



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN

**NAME:** JESSICA LOUISE RUBINO MD

**DATE:** 09/21/2019

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED  
BY THE TEXAS MEDICAL BOARD**

**Date of Birth:** 1985

**License Number:** R1121 Full Medical License

**Issuance Date:** 12/16/2016

**Expiration Date of Physician's Registration Permit:** 02/28/2021

**Registration Status:** ACTIVE

**Registration Date:** 12/19/2016

**Disciplinary Status:** NONE

**Disciplinary Date:** NONE

**Licensure Status:** NONE

**Licensure Date:** NONE

#### Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:  
SOUTHERN ILLINOIS UNIV SCH OF MED, SPRINGFIELD

**Medical School Graduation Year:** 2012

#### TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

NONE

#### Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

#### Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or [verific@tmb.state.tx.us](mailto:verific@tmb.state.tx.us)

**Status Code:** AC

**Effective Date:** 12/19/2016

**Description:** ACTIVE

**Status Code:** LI

**Effective Date:** 12/16/2016

**Description:** LICENSE ISSUED

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND  
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

**Gender:** FEMALE

**\*Ethnicity:** DID NOT ANSWER

**Race:** WHITE

\* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for individuals to submit updated race and Hispanic origin data to the TMB.

**Place of Birth:** MICHIGAN

**Current Primary Practice Address:**

1902 S IH 35  
SUITE B  
AUSTIN , TX 78704

**Years of Active Practice in the U.S. or Canada:**

The physician reports that he/she has actively practiced medicine in the United States or Canada for **5** year(s).

**Years of Active Practice in Texas:**

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **4** year(s).

### Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

NONE

### Primary Specialty

The physician reports his/her primary practice is in the area of FAMILY MEDICINE.

### Secondary Specialty

The physician did not report a secondary practice area.

### Name, Location and Graduation Date of All Medical Schools Attended

**Name:** SOUTHERN ILLINOIS UNIV SCH OF MED, SPRINGFIELD

**Location:**

**Graduation Date:** 08/2012

### Graduate Medical Education In The United States Or Canada

**Program Name:** UTSW FAMILY AND COMMUNITY MEDICINE

**Location:** DALLAS, TX

**Begin Date:** 06/2014

**Type:** RESIDENCY

**End Date:** 08/2016

**Specialty:** FAMILY MEDICINE



**Description:** NONE

**Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.**

### Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

**Description:** NONE

### Physician Assistant Supervision

To obtain primary source verifications, click name

**Description:** NONE

### Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

**APN Name:** [RIDOUT, VIRGINIA APN](#)

**APN License Number:** AP115464

**Delegation Location Type:** Practice Site

**Approve Date:** 1/1/2019

**Hours Supervised:** 20

**Dangerous Drugs:** YES

**Controlled Substances:** YES

**APN Name:** [SHERMAN, COURTNEY APN](#)

**APN License Number:** AP121715

**Delegation Location Type:** Practice Site

**Approve Date:** 8/1/2018

**Hours Supervised:** 20

**Dangerous Drugs:** YES

**Controlled Substances:** YES

### Summary of all License/Permit Types

**Issue Date:**  
07/01/2014

**Type:**  
[PHYSICIAN IN TRAINING PERMIT](#)

12/16/2016

[LICENSED PHYSICIAN](#)

Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.