yes ○ No

whose name and signature voluntarily appears below; do hereby and

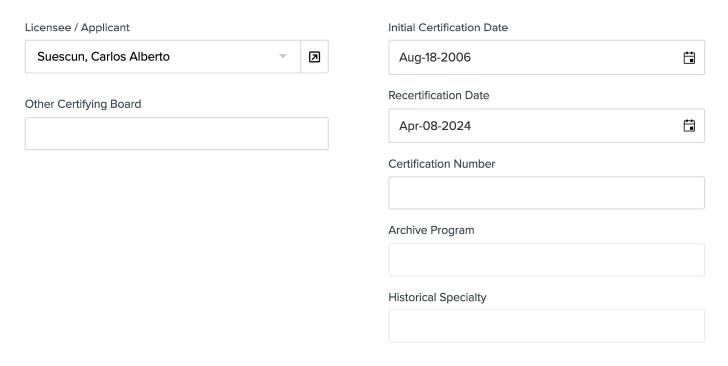
irrevocably agree to the Civil Applicant Waiver.

O Yes O No

Board Certifications

Licensee / Applicant	Ŧ	Certifying Board	r	Other Certifying Board T	Specialty	▼	Initial Certification Date	Ŧ	Recertification Date
Suescun, Carlos Alberto		American Board		N/A	Internal Medicine		Aug-18-2006		Apr-08-2024

Board Certification Details



Connected Record

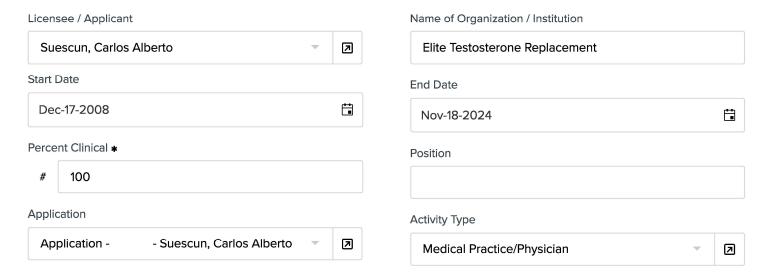
Application



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



Location Details

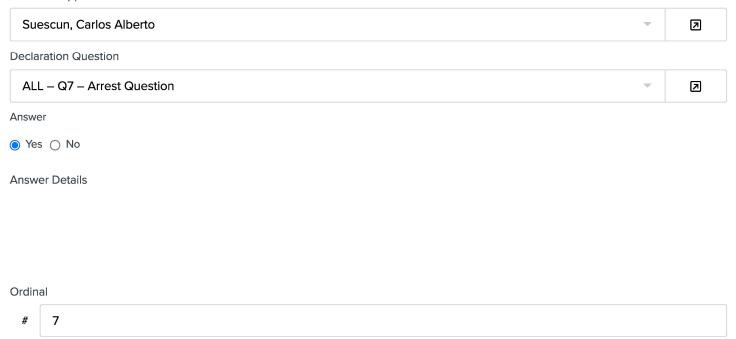


Declarations

Ordinal †	T	Licensee/Applicant ↑ ▼	Declaration Question	A	Answer	Ŧ	Answer Details
1		Carlos Suescun	MD, PA – Q1 – Medical Condition Impair Safe Practice	١	No		
2		Carlos Suescun	MD, PA – Q2 – Medical Condition Field of Practice	١	No		
3		Carlos Suescun	MD, PA – Q3 – Chemical Substances Impair Safe Practice	N	No		
4		Carlos Suescun	MD, PA, LL – Q4 – Performance of Public Service Requirement	١	No		
5		Carlos Suescun	ALL – Q5 – Named Defendant Respond to Legal Action	١	No		
6		Carlos Suescun	ALL – Q6 – Malpractice Claim Paid	١	No		
7		Carlos Suescun	ALL – Q7 – Arrest Question	Υ	Yes		
8		Suescun, Carlos Alberto	MD, Previously applied for licensure in Nevada.	١	No		
9		Carlos Suescun	MD – Investigation Disciplinary during Training Program	Υ	Yes		
10		Carlos Suescun	MD – Q8 – Denied License / Permission to Practice Medicine	١	No		
11		Carlos Suescun	MD – Q9 – Medical License Revoked	١	No		
12		Carlos Suescun	MD – Q11 – Voluntarily Surrendered a License	١	No		
13		Carlos Suescun	MD – Q12 – Denied Membership	١	No		
14		Suescun, Carlos Alberto	MD – Q13 – Investigation – Respond To/Notify Of	١	No		
15		Carlos Suescun	MD, PA – Q10 – Controlled Substance Registration	N	No		
16		Carlos Suescun	MD, PA, CCP, Hospital Privileges Denied, Suspended.	١	No		

Declaration

Licensee/Applicant



Declaration Text

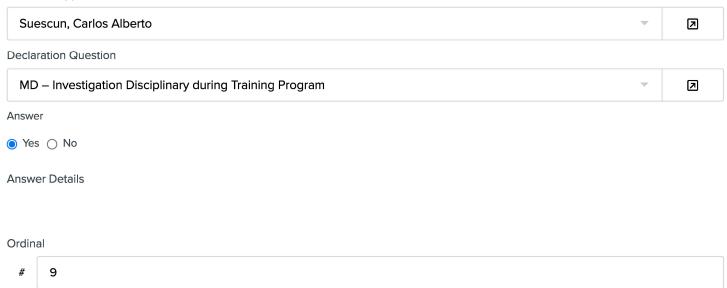
Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, 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



Declaration

Licensee/Applicant



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?

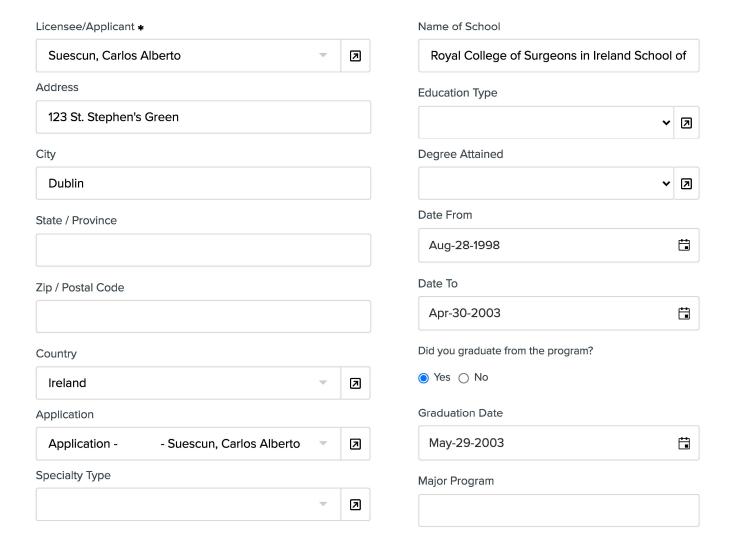
Related To



Education

Licensee/Applicant	Education Type	Name of School	r	Degree Attained	₹	Date From	T	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

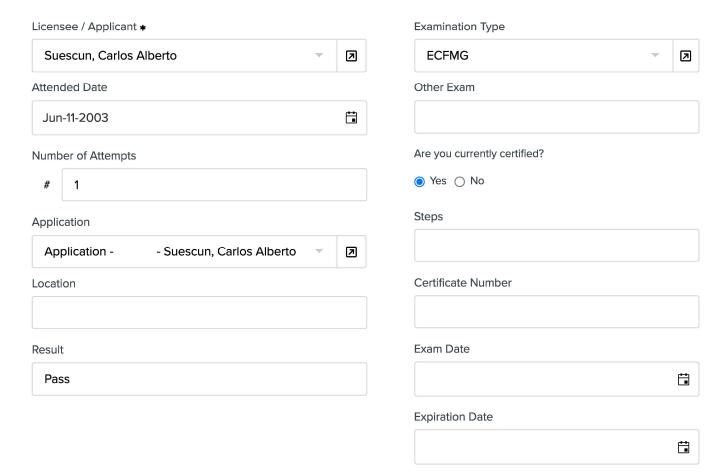


Examinations

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

Licensee / Applicant *		Examination Type
Suescun, Carlos Alberto	7	United States Medical Licensing Examination (USMLE)
Attended Date		Other Exam
May-05-2001		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Suescun, Carlos Alberto	7	Step 1
Location		Certificate Number
Result		Exam Date
215		
		Expiration Date

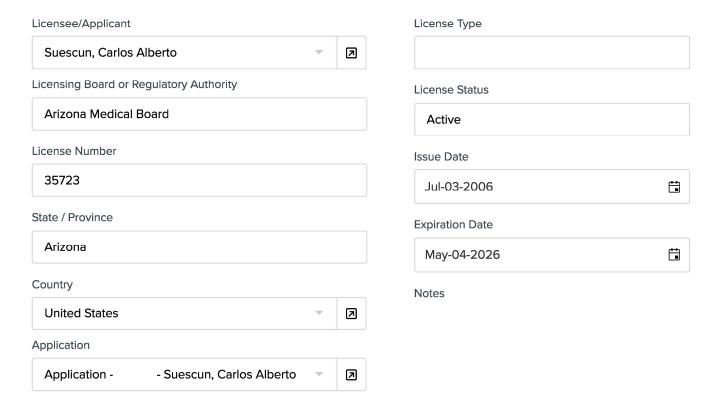
E	Examination Type
7	United States Medical Licensing Examination (USMLE)
(Other Exam
	Are you currently certified?
	○ Yes ○ No
	Steps
7	Step 2 (CK)
	Certificate Number
E	Exam Date
	Ħ
E	Expiration Date

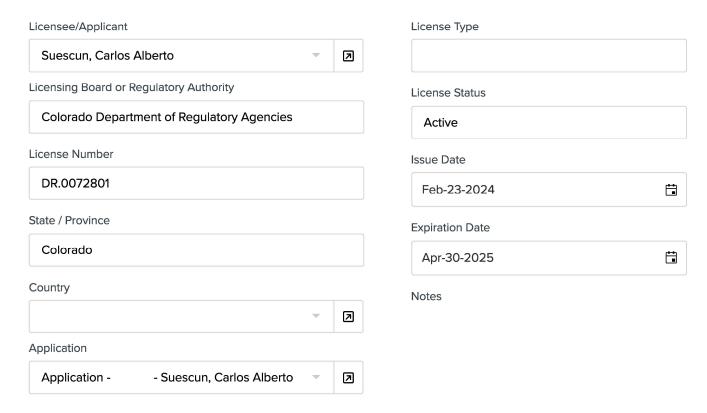


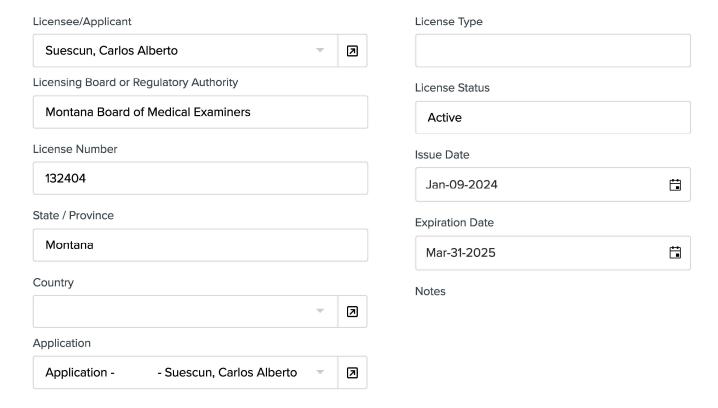
Licensee / Applicant *		Examination Type
Suescun, Carlos Alberto	7	United States Medical Licensing Examination (USMLE)
Attended Date		Other Exam
Dec-21-2004		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Suescun, Carlos Alberto	7	3
Location		Certificate Number
Result		Exam Date
207		
		Expiration Date

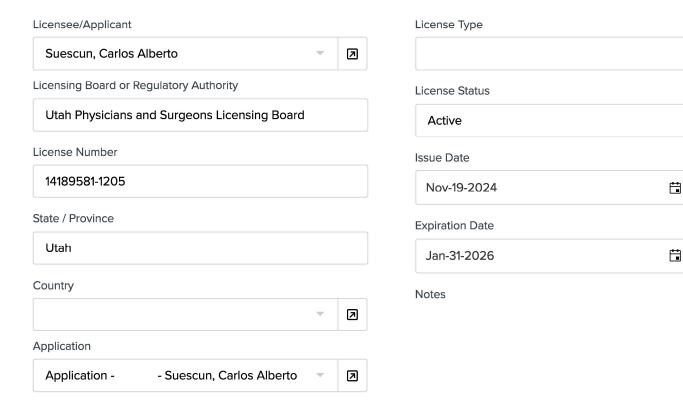
Other Licenses

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





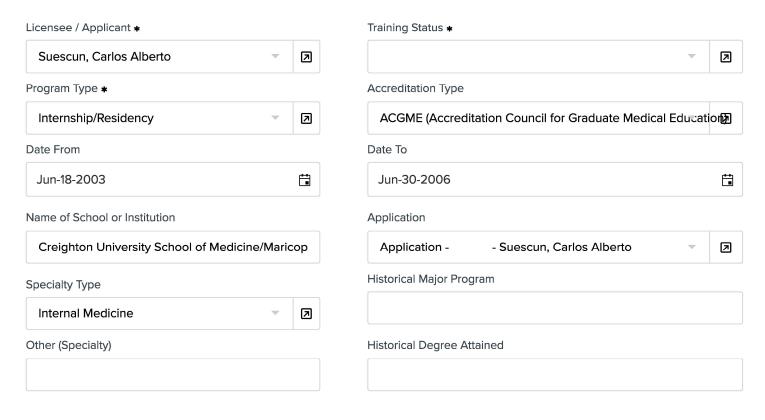




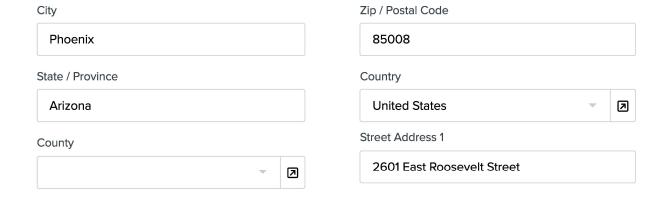
Postgraduate Training

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



Location Details



Specialties

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

Specialty Details

