

Demographic Details

First Name

Cecilio

Middle Name

Jacob Gomez

Last Name *

Lituco

Previous Name(s)

Cecilio G. Lituco

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No


Date Deceased



Gender

Male  

Date of Birth

-1969 

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

1228 Equator Ave.

Address Line 2

City

North Las Vegas

County

CLARK

ZIP / Postal Code

89032

State / Province

Nevada

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

(702) 970-0122

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

Declarations


Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
1	CECILIO LITUCO	RT – Q15 – Medical Condition Impair Safe Practice	No	
2	CECILIO LITUCO	RT – Q16 – Medical Condition Field of Practice	No	
3	CECILIO LITUCO	RT – Q17 – Substances Impair Safe Practice	No	
4	CECILIO LITUCO	ALL – Q5 – Named Defendant Respond to Legal Action	No	
5	CECILIO LITUCO	ALL – Q6 – Malpractice Claim Paid	No	
6	Lituco, Cecilio Jacob	ALL – Q7 – Arrest Question	Yes	
7	CECILIO LITUCO	RT, Have you previously applied for an allied health license in Nevada?.	No	
8	LITUCO, Cecilio Jacob	RT – Q18 – Denied License / Permission to Provide Services	No	
9	LITUCO, Cecilio Jacob	RT – Q19 – Certificate / License Revoked	Yes	
10	CECILIO LITUCO	RT – Q20 – Voluntarily Surrendered License / Certificate	No	
11	LITUCO, Cecilio Jacob	RT – Q21 - Failed NBRC Examination	Yes	
12	CECILIO LITUCO	RT – Q22 – Registration / Certification Revoked	Yes	
13	CECILIO LITUCO	RT – Q23 – Investigation Respond To / Notify Of	Yes	

Declaration

Licensee/Applicant

Lituco, Cecilio Jacob Gomez	▼	
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Declaration Question

ALL – Q7 – Arrest Question	▼	
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Answer

Yes No

Answer Details

Ordinal

#	6
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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 -	- Lituco, Cecilio Jacob Gomez	
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Renewal


	▼	
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Declaration

Licensee/Applicant

Lituco, Cecilio Jacob Gomez	▼	
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Declaration Question

RT – Q19 – Certificate / License Revoked	▼	
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Answer

Yes No

Answer Details

Ordinal


#	9
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Declaration Text


Have you ever had a certificate or license to provide respiratory care services or any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?

Related To

Application



Application -	- Lituco, Cecilio Jacob Gomez	
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Renewal


	▼	
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Declaration

Licensee/Applicant

Lituco, Cecilio Jacob Gomez  

Declaration Question

Answer

Yes No

Answer Details

Ordinal

11

Declaration Text


Have you ever failed the National Board for Respiratory Care examination, or any state or other jurisdiction examination for certification, licensure or registration? If your answer is "yes", give details regarding how many times you failed, including dates and the reason(s) you believe you failed the examination(s).

Related To

Application

Renewal

Declaration

Licensee/Applicant

Lituco, Cecilio Jacob Gomez	▼	
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Declaration Question

RT – Q22 – Registration / Certification Revoked	▼	
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Answer

Yes No

Answer Details

Ordinal

#	12
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Declaration Text


Have you ever had your registration/certification revoked, suspended and/or limited by the National Board for Respiratory Care?

Related To

Application

Application -	- Lituco, Cecilio Jacob Gomez	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Lituco, Cecilio Jacob Gomez	▼	↗
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Declaration Question

RT – Q23 – Investigation Respond To / Notify Of	▼	↗
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Answer

Yes No

Answer Details

Ordinal

#	13
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Declaration Text

Have you ever been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a provider of respiratory care by any licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners? (If “Yes,” provide an explanation.)

Related To

Application

Application -	- Lituco, Cecilio Jacob Gomez	↗
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Renewal



	▼	↗
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Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Lituco, Cecilio Jacob	High School	Abram Friedman Occupational Center	High School Diploma	Nov-01-1986	Jun-17-1988	Jun-17-1988
Lituco, Cecilio Jacob Gomez	Certification Program	Concorde Career College	Practitioner of Respiratory Care Degree	Apr-12-1999	Feb-25-2000	Feb-25-2000
Lituco, Cecilio Jacob Gomez	College/University	Concorde Career College	Associate Science Degree	Jul-10-2000	Dec-19-2000	Dec-19-2000

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

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

Examinations

Licensee / Applicant ▼	Examination Type ▼	Attended Date ↑
Lituco, Cecilio Jacob Gomez	The National Board for Respiratory Care (NBRC)	May-10-2001
Lituco, Cecilio Jacob Gomez	The National Board for Respiratory Care (NBRC)	Apr-08-2021

Examination Details

Licensee / Applicant *

Lituco, Cecilio Jacob Gomez 

Attended Date

May-10-2001 

Number of Attempts

3

Application

Application - - Lituco, Cecilio Jacob Gomez 

Location

Las Vegas, Nevada

Result

Examination Type

The National Board for Respiratory Care (NBRC) 

Other Exam

CRT

Are you currently certified?

Yes No


Steps

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *

Lituco, Cecilio Jacob Gomez 

Attended Date

Apr-08-2021 

Number of Attempts

2

Application

Application - Lituco, Cecilio Jacob Gomez 

Location

LAS VEGAS, NEVADA

Result

Examination Type

The National Board for Respiratory Care (NBRC) 

Other Exam

RRT

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Apr-30-2026 

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
CECILIO LITUCO	21925	N/A	Jul-22-2022	Feb-28-2026	California

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

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Lituco, Cecilio Jacob Gomez	Practitioner of Respiratory Care	Yes	N/A	N/A

Specialty Details

Licensee / Applicant *

Effective Date


Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

