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Search Medical Examiners

City, State or Zipcode

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Miles

National Registry Number

9911461415

Business Name

First Name

Last Name

Basic Search

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Ricardo Negrin Marrero (Nurse Practitioner)

Vida Health Center

881 E 2nd Ave Hialeah, FL 33010

(305) 882-1100

N/A

Directions

Ricardo Negrin Marrero (Nurse Practitioner)

LARA Medical Group Corp.

8410 W Flagler St Suite 208B Miami, FL 33144

(786) 485-4191

N/A

Directions

https://nationalregistry.fmcsa.dot.gov/search-medical-examiners?as=true&range=10&nrrn=7114389213

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Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

Public Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this collection of information is 2126-0006. Public reporting burden for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Project, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, NE, Washington, D.C. 20590.

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Simecz (first name) Rodney

In accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

- ☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

This information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

06/15/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

305-882-1100

Date Certificate Signed

06/15/2023

Medical Examiner's Name (please print or type)

Ricardo M. Negrin Marrero, NP

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number

APRN-110000417

Issuing State

FL

National Registry Number

9911461415

CMV DRIVER INFORMATION

Driver's Signature

X RUP

0552720874070

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06/15/2023

919 NW 2 Ave Apt 744

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