

Demographic Details

First Name

Gregory

Middle Name

Raymond

Last Name *

Brevetti

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

-1968 

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

1500 Route 112

Address Line 2

Building 8 Suite B

City

Port Jefferson Station

County

Suffolk

ZIP / Postal Code

11776

State / Province

New York

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

(631) 353-0909

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 *

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



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

Board Certifications


| Licensee / Applicant ▼ | Certifying Board ▼ | Other Certifying Board ▼ | Specialty ▼ | Initial Certification Date ▼ | Recertification Date |
|---------------------------|--------------------|--------------------------|------------------|------------------------------|----------------------|
| Gregory Brevetti | American Board | N/A | Surgery, General | Jun-08-1999 | Jan-01-2024 |
| Brevetti, Gregory Raymond | American Board | N/A | Surgery,Thoracic | Jan-08-2001 | Dec-20-2019 |

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

| | | |
|---------------|-----------------------------|---|
| Application - | - Brevetti, Gregory Raymond |  |
|---------------|-----------------------------|---|

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



| | | |
|---------------|-----------------------------|---|
| Application - | - Brevetti, Gregory Raymond |  |
|---------------|-----------------------------|---|

Activities

| Licensee / Applicant ▼ | Name of Organization / Institution ▼ | Start Date ↑ | End Date ▼ | Percent Clinical |
|------------------------|--|--------------|-------------|------------------|
| Gregory Brevetti | University of Iowa Hospitals and Clinics | Jul-01-1993 | Jun-30-1998 | 80 |
| Gregory Brevetti | University of California | Jul-01-1999 | Jun-30-2000 | 80 |
| Gregory Brevetti | Gregory R. Brevetti, MD | Jul-01-2000 | Oct-31-2001 | 80 |
| Gregory Brevetti | New York Cardiovascular Surgery | Oct-01-2001 | Jan-31-2003 | 80 |
| Gregory Brevetti | SUNY - Brooklyn | Jan-01-2003 | Jan-31-2006 | 80 |
| Gregory Brevetti | Interboro Surgical Associates | Feb-01-2006 | Dec-31-2025 | 80 |
| Gregory Brevetti | Gregory Brevetti, MD PC | Jun-30-2020 | Dec-31-2025 | 80 |


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


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

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

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

Declaration

Licensee/Applicant

| | | |
|---------------------------|---|---|
| Brevetti, Gregory Raymond | ▼ |  |
|---------------------------|---|---|

Declaration Question

| | | |
|--|---|---|
| ALL – Q5 – Named Defendant Respond to Legal Action | ▼ |  |
|--|---|---|

Answer

Yes No

Answer Details

Ordinal


| | |
|---|---|
| # | 5 |
|---|---|

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 - | - Brevetti, Gregory Raymond |  |
|---------------|-----------------------------|---|

Renewal

| | | |
|--|---|---|
| | ▼ |  |
|--|---|---|

Declaration

Licensee/Applicant

| | | |
|---------------------------|---|-------------------|
| Brevetti, Gregory Raymond | ▼ | ↗ |
|---------------------------|---|-------------------|

Declaration Question

| | | |
|-----------------------------------|---|-------------------|
| ALL – Q6 – Malpractice Claim Paid | ▼ | ↗ |
|-----------------------------------|---|-------------------|

Answer

Yes No

Answer Details

Ordinal

| | |
|---|---|
| # | 6 |
|---|---|

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 - | - Brevetti, Gregory Raymond | ↗ |
|---------------|-----------------------------|-------------------|

Renewal



| | | |
|--|---|-------------------|
| | ▼ | ↗ |
|--|---|-------------------|

Education

| Licensee/Applicant ▼ | Education Type ▼ | Name of School ▼ | Degree Attained ▼ | Date From ▼ | Date To ↑ ▼ | Graduation Date |
|---------------------------|------------------|--|-----------------------|-------------|-------------|-----------------|
| Brevetti, Gregory Raymond | Undergraduate | Manhattan College | Bachelor of Science | Sep-01-1985 | May-01-1989 | May-21-1989 |
| Brevetti, Gregory Raymond | Medical School | State University of New York Health Science Center | Medical Doctor Degree | Aug-01-1989 | May-11-1993 | May-11-1993 |

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

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

Examination

| Licensee / Applicant ▼ | Examination Type ▼ | Attended Date ↑ |
|---------------------------|---|-----------------|
| Brevetti, Gregory Raymond | National Board of Medical Examiners (NBME) | Jun-11-1991 |
| Brevetti, Gregory Raymond | United States Medical Licensing Examination (USMLE) | Mar-30-1993 |
| Brevetti, Gregory Raymond | National Board of Medical Examiners (NBME) | Mar-02-1994 |

Examination Details

Licensee / Applicant *

Brevetti, Gregory Raymond 


Attended Date

Jun-11-1991 

Number of Attempts

1

Application

Application - - Brevetti, Gregory Raymond 

Location

Result

195

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?


Yes No

Steps


1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Brevetti, Gregory Raymond



Attended Date

Mar-30-1993



Number of Attempts

1

Application

Application - - Brevetti, Gregory Raymond



Location

Result

184

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes No

Steps

2CK

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *

Brevetti, Gregory Raymond 


Attended Date

Mar-02-1994 

Number of Attempts

1

Application


Application - - Brevetti, Gregory Raymond 

Location

Result

380

Examination Type

National Board of Medical Examiners (NBME) 

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 ↑ |
|---------------------------|------------------|----------------|--------------|-------------------|--------------------|
| Brevetti, Gregory Raymond | G084512 | N/A | May-15-1998 | Aug-31-2027 | California |
| Gregory Brevetti | 72696 | N/A | Oct-18-2022 | Feb-28-2023 | Connecticut |
| Gregory Brevetti | MD-R1996 | N/A | Jul-01-1993 | Jul-01-1998 | Iowa |
| Brevetti, Gregory Raymond | 25MA11697000 | N/A | Dec-02-2022 | Jun-30-2025 | New Jersey |
| Brevetti, Gregory Raymond | 222936 | N/A | Oct-02-2001 | Jan-31-2027 | New York |

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 |
|---------------------------|--|-------------------|-------------|-------------|--------------|
| Brevetti, Gregory Raymond | University of Iowa Hospitals and Clinics | Surgery, General | Jul-01-1993 | Jun-30-1998 | Residency |
| Brevetti, Gregory Raymond | University of California | Surgery, Thoracic | Jul-01-1998 | Jun-30-2000 | Fellowship |

Postgraduate Training Details


Licensee / Applicant *

Brevetti, Gregory Raymond 

Program Type *

Residency  



Date From

Jul-01-1993 

Name of School or Institution

University of Iowa Hospitals and Clinics

Specialty Type


Surgery, General  

Other (Specialty)

Training Status *

Completed  

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-1998 

Application

Application - Brevetti, Gregory Raymond  

Historical Major Program

Historical Degree Attained

Location Details

City

Iowa City


Zip / Postal Code

52242



State / Province

Iowa


Country

United States  

County

Street Address 1



200 Hawkins Drive 

Postgraduate Training Details

Licensee / Applicant *

Brevetti, Gregory Raymond 

Program Type *

Fellowship  



Date From

Jul-01-1998 

Name of School or Institution

University of California

Specialty Type

Surgery, Thoracic  


Other (Specialty)

Cardiothoracic Surgery

Training Status *

Completed  

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2000 

Application

Application - - Brevetti, Gregory Raymond  

Historical Major Program

Historical Degree Attained

Location Details

City

San Francisco



Zip / Postal Code

94143



State / Province

California

Country

United States  

County

Street Address 1



500 Parnassus Avenue, Box 0118 Suite MU W

Specialties

| Licensee / Applicant | Specialty Type | Primary Specialty? | Effective Date | End Date |
|---------------------------|------------------------|--------------------|----------------|----------|
| Brevetti, Gregory Raymond | Surgery, General | No | Feb-10-2025 | N/A |
| Brevetti, Gregory Raymond | Surgery,Cardiothoracic | Yes | Feb-10-2025 | N/A |

Specialty Details


Licensee / Applicant *

Brevetti, Gregory Raymond  

Effective Date

Feb-10-2025 



Application

Application - - Brevetti, Gregory Raymond 

Primary Specialty?

Yes No

Specialty Type *

Surgery, General  



Other (Specialty)

End Date



Specialty Details


Licensee / Applicant *

Brevetti, Gregory Raymond  

Effective Date

Feb-10-2025 



Application

Application - - Brevetti, Gregory Raymond 

Primary Specialty?

Yes No

Specialty Type *

Surgery,Cardiothoracic  

Other (Specialty)

End Date

