AGENDA ITEM 26(b)

Demographic Details

First Name	Gender	
Dhaval	Male	A
Middle Name	Date of Birth	
Jasvantbhai	-i9 7 3	
Last Name *	Name Suffix	
SHAH		
Previous Name(s)	City of Birth	
Social Security Number	Place of Birth , India	
Tax Identification Number	, mala Weight (in Ibs)	
Height	Eye Color	
Hair Color	Comments (non-public information)	
	Public information	
Is this person deceased?		
⊜ Yes ⊚ No		
Date Deceased		

Primary Phone	Secondary Phone
# (702) 578-5737	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
₽	

9/2/2021	Open Regulate Fax
Cell Phone	FGA
#	#
Public Address	
Street Address	ZiP / Postal Code
7452 Grassy Field Court	89131
Address Line 2	State / Province
	Nevada
City	Country
Las Vegas	United States 2
County	Is your physical address different from your mailing address?
NV	⊝ Yes ⊚ No
	Public Phone
	# (702) 578-5737
Mailing Address	
Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	$\overline{\lambda}$

County (Mailing)

Application Status

Applicant *		Application Status
SHAH, Dhaval Jasvantbhai	7	Z
Application Number		Assigned To
License Issued?		Manual Paper Application?
○ Yes ○ No		○ Yes ⑥ No
License Details (Pre-Appro	oval)	
License Category Medical Doctor	7 3	Credentials / Degree Suffix (Enter before approval!) M.D.
Obtained By Application Details		
Application Type		Reviewed Date
Medical Doctor - Active	~ 2	
Application Date *		Decision Date
Aug-27-2021		
Submitted Date	en englis o det de l'ancie de la	Approved Date
Aug-27-2021		
Application Step		Expiration Date
# 20		Aug-27-2022 🛅

Have you ever served in the United States Military (to include National Guard or Reserves)?	
○ Yes ⑥ No	
Invoices	
Application Invoice	Application Payment Date
Paid in Full	Aug-27-2021
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	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.
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 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	○ 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	Child Support Attestation Type Not subject to a court order
(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.	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.

Licensee / Applicant *	Examination Type
SHAH, Dhaval Jasvantbhai	United States Medical Licensing Examination (USML日)
Attended Date	Other Exam
Apr-30-2001	
Number of Attempts	Are you currently certified?
# 2	○ Yes ○ No
Application	Steps
Application SHAH, Dhaval Jasvantbhai 🗵	STEP 1
Location	Certificate Number
Result	Exam Date
PASS	
	Expiration Date

Licensee / Applicant *		Examination Type
SHAH, Dhaval Jasvantbhai	**	United States Medical Licensing Examination (USMLED
Attended Date		Other Exam
Aug-27-2001		
Number of Attempts		Are you currently certified?
# 2		○ Yes ○ No
Application	The second secon	Steps
Application - SHAH, Dhaval J	asvantbhal 🗷	STEP 2
Location		Certificate Number
Result		Exam Date
PASS	;	
		Expiration Date

Licensee / Applicant *	Examination Type
SHAH, Dhaval Jasvantbhai	United States Medical Licensing Examination (USML日)
Attended Date	Other Exam
Oct-17-2001	e. Consuming the main supermonar process and access to prove the SSA Section of Sections in Consult Consult of the Consult of Section (Consult of
Number of Attempts	Are you currently certified?
# 1	○ Yes ○ No
Application	Steps
Application - SHAH, Dhaval Jasvantbhai 🗵	CLINICAL SKILL
Location	Certificate Number
	The state of the s
Result	Exam Date
PASS	
	Expiration Date

Licensee / Applicant *		Examination Type	
SHAH, Dhaval Jasv	vantbhai 🧓 🗷	Other	7
Attended Date		Other Exam	and the second of the second o
Aug-02-2005		AMERICAN BOARD OF INTE	rnal me
Number of Attempts		Are you currently certified?	
# . 1		○ Yes ○ No	
Application		Steps	
Application -	- SHAH, Dhaval Jasvantbha🗵	FINAL	
Location		Certificate Number	
Result		Exam Date	
PASS			
		Expiration Date	

Licensee / Applicant *		Examination Type	
SHAH, Dhaval Jasvantbhai	7	Other	7
Attended Date		Other Exam	*** ***
Dec-31-2013		INFECTIOUS DISEASES BOARD	CER
Number of Attempts		Are you currently certified?	
# 2		○ Yes ○ No	
Application		Steps	
Application - SHAH, Dhaval		INFECTIOUS DISEASES	
Location		Certificate Number	,
Result		Exam Date	
PASS			
		Expiration Date	

Board Certification Details

Licensee / Applicant		Initial Certification Date	
SHAH, Dhaval Jasvantbhai	w 7	Jul-01-2005	
Specialty	the state of the state of the state of	Recertification Date	
Internal Medicine	v 2	Jun-30-2015	
Certifying Board		Certification Number	
Other	259203		
Other Certifying Board		Archive Program	
AMERICAN BOARD OF INTER	NAL MEDICIN	Archive Frogram	
		Historical Specialty	

Connected Record

Application - - SHAH, Dhaval Jasvantbha

Board Certification Details

Licensee / Applicant	Initial Certification Date
SHAH, Dhaval Jasvantbhai	Dec-31-2013
Specialty	Recertification Date
Infectious Diseases	Dec-31-2023
Certifying Board	Certification Number
Other Certifying Board	259203
INFECTIOUS DISEASES BOARD CERTIFIC	Archive Program
	Historical Specialty

Connected Record

Application

Application - SHAH, Dhaval Jasvantbha

Licensee/Applicant	*	Name of School		
SHAH, Dhaval J	lasvantbhai 🔻 🗷	SHETH CHIMANLAL NAGIN	DAS VIDI	
Address		Education Type		
		High School		
City		Degree Attained		
AHMEDABAD		High School Diploma	5 Z	
State / Province		Date From		
GUJARAT		Jul-01-1985		
Zip / Postal Code		Date To		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jun-30-1987		
Country		Did you graduate from the program	า?	
India	×			
Application		Graduation Date		
Application	- SHAH, Dhaval Jasvantbha	Jun-30-1987		
Specialty Type		Major Program		
	· / / / / / / / / / / / / / / / / / / /			
	The second secon	to the second of		

Licensee/Applicant *			Name of School	
SHAH, Dhaval Jasv	antbhai	· [7]	M.P. SHAH MEDICAL COLLEC	ЗE
Address			Education Type	
			Medical School	(2)
City	and the second s		Degree Attained	
JAMNAGAR			Medical Doctor Degree	
State / Province			Date From	
GUJARAT	ing the continued of posterior angle of the every second		Jul-01-1987	
Zip / Postal Code		· · · · · · · · · · · · · · · · · · ·	Date To	
			Mar-21-1999	
Country			Did you graduate from the program?	•
India			⊚ Yes ○ No	
Application			Graduation Date	
Application -	- SHAH, Dhaval Jas	vantbha[7]	Mar-21-1999	
Specialty Type			Major Program	
		7	And the second s	2. C.
and the second s	and the second s			

Licensee/Applicant *		Name of School	
SHAH, Dhaval Jasvantbhai	2	NORTH SHORE UNIVERS	ITY AT FOR
Address		Education Type	
102-01 66th Rd		College/University	77 7
City		Degree Attained	
FOREST HILLS		Internship	· 7
State / Province		Date From	
New York	**************************************	Jul-01-2002	
Zip / Postal Code		Date To	
		Jun-30-2003	
Country	•	Did you graduate from the progr	am?
United States	·	○ Yes ⑥ No	
Application	••••	Graduation Date	
Application SHAH,	Dhaval Jasvantbha		
Specialty Type		Major Program	
	· [7]	A CONTRACTOR OF THE CONTRACTOR	

Licensee/Applicant *		Name of School	
SHAH, Dhaval Ja	svantbhai	NORTH SHORE UNIVERSITY	'AT FOR
Address		Education Type	
102-01 66th Rd		College/University	7
City		Degree Attained	The second second second second
FOREST HILLS	1	Internship/Residency	
State / Province		Date From	
New York	1	Jul-01-2003	
Zip / Postal Code		Date To	war erre verg
		Jun-30-2005	
Country		Did you graduate from the program	?
United States	· · · · · · · · · · · · · · · · · · ·	⊚ Yes ○ No	
Application		Graduation Date	
Application -	- SHAH, Dhaval Jasvantbha図	Jun-30-2005	
Specialty Type		Major Program	
	7	e de la composition della comp	est en
and the second of the second o	was the contract of the contra		

Licensee/Applicant *		Name of School	
SHAH, Dhaval Jas	vantbhai 🔻 🗷	MONTEFIORE MEDICAL CENTE	ER ;
Address		Education Type	
111 E 210TH ST		College/University	3
City		Degree Attained	degram (general) in the memory of
BRONX		Fellowship	7
State / Province		Date From	
New York		Jul-01-2005	
Zip / Postal Code		Date To	
10467		Jun-30-2007	
Country		Did you graduate from the program?	
United States			
Application		Graduation Date	
Application -	SHAH, Dhaval Jasvantbha	Jun-30-2007	
Specialty Type		Major Program	
	× 2		

Postgraduate Training Details

Licensee / Applicant *		Training Status *				
SHAH, Dhaval Jasvantbhai		: :		*्क	2	
Program Type *		Accreditation 1			The second second second	
Internship	7 2		creditation Council for Graduate Medical	Educati	or[]]	
Date From		Date To				
Jul-01-2002		Jun-30-200	3			
Name of School or Instituti	ion	Application				
NORTH SHORE UNIVE	ERSITY	Application	- SHAH, Dhaval Jasvantbhai		7	
Specialty Type		Historical Major Program				
Internal Medicine	7					
Other (Specialty)	e e e e e e e e e e e e e e e e e e e	Historical Degr	ree Attained		ü	
Location Details						
City			Street Address 1			
State / Province	was now to make a six series of the series of	mercon encountry	Zip / Postal Code			
New York			and a second control of the second control of the second control of the second control of the second control of			
County			Country			
2		Z			7	

Postgraduate Training Details

Licensee / Applicant *		Training Status *		
SHAH, Dhaval Jasvantbhai 🗵		\$		· 2
Program Type ∗	and the second second	Accreditation Typ		
Internship/Residency	A	ACGME (Accr	editation Council for Graduate Medical E	
Date From		Date To		
Jul-01-2003		Jun-30-2005		
Name of School or Institution	n	Application		
NORTH SHORE UNIVER	RSITY		- SHAH, Dhaval Jasvantbhai	7
Specialty Type		Historical Major I		
Internal Medicine	· 2	4 4 5 4 - 44		
Other (Specialty)		Historical Degree	e Attained	
		A STATE OF THE STA		
Location Details				
City		·	Street Address 1	
State / Province	de so prior delle i more	and the second of the second o	Zip / Postal Code	o en enem de commi
New York	range of the company of the contract of	e de la companya del companya de la companya de la companya del companya de la co		
County			Country	
		7		· 2

Postgraduate Training Details

Licensee / Applicant *		Training Status *			
SHAH, Dhaval Jasvantbhui	2	;			
Program Type ∗	e di se escenti	Accreditation Ty	pe		
Fellowship	7	ACGME (Acc	reditation Council for Graduate Medical E	ducation 	
Date From		Date To			
Jul-01-2005	6	Jun-30-2007			
Name of School or Institution		Application			
MONTEFIORE MEDICAL CE	N'	Application -	- SHAH, Dhaval Jasvantbhai	7	
Specialty Type		Historical Major Program			
Infectious Diseases	7		and the second of the second o		
Other (Specialty)		Historical Degre	e Attained		
			and the second of the second o		
Location Details					
City			Street Address 1		
		:			
State / Province	•		Zip / Postal Code	- • • • • •	
State / Province	المراجعة هوالدارية المعاملة المهام المراجعة المر	gan a ner aan een en arten. G	Zip / rostar Code	NEST TO A 18 TO A 20 TO THE	
New York	and another the state of		in the second se		
County			Country		
	T	Z		· / / / / / / / / / / / / / / / / / / /	

Other License Details

Licensee/Applican	t	License Type	
SHAH, Dhaval	Jasvantbhai 🔻 🗵		
Licensing Board or	Regulatory Authority	License Status	
NEVADA MEDI	CAL BOARD	REVOKED	
License Number		Issue Date`	N. T
12305		Jul-01-2007	
State / Province		Expiration Date	
Nevada	en de la companya de	Aug-26-2020	· ·
Country		Notes	
United States			
Application			
Application -	- SHAH, Dhaval Jasvantbha🛭		

Other License Details

Licensee/Applicant	200 Jan A. 11 Jan 1980 Jan 198		License Type	
SHAH, Dhaval Jasv	antbhai	7		
Licensing Board or Reg	gulatory Authority		License Status	
NEW YORK	and the second s		INACTIVE	reference Market at the economic of the second
License Number		end a morning of the contract	Issue Date	
60236694			Jul-01-2005	
State / Province	e se come a servicio de mosto de despois de mesone de la seguina seguina de la seguina del seguina de la seguina de la seguina del seguina del seguina della	teres en experimental de societas	Expiration Date	
New York	and the second and th	en ere germanistere ere grør syrer ere e	Jun-30-2007	
Country	a government of the control of the c		Notes	
United States		7 7		
Application				
Application -	- SHAH, Dhaval Jasva			

Licensee / Applicant		Name of Organization	
SHAH, Dhaval Jasvar	ntbhai 🗾 🗷	ST ROSE DOMINICAN	
Application		Start Date	
Application -	SHAH, Dhaval Jasvantbhal	Nov-01-2007	
End Date		The second of th	and the second s
Mar-30-2020			
Address Details			
Street Address Line 1		State / Province	
102, EAST LAKEMEAL) PKWAY	Nevada	
Street Address Line 2		ZIP / Postal Code	
		89015	
City	The state of the s	Country	
HENDERSON	The state of the s	United States	

Licensee / Applicant	Name of Organization
SHAH, Dhaval Jasvantbhai	SOUTHERN HILLS HOSPITAL
Application	Start Date
Application - SHAH, Dhaval Jasvantbha	Nov-01-2007
End Date	The state of the s
Mar-30-2020	
Address Details	
Street Address Line 1	State / Province
9300 WEST SUNSET RD	Nevada
Street Address Line 2	ZIP / Postal Code
	89148
City	Country
Las Vegas	United States
A CONTRACTOR OF THE CONTRACTOR	agranda ang agrang anakara na ang akarawan kan na ang akarawan kan na n

Licensee / Applicant	Name of Organization	1
SHAH, Dhaval Jasvantbhai	J UMC HOSPITAL	
Application	Start Date	***************************************
Application - SHAH, Dhaval Jasvantb	Dec-01-2007	<u> </u>
End Date		and the second s
Mar-30-2020		
Address Details Street Address Line 1	State / Province	
8100 WEST CHARLESTON BLVD	Nevada	
Street Address Line 2	ZIP / Postal Code	
	89102	
City	Country	
LAS VEGAS	United States	7

Licensee / Applicant		Name of Organization	
SHAH, Dhaval Jasvantbhai	~ . 7	VALLEY HOSPITAL	
Application		Start Date	
Application - SHAH,	Dhaval Jasvarītbha	Dec-01-2007	
End Date		The collection of the second relation is desired as the collection of the second secon	er en e e e e e e e e e e e e e e e e e
Mar-30-2020			
Address Details			
Street Address Line 1		State / Province	
620 SHADOW LANE		Nevada	
Street Address Line 2		ZIP / Postal Code	
		89106	
City		Country	
LAS VEGAS		United States	7

Licensee / Applicant		Name of Organization	
SHAH, Dhaval Jasvantbhai	* 2	SPRING VALLEY HOSE	PITAL
Application		Start Date	
Application _ SHAH, Dhaval Jas	svantbhaM	Dec-01-2007	
End Date		Table spring to the same stage of the same spring and the same spring to the same spring	en e
Mar-04-2020			
and the second s	No. 100 (100 (100 (100 (100 (100 (100 (100		
Address Details			
Street Address Line 1		State / Province	
5400 SOUTH RAINBOW BLVD		Nevada	
Street Address Line 2		ZIP / Postal Code	
		89118	
City		Country	
LAS VEGAS	i	United States	·
· · · · · · · · · · · · · · · · · · ·		the remark was a second of the remark of	

Licensee / Applicant	a paraganta and the control of the c	Name of Organization	
SHAH, Dhaval Jasvantbhai		CENTENNIAL HILLS HOSPITAL	
Application	enners de la companya de la company	Start Date	
Application SHA	AH, Dhaval Jasvar tbha🗷	Jan-01-2008	
End Date			
Mar-30-2020	ä		
Address Details			
Street Address Line 1		State / Province	
6900 NORTH DURANGO		Nevada	
Street Address Line 2	****	ZIP / Postal Code	
		89149	
City		Country	
LAS VEGAS		United States	7

Licensee / Applicant		Name of Organization		
SHAH, Dhaval Jasvantbhai		SUMMERLIN HOSPITA	SUMMERLIN HOSPITAL MEDICAL CE	
Application		Start Date		
	SHAH, Dhaval Jasvantbhab	Jan-01-2009		
End Date		Control of the Contro	and reference and appropriate for the second se	
Mar-30-2020				
	en e			
Address Details				
Street Address Line 1		State / Province		
657 NORTH TOWN	CENTER DR	Nevada		
Street Address Line 2		ZIP / Postal Code	•	
ing one of the second of	and the second s	89144		
City		Country		
LAS VEGAS	and the second s	United States		
The second secon	and a significant of the state of the state of the state of	the second of th	and the second of the second o	

Licensee / Applicant	Name of Organization
SHAH, Dhaval Jasvantbhai	MOUNTAIN VIEW HOSPITAL
Application	Start Date
Application - SHAH, Dhaval Jasvantbha	Mar-01-2014
End Date	Agon de la companya
Mar-30-2020	
Address Details	
Street Address Line 1	State / Province
3100 NORTH TENAYA WAY	Nevada
Street Address Line 2	ZIP / Postal Code
	89128
City	Country
LAS VEGAS	United States

Licensee / Applicant		Name of Organization	
SHAH, Dhaval Jasvantbhai	Z	PAM REHAB	
Application		Start Date	
Application SHAH, Dhav	ral Jasvaritbhald	Nov-05-2016	
End Date		English and the second	
Mar-10-2020			
Address Details			
Street Address Line 1		State / Province	
6166 NORTH DURANGO DR	*.	Nevada	
Street Address Line 2		ZIP / Postal Code	
The state of the s		89149	
City		Country	,
LAS VEGAS		United States	· · · · · · · · · · · · · · · · · · ·
per la la ligaçõe de la compressa de la compre	a a salaman marana me	and the second section of the second section is a second section of the second section of the second section of the second section section sections and the second section sections is a second section sectio	ومتاومت بوازات متهدي وواجاز والاراب يرابي سي

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Licensee / Applicant	Name of Organization
SHAH, Dhaval Jasvantbhai	HENDERSON HOSPITAL
Application	Start Date
Application SHAH, Dhaval Jasvantbha	Dec-01-2016
End Date	The state of the s
Mar-04-2020	
Address Details	
Street Address Line 1	State / Province
1050 WEST GALLERIA DR	Nevada
Street Address Line 2	ZIP / Postal Code
	89011
City	Country
LAS VEGAS	United States

Licensee / Applicant	Name of Organization
SHAH, Dhaval Jasvantbhai	KINDRED HOSPITAL
Application	Start Date
Application SHAH, Dhaval Jasvantbha	
End Date	en e
Mar-10-2020	
Address Details	
Street Address Line 1	State / Province
5110 WEST SAHARA	Nevada
Street Address Line 2	ZIP / Postal Code
	89146
City	Country
LAS VEGAS	United States
The second secon	As the second of

Licensee / Applicant		Name of Organization	
SHAH, Dhaval Jasva	intbhai 🔻 🗷	[A.W. 1.00] 1.W. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Application		Start Date	
Application -	SHAH, Dhaval Jasvantbha	Nov-05-2017	
End Date			
Mar-10-2020	—		
Address Details			
Street Address Line 1		State / Province	
250 NORTH TENAY	A WAY	Nevada	
Street Address Line 2		ZIP / Postal Code	
		89128	
City		Country	
LAS VEGAS	Control of the standard for the standard of the second standard of t	United States	7

Licensee / Applicant		Name of Organization / Institution	on
SHAH, Dhaval Jasvantbhai	7 3	NORTH SHORE UNIVERSITY HOSPI	
Start Date		End Date	
Jul-01-2002		Jun-30-2005	
Percent Clinical *		Position	
# 80	and the second of the second o		
Application	· · · · · · · · · · · · · · · · · · ·	Activity Type	• • • •
Application SHAH, Dha	val JasvantbhaM	Postgraduate Training	7
Location Details			
Street Address 1	C	Country	
City		United States tate / Province	2
FOREST HILLS		New York	
	Z	ip / Postal Code	

Licensee / Applicant	Name of Organization / Institution
SHAH, Dhaval Jasvantbhai	MONTEFIORE MEDICAL CENTER
Start Date	End Date
Jul-01-2005	Jun-30-2007
Percent Clinical *	Position
# 80	
Application	Activity Type
Application SHAH, Dhaval Jasvartbhal	Postgraduate Training
Location Details	
Street Address 1	Country
	United States
City	State / Province
BRONX	New York
	Zip / Postal Code

Licensee / Applicant		Name of Organization / Institution	
SHAH, Dhaval Jasvan		CLINICAL INFECTIOUS DISEASES	
Start Date		End Date	
Jul-01-2007		May-27-2020	
Percent Clinical *		Position	
# · 70 	and the second of the second o		
Application		Activity Type	
Application -:	SHAH, Dhaval Jasvantbha🗵	Medical Practice/Physician	
Location Details			
Street Address 1		Country	
		United States	7
City		State / Province	
Las Vegas		Nevada	
		Zip / Postal Code	

Licensee / Applicant		Name of Organization	Name of Organization / Institution	
SHAH, Dhaval Jas	svantbhai 🤻 🗷	LAS VEGAS HEALTH CENTER		
Start Date		End Date		
Jan-01-2019		Aug-26-2021		
Percent Clinical *		Position	nessent en en med en et en et en	
# O			e de de exemple de la companya de l	
Application		Activity Type		
Application -	- SHAH, Dhaval JasvantbhaD	Non-Medical	A	
Location Details				
Street Address 1		Country		
		United States	· [2]	
City	· · · · · · · · · · · · · · · · · · ·	State / Province		
LAS VEGAS		Nevada		
		Zip / Postal Code		
		89128		

Licensee / Applicant			Name of Organization / Inst	titution
SHAH, Dhaval Jasva	ntbhai	7	SNHD - SOUTHERN NE	
Start Date			End Date	
Mar-16-2020			May-26-2020	
Percent Clinical *			Position	
# 80			en e	
Application	and the second of the control of the		Activity Type	
	SHAH, Dhaval Jasvantbha		Non-Medical	7
Location Details			to summer and the second secon	
Street Address 1		С	ountry	
		. **	United States	7
City			tate / Province	
LAS VEGAS			Nevada	
	and the same of th	Zi	ip / Postal Code	
		**	89128	••••

Specialty Details

Licensee / Applicant *		Specialty Type ∗	
SHAH, Dhaval Jasvantbhai		Infectious Diseases	
Effective Date		Other (Specialty)	
Jul-01-2007			
Application		End Date	
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Primary Specialty?			e de la estada del estada de la estada del estada de la estada del estada de la est

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Ohaval SHAH	MD – Q13 – Investigation – Respond To/Natify Of	
Dhaval SHAH	MD, PA - Q1 - Medical Condition Impair State Practice	Aug-27-2021 10
Dhaval SHAH	ALL – Q6 – Malpractice Claim Paid No	Aug-27-2021 10
Dhaval SHAH	ALL - Q5 - Named Defendant Respond tYelsegal Action	
Dhaval SHAH	MD, PA - Q10 - Controlled Substance Registration	
Dhaval SHAH	MD, PA, LL – Q4 – Performance of PublictService Requirement	Aug-27-2021 10
Dhaval SHAH	MD, Previously applied for licensure in Newscla.	Aug-27-2021 10
Dhaval SHAH	MD, PA – Q2 – Medical Condition Field oN&actice	Aug-27-2021 10
Dhaval SHAH	MD – Q12 – Denied Membership No	Aug-27-2021 10
Dhaval SHAH	ALL - Q7 - Arrest Question No	Aug-27-2021 10
Dhaval SHAH	MD - O11 - Voluntarily Surrendered a Lick'ese	
Dhaval SHAH	MD – Q9 – Medical License Revoked Yes	g ·
Dhaval SHAH	MD, PA, CCP, Hospital Privileges Denied, Yespended.	Aug-27-2021 IÚ
Dhaval SHAH	MD - Investigation Disciplinary during Trailong Program	Aug-27-2021 10
Dhaval SHAH	MD - Q8 - Denied License / Permission がPractice Medicine	Aug-27-2021 10
Dhaval SHAH	MD, PA – Q3 – Chemical Substances Imphilio Safe Practice	Aug-27-2021 10

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MD, PA - Q1 - I	Medical Condition Impair Safe Practice		
Answer			
○ Yes ⑥ No			
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Application -	- SHAH, Dhaval Jasvantbha🗵		7

Licensee/Applicant		
SHAH, Dhaval Jasvantbhai	7	
Declaration Question		
MD, PA – Q2 – Medical Condition Field of Practice	· 2	
Answer		
○ Yes ⑩ No		
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Application - SHAH, Dhaval Jasvantbha		

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MD, PA, LL – Q4 – Performance of Public Service Requ	irement		7
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ALL – Q5 – Nar	ned Defendant Respond to Legal Actic	on	7
Answer			
⊚ Yes ○ No			
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	ation for malpractice summaries. Copies of toractice Liability Claims Information section.	he pleadings from each mal	practice case have been
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Declaration Question		
ALL – Q6 – Malpractice Claim Paid		
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○ Yes ⑥ No		
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ALL – Q7 – Arrest Question	7
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Application - SHAH, Dhaval Jasvantbha	

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Licensee/Applicant

SHAH, Dhaval Jasvantbhai

Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine

Answer

Yes ® No

Answer Details

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Application - SHAH, Dhaval Jasvantbha

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Declaration Question			
MD – Q9 – Medical Li	cense Revoked	Z	
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MD, PA – Q10 –	Controlled Substance Registration	· 2	
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SHAH, Dhaval Jasvantbhai	7	
Declaration Question		
MD – Q11 – Voluntarily Surrendered a License	7	
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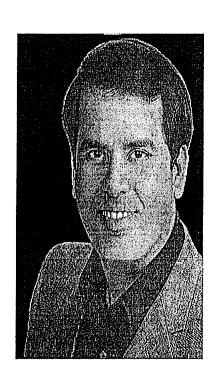
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SHAH, Dhaval Jasvantbhai	·	
Declaration Question		
MD – Q12 – Denied Membership	2	
Answer		
○ Yes ⑤ No		
Answer Details		
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Application SHAH, Dhaval Jasvantbha	ন ব্	Z

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SHAH, Dhaval Jasvantbhai	2	•
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MD – Q13 – Investigation – Respond To/Notify Of	· · ·	
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⊚ Yes ○ No		
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Declaration Question		
MD – Investigation Disciplinary during Training Program	2	
Answer		
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Answer Details		
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Application SHAH, Dhaval Jasvantbha	} 	

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Declaration Question	***************************************
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Answer	
⊚ Yes ○ No	
Answer Details	
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Application	Renewal
Application - SHAH, Dhaval Jasvantbha	



RECEIVED

ATTENTION APPLICANT!

RESPONSIBILITY STATEMENT

AUG 31 2021

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Please sign and return this statement with your application for licensure to: The Nevada State Board of Medical Examiners 9600 Gateway Drive

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

Reno, NV 89521

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.

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Print your name _	DHAVAL SHAH			······································	
Sign your name _				1000-131-11-1-1-10-10-10-10-10-10-10-10-10-10-1	
Date 081	30 /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.