

2026

**SOUTHERN NEVADA DISTRICT
BOARD OF HEALTH
AT-LARGE RECRUITMENT**

PHYSICIAN APPLICANT

- 1. Dr. Frank Nemec**
- 2. Dr. Jose Partida Corona**





PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

INSTRUCTIONS: Please complete each item below.

Mr. ___ Ms. ___ Mrs. ___ Dr. X

FIRST NAME MI LAST NAME Frank J Nemec, MD FACG CIC

RESIDENCE ADDRESS CITY/STATE/ZIP [REDACTED]

ADDRESS MAILING 6950 S. Cimarron, Suite 200, Las Vegas, Nevada 89113

DAY PHONE NUMBER and EVENING PHONE NUMBER [REDACTED]

CELLPHONE NUMBER [REDACTED]

FACSIMILE NUMBER [REDACTED]

EMAIL fjnemec@gmail.com

EMPLOYER Gastroenterology Associates

BUSINESS ADDRESS CITY/STATE/ZIP 6950 S. Cimarron Las Vegas, Nevada 89113

OCCUPATION Physician



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

Physician Representative X

Regulated Business or Industry Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. Ms. Mrs. Dr. X

FIRST NAME MI LAST NAME Frank J. Nemec, MD FACG CIC

BUSINESS ADDRESS CITY/STATE/ZIP 6950 S. Cimarron, Suite 200, Las Vegas, NV 89113

OCCUPATION Physician

How long have you lived in Clark County: 42 years

Please tell us why you are interested in becoming a member of the Board of Health.

I have had an interest in public health for many years. Believe that more lives are saved with vaccination, public sanitation, smoking cessation, and vector control than any doctor could hope to save in their entire professional career. I hope to continue my service to the Board, and believe my institutional knowledge is of added value as a board member. Over the years, I have served with Drs. Otto Ravenholt, Donald Kwalick, Larry Sands, Tom Coleman, Joe Iser and Fermin Leguen.

.280 S. Decatur Blvd., P.O. Box 3902 | Las Vegas,
NV 89127 702.759.1000 |
www.snhd.org



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

Please tell us about your education, training and experiences related to your profession and the position for which you are applying? Graduated High Honors in Immunology and Bacteriology at U C. Berkeley, full ride Regent's Scholar the the UCLA School of Medicine, past Chief of Staff of Sunrise Hospital and Medical Center, past Chief of Staff at Southern Hills Hospital, past President of the Clark County Medical Society, past President of the Nevada State Medical Association, former Board Member of CBIC (Certifying Board of Infection Control), served on the Nevada State Board of Health under the Bob Miller Administration, Surveyor for AAAHC (Accreditation Association for Ambulatory Health Care), former Commander United States Navy Reserve, Assistant Adjunct Professor of Medicine at the Kirk Kerkorian School of Medicine, and current Board Member of the SNHD. I further have maintained my Certification in Infection Control and Epidemiology.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name: Scott Black

Name: Marilyn Kirkpatrick

Name: Bobbett Bond

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

In addition to the above, I am a Medical Reserve Volunteer.

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NV 89127 702.759.1000 |
www.snhd.org



PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Yes, License Number [REDACTED]

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

I accommodate the uninsured through a provider agreement with Access to Health Care Nevada., and I speak fluent Spanish to accommodate the Hispanic population.

BUSINESS OR INDUSTRY APPLICANTS ONLY

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, organizational affiliation, and relevant permit numbers.

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NV 89127 702.759.1000 |
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ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Frank J. Nemec, MD April 23, 2026

Print Name Signature Date

For SNHD Use Only:

Application Received By: _____ Date Received:

_____ Candidate approved by the Nominating Committee. Date:

Candidate attended BOH meeting. Date: _____

Board Action:

Approve

Disapprove

Other _____

Curriculum Vitae
Frank J. Nemec, M.D.
6950 S Cimarron Rd, Suite 200
Las Vegas, NV 89113

Personal History:

Born: [REDACTED]

Education:

Undergraduate: University of California, Berkeley. B.A. 9/71 to 6/75. Honors Program- Activation of Suppressor T- Cells In Vitro

Medical School: UCLA School of Medicine, M.D. 9/75 to 6/79

Internship: Los Angeles County/University of Southern California. Internal Medicine. 7/79 to 6/80

Residency: University of California, Davis. Internal Medicine. 7/80 to 6/82

Fellowship: University of California, Davis. Gastroenterology. 7/82 to 6/84

Honors:

Honors at Entrance, University of California, Berkeley.

Honors at Graduation, University of California, Berkeley.

Regent's Scholarship. University of California, Los Angeles. School of Medicine. (full academic scholarship covering all expenses for four years of medical school.)

Certification:

National Board of Medical Examiners 212707 6/25/80.

License, State of Nevada 5000 3/15/84.

License, State of California G42224 7/1/80.

American Board of Internal Medicine 89134 9/15/82.

American Board of Gastroenterology 89134 11/19/85.

Military:

United States Navy Reserve, Commander, Medical Corps, 2002-2011, Honorable Discharge

Professional Associations:

Gastroenterology Associates 1986 - Present

Ambulatory Surgical Center of So Nevada-Medical Director 10/2010-06/2013, 01/2017-Present

Accreditation Association for Ambulatory Health Care (AAAHC) Surveyor 2014-Present

Board Member Certifying Board of Infection Control 2018-present

HONOReform Board Member 2011- 2016

CDC Safe Injection Practices Coalition 2011-2016

Board Member, Board of Southern Nevada Health District 2012-Present

Associate Clinical Professor, University of Nevada, UNLV School of Medicine Chair , Colorectal Breast Cervical Cancer Medical Advisory Board 2011-2015

Board Member, Board Member Access to HealthCare Network 2011-2015

President, Nevada Colon Cancer Partnership 2012-2014
Adjunct Faculty, Touro University 2005-2015
Chief of Staff, Southern Hills Hospital 2006-2008.
Chief of Staff, Sunrise Hospital and Medical Center 1996-1998.
President, Nevada State Medical Association 1995-1996.
President, Clark County Medical Society, 1992-1993.
Board of Governors, American College of Gastroenterology, 1991-1995.
Fellow, American College of Gastroenterology.
Fellow, American Gastroenterological Association.
Member, American Society of Gastrointestinal Endoscopy.
Member, American College of Physicians.
Member Association for Professionals in Infection Control
Appointed Member, Nevada State Board of Health by Governor Bob Miller
Member, Health Information Technologies Policy committee, Health and Human
Member Medical Staffs of:
St. Rose Dominican Hospital- San Martin Campus

Courses:

Moderator 1995 ACG Regional Post Graduate Course, Las Vegas, NV

Publications:

1984 Trudeau, W.L., T. Prindiville, F. Nemec and E. Drell. Outpatient
Endoscopic varices. *Gastrointestinal Endoscopy* 30:137A
1984 Trudeau, W.L., T. Prindiville, E. Drell, F. Nemec and J. Siepler. UCDMC
Experience with EIS in 74 Child's C patients with bleeding
Gastrointestinal varices. *Gastroenterology* 86:1284A
1990 Bou-Abboud CF, Nemec, F, Toffel F., Reversal of andro-genetic alopecia
in a male. A spironolactone effect? *Acta Derm Venereol* 1990;70(4):
342-343.

Submitted for publication:

2025 Hagans T, Canaff L, Rimer R, Nemec F. Coil Migration to Duodenal Lumen
Complicating Management of Upper GI Bleed. *American Journal of Case
Reports*, Manuscript ID 950618

2025 Canaff L, Hagans T, Nemec G Carter E Rogers L Matesen, E Zhang Y
Mangla A, Lockett C, Nemec F. Inadvertent Ingestion of Beer Line Cleaner, An
Emerging Public Health Threat. Manuscript ID PHJ-25-0372

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INSTRUCTIONS: Please complete each item below.

Mr. Ms. Mrs. Dr.

José **M** **Partida Corona**
FIRST NAME MI LAST NAME

[REDACTED]
RESIDENCE ADDRESS CITY/STATE/ZIP

Same
MAILING ADDRESS (if different from above) CITY/STATE/ZIP

[REDACTED]
DAY PHONE NUMBER EVENING PHONE NUMBER

[REDACTED]
CELLPHONE NUMBER FACSIMILE NUMBER

jmpcorona@partidacorona.com
EMAIL

Self
EMPLOYER

2950 East Flamingo Rd, Suite E **Las Vegas, NV 89121**
BUSINESS ADDRESS CITY/STATE/ZIP

Physician
OCCUPATION

APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

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 Regulated Business or Industry Representative

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ALL APPLICANTS (Please print legibly or type)

Mr. Ms. Mrs. Dr.

José M Partida Corona

FIRST NAME

MI

LAST NAME

Self

EMPLOYER

2950 East Flamingo Rd, Suite E

Las Vegas, NV 89121

BUSINESS ADDRESS

CITY/STATE/ZIP

Physician

OCCUPATION

How long have you lived in Clark County:

Since June of 2002

Please tell us why you are interested in becoming a member of the Board of Health.

I work with a very medically fragile population, as I work with many immigrants, minorities and patients struggling with substance use disorders. Being in my position has informed me of many areas where just minor tweeks in policy could have either very beneficial or catastrophic ramifications for these populations. It is my hope, that sitting on the board, I will be able to at least inform my fellow board members how the choices we make may affect providers and patients alike downstream.



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

No. However, my office is the recipient of a SOR grant which does outreach to unhoused individuals to provide care for folks with substance use disorders and their associated health conditions. As such, we do sometimes coordinate with the health district to provide treatment to some patients they or other community partners have found to be positive for communicable diseases.

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

I am an internist by training, which I did at UMC hospital back when it was the Las Vegas campus of University of Nevada, Reno. Since then, I became board certified in internal medicine and as of a few years ago, became board certified in addiction. I was the inaugural class for the addiction fellowship at Southern Hills Hospital. Since getting board certified in addiction, my office has served as the ambulatory clinic site for rest of the fellows that have followed and I have worked as an adjunct attending. I have also been involved with ASAM policy advocacy committee in the past and have gone to DC to champion policy changes at the federal level.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Maureen Strohm, MD

Name:

George Kaiser, MD

Name:

Lesley Dickson, MD

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

I am part of CHIP, SURG and a member of NVSAM as well as SNAAP.

PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Yes- My license number is [REDACTED]

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

My primary care practice is predominantly minority and Spanish speaking. I also do a good deal of treatment for substance use disorders as an addiction specialist and we take both insured and uninsured. We also do training of the next generation of addiction fellows and try to coordinate between treatment silos as we do our outreach to unhoused individuals.

BUSINESS OR INDUSTRY APPLICANTS ONLY

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, organizational affiliation, and relevant permit numbers.

ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

Southern Nevada Association of Addiction Professionals-President
NV Society of Addiction Medicine- Chair of Public Policy Advocacy Committee
Southern Hills Hospital Addiction Fellowship-Adjunct Attending- Ambulatory Clinic

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

José Maria Partida Corona, M
Print Name


Signature

04/29/26
Date

For SNHD Use Only:

Application Received By: _____ Date Received: _____

Candidate approved by the Nominating Committee. Date: _____

Candidate attended BOH meeting. Date: _____

Board Action:

Approve

Disapprove

Other _____

Jose M. Partida Corona, MD



Email: jmpcorona@partidacorona.com

Specialties

Internal Medicine
Addiction Medicine
Primary Care

Languages

English
Spanish

Education

Temple University School of Medicine
Philadelphia, PA
Doctorate of Medicine

July 1998- May 2002

University of California, San Diego
San Diego, CA
Bachelor of Arts in Latin American History
Bachelor of Sciences in Ecology, Behavior and Evolution

September 1991- June 1996

Training/Work Experience

Partida Corona Medical Center (Solo Practice)
Las Vegas, NV
Internal Medicine/Primary Care
Addiction Medicine
Civil Surgeon

October 2005-Present

Center for Behavioral Health
Las Vegas, NV
Supervising physician for Methadone/Suboxone Clinics

2009 -2011

University of Nevada School of Medicine
Las Vegas, NV
Internal Medicine Residency

July 2002-June 2005

University of Nevada School of Medicine
Las Vegas, NV
Internal Medicine Internship

July 2002-June 2003

Licensure and Certifications

Nevada State Board of Medicine
California State Board of Medicine

September 2005
November 2005