

Profile

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

Sabrina

Middle Name

Anne

Last Name \*

Holmquist

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

☐ Yes ☐ No

Date Deceased

Do you have a Nevada Business License in your individual name?

☐ Yes ☒ No

Nevada BIN

Historical File Number

Gender

Female

Date of Birth

1974

Name Suffix

City of Birth

USA

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

## 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

3700 Quebec St

ZIP / Postal Code

80207

Address Line 2

Ste 100-401

State / Province

Colorado

City

Denver

Country

United States



County

Denver

Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

(303) 321-2458

## Application Status

Applicant \*

Holmquist, Sabrina Anne

Application Number

License Issued?

☒ Yes ☐ No

Application Status

Approved

Assigned To

Manual Paper Application?

☐ Yes ☒ No

License ID Card Conditions (max 120 characters)

## License Details (Pre-Approval)

License Category

Medical Doctor

Obtained By

USMLE

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

## Application Details

Application Type

Medical Doctor - Active

Application Date \*

Submitted Date

Application Step

#

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

☐ Yes ☒ No

Reviewed Date

Decision Date

Approved Date

Expiration Date

## Invoices

### Application Invoice

Paid in Full

### Licensure Invoice

Paid in Full

### Application Payment Date

### 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
Holmquist, Sabrina Anne	American Board	N/A	Obstetrics / Gynecology	Dec-12-2008

## Board Certification Details

Licensee / Applicant

Holmquist, Sabrina Anne ▾ 

Specialty

Obstetrics / Gynecology ▾ 

Certifying Board

American Board ▾ 

Other Certifying Board

Initial Certification Date

Dec-12-2008 

Recertification Date

Dec-31-2021 

Certification Number


9008938

Archive Program

Historical Specialty

## Connected Record

Application

Application - - Holmquist, Sabrina Anne ▾ 



## Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical
Holmquist, Sabrina Anne	Albert Einstein COM/Montefiore 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

## Application Activity Details

Licensee / Applicant

Holmquist, Sabrina Anne

Start Date

Jul-01-2000

Percent Clinical \*

#

100

Application

Application -

- Holmquist, Sabrina Anne

Name of Organization / Institution

Albert Einstein COM/Montefiore Medical Center

End Date

Jun-30-2004

Position

Activity Type

Postgraduate Training

## Location Details

Street Address 1

City

Bronx

Country

United States

State / Province

New York

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Holmquist, Sabrina Anne ▼ 


Start Date

Jul-01-2004 

Percent Clinical \*

# 80

Application

Application - - Holmquist, Sabrina Anne ▼ 

Name of Organization / Institution

University of Illinois-Chicago Medical Center

End Date

Jun-30-2005 

Position

Activity Type

Medical Practice/Physician ▼ 

## Location Details

Street Address 1

City

Chicago

Country

United States ▼ 

State / Province

Illinois

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Holmquist, Sabrina Anne ▼ 


Start Date

Jul-01-2005 

Percent Clinical \*

# 80

Application

Application - - Holmquist, Sabrina Anne ▼ 

Name of Organization / Institution

University of Chicago

End Date

Jun-30-2006 

Position

Activity Type

Medical Practice/Physician ▼ 

## Location Details

Street Address 1

City

Chicago

Country

United States ▼ 

State / Province

Illinois

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Holmquist, Sabrina Anne ▼ 


Start Date

Jul-01-2006 

Percent Clinical \*

# 65

Application

Application - - Holmquist, Sabrina Anne ▼ 

Name of Organization / Institution

University of Chicago

End Date

Jun-21-2019 

Position

Activity Type

Medical Practice/Physician ▼ 

## Location Details

Street Address 1

City

Chicago

Country

United States ▼ 

State / Province

Illinois

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Holmquist, Sabrina Anne

▼



Name of Organization / Institution

Start Date

Jun-22-2019



End Date

Jul-07-2019



Percent Clinical \*

#

0


Position

Application

Application -

- Holmquist, Sabrina Anne

▼



Activity Type

Vacation

▼



## Location Details

Street Address 1

Country

United States

▼



City

Denver

State / Province

Colorado

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Holmquist, Sabrina Anne ▼ 


Start Date

Jul-08-2019 

Percent Clinical \*

# 80

Application

Application - - Holmquist, Sabrina Anne ▼ 

Name of Organization / Institution

Planned Parenthood of the Rocky Mountains

End Date

Jul-26-2021 

Position

Activity Type

Medical Practice/Physician ▼ 

## Location Details

Street Address 1

City

Denver

Country

United States ▼ 

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 – Voluntarily Surrendered a License	No
N/A	Sabrina Holmquist	ALL – Q6 – Malpractice Claim Paid	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	Sabrina 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 ▼	Education Type ▼	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

Licensee/Applicant \*

Holmquist, Sabrina Anne

Address

City

Minneapolis

State / Province

Minnesota

Zip / Postal Code

Country

United States

Application

Application - - Holmquist, Sabrina Anne

Specialty Type

Name of School

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 ☐ No

Graduation Date

Jun-08-1996

Major Program

## Education Details

Licensee/Applicant \*

Holmquist, Sabrina Anne

▼

Address

City

Madison

State / Province

Wisconsin

Zip / Postal Code

Country

United States

▼

Application

Application -

- Holmquist, Sabrina Anne

▼

Specialty Type

▼

Name of School

University of Wisconsin School of Medicine

Education Type

Medical School

▼

Degree Attained

Medical Doctor Degree

▼

Date From

Aug-19-1996

Date To

May-21-2000

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

May-21-2000

Major Program

Education Details

Licensee/Applicant \*

Holmquist, Sabrina Anne

▼



Address

City

Chicago

State / Province

Illinois

Zip / Postal Code

Country

United States

▼




Application

Application -

- Holmquist, Sabrina Anne

▼



Specialty Type

▼



Name of School

University of Illinois at Chicago School of Public Health

Education Type

Graduate

▼



Degree Attained

Master's Degree

▼



Date From

Aug-01-2004



Date To

Jul-24-2005



Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Jul-24-2005



Major Program

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 \*

Holmquist, Sabrina Anne ▼ 


Attended Date

Jun-09-1998 

Number of Attempts

# 1

Application

Application - - Holmquist, Sabrina Anne ▼ 


Location

Madison, WI

Result

205

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 \*

Holmquist, Sabrina Anne

Attended Date

Aug-26-1999

Number of Attempts

#

1

Application

Application -

- Holmquist, Sabrina Anne

Location

Madison, WI

Result

223

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Step 2

Certificate Number

Exam Date

Expiration Date

## Examination Details

Licensee / Applicant \*

Holmquist, Sabrina Anne ▼ 


Attended Date

Mar-04-2004 

Number of Attempts

# 1

Application

Application - - Holmquist, Sabrina Anne ▼ 


Location

New York, NY

Result

212

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





## Hospitals

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

## Hospital Details

Licensee / Applicant

Holmquist, Sabrina Anne

▼



Name of Organization


University of Chicago Hospitals

Application

Application -

- Holmquist, Sabrina Anne

▼



Start Date

Jul-01-2006



End Date

Jun-21-2019



## Address Details

Street Address Line 1

5841 S. Maryland Ave MC 2050

State / Province

Illinois

Street Address Line 2

ZIP / Postal Code

60637

City

Chicago

Country

United States

▼



## Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	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

Holmquist, Sabrina Anne ▾ 

Licensing Board or Regulatory Authority

Illinois Dept of Professional Regulation

License Number

036.111433

State / Province

Illinois

Country

United States ▾ 

Application

Application - - Holmquist, Sabrina Anne ▾ 

License Type

License Status

Expired

Issue Date

May-24-2004 

Expiration Date

Sep-30-2020 

Notes

## Other License Details

Licensee/Applicant

Holmquist, Sabrina Anne

▼



Licensing Board or Regulatory Authority

Colorado Medical Board

License Number

62075

State / Province

Colorado

Country

United States

▼




Application

Application -

- Holmquist, Sabrina Anne

▼



License Type

License Status

Active

Issue Date

Mar-12-2019



Expiration Date

Apr-30-2023



Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	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

Licensee / Applicant \*

Holmquist, Sabrina Anne

Program Type \*

Internship/Residency

Date From

Jul-01-2000

Name of School or Institution

Albert Einstein College of Medicine Montefiore M

Specialty Type

Obstetrics/Gynecology

Other (Specialty)

Training Status \*

Completed

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-2004

Application

Application -

- Holmquist, Sabrina Anne

Historical Major Program

Historical Degree Attained

## Location Details

City

Bronx

State / Province

New York

County

Street Address 1

Zip / Postal Code

Country

Specialty

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



## Specialty Details

Licensee / Applicant \*

Holmquist, Sabrina Anne

▼



Effective Date

Jul-01-2000




Application

Application -

- Holmquist, Sabrina Anne

▼




Primary Specialty?

☒ Yes ☐ No

Specialty Type \*

Obstetrics / Gynecology

▼



Other (Specialty)

End Date



# 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 o o o o

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name Sabrina A Holmgren

Sign your name \_\_\_\_\_

Date 10/1/21

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

Holmquist, Sabrina Anne

Renewal Year

#

2023

Application Date (Start Date)

Apr-27-2023

Submitted Date

Apr-27-2023

Decision Date

Apr-27-2023

Is Reinstatement?

☐ Yes ☐ No

License

Holmquist, Sabrina Anne - 21984

License Number

21984

Renewal Status

Approved

Renewal Type

License Renewal

Invoice

- Paid in Full

Assigned To

## Pre-approval Details

Resident Issue Date

Resident Expiry Date

## Deficiencies

Declaration Issue?

☐ Yes ☒ No

Does the user have a hold alert?

☐ Yes ☒ No

## Attestations

Child Support Attestation Type

Not subject to a court order

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 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

License Status Details

License Category

Medical Doctor

Current License Status

Active

Destination License Status

Active

IMLC

IMLC Application ID

IMLC License ID

IMLCC-Reason for decline

## 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	Denied 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	