

AGENDA ITEM 26(g)

Demographic Details

First Name

Kamakshi

Gender

Female



Middle Name

Date of Birth

1967



Last Name *

Devarajan

Name Suffix

Previous Name(s)

City of Birth

INDIA

Social Security Number

Place of Birth

Tax Identification Number

Weight (in lbs)

Height

Eye Color

Hair Color

Comments (non-public information)

Public information

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

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 Instance



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

ZIP + Postal Code

3630 E Imperial Hwy

90262

8/30/2021

Open Regulate

Address Line 2

State / Province

California

City

Country

Lynwood

United States



County

is your physical address different from your mailing address?

Los Angeles

Yes No

Public Phone

(310) 900-2006

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

Online Service

Last Login Date

-

Security Question #1



Authentication Failures

0

Security Answer #1

..

Access Blocked

Yes No

Security Question #2

..



Application Status

Applicant *

Devarajan, Kamakshi N/A



Application Status



Application Number

Assigned To



License Issued?

Yes No

Manual Paper Application?

Yes No

Application History

License Details (Pre-Approval)

License Category

Category: Medical Doctor

Medical Doctor



Credentials / Degree Suffix (Enter before approval!)

M.D.

Obtained By

F.L.E.X.



Application Details

Application Type

Medical Doctor - Active



Reviewed Date



Application Date *

Feb-09-2021



Decision Date



Submitted Date

Feb-17-2021



Approved Date



Application Step

20

Expiration Date

Feb-17-2022



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

Yes No

Invoices

Application Invoice

001008 - Paid in Full



Application Payment Date

Feb-17-2021



Licensure Invoice



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

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

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

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

Examination Details

Licensee / Applicant *

Devarajan, Kamakshi N/A



Examination Type

Federation Licensing Examination (FLEX)



Attended Date

Dec-05-1992



Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application

Devarajan, Kamakshi N/A



Steps

Location

Philadelphia

Certificate Number

Result

Part 1: 80, Part 2: 79

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Devarajan, Kamakshi N/A



Examination Type

Other



Attended Date

Sep-18-1992



Other Exam

Educational Commission for Foreign Medical Gr

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - - Devarajan, Kamakshi N/A



Steps

Clinical sciences 07/24/1991, Basic Sciences 01/

Location

Singapore

Certificate Number

0-464-245-0

Result

83 on both Basic and Clinical Sciences

Exam Date

Sep-18-1992



Expiration Date



Board Certification Details

Licensee / Applicant

Devarajan, Kamakshi N/A



Initial Certification Date

Oct-11-1995



Specialty

Pediatrics



Recertification Date

Feb-15-2022



Certifying Board

American Board



Certification Number

055731

Other Certifying Board

Archive Program

Historical Specialty

Connected Record

Application

Application - Devarajan, Kamakshi N/A

Board Certification Details

Licensee / Applicant

Devarajan, Kamakshi N/A



Initial Certification Date

Nov-12-2001



Specialty

Neo/Perinatal Med



Recertification Date

Feb-15-2022



Certifying Board

American Board Subboard



Certification Number

003753

Other Certifying Board

Archive Program

Historical Specialty

Historical Specialty

Connected Record

Application

Application

Application - Devarajan, Kamakshi N/A

Connected Record

Application

Application

Application - Devarajan, Kamakshi N/A

Education Details

Licensee/Applicant *

Devarajan, Kamakshi N/A



Name of School

University of Madras, Government Kilpauk Mec

Address

822, Poonamallee High Rd

Education Type

Medical School



City

Chennai

Degree Attained

Medical Doctor Degree



State / Province

Tamil Nadu

Date From

Aug-01-1985



Zip / Postal Code

600010

Date To

Jan-30-1991



Country

India



Did you graduate from the program?

Yes No

Application

Application -

Devarajan, Kamakshi N/A



Graduation Date

Dec-19-1991



Specialty Type



Major Program

Education Details

Licensee/Applicant *

Devarajan, Kamakshi N/A



Name of School

University of Southern California

Address

University Park

Education Type

Graduate



City

Los Angeles

Degree Attained

Master's Degree



State / Province

California

Date From

Mar-10-2019



Zip / Postal Code

90089

Date To

May-01-2020



Country

United States



Did you graduate from the program?

Yes No

Application

Application - Devarajan, Kamakshi N/A



Graduation Date

May-15-2020



Specialty Type



Major Program

Postgraduate Training Details

Licensee / Applicant *

Devarajan, Kamakshi N/A



Program Type *

Internship/Residency



Date From

Jul-01-1992



Name of School or Institution

Rutgers New Jersey Medical School

Specialty Type

Pediatrics



Other (Specialty)

Training Status *

Completed

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Ed

Date To

Jun-30-1995

Application

Application - - Devarajan, Kamakshi N/A

Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

New Jersey

Zip / Postal Code

County

Country



Postgraduate Training Details

Licensee / Applicant *

Devarajan, Kamakshi N/A



Program Type *

Fellowship



Date From

Jul-01-1995



Name of School or Institution

State University of New York at Stony Brook

Specialty Type

Neo/Perinatal Med



Other (Specialty)

Training Status *

Completed

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Ed

Date To

Jun-30-1996

Application

Application - Devarajan, Kamakshi N/A

Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

New York

Zip / Postal Code

County

Country



Postgraduate Training Details

Licensee / Applicant *

Devarajan, Kamakshi N/A



Training Status *

Completed

Program Type *

Fellowship



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Ed

Date From

Oct-01-1998



Date To

Sep-30-2000

Name of School or Institution

University of California, Irvine

Application

Application - Devarajan, Kamakshi N/A

Specialty Type

Neo/Perinatal Med



Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

California

Zip / Postal Code

County

Country



Other License Details

Licensee/Applicant

Devarajan, Kamakshi N/A



License Type

Licensing Board or Regulatory Authority

California Medical Board

License Status

Active

License Number

A055865

Issue Date

Mar-27-1996



State / Province

California

Expiration Date

Dec-31-2021



Country

United States



Notes

Application

Application - - Devarajan, Kamakshi N/A



Hospital Details

Licensee / Applicant

Devarajan, Kamakshi N/A



Name of Organization

St. Francis Medical Center

Application

Application - Devarajan, Kamakshi N/A



Start Date

Oct-01-2000



End Date



Address Details

Street Address Line 1

3630 E Imperial Hwy

State / Province

California

Street Address Line 2

ZIP / Postal Code

90262

City

Lynwood

Country

United States



Application Activity Details

Licensee / Applicant

Devarajan, Kamakshi N/A



Name of Organization / Institution

General Public Health Center

Start Date

Feb-01-1991



End Date

Jun-01-1992



Percent Clinical *

100

Position

Application

Application - Devarajan, Kamakshi N/A



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Mambalam

Country

India



City

Chenna

State / Province

Tamil Nadu

Zip / Postal Code

600017

Application Activity Details

Licensee / Applicant

Devarajan, Kamakshi N/A



Name of Organization / Institution

UMDNJ, Pediatric Residency

Start Date

Jun-20-1992



End Date

Jun-30-1995



Percent Clinical *

100

Position

Application

Application - Devarajan, Kamakshi N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

150 Bergen St

Country

United States



City

Newark

State / Province

New Jersey

Zip / Postal Code

07103

Location Details

Street Address 1

City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Devarajan, Kamakshi N/A



Name of Organization / Institution

State University of NY at Stony Brook

Start Date

Jul-01-1995



End Date

Jun-30-1996



Percent Clinical *

100

Position

Application

Application -

Devarajan, Kamakshi N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

100 Nicolls Rd

Country

United States



City

Stony Brook

State / Province

New York

Zip / Postal Code

11794

Application Activity Details

Licensee / Applicant

Devarajan, Kamakshi N/A



Name of Organization / Institution

Clinicas De Salud Del Pueblo

Start Date

Jun-30-1996



End Date

Sep-30-1998



Percent Clinical *

100

Position

Application

Application - Devarajan, Kamakshi N/A



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

852, Danenberg Dr

Country

United States



City

El Centro

State / Province

California

Zip / Postal Code

92243

Application Activity Details

Licensee / Applicant

Devarajan, Kamakshi N/A



Name of Organization / Institution

University of California Irvine

Start Date

Oct-01-1998



End Date

Sep-30-2000



Percent Clinical *

100

Position

Application

Application - Devarajan, Kamakshi N/A



Activity Type

Postgraduate Training



Location Details

Street Address 1

101, The City Drive

Country

United States



City

Orange

State / Province

California

Zip / Postal Code

92868

Application Activity Details

Licensee / Applicant

Devarajan, Kamakshi N/A



Name of Organization / Institution

St. Francis Medical Center

Start Date

Oct-01-2000



End Date

Apr-30-2021



Percent Clinical *

100

Position

Application for Activity Type

Application - Devarajan, Kamakshi N/A



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

3630 E Imperial Hwy

Country

United States



City

Lynwood

State / Province

California

Zip / Postal Code

90262

Specialty Details

Licensee / Applicant *

Devarajan, Kamakshi N/A



Specialty Type *

Pediatrics



Effective Date

Oct-01-1995



Other (Specialty)

Application

Application - - Devarajan, Kamakshi N/A



End Date



Primary Specialty?

Yes No

Specialty Details

Licensee / Applicant *

Devarajan, Kamakshi N/A



Specialty Type *

Neo/Perinatal Med



Effective Date

Oct-01-2000



Other (Specialty)

Application

Application - Devarajan, Kamakshi N/A



End Date



Primary Specialty?

Yes No

Licensee/Applicant	Declaration Question	Answer
Kamakshi Devarajan	ALL – Q6 – Malpractice Claim Paid	Yes
Kamakshi Devarajan	MD – Q14 – Investigation Disciplinary Actions While Participating in Training Program	No
Kamakshi Devarajan	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
Kamakshi Devarajan	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
Kamakshi Devarajan	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
Kamakshi Devarajan	MD, PA – Q10 – Controlled Substance Registration	No
Kamakshi Devarajan	MD – Q9 – Medical License Revoked	No
Kamakshi Devarajan	MD – Q8 – Denied License / Permission to Practice Medicine	No
Kamakshi Devarajan	MD – Q11 – Voluntarily Surrendered a License	No
Kamakshi Devarajan	MD – Q12 – Denied Membership	No
Kamakshi Devarajan	ALL – Q7 – Arrest Question	No
Kamakshi Devarajan	ALL – Q5 – Named Defendant Respond to Legal Action	Yes
Kamakshi Devarajan	MD, PA – Q2 – Medical Condition Field of Practice	No
Kamakshi Devarajan	MD – Q13 – Investigation – Respond To/Notify Of	No



RECEIVED
APR 06 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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 medical school or your postgraduate 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.

State:

Via E-mail:

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

Medical License Number:

Print your name:

Kamaks hi Devarajan

Sign your name:

Date:

3/28/2021

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.

If you only have a medical license in another state, you must also provide the following information:

State:

State:

Medical License Number:

Print your name:

Sign your name:

Date:

State:

Medical License Number:

Print your name:

Sign your name:

Date: