Demographic Details

First Name

Robert

Middle Name

Richard

Last Name *

Crosbie

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

Gender

Male

Date of Birth

-1985

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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 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

1000 E Bluff View Dr

Address Line 2

Unit 80

City

Washington

County

Washington

ZIP / Postal Code

84780

State / Province

Utah

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(435) 770-2828

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

Crosbie, Robert Richard

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 - Endorsement

Application Date *

Reviewed Date

Decision Date

Submitted Date

Approved Date

Application Step

#

Expiration Date

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

Yes No

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

Application Payment Date

Licensure Invoice

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

Not subject to a court order

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
Robert Crosbie	East West Health	Jan-06-2020	Oct-16-2020	100
Robert Crosbie	Verdant Integrative Medicine	Feb-08-2021	Nov-28-2022	100
Robert Crosbie	Aligned Modern Health	Dec-06-2022	Jul-05-2023	100
Robert Crosbie	WholeHealth Chicago	Aug-07-2023	Jul-05-2024	100
Robert Crosbie	Quantum Health	Jun-03-2024	Jan-08-2025	100

Application Activity Details

Licensee / Applicant

Crosbie, Robert Richard

Name of Organization / Institution

East West Health

Start Date

Jan-06-2020

End Date

Oct-16-2020

Percent Clinical *

100

Position

Application

Application - - Crosbie, Robert Richard

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

1500 Lomas Blvd NW Suite B

Country

United States

City

Albuquerque

State / Province

New Mexico

Zip / Postal Code

87104

Application Activity Details

Licensee / Applicant

Crosbie, Robert Richard

Name of Organization / Institution

Verdant Integrative Medicine

Start Date

Feb-08-2021

End Date

Nov-28-2022

Percent Clinical *

100

Position

Application

Application - - Crosbie, Robert Richard

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

463 Vons Way Dr

Country

United States

City

Providence

State / Province

Utah

Zip / Postal Code

84332

Application Activity Details

Licensee / Applicant

Crosbie, Robert Richard

Name of Organization / Institution

Aligned Modern Health

Start Date

Dec-06-2022

End Date

Jul-05-2023

Percent Clinical *

100

Position

Application

Application - - Crosbie, Robert Richard

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

4555 N Lincoln Ave

Country

United States

City

Chicago

State / Province

Illinois

Zip / Postal Code

60625

Application Activity Details

Licensee / Applicant

Crosbie, Robert Richard

Name of Organization / Institution

WholeHealth Chicago

Start Date

Aug-07-2023

End Date

Jul-05-2024

Percent Clinical *

100

Position

Application

Application - - Crosbie, Robert Richard

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

2265 N Clybourn Ave

Country

United States

City

Chicago

State / Province

Illinois

Zip / Postal Code

60614

Application Activity Details

Licensee / Applicant

Crosbie, Robert Richard

Name of Organization / Institution

Quantum Health

Start Date

Jun-03-2024

End Date

Jan-08-2025

Percent Clinical *

100

Position

Application

Application - - Crosbie, Robert Richard

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

1000 E Bluff View Dr Unit 80

Country

United States

City

Washington

State / Province

Utah

Zip / Postal Code

84780

Declarations

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

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduat
Crosbie, Robert Richard	Undergraduate	University of Utah	Bachelor of Arts	Aug-21-2006	Dec-16-2011	Dec-16-2
Crosbie, Robert Richard	Graduate	University of Utah	Master's Degree	Jan-12-2012	Aug-02-2013	Aug-02-
Crosbie, Robert Richard	Medical School	University of Utah School of Medicine	Medical Doctor Degree	Aug-12-2013	May-19-2017	May-19-2

Education Details

Licensee/Applicant *

Crosbie, Robert Richard

Address

City

Salt Lake City

State / Province

Utah

Zip / Postal Code

Country

United States

Application

Application - - Crosbie, Robert Richard

Specialty Type

Name of School

University of Utah

Education Type

Degree Attained

Date From

Aug-21-2006

Date To

Dec-16-2011

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

Dec-16-2011

Major Program

Education Details

Licensee/Applicant *

Crosbie, Robert Richard

Address

City

Salt Lake City

State / Province

Utah

Zip / Postal Code

Country

United States

Application

Application - - Crosbie, Robert Richard

Specialty Type

Name of School

University of Utah

Education Type

Graduate

Degree Attained

Master's Degree

Date From

Jan-12-2012

Date To

Aug-02-2013

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

Aug-02-2013

Major Program

Education Details

Licensee/Applicant *

Crosbie, Robert Richard

Address

City

Salt Lake City

State / Province

Utah

Zip / Postal Code

Country

United States

Application

Application - - Crosbie, Robert Richard

Specialty Type

Name of School

University of Utah School of Medicine

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Aug-12-2013

Date To

May-19-2017

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

May-19-2017

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	Jun-25-2015
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	Jul-13-2016
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	Aug-28-2016
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	Mar-26-2018
Crosbie, Robert Richard	United States Medical Licensing Examination (USMLE)	May-17-2019

Examination Details

Licensee / Applicant *

Crosbie, Robert Richard

Attended Date

Jun-25-2015

Number of Attempts

1

Application

Application - - Crosbie, Robert Richard

Location

Salt Lake City, Utah

Result

211

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 *

Crosbie, Robert Richard

Attended Date

Jul-13-2016

Number of Attempts

1

Application

Application - - Crosbie, Robert Richard

Location

Los Angeles, CA

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 *

Crosbie, Robert Richard

Attended Date

Aug-28-2016

Number of Attempts

1

Application

Application - - Crosbie, Robert Richard

Location

Salt Lake City, UT

Result

215

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 *

Crosbie, Robert Richard

Attended Date

Mar-26-2018

Number of Attempts

2

Application

Application - - Crosbie, Robert Richard

Location

Result

193

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

3

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Crosbie, Robert Richard

Attended Date

May-17-2019

Number of Attempts

2

Application

Application - - Crosbie, Robert Richard

Location

Albuquerque, NM

Result

204

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

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Crosbie, Robert Richard	68132	N/A	Mar-01-2023	Jun-20-2025	Arizona
Crosbie, Robert Richard	ME165629	N/A	Nov-06-2023	Jan-31-2026	Florida
Crosbie, Robert N/A	036163255	N/A	Dec-27-2022	Jul-31-2026	Illinois
Crosbie, Robert Richard	RS2017-0439	Physician Resident	May-24-2017	Jul-01-2019	New Mexico
Robert Crosbie	MD2019-1097	N/A	Dec-31-2019	Jul-01-2022	New Mexico
Robert Crosbie	11809435-1205	N/A	Jun-11-2020	Jan-31-2026	Utah

Other License Details

Licensee/Applicant

Crosbie, Robert Richard

Licensing Board or Regulatory Authority

Arizona Medical Board

License Number

68132

State / Province

Arizona

Country

United States

Application

Application - - Crosbie, Robert Richard

License Type

License Status

ACTIVE

Issue Date

Mar-01-2023

Expiration Date

Jun-20-2025

Notes

Other License Details

Licensee/Applicant

Crosbie, Robert Richard

Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

ME165629

State / Province

Florida

Country

United States

Application

Application - - Crosbie, Robert Richard

License Type

License Status

ACTIVE

Issue Date

Nov-06-2023

Expiration Date

Jan-31-2026

Notes

Other License Details

Licensee/Applicant

Crosbie, Robert Richard

Licensing Board or Regulatory Authority

IDFPR (Illinois)

License Number

036163255

State / Province

Illinois

Country

United States

Application

Application - - Crosbie, Robert Richard

License Type

License Status

ACTIVE

Issue Date

Dec-27-2022

Expiration Date

Jul-31-2026

Notes

Other License Details

Licensee/Applicant

Crosbie, Robert Richard

Licensing Board or Regulatory Authority

New Mexico Medical Board

License Number

RS2017-0439

State / Province

New Mexico

Country

Application

Application - - Crosbie, Robert Richard

License Type

Physician Resident

License Status

Expired

Issue Date

May-24-2017

Expiration Date

Jul-01-2019

Notes

Other License Details

Licensee/Applicant

Crosbie, Robert Richard

Licensing Board or Regulatory Authority

New Mexico Medical Board

License Number

MD2019-1097

State / Province

New Mexico

Country

United States

Application

Application - - Crosbie, Robert Richard

License Type

License Status

INACTIVE

Issue Date

Dec-31-2019

Expiration Date

Jul-01-2022

Notes

Other License Details

Licensee/Applicant

Crosbie, Robert Richard

Licensing Board or Regulatory Authority

New Mexico Medical Board

License Number

RS2017-0439

State / Province

New Mexico

Country

Application

Application - - Crosbie, Robert Richard

License Type

Physician Resident

License Status

Expired

Issue Date

May-24-2017

Expiration Date

Jul-01-2019

Notes

Other License Details

Licensee/Applicant

Crosbie, Robert Richard

Licensing Board or Regulatory Authority

DOPL (Utah)

License Number

11809435-1205

State / Province

Utah

Country

United States

Application

Application - - Crosbie, Robert Richard

License Type

License Status

ACTIVE

Issue Date

Jun-11-2020

Expiration Date

Jan-31-2026

Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
Crosbie, Robert Richard	University of New Mexico School of Medicine	Pathology,Anatomic / Clinical	Jun-22-2017	Aug-31-2019	Internship/Residency

Postgraduate Training Details

Licensee / Applicant *
Crosbie, Robert Richard

Training Status *

Program Type *
Internship/Residency

Accreditation Type
ACGME (Accreditation Council for Graduate Medical Education)

Date From
Jun-22-2017

Date To
Aug-31-2019

Name of School or Institution
University of New Mexico Schoc

Application
Application - - Crosbie, Robert Richard

Specialty Type
Pathology,Anatomic / Clinical

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City
Albuquerque

Zip / Postal Code

State / Province
New Mexico

Country
United States

County

Street Address 1

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Crosbie, Robert Richard	General Practice	Yes	Jan-23-2025	N/A

Specialty Details

Licensee / Applicant *

Crosbie, Robert Richard

Specialty Type *

General Practice

Effective Date

Jan-23-2025

Other (Specialty)

Application

Application - - Crosbie, Robert Richard

End Date

Primary Specialty?

(•) Yes ( ) No