Sabrina Anne Holmquist

File Number

Nevada Business License Number

None

Date of Birth

1974

Public Address

Street

3700 Quebec St

Address Line 2

Ste 100-401

City

Denver

State

Colorado

Postal Code

80207

Mailing Address

Street

Address Line 2

Employer Addresses

No active employers.

Licensure

License Type: Medical Doctor License Number: 21984

Status: Active

City	
State	
Postal Code	
Telephone	
E-mail Address	

Demographic Details

First Name	Gender	
Sabrina	Female	7
Middle Name	Date of Birth	
Anne	1974	ä
Last Name ∗	Name Suffix	
Holmquist		
Previous Name(s)	City of Birth	
	USA	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	the standard the standard that the standard
		M-14-14-07-07-07-07-07-07-07-07-07-07-07-07-07-
Height	Eye Color	
Hair Color	Comments (non-public inform	nation)
	Public Information	
Is this person deceased?		
○ Yes ○ No		
Date Deceased		
Do you have a Nevada Business License in your individual name?		
○ Yes ⑥ No		
Nevada BIN		
Historical File Number		

Military Detail

○ Yes ⑩ No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ 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
	Z
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
3700 Quebec St	80207
Address Line 2	State / Province
Ste 100-401	Colorado
City	Country
Denver	United States
County	Is your physical address different from your mailing address?
Denver	○ Yes No
	Public Phone
	# (303) 321-2458

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

Application Status

○ Yes

No

Holmquist, Sabrina Anne	7 7		Approved					
Application Number			Assigned To					
				*	[2]			
icense Issued?			Manual Paper Application?					
Yes O No			○ Yes ⑥ No					
			License ID Card Conditions (max 120) characters)				
License Details (Pre-Approval)								
License Category			Credentials / Degree Suffix (Enter be	efore approval!)				
Medical Doctor	7 7		M.D.					
Obtained By			Expected Expiration Date					
USMLE	7				Ë			
Expected Issue Date								
	ä							
Application Details								
			Reviewed Date					
Application Type			Reviewed Date	Ë				
Medical Doctor - Active	· · · · · · · · · · · · · · · · · · ·	7						
Application Date *		-	Decision Date					
				ä				
Submitted Date			Approved Date					
A II II GO			Expiration Date					
Application Step	angular and a second							

Invoices

Application Invoice



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.

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.

O Yes O 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

Application Payment Date

Licensure Payment Date	
	Ë

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.

O Yes O 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.

7

Yes ○ No

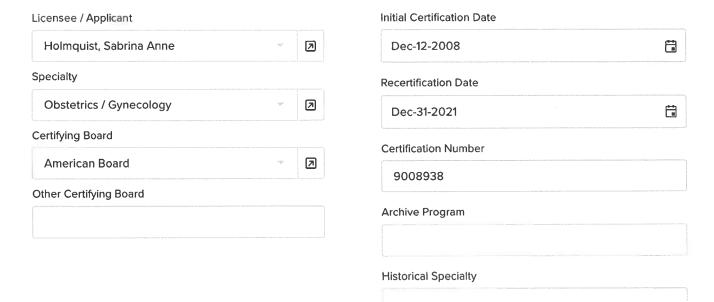
In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes ○ No

Board Certifications

Licensee / Applicant	T	Certifying Board	T	Other Certifying Board	т	Specialty	T	Initial Certification Date
Holmquist, Sabrina Anne		American Board		N/A		Obstetrics / Gynecology		Dec-12-2008

Board Certification Details



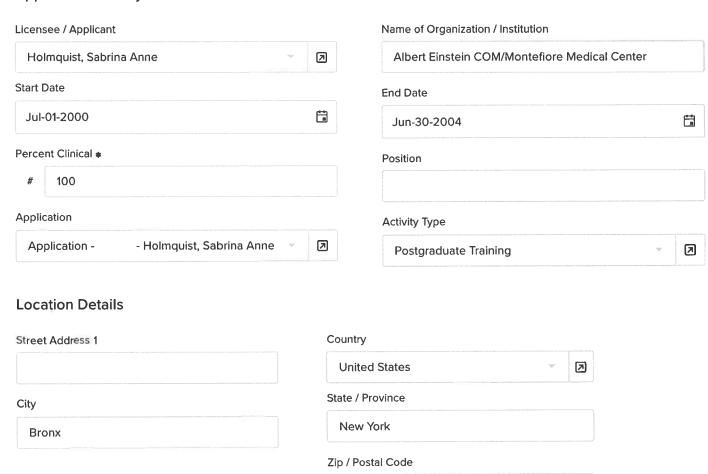
Connected Record





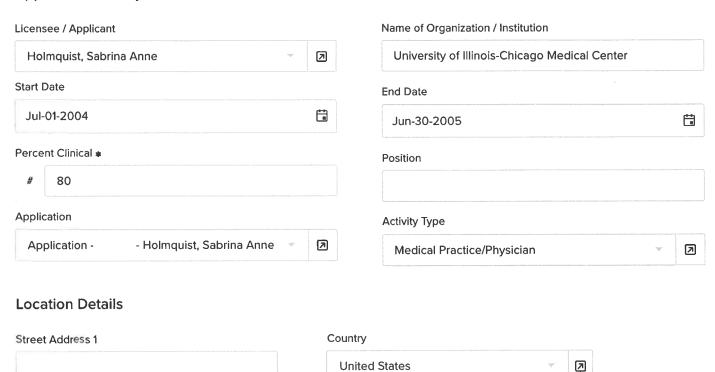
Activities

Licensee / Applicant	T	Name of Organization / Institution	T	Start Date †	*	End Date	•	Percent Clinical	
Holmquist, Sabrina Anne		Albert Einstein COM/Monteflore Medical Center		Jul-01-2000		Jun-30-2004		100	
Holmquist, Sabrina Anne		University of Illinois-Chicago Medical Center		Jul-01-2004		Jun-30-2005		80	
Holmquist, Sabrina Anne		University of Chicago		Jul-01-2005		Jun-30-2006		80	
Holmquist, Sabrina Anne		University of Chicago		Jul-01-2006		Jun-21-2019		65	
Holmquist, Sabrina Anne		N/A		Jun-22-2019		Jul-07-2019		0	
Holmquist, Sabrina Anne		Planned Parenthood of the Rocky Mountains		Jul-08-2019		Jul-26-2021		80	



City

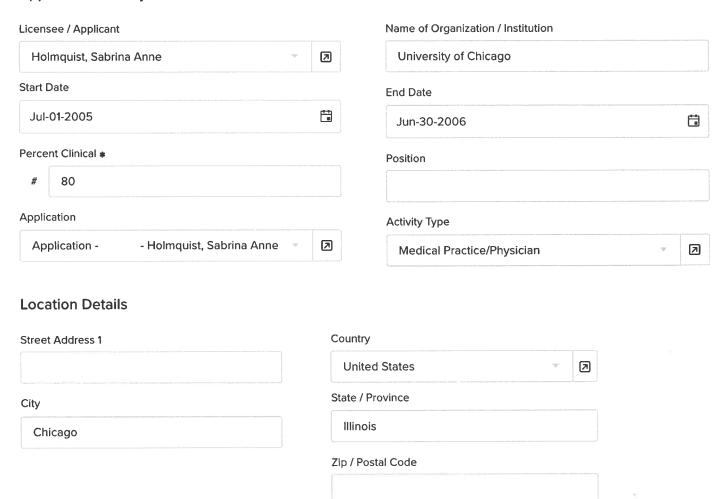
Chicago

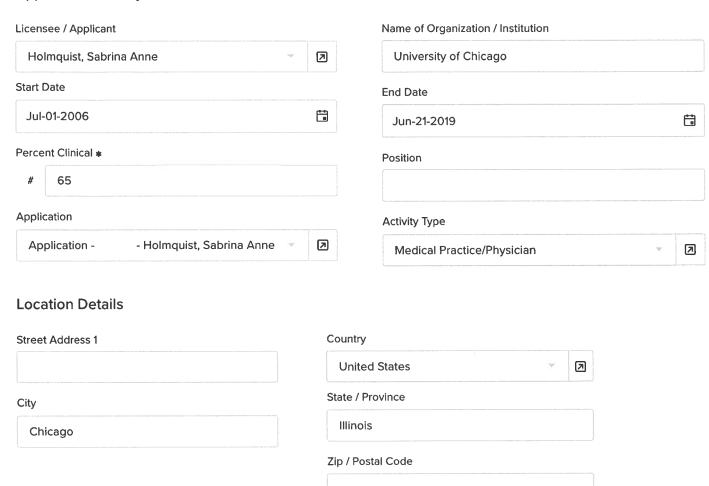


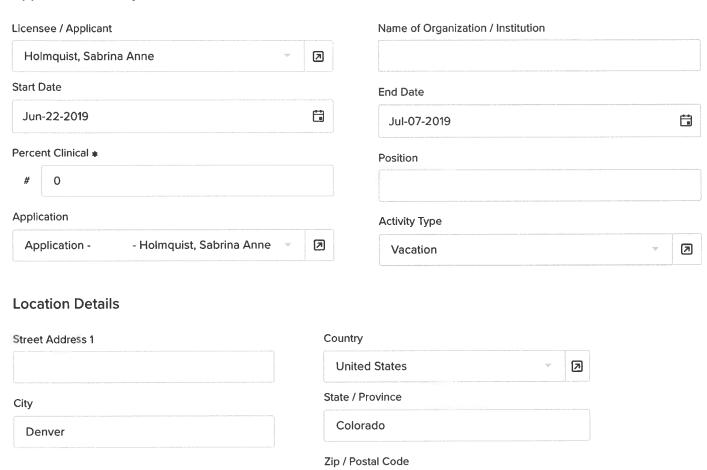
State / Province

Zip / Postal Code

Illinois

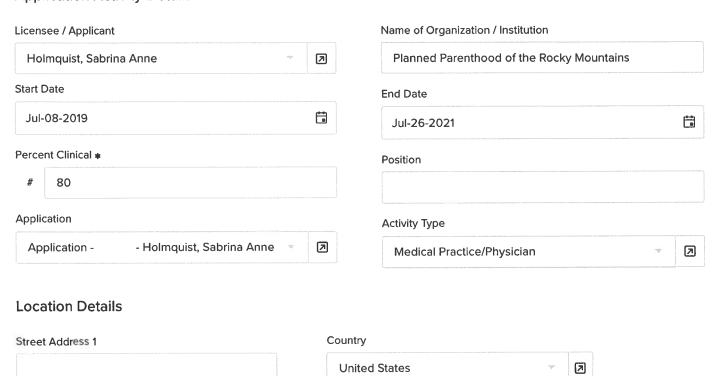






City

Denver



State / Province

Colorado

Zip / Postal Code

Declarations

Ordinal †	•	Licensee/Applicant	Declaration Question	Answer
N/A		Sabrina Holmquist	MD – Investigation Disciplinary during Training Program	No
N/A		Sabrina Holmquist	MD – Q11 – Voluntarity Surrendered a License	No
N/A		Sabrina Holmquist	ALL – Q6 – Malpractice Claim Pald	No
N/A		Sabrina Holmquist	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
N/A		Sabrina Holmquist	MD – Q13 – Investigation – Respond To/Notify Of	No
N/A		Sabrina Holmquist	MD – Q12 – Denied Membership	No
N/A		Sabrina Holmquist	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
N/A		Sabrina Holmquist	MD, Previously applied for Ilcensure in Nevada.	No
N/A		Sabrina Holmquist	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
N/A		Sabrina Holmquist	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No
N/A		Sabrina Holmquist	ALL – Q7 – Arrest Question	No
N/A		Sabrīna Holmquist	ALL Q5 Named Defendant Respond to Legal Action	Yes
N/A		Sabrina Holmquist	MD Q9 Medical License Revoked	No
N/A		Sabrina Holmquist	MD, PA – Q2 – Medical Condition Field of Practice	No
N/A		Sabrina Holmquist	MD, PA – Q10 – Controlled Substance Registration	No
N/A		Sabrina Holmquist	MD – Q8 – Denied License / Permission to Practice Medicine	No

Education

Licensee/Applicant	T	Education Type	Ŧ	Name of School	Degree Attained 🍸	Date From 🍸	Date To † 🍟	Graduation Date
Holmquist, Sabrina Anne		College/University		University of Minnesota-Minneapolis	Bachelor of Arts	Sep-01-1992	Jun-08-1996	Jun-08-1996
Holmquist, Sabrina Anne		Medical School		University of Wisconsin School of Medicine	Medical Doctor Degree	Aug-19-1996	May-21-2000	May-21-2000
Holmquist, Sabrina Anne		Graduate		University of Illinois at Chicago School of Public Health	Master's Degree	Aug-01-2004	Jul-24-2005	Jul-24-2005

Education Details

		Name of School	
-	7	University of Minnesota-Minneapolis	
		Education Type	
		College/University	7
		Degree Attained	
		Bachelor of Arts	7
		Date From	
		Sep-01-1992	
		Date To	
		Jun-08-1996 [
		Did you graduate from the program?	
~	7	Yes No	
		Graduation Date	
~	7	Jun-08-1996	
		Major Program	
*	7		
		7	University of Minnesota-Minneapolis Education Type College/University Degree Attained Bachelor of Arts Date From Sep-01-1992 Date To Jun-08-1996 Did you graduate from the program? Yes O No Graduation Date Jun-08-1996 Major Program

Education Details

Licensee/Applicant *	Name of School		
Holmquist, Sabrina Anne	-	Z	University of Wisconsin School of Medicine
Address			Education Type
			Medical School
City			Degree Attained
Madison			Medical Doctor Degree
State / Province			Date From
Wisconsin			Aug-19-1996
Zip / Postal Code			Date To
			May-21-2000
Country			Did you graduate from the program?
United States	~	7	
Application			Graduation Date
Application Holmquist, Sabrina Anne		7	May-21-2000
Specialty Type			Major Program
	٧	7	

Education Details

Licensee/Applicant *			Name of School		
Holmquist, Sabrina Anne	University of Illinois at Chicago School of Public				
Address			Education Type		
			Graduate		
City			Degree Attained		
Chicago			Master's Degree		
State / Province			Date From		
Illinois			Aug-01-2004		
Zip / Postal Code			Date To		
			Jul-24-2005		
Country			Did you graduate from the program?		
United States	~	7			
Application			Graduation Date		
Application Holmquist, Sabrina Anne	~	7	Jul-24-2005		
Specialty Type			Major Program		
	₩.	7			

Examinations

Licensee / Applicant	Examination Type	Attended Date †
Holmquist, Sabrina Anne	United States Medical Licensing Examination (USMLE)	Jun-09-1998
Holmquist, Sabrina Anne	United States Medical Licensing Examination (USMLE)	Aug-26-1999
Holmquist, Sabrina Anne	United States Medical Licensing Examination (USMLE)	Mar-04-2004

Examination Details

Licensee / Applicant *		Examination Type					
Holmquist, Sabrina Anne	7	United States Medical Licensing Examination (USMLE) 3					
Attended Date		Other Exam					
Jun-09-1998	ä						
Number of Attempts		Are you currently certified?					
# 1		○ Yes ○ No					
Application		Steps					
Application Holmquist, Sabrina	Anne 🔻 🗷	Step 1					
Location		Certificate Number					
Madison, WI							
Result		Exam Date					
205		ä					
		Expiration Date					
		1					

Examination Details

Licensee / Applicant *		Examination Type					
Holmquist, Sabrina Anne	7	United States Medical Licensing Examination (USMLE) 🗷					
Attended Date		Other Exam					
Aug-26-1999							
Number of Attempts		Are you currently certified?					
# 1		○ Yes ○ No					
Application		Steps					
Application Holmquist, Sabrina Anne	7	Step 2					
Location		Certificate Number					
Madison, WI							
Result		Exam Date					
223							
		Expiration Date					

Examination Details

Licensee / Applicant *		Examination Type				
Holmquist, Sabrina Anne	7	United States Medical Licensing Examination (USMLE)				
Attended Date		Other Exam				
Mar-04-2004						
Number of Attempts		Are you currently certified?				
# 1		○ Yes ○ No				
Application		Steps				
Application Holmquist, Sabrina Anne	7	Step 3				
Location		Certificate Number				
New York, NY						
Result		Exam Date				
212						
		Expiration Date				

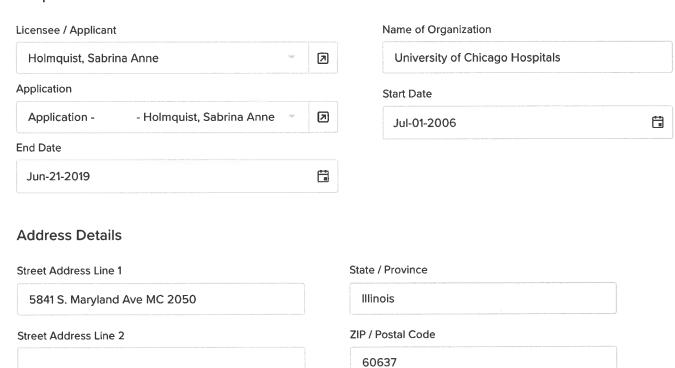
Hospitals

Licensee / Applicant	*	Name of Organization	٣	Start Date	٣	End Date
Holmquist, Sabrina Anne		University of Chicago Hospitals		Jul-01-2006		Jun-21-2019

Hospital Details

City

Chicago



Country

United States

7

Other Licenses

Licensee/Applicant	T	License Number	T	License Type	T	Issue Date	T	Expiration Date	₹	State / Province	
Holmquist, Sabrina Anne		036.111433		N/A		May-24-2004		Sep-30-2020		Illinois	
Holmquist, Sabrina Anne		62075		N/A		Mar-12-2019		Apr-30-2023		Colorado	

Other License Details

Licensee/Applicant		License Type	
Holmquist, Sabrina Anne	2		
Licensing Board or Regulatory Authority		License Status	
Illinois Dept of Professional Regulation		Expired	
License Number		Issue Date	
036.111433		May-24-2004	
State / Province		Expiration Date	
Illinois		Sep-30-2020	
Country		Notes	
United States	7		
Application			
Application Holmquist, Sabrina Anne	7		

Other License Details

Licensee/Applicant		License Type	
Holmquist, Sabrina Anne	7		
Licensing Board or Regulatory Authority		License Status	
Colorado Medical Board	Active		
License Number	The second secon	Issue Date	
62075		Mar-12-2019	ä
State / Province		Expiration Date	
Colorado		Apr-30-2023	Ë
Country		Notes	
United States	7		
Application	nd planters a constant over g		
Application Holmquist, Sabrina Anne	7		

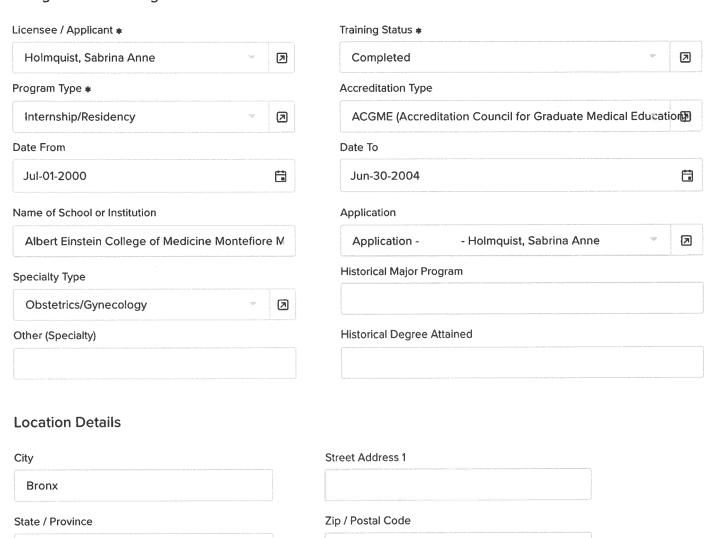
Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	T	Date From	T	Date To †	T	Program Type
Holmquist, Sabrina Anne	Albert Einstein College of Medicine Montefiore Medical Center	Obstetrics/Gynecology		Jul-01-2000		Jun-30-2004		Internship/Residency

Postgraduate Training Details

New York

County



Country

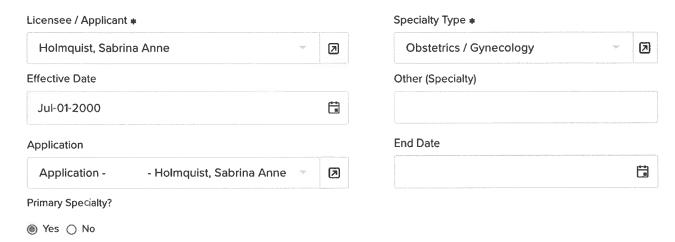
Z

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Specialty

Licensee / Applicant	T	Specialty Type	Ŧ	Primary Specialty?	T	Effective Date	₹	End Date
Holmquist, Sabrina Anne		Obstetrics / Gynecology		Yes		Jul-01-2000		N/A

Specialty Details



ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:

The Nevada State Board of Medical Examiners

9600 Gateway Drive

Reno, NV 89521

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during your training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have any questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

	O		0	0	0	0		
I have read this re my application for r	esponsibility stat medical licensur	tement re in Ne	and un evada.	derstand	that	l alone ar	m accountable for completi	ng
Print your name	Sahrina	At	10/mg	Just-				
Sign your name								
Date	10114							

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.



Renewal Details

Licensee		License	
Holmquist, Sabrina Anne	÷	Holmquist, Sabrina Anne - 21984	
Renewal Year			License Number
# 2023			21984
Application Date (Start Date)			Renewal Status
Apr-27-2023			Approved Z
Submitted Date			Renewal Type
Apr-27-2023			License Renewal
Decision Date			Invoice
Apr-27-2023			- Paid in Full
Is Reinstatement?			Assigned To
○ Yes ○ No			· 2
Pre-approval Details Resident Issue Date			Resident Expiry Date
Resident issue Date			in the state of th
Deficiencies			
Declaration Issue?		oes the	e user have a hold alert?
○ Yes No	() Yes	No
Attestations			
Child Support Attestation Type			I attest and affirm that I am aware of and understand the reporting
Not subject to a court order	*	7	requirements found in Nevada Revised Statute 432B.220 regardin the abuse or neglect of a child.
			Yes ○ No

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.

License Status Details				
License Category				
Medical Doctor	7			
Current License Status				
Active	7 2			
Destination License Status				
Active	*	7		
IMLC				
IMLC Application ID		IMLC I	icense ID	
IMLCC-Reason for decline				
	₹	7		

2023 Renewal Declarations

Ordinal †	▼ Licensee/Applicant	▼ Declaration Question	▼ Answer ▼ Answer Details
1	Sabrina Holmquist	Medical Condition Impair Safe Practice	No
2	Sabrina Holmquist	Medical Condition Field of Practice	No
3	Sabrina Holmquist	Chemical Substances Impair Safe Practice	No
4	Sabrina Holmquist	Named Defendant Respond to Legal Action	No
5	Sabrina Holmquist	Malpractice Claim Paid	No
6	Sabrina Holmquist	Arrest Question	No
7	Sabrina Holmquist	Denied License / Permission to Practice Medicine	No
8	Sabrina Holmquist	Medical License Revoked	No
9	Sabrina Holmquist	Voluntarily Surrendered a License	No
10	Sabrina Holmquist	Failed Public Service	No
11	Sabrina Holmquist	Investigation – Respond To/Notify Of	No
12	Sabrina Holmquist	Controlled Substance Registration	No
13	Sabrina Holmquist	Hospital Privileges Issues	No
14	Sabrina Holmquist	Denled Membership	No
15	Sabrina Holmquist	MD Actively Practiced	Yes
16	Sabrina Holmquist	Drop to Inactive Status	No
17	Sabrina Holmquist	Conscious Sedation Attestation	Yes
18	Sabrina Holmquist	CME Affirmation	Yes
19	Sabrina Holmquist	Suicide CME Attestation	Yes
20	Sabrina Holmquist	MD - Swear and Affirm	Yes
45	Sabrina Holmquist	Emotional Trauma Treatment Training	No
46	Sabrina Holmquist	Willingness to Provide Emotional Trauma Treatment	No
N/A	Sabrina Holmquist	Is your specialty psychiatry?	No