

Demographic Details

First Name

Joseph

Middle Name

S

Last Name *

Guarisco

Previous Name(s)

Joseph Guarisco

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

Military Detail

Gender

Male

Date of Birth

-1952

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

299 Walnut St.

ZIP / Postal Code

70118

Address Line 2

State / Province

Louisiana

City

New Orleans

Country

United States



County

Orleans

Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

(504) 239-2766

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Guarisco, Joseph S

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

Endorsement

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	
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Licensure Invoice

	
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Application Payment Date

	
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Licensure Payment Date

	
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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	
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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

Activities


Licensee / Applicant		Name of Organization / Institution		Start Date ↑		End Date		Percent Clinical
Joseph Guarisco		Ochsner Health System		Sep-01-1980		Jan-01-2020		100
Joseph Guarisco		Prime Occupational Medicine		Jan-01-2020		Nov-01-2023		100

Application Activity Details

Licensee / Applicant

Guarisco, Joseph S

▼



Name of Organization / Institution

Ochsner Health System


Start Date

Sep-01-1980



End Date

Jan-01-2020



Percent Clinical *

#

100

Position

Application

Application -

- Guarisco, Joseph S


▼



Activity Type

Medical Practice/Physician

▼



Location Details


Street Address 1

1514 Jefferson Hwy

Country

United States

▼



City

New Orleans

State / Province

Louisiana

Zip / Postal Code


70121

Application Activity Details

Licensee / Applicant

Guarisco, Joseph S

▼




Name of Organization / Institution

Prime Occupational Medicine

Start Date

Jan-01-2020



End Date

Nov-01-2023



Percent Clinical *

#

100

Position

Application

Application -

- Guarisco, Joseph S


▼



Activity Type

Medical Practice/Physician

▼



Location Details


Street Address 1

15475 Airline Hwy

Country

United States

▼



City

Baton Rpiqe

State / Province

Louisiana

Zip / Postal Code

90817

Declarations

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

Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Guarisco, Joseph S	Medical School	Louisiana State University School of Medicine	Medical Doctor Degree	Sep-10-1973	May-13-1977	May-14-1977

Education Details

Licensee/Applicant *

Guarisco, Joseph S

▼



Address

1901 Perdido St

City

New Orleans

State / Province

Louisiana

Zip / Postal Code

70112

Country

United States

▼




Application

Application -


- Guarisco, Joseph S

▼



Specialty Type

▼



Name of School

Louisiana State University School of Medicine

Education Type

Medical School

▼



Degree Attained

Medical Doctor Degree

▼



Date From

Sep-10-1973



Date To

May-13-1977




Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

May-14-1977



Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date
Guarisco, Joseph S	Federation Licensing Examination (FLEX)	Jun-14-1977

Examination Details

Licensee / Applicant *

Guarisco, Joseph S

▼

Attended Date

Jun-14-1977

Number of Attempts

#

1

Application

Application -

- Guarisco, Joseph S

▼

Location

Louisiana

Result

83.90

Examination Type

Federation Licensing Examination (FLEX)

▼

Other Exam

83.80

Are you currently certified?

☐ Yes

☐ No

Steps

Certificate Number

Exam Date

Expiration Date

Hospitals


Licensee / Applicant		Name of Organization		Start Date		End Date
Joseph Guarisco		Ochsner Hospital		Sep-01-1980		Jan-01-2020

Hospital Details

Licensee / Applicant

Guarisco, Joseph S

▼



Name of Organization

Ochsner Hospital

Application

Application -

- Guarisco, Joseph S

▼



Start Date

Sep-01-1980



End Date

Jan-01-2020



Address Details

Street Address Line 1

1514 Jefferson Highway

State / Province

Louisiana

Street Address Line 2

ZIP / Postal Code

70121

City

New Orleans

Country

United States

▼



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Guarisco, Joseph S	46563	N/A	Apr-21-2008	Apr-30-2025	Colorado
Guarisco, Joseph S	MD.014157	N/A	Sep-16-1977	Dec-31-2025	Louisiana
Guarisco, Joseph S	SP.SP0725	Supervising Physician	Sep-16-1977	N/A	Louisiana
Guarisco, Joseph S	23638	Full	Jan-26-2015	Jun-30-2016	Mississippi
Guarisco, Joseph S	MD447451	Full	Dec-05-2012	Dec-31-2014	Pennsylvania

Other License Details

Licensee/Applicant

Guarisco, Joseph S

▼



Licensing Board or Regulatory Authority

Colorado Board of Medical Examiners

License Number

46563

State / Province

Colorado

Country

United States

▼



Application

Application -

- Guarisco, Joseph S

▼




License Type

License Status

Active

Issue Date

Apr-21-2008



Expiration Date

Apr-30-2025



Notes

Other License Details

Licensee/Applicant

Guarisco, Joseph S

▼



Licensing Board or Regulatory Authority

Louisiana State Board of Medical Examiners

License Number

MD.014157

State / Province

Louisiana

Country

United States

▼



Application

Application -

- Guarisco, Joseph S

▼



License Type

License Status

Active

Issue Date

Sep-16-1977



Expiration Date

Dec-31-2025



Notes

Other License Details

Licensee/Applicant

Guarisco, Joseph S

▼



Licensing Board or Regulatory Authority

Louisiana Medical Board

License Number

SP.SP0725

State / Province

Louisiana

Country

▼




Application

Application -

- Guarisco, Joseph S

▼



License Type

Supervising Physician

License Status

Active

Issue Date

Sep-16-1977



Expiration Date



Notes

Other License Details

Licensee/Applicant

Guarisco, Joseph S

▼



Licensing Board or Regulatory Authority

Medical Board of Mississippi

License Number

23638

State / Province

Mississippi

Country

▼



Application

Application -

- Guarisco, Joseph S

▼



License Type

Full

License Status

expired


Issue Date

Jan-26-2015



Expiration Date

Jun-30-2016



Notes

Other License Details

Licensee/Applicant

Guarisco, Joseph S

▼



Licensing Board or Regulatory Authority

Medical Board of Pennsylvania

License Number

MD447451

State / Province

Pennsylvania

Country

▼



Application

Application -

- Guarisco, Joseph S

▼



License Type

Full

License Status

Inactive


Issue Date

Dec-05-2012



Expiration Date

Dec-31-2014



Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type
Guarisco, Joseph S	Louisiana State Health Sciences Center	Internal Medicine	Jul-01-1977	Jun-30-1978	Internship
Guarisco, Joseph S	Louisiana State Health Sciences Center	Emergency Medicine	Jul-01-1978	Jun-30-1980	Internship/Residency
Guarisco, Joseph S	Ochsner Clinic	Anesthesiology	Jul-01-1990	Jun-30-1991	Residency

Postgraduate Training Details

Licensee / Applicant *

Guarisco, Joseph S

▼



Program Type *


Internship

▼



Date From

Jul-01-1977



Name of School or Institution

Louisiana State Health Sciences Center

Specialty Type

Internal Medicine

▼



Other (Specialty)

Training Status *

▼



Date To


Jun-30-1978



Application

Application - - Guarisco, Joseph S

▼



Historical Major Program

Historical Degree Attained

Location Details

City

Lafayette

Zip / Postal Code

State / Province

LA


Country

▼



County

▼



Street Address 1

Postgraduate Training Details

Licensee / Applicant *


Guarisco, Joseph S

▼



Training Status *

▼



Program Type *

Internship/Residency

▼



Accreditation Type

Not Accredited

▼



Date From

Jul-01-1978



Date To

Jun-30-1980




Name of School or Institution

Louisiana State Health Sciences Center

Application

Application - - Guarisco, Joseph S

▼



Specialty Type

Emergency Medicine

▼



Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

New Orleans

Zip / Postal Code

70112

State / Province

Louisiana

Country


United States

▼



County

▼



Street Address 1

1901 Perdido St

Postgraduate Training Details

Licensee / Applicant *

Guarisco, Joseph S	▼	
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Program Type *

Residency	▼	
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Date From

Jul-01-1990	
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Name of School or Institution

Ochsner Clinic

Specialty Type

Anesthesiology	▼	
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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-30-1991	
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Application

Application -	- Guarisco, Joseph S	▼	
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Historical Major Program

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Historical Degree Attained

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Location Details


City

New Orleans

State / Province

LA

County

	▼	
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Zip / Postal Code

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Country

	▼	
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Street Address 1

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Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Joseph Guarisco	Emergency Medicine	Yes	Mar-21-1990	N/A

Specialty Details

Licensee / Applicant *

Guarisco, Joseph S

▼



Effective Date

Mar-21-1990



Application

Application - - Guarisco, Joseph S

▼




Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Emergency Medicine

▼



Other (Specialty)

End Date



